QATAR NATIONAL HEALTH ACCOUNTS REPORT - 2012

FEBRUARY 2014
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>x</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>vi</td>
</tr>
<tr>
<td>Foreword</td>
<td>viii</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>v</td>
</tr>
<tr>
<td>List of Figures</td>
<td>iii</td>
</tr>
<tr>
<td>List of Matrices</td>
<td>vi</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td></td>
</tr>
<tr>
<td>1 Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Background</td>
<td>2</td>
</tr>
<tr>
<td>1.2 General characteristics</td>
<td>3</td>
</tr>
<tr>
<td>1.3 Key SHA 2011 Concepts</td>
<td>4</td>
</tr>
<tr>
<td>1.4 Report structure</td>
<td>8</td>
</tr>
<tr>
<td>2 Methodology</td>
<td>10</td>
</tr>
<tr>
<td>2.1 Data sources and assumptions</td>
<td>12</td>
</tr>
<tr>
<td>2.1.1 General notes</td>
<td>12</td>
</tr>
<tr>
<td>2.1.2 Notes on some data sources</td>
<td>12</td>
</tr>
<tr>
<td>2.1.3 Health expenditure and utilization study</td>
<td>13</td>
</tr>
<tr>
<td>2.1.4 Underlying assumptions</td>
<td>13</td>
</tr>
<tr>
<td>2.1.5 Qatar population</td>
<td>15</td>
</tr>
<tr>
<td>2.1.6 Adjusted population</td>
<td>16</td>
</tr>
<tr>
<td>2.2 Limitations</td>
<td>16</td>
</tr>
<tr>
<td>3 Qatar SHA results</td>
<td>18</td>
</tr>
<tr>
<td>3.1 Financing dimensions</td>
<td>19</td>
</tr>
<tr>
<td>3.1.1 Observed trend</td>
<td>25</td>
</tr>
<tr>
<td>3.1.2 Cross country comparison</td>
<td>25</td>
</tr>
<tr>
<td>3.2 Uses of funds</td>
<td>27</td>
</tr>
<tr>
<td>3.2.1 Main findings</td>
<td>27</td>
</tr>
<tr>
<td>3.2.2 Observed trend</td>
<td>34</td>
</tr>
<tr>
<td>3.2.3 Cross country comparison</td>
<td>36</td>
</tr>
<tr>
<td>3.3 Factors of health care provision</td>
<td>39</td>
</tr>
<tr>
<td>3.3.1 Main findings</td>
<td>39</td>
</tr>
<tr>
<td>3.4 Gross capital formation</td>
<td>41</td>
</tr>
<tr>
<td>3.4.1 Main findings</td>
<td>41</td>
</tr>
<tr>
<td>3.4.2 Observed trend</td>
<td>42</td>
</tr>
<tr>
<td>3.4.3 Cross country comparison</td>
<td>42</td>
</tr>
<tr>
<td>4 Discussion</td>
<td>45</td>
</tr>
<tr>
<td>4.1 Key SHA indicators and international comparisons</td>
<td>46</td>
</tr>
<tr>
<td>4.2 Trend analysis</td>
<td>49</td>
</tr>
<tr>
<td>5 Policy development</td>
<td>53</td>
</tr>
<tr>
<td>5.1 National Health Insurance Scheme</td>
<td>54</td>
</tr>
<tr>
<td>5.2 Activity Based Funding</td>
<td>55</td>
</tr>
<tr>
<td>5.3 Capital</td>
<td>56</td>
</tr>
<tr>
<td>5.3.1 Consumption of fixed capital</td>
<td>56</td>
</tr>
<tr>
<td>5.3.2 Capital Charge</td>
<td>56</td>
</tr>
<tr>
<td>5.4 Conclusion</td>
<td>56</td>
</tr>
<tr>
<td>6 References</td>
<td>57</td>
</tr>
<tr>
<td>7 Annexes</td>
<td></td>
</tr>
<tr>
<td>Annex 1: Health Utilization and Expenditure Survey</td>
<td>61</td>
</tr>
<tr>
<td>Annex 2: Qatar and International Comparisons</td>
<td>63</td>
</tr>
<tr>
<td>Annex 3: SHA core tables (in QAR millions)</td>
<td>71</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Structure of health care financing by schemes</td>
</tr>
<tr>
<td>2</td>
<td>Health care revenues by revenues and financing schemes (in million QAR)</td>
</tr>
<tr>
<td>3</td>
<td>Structure of the current healthcare expenditure (CHE) by financing agents</td>
</tr>
<tr>
<td>4</td>
<td>Healthcare revenues by revenues of schemes and agents (in million QAR)</td>
</tr>
<tr>
<td>5</td>
<td>Healthcare expenditure by financing schemes and agents (in million QAR)</td>
</tr>
<tr>
<td>6</td>
<td>Comparison of healthcare financing by schemes and years (in million QAR)</td>
</tr>
<tr>
<td>7</td>
<td>Comparison of the share of HH OOP payments in the healthcare financing</td>
</tr>
<tr>
<td></td>
<td>revenues between Qatar (2012) and selected OECD countries (2010)</td>
</tr>
<tr>
<td>8</td>
<td>Comparison of the share of private insurance in the healthcare financing</td>
</tr>
<tr>
<td></td>
<td>revenues between Qatar (2012) and selected OECD countries (2010)</td>
</tr>
<tr>
<td>9</td>
<td>Current healthcare expenditure by healthcare functions (HC) and healthcare</td>
</tr>
<tr>
<td></td>
<td>financing schemes (HF) (in million QAR)</td>
</tr>
<tr>
<td>10</td>
<td>Current health expenditure structure by healthcare functions</td>
</tr>
<tr>
<td>11</td>
<td>Structure of current health care expenditure by healthcare providers</td>
</tr>
<tr>
<td>12</td>
<td>Current health expenditure by healthcare functions (HF) and healthcare</td>
</tr>
<tr>
<td></td>
<td>providers (HP) (in million QAR)</td>
</tr>
<tr>
<td>13</td>
<td>Structure of expenditure of HP.1 Hospitals</td>
</tr>
<tr>
<td>14</td>
<td>Structure of expenditure of HP.1 Hospitals on curative care (HC.1)</td>
</tr>
<tr>
<td>15</td>
<td>Current health expenditure by financing schemes (HF) and healthcare</td>
</tr>
<tr>
<td></td>
<td>providers (HP) (in million QAR)</td>
</tr>
<tr>
<td>16</td>
<td>Comparison of healthcare financing by healthcare functions and years</td>
</tr>
<tr>
<td></td>
<td>(in million QAR)</td>
</tr>
<tr>
<td>17</td>
<td>Structure of overall expenditure by healthcare functions and years</td>
</tr>
<tr>
<td>18</td>
<td>Comparison of healthcare expenditure by healthcare providers and years</td>
</tr>
<tr>
<td></td>
<td>(in million QAR)</td>
</tr>
<tr>
<td>19</td>
<td>Comparison of the share of payments to hospitals in overall healthcare</td>
</tr>
<tr>
<td></td>
<td>expenditure between Qatar (2012) and selected OECD countries (2010)</td>
</tr>
<tr>
<td>20</td>
<td>Comparison of the share of payments to Ambulatory care providers in</td>
</tr>
<tr>
<td></td>
<td>overall healthcare expenditure between Qatar (2012) and selected OECD</td>
</tr>
<tr>
<td></td>
<td>countries (2010)</td>
</tr>
<tr>
<td>21</td>
<td>Structure of expenditure of all type of healthcare providers in Qatar by</td>
</tr>
<tr>
<td></td>
<td>factors of provision</td>
</tr>
<tr>
<td>22</td>
<td>Expenditure of healthcare providers (in Qatar) by type of providers and</td>
</tr>
<tr>
<td></td>
<td>factors of provision (in million QAR)</td>
</tr>
<tr>
<td>23</td>
<td>Expenditure on gross capital formation by healthcare providers</td>
</tr>
<tr>
<td></td>
<td>(in million QAR)</td>
</tr>
<tr>
<td>24</td>
<td>Structure and amount of gross fixed capital formation by years</td>
</tr>
<tr>
<td></td>
<td>(in million QAR)</td>
</tr>
<tr>
<td>25</td>
<td>Comparison of the share of Gross Capital Formation in overall healthcare</td>
</tr>
<tr>
<td></td>
<td>expenditure between Qatar (2012) and selected OECD countries (2010)</td>
</tr>
<tr>
<td>26</td>
<td>Key SHA 2012 indicators by currencies</td>
</tr>
<tr>
<td>27</td>
<td>Structure of healthcare financing scheme private revenues by years and</td>
</tr>
<tr>
<td></td>
<td>sources</td>
</tr>
<tr>
<td>28</td>
<td>Import of medical services - Government’s outlays on treatment abroad</td>
</tr>
</tbody>
</table>
(TA) in million QAR and as % of Government Current expenditure on health (CHE)........................................................................................................51

Figure 29: Governance and health care system administration and financing expenditure by years and healthcare financing schemes........................................52

Figure 30: HUES Roster summary statistics.................................................................................................................................61

Figure 31: Structure of HH OOP expenditure on healthcare (HUES (2012))................................................................................62

Figure 32: Comparison of Qatar with selected countries and regions: Health expenditure, public (% of total health expenditure)..................................................63

Figure 33: Comparison of Qatar with selected countries and regions: Health expenditure, public (% of government expenditure)..................................................64

Figure 34: Comparison of Qatar with selected countries and regions: Health expenditure, total (% of GDP).................................................................65

Figure 35: Comparison of Qatar with selected countries and regions: Health expenditure per capita, PPP (constant 2005 international $)........................................66

Figure 36: Comparison of Qatar with selected countries and regions: Health expenditure per capita (Current US$).................................................................67

Figure 37: Comparison of the structure of healthcare expenditure by healthcare functions between Qatar (2012) and selected OECD countries (2010)..................68

Figure 38: Comparison of the structure of healthcare expenditure by healthcare providers between Qatar (2012) and selected OECD countries (2010)..................69

Figure 39: Comparison of the structure of healthcare expenditure by financing agents between Qatar (2012) and selected OECD countries (2010)..................70
ABBREVIATIONS

CCHI  Compulsory contributory health insurance (schemes)
CHE  Current health expenditure
DFM  Deceased family members
ESSPROS  European system of Integrated Social Protections Statistics
FA  Financing Agents
FCE  Final consumption expenditure
FP  Factors for health care provision
FS  Revenues of health financing schemes (HF)
GCC  Gulf Cooperation Council
GCF  Gross capital formation
GDP  Gross Domestic Product
GFCF  Gross fixed capital formation
GGEH  General Government expenditure on health
HA  Health accounts
HC  Health care functions
HF  Financing schemes
HH  Household
HMC  Hamad Medical Corporation
HP  Health care providers
HUES  Health utilization and expenditure survey
ICHA  International classification for health accounts
LTC  Long term care
MC  Medical Commission
MOF  Ministry of Finance
MOP  Mode-of-provision (of consumed health care services)
NEC  Not elsewhere classified
NPISH  Non-for profit institution serving household
OECD  Organization for Economic Cooperation and Development
OHE  Overall health expenditure
OHS  Online health survey
OOP  Out-of-pocket (health expenditure)
OTC  Over-the-counter Drugs
PHC  Primary health care
PHCC  Primary Health Care Corporation
PHI  Private health insurance
PPP  Purchasing Power Parity
PVHI  Private voluntary health insurance
QHAR-1  Qatar National Health Accounts Report – 2009-2010
QHAR-2  Qatar National Health Accounts Report – 2011
QHAR-3  Qatar National Health Accounts Report – 2012
QSA  Qatar Statistics Authority
SESRI  Social and Economic Survey Research Institute
SCH  Supreme Council of Health
SHA  System of Health Accounts
TA  Treatment abroad
TCAM  Traditional, complementary and alternative medicine
THE  Total health expenditure
VHI  Voluntary health insurance
WHO  World Health Organization
LIST OF MATRICES

| SHA Matrix 1: FS x HF | (in QAR million).......................71 |
| SHA Matrix 2: FS x FA | (in QAR million).......................72 |
| SHA Matrix 3: FA x HF | (in QAR million).......................73 |
| SHA Matrix 4: HF x HP | (in QAR million).......................74 |
| SHA Matrix 5: HF x HC | (in QAR million).......................75 |
| SHA Matrix 6: HP x HC | (in QAR million).......................77 |
| SHA Matrix 7: HP x FP | (in QAR million).......................79 |
| SHA Matrix 8: Capital account | (in QAR million).......................80 |
FOREWORD

Following the successful release of the Qatar National Health Accounts 2nd Report – 2011, the first in the world to utilize the new classification system created by the Organization for Economic Cooperation and Development, Eurostat, and the World Health Organization, it is my pleasure to release the Qatar National Health Accounts 3rd Report 2012.

This report also adds new information including benchmarking and cross-country comparison, key drivers and trend analysis and policy development.

State of Qatar is experiencing significant developments, particularly in the health sector. This report shows that the health funding increased by 25.3% from 2011 to 2012, partially driven by a 53.4% increase in Government funded infrastructure investment to meet future capacity demands, and a 22.8% decrease in direct payments by households.

The Qatar National Health Accounts Report 2012 is the realization of close collaboration between the Supreme Council of Health (SCH) and its partners. I would like to thank the Health Financing and Insurance Department and the rest of the team who worked on this report in the Policy Directorate of at the SCH, for their excellent work. This report would not have been possible without the contribution of various organizations. I also gratefully acknowledge the data and qualitative information provided by respondents to the health survey, private health insurance companies, and health care providers.

Lastly, and in our effort to institutionalize National Health Accounts in Qatar, I look forward to continuing support from all stakeholder organizations in the production of future reports.

His Excellency Abdulla bin Khalid Al Qahtani
Minister of Health, and Secretary General
Supreme Council of Health
Production of the Qatar National Health Accounts Report – 2012 was realized with the support of various individuals and organizations.

This report was made possible due to the support of His Excellency Mr. Abdulla bin Khalid Al Qahtani, Minister of Health, and Secretary General of the SCH. His Excellency Mr. Al Qahtani secured political support at the highest level, issued a Ministerial Decree to form the Steering Committee, and revised and approved the final version of this report.

This report also benefitted from the support and guidance of Dr. Faleh Mohamed Hussain Ali, Assistant Secretary General for Policy Affairs.

The execution of the National Health Accounts in Qatar was carried out by a team of technical experts from the SCH:

- Mr. Husein Reka and Mr. Derek Ford managed the technical team, supervised the analysis, and led the development of this report,
- Mrs. Eman Habib Sailani, Mr. Joao Fernandes, and Mrs. Fadela Al-Mansouri provided the technical support and performed data analysis,
- Mrs. Lolwa Al-Kuwari provided administrative support
- Ms. Orsida Gjebrea, Ms. Chloe Sifton, Mr. Paul De Ponte and Dr. Renata Hasanova provided input and revisions to this report.

In addition to the team in the SCH, the following organizations and persons provided valuable information, data and support:

- Professor Elias Mossialos, London School of Economics and Political Science
- Hamad Medical Corporation, in particular Mr. Mohamed Ali Mohamed
- Primary Health Care Corporation, in particular Mr. Sherif Fadda
- Ministry of Finance
- Qatar Statistics Authority, in particular Mrs. Wadha Al Jabor
- Ministry of Interior
- Sidra Medical and Research Centre
- Qatar Petroleum
- The private hospitals (in alphabetical order): Al Ahli, Al Emadi, American, and Doha Clinic
- Qatar University, in particular Dr. Hanan F. Abdul Rahim
• Zakat Fund, in particular Mr. Nasser Nemat

• The private health insurance companies (in alphabetical order): Al Koot Insurance & Reinsurance (AXA), Al Khaleej Takaful Group, Allianz, Arabia Insurance, Doha Bank Assurance, Doha Insurance Company, Libano Suisse Insurance, Metlife Alico, Q Life & Medical Insurance Company (Qatar Insurance Group), Qatar General Insurance & Reinsurance, QIIC, SEIB Insurance & Reinsurance
EXECUTIVE SUMMARY
EXECUTIVE SUMMARY

After launching the first Qatar National Health Accounts Report 2009-2010, the SCH succeeded to introduce the updated System of Health Accounts 2011 methodology and produce the second Qatar National Health Accounts Report 2011 (QHAR-2). Building upon the experience gained, the SCH produced the third Qatar National Health Accounts Report 2012 (QHAR-3) advancing further the application of the System of Health Accounts 2011 approach.

The main findings of QHAR-3 are summarized below.

**Current health expenditure and expenditure on gross capital formation in healthcare**

Qatar spent 15.14 billion QAR in total on healthcare in 2012, up by 25.3% from 2011 (12.09 billion QAR). As a result, per capita expenditure has increased from 7,028 QAR in 2011, to 8,261 QAR (2,270 US$) in 2012 (an increase by 17.5%).

3.25 billion QAR (21.5%) was expended on gross capital formation (GCF). The remaining 11.89 billion QAR (or 78.5%) financed current healthcare expenditure (CHE) in 2012.

**Revenues and management of healthcare financing schemes (CHE)**

There were four types of revenues for funding healthcare in Qatar in 2012:

- 9.41 billion QAR (79.1%) of CHE came from the Government
- Voluntary prepayment (made by employers or individuals) constituted 0.94 billion QAR or 7.9% of all revenues
- 1.29 billion QAR in revenues from households accounted for 10.9% of all funds
- 0.24 billion QAR of revenues came from corporations (2.0%).

The financial flows of the government financing schemes were managed by the following entities:

- SCH was responsible for 18.7% (1.76 billion QAR)
- Hamad Medical Corporation absorbed 68.8% (6.47 billion QAR)
- PHCC accounted for another 10.2% (0.96 billion QAR)
- Other line ministries (MOI and Armed Forces) accounted for 2.0% (0.2 billion QAR)
- Aspire Zone Foundation comprised the remaining 0.3%.
Services (healthcare functions) financed

The 11.89 billion QAR CHE was allocated to the following services:

- Curative inpatient care: 4.55 billion QAR (38.3%)
- Curative outpatient care: 4.09 billion QAR (34.4%)
- Ancillary services: 1.43 billion QAR (12.0%)
- Long-term care, day curative care and rehabilitative care: 0.27 billion QAR (2.3%)
- Preventive care: 0.05 billion QAR (0.4%)
- Medical goods: 0.52 billion QAR (4.3%)
- Governance, administration and other: 0.97 billion QAR (8.1%)

 Financing of healthcare providers

The 11.89 billion QAR CHE was distributed to the following healthcare providers:

- Hospitals: 4.75 billion QAR (40.0%)
- Providers of ambulatory care: 3.12 billion QAR (26.3%)
- Providers of ancillary services: 1.09 billion QAR (9.2%)
- Retailers and other providers of medical goods: 0.52 billion QAR (4.3%)
- Providers of health care system administration and financing: 0.78 billion QAR (6.5%)
- Rest of the world (TA): 1.60 billion QAR (13.5%)
- Providers of preventative care and residential long term care facilities each comprised 0.1%

Gross Capital formation

GCF increased by 53.4% from 2.12 billion QAR in 2011, to 3.25 billion QAR in 2012. 98% of GCF formation expenditure was related to investment in infrastructure (3.17 billion QAR); 0.05 billion QAR was invested in equipment and 0.03 billion QAR in intellectual property.
1 INTRODUCTION
1 INTRODUCTION

1.1 Background

Qatar commenced implementation of the Qatar Health Accounts (QHA) in 2011 within a framework of a comprehensive strategic plan developed by the Policy Affairs Directorate, SCH. The SCH has successfully produced two reports:

- The 1st report (QHAR-1) covered the period 2009 and 2010 and was based on the Health Accounts (HA) methodology developed by OECD (published in 2000 as SHA 1.0), expanded and refined by WHO, World Bank and USAID in the Guide to Produce National Health Accounts as published in 2003.

- The 2nd report (QHAR-2) produced in 2012 covered the flow of funds in health care in 2011 and was based on the new System of Health Accounts (SHA) 2011 classifications.

For both reports, data on out-of-pocket (OOP) expenditure was collected via online household surveys (OHS). The current report for the year 2012 has progressed from the online surveys to face-to-face interviews in order to collect the data for households OOP.

SCH is proud of publishing the world’s first Health Accounts with the new classification in 2011 and remaining the only GCC country to publish Health Accounts annually.

This publication provides an information on how much money was spent on health in Qatar during 2012, including sources of financing and the use of funds. This information and accompanying analysis helps to understand the performance, efficiency and issues impacting the Qatar health system.
WHAT IS HEALTH EXPENDITURE?

Health expenditure encompasses all expenditure for activities whose primary purpose is to restore, improve and maintain health for the nation and individuals during a defined period of time. This definition applies regardless of the type of the institution or entity providing or paying for the health activity.

Unless noted otherwise in this report, expenditure is reported at current prices, with no adjustment for inflation. Changes from year to year in the expenditure data at current prices are referred to throughout this report as 'nominal changes in expenditure'. This implies that changes reflect the combined effect of price and volume changes.

1.2 General characteristics

In 2012, Qatar ranked 36th in the world for human development. The Human Development Index (HDI) for Qatar increased from 0.743 in 1990 to 0.834 (very high human development) in 2012 (UNDP 2013).


The SCH is the highest health care authority in Qatar, guiding the process of national reform in the health sector and ensuring internationally-renowned care. As the steward of health, the SCH develops strategies, policies and programs to improve population health. It also monitors and evaluates progress towards achieving national goals. The SCH vests in the responsibility for health care provision to public, semi-public and private providers, while regulating all service providers and planning health care services.

Qatar has a long-standing tradition of public health care provision, with two main public providers: Hamad Medical Corporation (HMC) and Primary Health Care Corporation (PHCC). The first state hospital in Qatar (Rumailah) was opened in 1959, followed by a maternity hospital in 1965 with 170 and 165 beds respectively (Regional Health System Observatory - EMRO 2006). HMC, established in 1979, operated eight hospitals in 2012, which together comprised approximately 80 percent of Qatar’s acute beds. PHCC was established as an autonomous organization in 2012. It operated 23 primary health care (PHC) centers in 2012. The HMC and PHCC both report to the SCH Board of Directors through the SCH Secretary General. Other public health care providers include Qatar Petroleum (QP), Qatar Armed Forces (QAF), and the Ministry of Interior (MOL), which operate employee clinics.
The semi-public providers are Qatar Orthopaedic and Sports Medicine Hospital (Aspetar), and the future Sidra Medical and Research Centre. The Qatar Red Crescent Society (QRCS) is included in this category, as a non-profit organization that operates workers primary health care centres on behalf of the SCH.

The major private providers in Qatar include four hospitals: Al Ahli Hospital, American Hospital, Doha Clinic Hospital and Al Emadi Hospital. They also include over 200 polyclinics and numerous clinics, laboratories, pharmacies and other medical centers.

### 1.3 Key SHA 2011 Concepts

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic price</td>
<td>“The amount receivable by the producer from purchaser for a unit of goods or services produced as output minus tax payable and plus any subsidy receivable on the produces as a consequence of its production or sale.”</td>
</tr>
<tr>
<td>Consumption of fixed capital</td>
<td>“The consumption of fixed capital is defined as the decline, during the accounting period, in the current value of the stock of fixed assets owned by health care providers. The consumption of fixed capital is the result of physical deterioration, normal obsolescence or normal accidental damage.”</td>
</tr>
<tr>
<td>Current health expenditure</td>
<td>Final consumption expenditure of resident units on health care goods and services irrespective of where the consumption takes place: it implies the inclusion of imports (from non-resident providers) and the exclusion of exports (provided to non-residents).</td>
</tr>
<tr>
<td>Day care</td>
<td>“Planned medical and paramedical services delivered to patients who have been formally admitted for diagnosis, treatment or other types of health care but with the intention to discharge the patient on the same day.”</td>
</tr>
<tr>
<td>Exports (of health care goods and services)</td>
<td>Health care goods and services acquired by non-residents from resident providers.</td>
</tr>
<tr>
<td>Factors of provision (FP)</td>
<td>“Inputs used by [health care] providers to produce the goods and services consumed or the activities conducted in the system.”</td>
</tr>
<tr>
<td>Final consumption (of health care goods and services)</td>
<td>“Health care goods or services produced and imported in the economic territory and used by a resident to satisfy an individual or collective need.”  Final consumption equals to the total uses of health goods and services minus intermediate consumption by health care providers (&quot;factors of provision&quot;), gross capital formation and exports (goods and services consumed by non-residents).</td>
</tr>
</tbody>
</table>
Terms | Definition
--- | ---
Final consumption expenditure (FCE) | Same as Current health expenditure (CHE). Includes three type of expenditure:
- Household final consumption expenditure
- General government final consumption expenditure
- NPISH final consumption expenditure

Financing agents (FA) | "Institutional units that administer health financing schemes in practice": collect revenues and/or purchase services.

Financing scheme (HF) | "Health care financing schemes are structural components of health care financing systems: they are the main types of financing arrangements through which people obtain health services. Health care financing schemes include direct payments by households for services and goods and third-party financing arrangements. Third party financing schemes are distinct bodies of rules that govern the mode of participation in the scheme, the basis for entitlement to health services and the rules on raising and then pooling the revenues of the given scheme.

Health Care Function (HC) | Relates "to the type of need a transaction or group of transactions aims to satisfy or the kind of objective pursued": it explains the health purpose of transactions in health care.

Gross capital formation (in health care) (HK) | Acquisition of produced assets (assets intended for use in the production of other goods and services over a period of one year or more) by health care providers; measured by the total value of this assets that providers of health services have acquired during the accounting period (less the values of the disposals of assets of the same type). It includes the following three components:
- Gross fixed capital formation
- Changes in inventories
- Acquisitions less disposal of valuables

Home based care | Comprises medical, ancillary and nursing services that are consumed by patients at their home and involve the provider’s physical presence.

Household final consumption expenditure | Expenditure incurred by resident households for the individual consumption of goods and services, including consumption of goods and services acquired abroad.
Terms

Inpatient care

“Formal admission into a health care facility for treatment and/or care that is expected to constitute an overnight stay.”

Intermediate consumption (of health care goods and services)

Health care goods and services that are consumed (used-up or transformed) in the production process of other health care goods and services.

Long term care

“A range of medical and personal care services that are consumed with the primary goal of alleviating pain and suffering or managing the deterioration in health status in patients with a degree of long-term dependency.”

Mode-of-provision categories

Mode-of-provision refers to specific organizational and technological arrangements of the services consumed and consists of four categories: inpatient, day care, outpatient and home-based care.

Non-market providers

Entities that provide services (or goods) either for free of charge or at prices that are not economically significant (when prices cover less than half the full cost of production), opposite to market providers providing services at economically relevant prices.

Out of Pocket

Out of Pocket Payments (OOP) show the direct burden of medical costs that households bear at the time of service use based on the willingness and ability to pay of the individual or household. It is a voluntary payment based on the decision of the household to use the services, and therefore to pay for them. A payment by the individual is not always accounted as OOP because it may be reimbursed by voluntary insurance or covered by the Government (conditional cash transfers) or a domestic or foreign NGO. In these cases, the payment for the healthcare is technically made by the household, but not from the households pocket.

Outpatient care

Any care offered to an inpatient regardless of where it occurs except the patient’s place of residence (the outpatient serviced may be delivered in the outpatient ward of a hospital, a dedicated hospital outpatient center, an ambulatory care center, a physician’s private office, or a health care practice with a work place, school or prison, or even on the street.)

Overall health expenditure

Overall Health Expenditure (OHE) or total health expenditure can be defined as the sum of current health expenditure and the expenditure related to the acquisition (less disposals) on capital goods. In the report the term OHE is used to depict the sum of these two aggregates.

Prevention (health boundaries)

“The health boundary for “preventive services” is defined as having the primary purpose of risk avoidance, of acquiring diseases or suffering injuries, which can frequently involve a direct and active interaction of the consumer with the health care system.”
<table>
<thead>
<tr>
<th>Terms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, primary</td>
<td>Involves specific measures aimed at avoiding diseases and risk factors in order to reduce the onset of a disease, diminish the number of new cases, and anticipate the emergence and lessen the severity of disease.</td>
</tr>
<tr>
<td>Prevention, secondary</td>
<td>Involves specific interventions aimed at the detection of disease and then therapy as early as possible.</td>
</tr>
<tr>
<td>Prevention, tertiary</td>
<td>Specific measures aiming at reducing the negative impact of an already established disease or injury by an attempt to avoid worsening and complication.</td>
</tr>
<tr>
<td>Providers (HP)</td>
<td>“Health care providers encompass organizations and actors that deliver health care goods and services as their primary activity, as well as those for which health care provision is only one among a number of activities.”</td>
</tr>
<tr>
<td>Providers, health system administration and financing</td>
<td>“Establishments that are primarily engaged in the regulation of the activities of agencies that provide health care and in the overall administration of the health care sector, including the administration of health financing.”</td>
</tr>
<tr>
<td>Providers, primary</td>
<td>“Primary providers are those whose principal activity is to deliver health care goods and services as defined in the core functional classification.”</td>
</tr>
<tr>
<td>Providers, secondary</td>
<td>“Those that deliver health care services in addition to their principal activities, which might be partially or not at all related to health.”</td>
</tr>
<tr>
<td>Purchaser’s price</td>
<td>The amount payable by the purchaser, excluding any deductible VAT or similar deductible tax, in order to take delivery of a unit of good or service at the time and place required by the purchaser</td>
</tr>
<tr>
<td>Revenues of financing schemes (RS)</td>
<td>Revenue is an increase in the funds of a health care financing scheme, through specific contribution mechanisms. The categories of the classification are the particular types of transaction through which the financing schemes obtain their revenues. The objective of this classification is to group types of revenues of health financing schemes into mutually exclusive classes.</td>
</tr>
<tr>
<td>Social health insurance</td>
<td>Financing arrangement that ensures access to health care based on a payment of a non-risk-related contribution by or on behalf of the eligible person.</td>
</tr>
<tr>
<td>Social protection scheme</td>
<td>“A distinct body of rules, supported by one or more institutional units, governing the provision of social protection benefits and their financing.”</td>
</tr>
<tr>
<td>Total health expenditure</td>
<td>The term was used in SHA 1.0 as the sum of “current expenditure on health” and “gross capital formation”; the term is not recommended any more in SHA 2011 but is still used in some international databases (WB, WHO, etc.)</td>
</tr>
<tr>
<td>Terms</td>
<td>Definition</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Transaction</td>
<td>“Transactions are valued activities that take place between different actors or organizations.”</td>
</tr>
<tr>
<td></td>
<td>“Economic flow of a kind of formalized relationship between various units acting in the health care sector, that is, between consumers and providers, providers and financing units, or consumers and financing units.”</td>
</tr>
</tbody>
</table>

The following types of transactions can be distinguished in SHA:

- Transactions in products (i.e. final consumption of health care goods and services)
- Distributive transactions (transfers granted to households for the specific purpose of providing health care services to family members)
- Financial transactions (acquisitions and disposals in financial assets and liabilities)
- Other flows related to the consumption of fixed capital and acquisitions (less disposals)

1.4 Report structure

**Methodology**

This section provides a description of improvements made in the application of SHA 2011 approach (started last year), challenges faced by the SHA team in terms of data collection and processing, solutions and underlying assumptions to address these challenges and limitations that remain but could be addressed in the future.

**Qatar SHA Results**

This section outlines the main findings of SHA 2012 in accordance with SHA methodology.
Each dimension interface (financing, provision and consumption) is described from different perspectives and compared to the previous years.

**Discussion**

This section assesses Qatar’s performance against key SHA indicators with comparative analysis against selected countries and regions.

**Policy Development**

This highlights some key reform implementation issues and their implications on SHA in Qatar in the future.

**Annexes**

Annexes contain core SHA matrixes as well as other charts and tables with health and economic indicators referred to throughout the report.
2 METHODOLOGY
In 2011, Qatar laid down a solid methodological foundation by introducing the SHA 2011 approach. The current SHA is built upon this practice and has been enhanced by the experience of last year. While the same data collection tools have been used, a couple of significant improvements have been made to other components of the methodology:

- A national Health Utilisation and Expenditure Survey (HUES) was conducted in 2012 (addressing one of the limitations highlighted in QHAR-2) replacing the online survey on health expenditure as the source of information on OOP expenditure. The survey was expanded to capture specific data for the new comers, blue-collar workers, residing in labour camps\(^1\) (single male labourers, SML) in Qatar. SMLs represent an important and considerable population segment in Qatar (Supreme Council of Health 2013), characterized by communal habitation and employment in physically demanding sectors.

- The financing interface of the SHA accounting framework was extended by adding the financial agent dimension. This allowed the production of three two-dimensional matrixes in the financing structure (FS x HF, FS x FA and FA x HF), compared to one two-dimensional matrix in QHAR-2 (HF x FS).

- Some adjustments have been made to the classification of healthcare providers and factors of provision to more accurately reflect the nature of transactions in accordance with SHA boundaries.

Despite the above mentioned improvements, some limitations highlighted in QHAR-2, together with new challenges identified during the current SHA, remain to be addressed. These are discussed in the relevant sub-sections below.

\(^1\) HUES 2012 also surveyed 1.4 per cent of females
2.1 Data sources and assumptions

2.1.1 General notes

Data has been collected from the following two major sources:

- Financial information on expenditure and revenues, as well as on beneficiaries served, was collected from health care providers, health insurance companies and governmental agencies

- Information on private consumption of healthcare goods and services and sources of financing was collected from households.

Additional information on the healthcare system (infrastructure, human resources, health outcomes), demographic and macroeconomic trends have been collected from national and international sources. Where discrepancies in figures collected from various sources were identified (e.g. population estimates for 2012), preference was given to official data where available. If official data was not available, sources used in previous SHA reports were used in order to ensure continuity and consistency.

Financial information provided by public institutions is based on the fiscal year in Qatar (1st April 2012–31 March 2013). In order to translate this into a calendar year basis, some imputed estimates were used (usually averages of Q2-Q4 of 2012/2013 fiscal year).

2.1.2 Notes on some data sources

Ministry of Finance

Information relating to financing agents was provided by both the MOF and individual financing agents. Where there was a discrepancy, this report utilized information provided by individual financing agents which was of a more detailed nature.

Supreme Council of Health

Expenditure related to TA was not broken down by types of care (e.g. curative inpatient or curative outpatient). This has an impact on precise allocation of expenditure to corresponding healthcare functions.

Ministry of Interior and Armed Forces

The provided data were reported at high-level aggregates of expenditure. It was not possible to code reported expenditure to healthcare function and healthcare provider dimensions.
Private clinics

Most private health care providers did not provide information on the age and gender of beneficiaries, and expenditure by factors of provision. Nevertheless, compared to the previous year, a significant progress in data collection from private institutions was made.

2.1.3 Health expenditure and utilization study

Sampling design

The sampling frame was developed by SESRI (Social and Economic Survey Research Institute) in March-April 2012. All housing units in Qatar were listed with information about the housing address and information to identify if residents in the housing units are Qatari, expatriates (non-Qatari), or single male labourers (SML).

Disproportionate stratified sampling was used instead of proportionate sampling because Qatari accounted for a very small portion of the target population compared to the expatriates and SMLs. Proportionate sampling would have resulted in a relatively small number of Qatari in the sample, impacting estimates for the Qatari component and their precision.

A systematic sample was constructed separately for Qatari and expatriates.

Fieldwork

Interviews were conducted by 72 interviewers during September and October 2012.

In total 5,973 housing units were visited, 4061 interviews were conducted, 935 inpatient and 1,946 outpatient questionnaires were completed. A summary of roster characteristics is presented in Figure 30:

2.1.4 Underlying assumptions

Expenditure on treatment abroad

SCH outlays on financing TA were substantial. Two items were added to SHA classifications last year in order to make this particular expenditure more visible: item HC.1.1.M to healthcare functions and factors of provision (item FP.M) in QHAR-2.

A different methodological approach was used this year to account for TA expenditure. The results are presented under the code HP.9 “Rest of the world” in the following two SHA matrixes:
• SHA Matrix HP x HC: data quality limitations restricted the ability to identify the type of care consumed by the Qatari residents from the healthcare providers abroad in 2012. It was assumed that the vast majority of the consumption fell under the category of curative inpatient care (mostly financed by SCH) and was allocated to “HC.1.1.9 Inpatient care not specified” code accordingly.

• SHA Matrix HF x HP: this matrix is helpful to detect which financing scheme purchased services for TA.

Health management and provider corporations

Three institutions, namely HMC, PHCC and Aspire Zone Foundation, have been considered as financing agents under code “FA.3.1 Health management and provider corporations” (in addition to their primary purpose to manage and provide medical services). The underlying assumption was that these entities receive financial resources from the state budget directly and manage those resources to finance provision of healthcare services by a wide range of relatively autonomous (managerially) clinics or hospitals which form these state owned corporations.

In addition to direct expenditure on service delivery, health management and provider corporations such as HMC and PHCC allocate substantial resources to administrative tasks. It was assumed that expenditure relating to administrative functions primarily serve the purpose of management of these corporations and not of the health care system. Therefore, most of reported administrative expenditure was allocated to fulfilment of their primary function (HC.1 “Curative Care) unless they were explicitly associated with their role of financing agents or certain health system administration tasks. Such expenditure was coded as “HC.7.3 Other administrative costs not specified by kind (n.s.k)” in healthcare functions dimension and “HP.7.9 Other administration agencies” (under “HP.7 Providers of health care system administration and financing”) in healthcare provider dimension.

It is expected that the role of financing agents with related healthcare financing administration functions will face changes in the next report as a result of the introduction of the National Health Insurance Scheme and establishment of the National Health Insurance Company.

Households as revenues of schemes

In QHAR-2, OOP expenditure by households came from voluntary prepayments made by individuals/households, and revenues of HF.3 financing schemes were classified as FS.5.1 “Voluntary prepayment from individuals/households”. In QHA 2012, revenues of HF.3 scheme (HH OOP Payment) were coded as FS.6.1 “Other revenues from households n.e.c.” in accordance with the SHA 2011 manual (page 202).
2.1.5 Qatar population

According to the Permanent Population Committee (Permanent Population Committee 2012), the Qatar population has increased 15 times over the last four decades, reaching 1,732,718 in 2011. In 2010, the population was comprised of 146,707 households with the average size of 5.3 persons per household (Qatar Statistics Authority 2011).

As of mid 2012, the Qatar Statistics Authority reported population estimate of 1,832,903 (1.833 million). This estimate is used throughout the report for calculating the per capita expenditure, unless stated otherwise².

Qatar population growth is mostly determined by labour immigration and “it is expected that population growth in Qatar will rise in the future, due to the increasing demand for expatriate workers in various fields, especially in construction sector, to ensure the requirements of Qatar World Cup 2022” (Permanent Population Committee 2012).

The large expatriate labour force (comprised of individuals belonging to 15-64 years age group and constituting predominantly males) explains observed imbalances in the population age and gender structure:

- Work age-group (15-64 years) constituted 84.1% of the population
- “Age dependency ratio”³ of 17.4% in 2011 which is very low in comparison to countries with high human development (49.9%)
- Gender ratio reached 309.8 (309.8 males per 100 females) in 2010 according to official statistics (Qatar Statistics Authority 2011) and 315 according to UN estimates for 2011 (1.419 million males and 0.451 million females) (United Nations 2011)

According to the UN Population Division’s estimates, the population of Qatar is expected to increase to 2.289 million in 2025 and 2.612 million in 2050.

Vast majority of the population resides in urban areas with only 1.23% of the total population living in rural areas in 2011 (The World Bank 2013)).

---

² The sample frame for the household survey was based on the population estimate of 1.705 million. This survey was designed before the population estimate for 2012 by the Qatari Statistical Authority was available. The potential consequence is that the estimate of the total household out-of-pocket expenditures is somewhat lower (within the 5-10 per cent range, therefore judged as acceptable). The effect on overall healthcare expenditure is minimal (less than 1 per cent).

³ The dependent part includes those over the age of 64 and under the age of 15. The productive part makes up the population in between, ages 15-64.
2.1.6 Adjusted population

The Qatar population demographics are unique due to the high ratio of males to females, and large working age component. This is due to the large expatriate labour force which has implications for health expenditure analysis as they are generally low users of health care services.

In 2010, the SCH developed a statistical model to calculate an ‘adjusted population’ which is more consistent with international population demographics. The adjusted population was updated for the QSA base year population (2010), and accounts for the population growth over 2010-12 period. This resulted in an adjusted population figure of 1,024,610 for 2012.

The following health expenditure indicators (see Figure 26) are reported on an adjusted and unadjusted population basis:

- Current expenditure on health (CHE)
- General government expenditure on Health (GGEH)

2.2 Limitations

Incompleteness of information collected

At the time of production of this report, full fiscal year financial reports from HMC and PHCC were still pending, so detailed raw financial information (containing approximately 20,000 records) was processed and coded to produce this report. While the assignment of proper functional codes to each completely disaggregated financial transaction was challenging, it allowed the identification and coding of factors of provision. No information was provided on aggregated expenditure on healthcare functions (and modes of provision), or utilization figures (medical statistics and/or gender and age of beneficiaries).

Conversely, information from private institutions (health care providers and insurance companies), was instrumental to define expenditure by healthcare function and allocate expenditure to beneficiaries by gender and age groups, but contained no data on inputs to define factors of provision.
Incomplete information on treatment abroad

Information on the consumption of healthcare services abroad from various sources was very scarce:

- Official statistics or financial reports indicated only outlays on TA, without specifying the type of services or beneficiaries
- HUES (2012) provided limited information on OOP expenditure on TA. Generally only information that was related to travel of an ill household member and accompanying person was provided. Therefore it was not possible to extract accurate information on medical services consumed abroad and subsequent financial implications on households.

Lack of information on fixed capital consumption

Information provided by private institutions on consumption of fixed capital did not contain sufficient details to allocate to the category “FP.4 Consumption of fixed capital”.

Future Improvement of HUES data for estimating OOP expenditure

The HUES face-to-face survey was a significant step forward in advancing data collection practices from the telephone and online surveys used in the prior years. However, there is still scope for improving the robustness of HUES data. Recognizing some well-known intrinsic limitations of household surveys, specifically for collecting information on healthcare expenditure, the improvements are anticipated in instrument design and data validation methods for the next round.

Comparison with other countries

At the time of writing this report, the latest and most comprehensive information for the OECD countries was available for the year 2010. We, however, do not anticipate substantial changes for the reported ratios in these countries. More importantly, the reported statistics for other countries are based on the SHA 1.0 approach, while health accounts for Qatar were processed based on the newer classification (SHA 2011). Therefore, the difference in the classification approaches should be kept in mind when comparing the performance of Qatar with other countries.
3 QATAR SHA RESULTS
3 Qatar SHA Results

The Qatar SHA results for 2012 are summarized in this section by:

- **Financing dimensions.** This outlines the structure of health care revenues and expenditure by financing schemes and financing agents, including analysis and cross country comparison.

- **Use of funds.** This outlines the structure of health care expenditure by healthcare functions and healthcare providers, including analysis and cross country comparison.

- **Factors of health care provision.** This outlines the structure of health care expenditure by factors of provision.

- **Gross Capital Formation (GCF).**

### 3.1 Financing dimensions

The total amount of funds mobilized and spent on healthcare in Qatar in 2012 amounted to 15.14 billion QAR. More than three quarters were spent on CHE at 11.89 billion QAR (78.5%), with the remaining 3.25 billion QAR (21.5%) spent on GCF.

Three financing arrangements were in charge of mobilizing, managing and/or spending of funds as outlined in Figure 1 below:

- Governmental financial arrangements (HF.1) accounted for managing 9.41 billion QAR, that is 79.1% of CHE.

- Household (HH) Out of Pocket (OOP) schemes (HF.3) accounted for 1.29 billion QAR (or 10.9% of CHE).

- Voluntary healthcare payment schemes (HF.2) contributed the remaining 10.0% (1.19 billion QAR).
Figure 1: Structure of health care financing by schemes

HF.1 Government 79.1%
HF.2 Voluntary healthcare payment 10.0%
HF.3 Household OOP 10.9%
There were four major revenues of schemes (Figure 2). The Government was the major source of revenue (FS.1) contributing 83.6% of the overall funding. It is noteworthy that almost all funds allocated to GCF came from the Government.

**Figure 2: Health care revenues by revenues schemes (in million QAR)**

<table>
<thead>
<tr>
<th>Financing Schemes (HF)</th>
<th>REVENUES OF SCHEMES (FS)</th>
<th>TOTAL</th>
<th>Share in OHE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FS.1 Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.5.9 Other Voluntary prepaid revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6 Other Domestic Revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6.1 Households</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6.2 Corporations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HF.1 Government</td>
<td>9,409.4</td>
<td></td>
<td>9,409.4</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>HF.2 Voluntary healthcare payment</td>
<td>942.2</td>
<td>243.6</td>
<td>1,185.8</td>
</tr>
<tr>
<td></td>
<td>79%</td>
<td>21%</td>
<td>100%</td>
</tr>
<tr>
<td>HF.3 Household OOP</td>
<td>1,293.9</td>
<td></td>
<td>1,293.9</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>HF.4 Rest of the world</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current expenditure on health (CHE)</td>
<td>9,409.4</td>
<td>1,293.9</td>
<td>243.6</td>
</tr>
<tr>
<td></td>
<td>79.1%</td>
<td>10.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Gross capital formation (GCF)</td>
<td>3,253.4</td>
<td>0.3</td>
<td>3,253.7</td>
</tr>
<tr>
<td>Overall health expenditure (CHE+GCF)</td>
<td>12,662.8</td>
<td>1,293.9</td>
<td>243.9</td>
</tr>
<tr>
<td></td>
<td>83.6%</td>
<td>8.5%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Voluntary healthcare payment schemes (HF.2) had revenues from two sources: voluntary health insurance premiums (FS.5.9) and enterprise financing scheme (FS.6.2). SHA Matrix 1: FS x HF in Annex 3 provides further details.

All revenues for the HH OOP scheme (HF.3) came from households (FS.6.1) which comprised 10.9% of CHE.

Hamad Medical Corporation (HMC) as a financing agent was responsible for managing 54.4% of CHE and 68.8% of the revenues from the Government (Figure 3 and Figure 4 respectively). The second highest share of funding was managed by the SCH with 1.758 billion QAR (14.8%).
Figure 3: Structure of the current healthcare expenditure (CHE) by financing agents
Figure 4: Healthcare revenues by revenues of schemes and agents (in million QAR)

<table>
<thead>
<tr>
<th>Financing Agent(FA)</th>
<th>REVENUES OF SCHEMES(FS)</th>
<th>TOTAL</th>
<th>Share in CHE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FS.1 Government</td>
<td>1,950.1</td>
<td>16.4%</td>
</tr>
<tr>
<td>FA.1 General Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.5.9 Other Voluntary prepaid revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.1 Supreme Council of Health</td>
<td></td>
<td>1,758.4</td>
<td>14.8%</td>
</tr>
<tr>
<td>FA.1.2 Other Ministries and public units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA1.1.2.1 MOI</td>
<td>80.7</td>
<td>80.7</td>
<td>0.7%</td>
</tr>
<tr>
<td>FA1.1.2.2 Armed Force</td>
<td>111.0</td>
<td>111.0</td>
<td>0.9%</td>
</tr>
<tr>
<td>FA.2 Insurance corporations</td>
<td>934</td>
<td>934.0</td>
<td>7.9%</td>
</tr>
<tr>
<td>FA.3 Corporations (other than insurance corporations)</td>
<td>7,459.3</td>
<td>243.6</td>
<td>64.8%</td>
</tr>
<tr>
<td>FA3.1.1 Aspire Zone Foundation</td>
<td>27.1</td>
<td>27.1</td>
<td>0.2%</td>
</tr>
<tr>
<td>FA3.1.2 Hamad Medical Corporation</td>
<td>6,469.5</td>
<td>6,469.5</td>
<td>54.4%</td>
</tr>
<tr>
<td>FA3.1.3 PHCC</td>
<td>962.6</td>
<td>962.6</td>
<td>8.1%</td>
</tr>
<tr>
<td>FA3.2.1 Qatar Foundation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA3.2.2 Qatar Petroleum</td>
<td>243.6</td>
<td>243.6</td>
<td>2.0%</td>
</tr>
<tr>
<td>FA.4 Non-profit institutions serving households (NPIShS)</td>
<td>8.2</td>
<td>8.2</td>
<td>0.1%</td>
</tr>
<tr>
<td>FA.4.1 Zakat fund</td>
<td>8.2</td>
<td>8.2</td>
<td>0.1%</td>
</tr>
<tr>
<td>FA.5 Households</td>
<td>1,293.9</td>
<td>1,293.9</td>
<td>10.9%</td>
</tr>
<tr>
<td>FA.6 Rest of the World</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current expenditure on health (CHE)</td>
<td>9,409.4</td>
<td>942.2</td>
<td>1,293.9</td>
</tr>
<tr>
<td>Gross capital formation (GCF)</td>
<td>3,253.4</td>
<td>0.3</td>
<td>3,253.7</td>
</tr>
<tr>
<td>Overall Health expenditure (CHE+GCF)</td>
<td>12,662.8</td>
<td>942.2</td>
<td>1,293.9</td>
</tr>
</tbody>
</table>

A breakdown of expenditure by financing agents and schemes explains the roles of institutions in healthcare financing (Figure 5). Qatar Foundation is the major agent financing gross fixed capital formation accounting for 3.16 billion QAR out of the total 3.25 billion QAR.
Figure 5: Healthcare expenditure by financing schemes and agents (in million QAR)

<table>
<thead>
<tr>
<th>Financing Agent (FA)</th>
<th>Financing Schemes (HF)</th>
<th>Current expenditure on health</th>
<th>Gross capital formation</th>
<th>Overall health expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HF.1 Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1 General</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>1,950.1</td>
<td>1,950.1</td>
<td>28.2</td>
<td>1,978.3</td>
</tr>
<tr>
<td></td>
<td>HF.2 Voluntary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare payment</td>
<td>1,758.4</td>
<td>1,758.4</td>
<td>18.6</td>
<td>1,777.0</td>
</tr>
<tr>
<td>FA.1.1.2 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministries and</td>
<td>80.7</td>
<td>80.7</td>
<td>9.6</td>
<td>90.3</td>
</tr>
<tr>
<td>and public units</td>
<td>111.0</td>
<td>111.0</td>
<td>111.0</td>
<td></td>
</tr>
<tr>
<td>FA.2 Insurance</td>
<td>934.0</td>
<td>934.0</td>
<td>934.0</td>
<td></td>
</tr>
<tr>
<td>corporations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.3 Corporations</td>
<td>7,459.3</td>
<td>243.6</td>
<td>7,702.9</td>
<td>10,928.4</td>
</tr>
<tr>
<td>(other than insurance corporations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.3.1.1 Aspire Zone Foundation</td>
<td>27.1</td>
<td>27.1</td>
<td>27.1</td>
<td></td>
</tr>
<tr>
<td>FA.3.1.2 Hamad Medical Corporation</td>
<td>6,469.5</td>
<td>6,469.5</td>
<td>49.0</td>
<td>6,518.5</td>
</tr>
<tr>
<td>FA.3.1.3 PHCC</td>
<td>962.6</td>
<td>962.6</td>
<td>18.1</td>
<td>980.7</td>
</tr>
<tr>
<td>FA.3.2.1 Qatar</td>
<td>3,158.1</td>
<td></td>
<td>3,158.1</td>
<td>3,158.1</td>
</tr>
<tr>
<td>Foundation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.3.2.2 Qatar</td>
<td>243.6</td>
<td>243.6</td>
<td>0.3</td>
<td>243.9</td>
</tr>
<tr>
<td>Petroleum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.4 Non-profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>institutions serving households (NPISHs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.4.1 Zakat fund</td>
<td>8.2</td>
<td></td>
<td>8.2</td>
<td>8.2</td>
</tr>
<tr>
<td>FA.5 Households</td>
<td>1,293.9</td>
<td>1,293.9</td>
<td>1,293.9</td>
<td>1,293.9</td>
</tr>
<tr>
<td>FA.6 Rest of the</td>
<td>9,409.4</td>
<td>1,185.8</td>
<td>1,293.9</td>
<td>11,889.1</td>
</tr>
<tr>
<td>World</td>
<td></td>
<td></td>
<td></td>
<td>3,253.7</td>
</tr>
<tr>
<td>Total Financing</td>
<td></td>
<td></td>
<td></td>
<td>15,142.8</td>
</tr>
<tr>
<td>Schemes</td>
<td>9,409.4</td>
<td>1,185.8</td>
<td>1,293.9</td>
<td>11,889.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,253.7</td>
</tr>
<tr>
<td></td>
<td>15,142.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Private insurance companies (FA.2) manage 78.8% of the voluntary healthcare payment scheme (HF.2), with the remainder managed by Qatar Petroleum and Zakat Fund.
### 3.1.1 Observed trend

Total health care financing increased by 25.3% from 12.09 billion QAR in 2011, to 15.14 billion QAR in 2012 as outlined in Figure 6.

The substantial growth of healthcare financing was due to a 36.0% increase in financing of government schemes from 9.31 billion QAR in 2011, to 12.66 billion QAR in 2012. This was partially offset by 22.8% reduction in HH OOP expenditure (from 1.67 billion QAR in 2011, to 1.29 billion QAR in 2012).

#### Figure 6: Comparison of healthcare financing by schemes and years (in million QAR)

CHE increased by 19.3% from 9.97 billion QAR in 2011, to 11.89 billion QAR in 2012. GCF increased by 53.3% from 2.12 billion QAR in 2011, to 3.25 billion QAR in 2012.

### 3.1.2 Cross country comparison

Comparative analysis of revenues by financing agents between Qatar and selected OECD countries is detailed in Figure 41 in Annex 2. The comparison of Qatar with other countries should take into account the structure of the health care system. Most of the health care
is provided through the public providers (reported under ‘Corporations’ in Figure 41). For details of the revenues of schemes and agents specific to the Qatari health care system refer to the Figure 4.

Qatar differs significantly from all OECD countries with a high share of GCF in overall health expenditure (OHE). The share of GCF varied between 0% and 6.8% across selected OECD (in 2010), compared with 21.5% in Qatar in 2012 (Figure 40).

The component of HH OOP payments in healthcare financing revenues in Qatar was much lower than most OECD countries (Figure 7). The share of HH OOP payments in CHE was lower only in France, the Netherlands and New Zealand (7.6%, 5.5% and 10.5% respectively) than in Qatar (10.9%).

Figure 7: Comparison of the share of HH OOP payments in the healthcare financing revenues between Qatar (2012) and selected OECD countries (2010)
3.2 Uses of funds

3.2.1 Main findings

Curative care (HC.1) comprises 74.3% of CHE (Figure 9). Almost all other resources were distributed between the following healthcare functions:

- HC.4 Ancillary services (12.0%),
- HC.7 Governance and health system and financing administration (7.2%) and
- HC.5 Medical goods (4.3%).

Figure 8: Comparison of the share of private insurance in the healthcare financing revenues between Qatar (2012) and selected OECD countries (2010)\(^4\)

\(^4\) The content of Health Financing (Financing Schemes) according to SHA 1.0 for the OECD countries (2010), is close to the content of Financing Agents (FA) for Qatar according to SHA 2011.
Figure 9: Current healthcare expenditure by healthcare functions (HC) and healthcare financing schemes (HF) (in Million QAR)

<table>
<thead>
<tr>
<th>Health Care Functions (HC)</th>
<th>Healthcare Financing Schemes (HF)</th>
<th>HF.1 Government</th>
<th>HF.2.1 Voluntary Health Insurance Schemes</th>
<th>HF.2.2 Enterprise Financing Schemes</th>
<th>HF.3 Household out of pocket payment</th>
<th>Total</th>
<th>Share in CHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC.1 Curative care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.1.1 Inpatient curative care</td>
<td></td>
<td>7,256.3</td>
<td>490.8</td>
<td>141.1</td>
<td>939.8</td>
<td>8,827.9</td>
<td>74.3%</td>
</tr>
<tr>
<td>HC.1.1.1 General inpatient curative care</td>
<td></td>
<td>4,226.5</td>
<td>210.3</td>
<td>114.6</td>
<td>878.2</td>
<td>4,551.3</td>
<td></td>
</tr>
<tr>
<td>HC.1.1.2 Specialised inpatient curative care</td>
<td></td>
<td>878.2</td>
<td>0.0</td>
<td></td>
<td></td>
<td>878.3</td>
<td></td>
</tr>
<tr>
<td>HC.1.1.9 Inpatient care not specified</td>
<td></td>
<td>1,503.9</td>
<td></td>
<td></td>
<td></td>
<td>1,503.9</td>
<td></td>
</tr>
<tr>
<td>HC.1.2 Day curative care</td>
<td></td>
<td>161.5</td>
<td>10.7</td>
<td></td>
<td></td>
<td>172.2</td>
<td></td>
</tr>
<tr>
<td>HC.1.3 Outpatient curative care</td>
<td></td>
<td>2,860.5</td>
<td>265.5</td>
<td>141.1</td>
<td>825.2</td>
<td>4,092.3</td>
<td></td>
</tr>
<tr>
<td>HC.1.3.1 General outpatient curative care</td>
<td></td>
<td>18.4</td>
<td>175.6</td>
<td>68.8</td>
<td>30.9</td>
<td>293.7</td>
<td></td>
</tr>
<tr>
<td>HC.1.3.2 Dental outpatient curative care</td>
<td></td>
<td>62.8</td>
<td>64.1</td>
<td>29.3</td>
<td></td>
<td>156.2</td>
<td></td>
</tr>
<tr>
<td>HC.1.3.3 Specialised outpatient curative care</td>
<td></td>
<td>126.3</td>
<td>25.7</td>
<td>43.0</td>
<td>507.3</td>
<td>702.3</td>
<td></td>
</tr>
<tr>
<td>HC.1.3.9 Outpatient care not specified</td>
<td></td>
<td>2,653.0</td>
<td></td>
<td>287.1</td>
<td></td>
<td>2,940.1</td>
<td></td>
</tr>
<tr>
<td>HC.1.4 Home-based curative care</td>
<td></td>
<td>7.8</td>
<td></td>
<td></td>
<td></td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>HC.1.5 Curative care n.e.c.</td>
<td></td>
<td>94.3</td>
<td>0.1</td>
<td></td>
<td></td>
<td>94.5</td>
<td>0.8%</td>
</tr>
<tr>
<td>HC.2 Rehabilitative care</td>
<td></td>
<td>4.9</td>
<td></td>
<td></td>
<td></td>
<td>4.9</td>
<td>0.0%</td>
</tr>
<tr>
<td>HC.3 Long-term care (Health)</td>
<td></td>
<td>4.9</td>
<td></td>
<td></td>
<td></td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>HC.4 Ancillary services (not specified by function)</td>
<td></td>
<td>1,217.4</td>
<td>131.7</td>
<td>81.5</td>
<td></td>
<td>1,430.6</td>
<td>12.0%</td>
</tr>
<tr>
<td>HC.5 Medical goods (not specified by function)</td>
<td></td>
<td>35.7</td>
<td>104.3</td>
<td>21.0</td>
<td>354.1</td>
<td>515.1</td>
<td>4.3%</td>
</tr>
<tr>
<td>HC.6 Preventive care</td>
<td></td>
<td>45.2</td>
<td>5.1</td>
<td></td>
<td></td>
<td>50.2</td>
<td>0.4%</td>
</tr>
<tr>
<td>HC.7 Governance and health system and financing administration</td>
<td></td>
<td>664.0</td>
<td>209.8</td>
<td></td>
<td></td>
<td>853.7</td>
<td>7.2%</td>
</tr>
<tr>
<td>HC.9 Other health care services not elsewhere classified (n.e.c)</td>
<td></td>
<td>111.7</td>
<td>0.5</td>
<td></td>
<td></td>
<td>112.2</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Current expenditure on health (CHE)</strong></td>
<td></td>
<td>9,409.4</td>
<td>942.2</td>
<td>243.6</td>
<td>1,293.9</td>
<td>11,889.1</td>
<td>100%</td>
</tr>
</tbody>
</table>

Further analysis by healthcare function indicates inpatient and outpatient curative care (HC.1.1 and HC.1.3) accounted for 38.3% and 34.4% respectively of CHE (Figure 10).
Analysis of expenditure by healthcare financing schemes indicates:

- 72.6% of expenditure under the HH OOP scheme related to curative services (8.9% on inpatient care and 63.8% on outpatient care); with the remaining 27.4% related to OTC drugs and medical appliances.

- 77.1% of expenditure under the HF.1 Government scheme related to curative care, however the share of inpatient care (44.9%) was five times higher than under HH OOP scheme (8.9%), while the share of curative outpatient care was 30.4%.

- The proportion of curative care expenditure was the highest under the HF.2.1 Voluntary healthcare payment scheme at 52.1%. However the proportion of expenditure on ancillary services (HC.4) was 14.0% under this scheme, and the proportion of expenditure on medical goods (HC.5) was (11.1%) compared with the HF.1 Government scheme (<1.0%). The proportion of expenditure on HC.7 functions (health system and financing administration) of 22.3% is three times higher than under the HF.1 Government scheme (6.8%).

Findings related to the healthcare provider dimension of the consumption framework showed that hospitals comprised 40.0% of CHE, followed by providers of ambulatory care (26.3%) (Figure 11).
Figure 11: Structure of current health care expenditure by healthcare providers

Fig.12 outlines the cross tabulated results for the following dimensions of the consumption framework, healthcare functions and health care providers.
Figure 12: Current health expenditures by healthcare functions (HC) and healthcare providers (HP) (in million QAR)

<table>
<thead>
<tr>
<th>Healthcare Function (HC)</th>
<th>Healthcare Providers(HP)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HP1 Hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP2 Residential long-term care facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP3 Providers of ambulatory health care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP4 Providers of ancillary services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP5 Retailers and other providers of medical goods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP6 Providers of preventive care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP7 Providers of health care administration and financing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP8 rest of the world</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP/Nick Providers not specified by kind</td>
<td></td>
</tr>
<tr>
<td>HC.1 Curative care</td>
<td>4,213</td>
<td>8,828</td>
</tr>
<tr>
<td></td>
<td>2,960</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,604</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8,828</td>
<td></td>
</tr>
<tr>
<td>HC.1.1 Inpatient curative care</td>
<td>3,184</td>
<td>4,551</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,317</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4,551</td>
<td></td>
</tr>
<tr>
<td></td>
<td>878</td>
<td></td>
</tr>
<tr>
<td></td>
<td>878</td>
<td></td>
</tr>
<tr>
<td>HC1.1.1 General inpatient curative care</td>
<td>828</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,317</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,169</td>
<td></td>
</tr>
<tr>
<td>HC1.1.2 Specialised inpatient curative care</td>
<td>1,504</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,504</td>
<td></td>
</tr>
<tr>
<td>HC1.1.9 inpatient care not specified</td>
<td>852</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,317</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,169</td>
<td></td>
</tr>
<tr>
<td>HC.1.2 Day curative care</td>
<td>171</td>
<td>172</td>
</tr>
<tr>
<td>HC.1.3 Outpatient curative care</td>
<td>849</td>
<td>4,092</td>
</tr>
<tr>
<td></td>
<td>2,956</td>
<td></td>
</tr>
<tr>
<td></td>
<td>287</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4,092</td>
<td></td>
</tr>
<tr>
<td></td>
<td>294</td>
<td></td>
</tr>
<tr>
<td>HC1.3.1 General outpatient curative care</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td></td>
<td>123</td>
<td></td>
</tr>
<tr>
<td></td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>HC1.3.2 Dental outpatient curative care</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>221</td>
<td></td>
</tr>
<tr>
<td></td>
<td>702</td>
<td></td>
</tr>
<tr>
<td>HC1.3.3 Specialised outpatient curative care</td>
<td>481</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,398</td>
<td></td>
</tr>
<tr>
<td></td>
<td>287</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,940</td>
<td></td>
</tr>
<tr>
<td>HC1.3.9 Outpatient care not specified</td>
<td>255</td>
<td></td>
</tr>
<tr>
<td></td>
<td>57</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>94</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>HC.1.4 Home-based curative care</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>HC.1.5 Curative care n.e.c.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>HC.2 Rehabilitative care</td>
<td>57</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>HC.3 Long-term care (Health)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>HC.4 Ancillary services (not specified by function)</td>
<td>325</td>
<td>1,431</td>
</tr>
<tr>
<td></td>
<td>66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,040</td>
<td></td>
</tr>
<tr>
<td>HC.5 Medical goods (not specified by function)</td>
<td>0</td>
<td>515</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>515</td>
<td></td>
</tr>
<tr>
<td>HC.6 Preventive care</td>
<td>14</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>HC.7 Governance and health system and financing administration</td>
<td>28</td>
<td>854</td>
</tr>
<tr>
<td></td>
<td>51</td>
<td></td>
</tr>
<tr>
<td></td>
<td>775</td>
<td></td>
</tr>
<tr>
<td>HC.9 Other health care services not elsewhere classified (n.e.c)</td>
<td>112</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>112</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4,754</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>3,122</td>
<td>515</td>
</tr>
<tr>
<td></td>
<td>1,090</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>775</td>
<td>1,604</td>
</tr>
<tr>
<td></td>
<td>11,889</td>
<td></td>
</tr>
</tbody>
</table>
Hospital expenditure related to curative care (HC.1) accounted for 88.6% of all expenditure, with expenditure relating to ancillary services HC.4 comprising 6.8% (Figure 13). Ancillary service providers (HP.4) spent three times more resources than hospitals for the same functions (1.04 billion QAR vs. 0.33 billion QAR respectively) as shown in Matrix 6: HP x HC in Annex 3.

Figure 13: Structure of expenditure of HP.1 Hospitals

![Figure 13: Structure of expenditure of HP.1 Hospitals](image)

Total curative care (HC.1.1) expenditure accounted for 75.6% for inpatient care, with outpatient (HC.1.3) and day care (HC.1.2) explaining the remaining 20.2% and 4.1% respectively (Figure 14).

The majority of TA (healthcare provider HP.9 “rest of world”) expenditure relates to inpatient care (82%). As it was not possible to identify the type of inpatient (as well as outpatient) care, it has been coded as HC.1.1.9 (not specified by kind) accordingly.

Figure 14: Structure of expenditure of HP.1 Hospitals on curative care (HC.1)

![Figure 14: Structure of expenditure of HP.1 Hospitals on curative care (HC.1)](image)
Figure 15 outlines the flow of money to providers by financing scheme. Government schemes (HF.1) expend 42.5% of revenues on hospitals (HP.1), 27.6% on providers of ambulatory care (HP.3) and 12.7% on providers abroad (HP.9).

Total HH health expenditure is comprised of 35.62% on services from hospitals, with only 10.2% on providers of ambulatory services. Combining with the findings presented in Figure 9 where 63.8% of expenditure under HH OOP scheme was allocated to outpatient curative care, suggests that households prefer to obtain outpatient services from hospitals rather than from ambulatory care providers.

Figure 15: Current health expenditure by financing schemes (HF) and healthcare providers (HP) (in million QAR)
3.2.2 Observed trend

Figure 16 illustrates overall health care financing increased significantly compared to the previous year, but healthcare functions contributed differently to the increase:

- There was a 21.5% increase in expenditure related to curative inpatient care from 3.75 billion QAR in 2011, to 4.55 billion QAR in 2012.

- A substantial increase was observed in curative outpatient care where expenditure increased by 36.1% from 3.01 billion QAR in 2011, to 4.09 billion QAR in 2012.

- GCF increased by 53.4% from 2.12 billion QAR in 2011, to 3.25 billion QAR in 2012.

- Expenditure on ancillary services and medical goods increased slightly by 5.1%
Figure 17 illustrates changes in the structure of OHE by healthcare functions between 2009 and 2012. For the reporting period, despite the substantial increase in expenditure on certain healthcare functions during the last year, the structure of OHE has remained relatively constant. The only noticeable changes are related to the increase of a share of GCF from 17.6% in 2011 to 21.5%, offset by a reduction of ancillary services and medical goods from 15.3% in 2011, to 12.8% in 2012.

Figure 17: Structure of overall healthcare expenditure by healthcare functions and years
Figure 18 illustrates the trend in health care expenditure by health care provider. The observed decrease in payments to hospitals (despite the increase in expenditure on curative inpatient care) reflects methodological adjustments in terms of classifying reported transactions in healthcare care function and healthcare provider dimensions. HMC was not previously recognized as a single hospital, but as an integrated delivery network incorporating different types of healthcare providers (hospitals or ambulatory care). Therefore, not all entities within the corporation were previously classified as hospitals.

Figure 18: Comparison of healthcare expenditure by healthcare providers and years (in million QAR)

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospitals</th>
<th>Ambulatory</th>
<th>Administration and financing</th>
<th>Gross fixed capital formation</th>
<th>Ancillary, retailers and others</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4,754</td>
<td>1,044</td>
<td>1,161</td>
<td>693</td>
<td>1,724</td>
</tr>
<tr>
<td>2010</td>
<td>5,036</td>
<td>1,196</td>
<td>1,161</td>
<td>822</td>
<td>1,382</td>
</tr>
<tr>
<td>2011</td>
<td>5,651</td>
<td>1,427</td>
<td>1,196</td>
<td>2,117</td>
<td>2,122</td>
</tr>
<tr>
<td>2012</td>
<td>4,754</td>
<td>3,122</td>
<td>1,161</td>
<td>771</td>
<td>3,239</td>
</tr>
</tbody>
</table>

3.2.3 Cross country comparison

Qatar 2012 figures were compared to selected OECD countries against two dimensions of the healthcare consumption framework: healthcare functions and healthcare providers. Details are provided in Figures 39 and 40 in Annex 2.

The proportion of payments to hospitals as a share of OHE in Qatar is slightly lower than average for the OECD countries (35.6 per cent) as outlined in Figure 19.
The proportion of payments to ambulatory providers as a share of OHE is similar to many OECD countries (with average of 26.9 per cent) (Figure 20).
Figure 20: Comparison of the share of payments to Ambulatory care providers in overall healthcare expenditure between Qatar (2012) and selected OECD countries (2010)
3.3 Factors of health care provision

3.3.1 Main findings

Expenditure by healthcare providers related to labour costs comprised 52.7%, with materials and services comprising 36.6% as shown in Figure 21. Information relating to remuneration of self-employed healthcare professionals was unavailable and therefore is reported as contributing zero per cent. Similarly, information on consumption of fixed capital was limited resulting in a low proportion at 1.8%.

Figure 21: Structure of expenditure of all type of healthcare providers in Qatar by factors of provision

Expenditure by factors of provision and healthcare providers is illustrated in Figure 22. The total amount of factors of provision (10.29 billion QAR) is less than CHE (11.89 billion QAR) due to expenditure on import of medical services (TA), (1.60 billion QAR denoted as FP.M).
Figure 22: Expenditure of healthcare providers (in Qatar) by type of providers and factors of provision (in million QAR)

<table>
<thead>
<tr>
<th>Factors of Provision (FP)</th>
<th>Healthcare Providers(HP)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HP.1 Hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.2 Residential long-term care facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.3 Providers of ambulatory health care services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.4 Providers of ancillary services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.5 Retailers and other providers of medical goods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.6 Providers of preventive care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.7 Providers of healthcare system administration and financing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP.9 rest of the world specified by kind</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP. Nsk Providers not specified by kind</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FP.1 Compensation of employees</td>
<td>5,419</td>
</tr>
<tr>
<td></td>
<td>FP.1.1 Wages and salaries</td>
<td>3,567</td>
</tr>
<tr>
<td></td>
<td>FP.1.2 Social contributions</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>FP.1.3 All other costs related to employees</td>
<td>1,820</td>
</tr>
<tr>
<td></td>
<td>FP.2 Self-employed professional remuneration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FP.3 Materials and services used</td>
<td>3,763</td>
</tr>
<tr>
<td></td>
<td>FP.3.1 Health care services</td>
<td>1,759</td>
</tr>
<tr>
<td></td>
<td>FP.3.2 Health care goods</td>
<td>1,084</td>
</tr>
<tr>
<td></td>
<td>FP.3.2.1 Pharmaceuticals</td>
<td>603</td>
</tr>
<tr>
<td></td>
<td>FP.3.2.2 Other health care goods</td>
<td>480</td>
</tr>
<tr>
<td></td>
<td>FP.3.3 Non-health care services</td>
<td>293</td>
</tr>
<tr>
<td></td>
<td>FP.3.4 Non-health care goods</td>
<td>627</td>
</tr>
<tr>
<td></td>
<td>FP.4 Consumption of fixed capital</td>
<td>181</td>
</tr>
<tr>
<td></td>
<td>FP.5 Other items of spending on inputs</td>
<td>922</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>10,285</td>
</tr>
<tr>
<td></td>
<td>FP. M</td>
<td>1,604</td>
</tr>
</tbody>
</table>

Current expenditure on health (CHE) | 11,889
3.4 Gross capital formation

3.4.1 Main findings

GCF expenditure totalled 3.25 billion QAR in 2012, with 98% of this relating to investment in hospitals (Figure 23).

The structure of GCF differed substantially by healthcare provider:

- For hospital providers (HP 1) almost all investment were allocated to infrastructure (HK.1.1.1)
- For health care system administration and financing institutions (HP 7) investments were made primarily in intellectual products and in machinery and equipment (HK.1.1.2)
- For ancillary care providers (HP 4) investments were made predominantly in machinery and equipment (HK 1.1.3), with almost all relating to transport equipment (HK 1.1.2.2).

Figure 23: Expenditure on gross capital formation by healthcare providers (in million QAR)
3.4.2 Observed trend

GCF increased by 53.4% from 2.12 billion QAR in 2011 to 3.25 billion QAR in 2012 due to a doubling of investment in infrastructure (Figure 24).

Figure 24: Structure and amount of gross fixed capital formation by years (in million QAR)

3.4.3 Cross country comparison

In 2012, GCF comprised 21.5% of OHE in Qatar. This is up from 17.5% in 2011 due to Qatar’s growth in infrastructure investment. Qatar’s performance against this metric was higher than all selected OECD countries (Figure 25).
Figure 25: Comparison of the share of Gross Capital Formation in overall healthcare expenditure between Qatar (2012) and selected OECD countries (2010)
4.1 Key SHA indicators and international comparisons

Key SHA indicators presented in Figure 26 are based on the SHA findings and macroeconomic indicators reported by the QSA (Qatar Statistics Authority 2013) and IMF (International Monetary Fund 2013) for 2012.
## Figure 26: Key SHA 2012 indicators by currencies

<table>
<thead>
<tr>
<th>#</th>
<th>Parameters and indicators</th>
<th>QR</th>
<th>USD$</th>
<th>PPPS(2005)</th>
<th>PPPS(Current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>GDP (in millions of currency)</td>
<td>700,345</td>
<td>192,402</td>
<td>162,213</td>
<td>168,352</td>
</tr>
<tr>
<td>E2</td>
<td>General government total expenditure (in millions of currency)</td>
<td>220,012</td>
<td>60,443</td>
<td>50,959</td>
<td>52,888</td>
</tr>
</tbody>
</table>

### Per capita indicators

#### Based on actual population estimates

<table>
<thead>
<tr>
<th>#</th>
<th>Parameters and indicators</th>
<th>QR</th>
<th>USD$</th>
<th>PPPS(2005)</th>
<th>PPPS(Current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1/P</td>
<td>GDP</td>
<td>382,096</td>
<td>104,971</td>
<td>88,500</td>
<td>91,850</td>
</tr>
<tr>
<td>E2/P</td>
<td>General Government expenditure</td>
<td>120,035</td>
<td>32,977</td>
<td>27,802</td>
<td>28,855</td>
</tr>
</tbody>
</table>

#### Based on adjusted population estimates

<table>
<thead>
<tr>
<th>#</th>
<th>Parameters and indicators</th>
<th>QR</th>
<th>USD$</th>
<th>PPPS(2005)</th>
<th>PPPS(Current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1/P</td>
<td>Current health expenditure (CHE)</td>
<td>6,486</td>
<td>1,782</td>
<td>1,502</td>
<td>1,559</td>
</tr>
<tr>
<td>H2/P</td>
<td>Gross capital formation (GCF)</td>
<td>1,775</td>
<td>448</td>
<td>411</td>
<td>427</td>
</tr>
<tr>
<td>H3/P</td>
<td>Overall health expenditure (OHE)</td>
<td>8,261</td>
<td>2,270</td>
<td>1,914</td>
<td>1,986</td>
</tr>
<tr>
<td>H4/P</td>
<td>General Government expenditure on health (GGHE)</td>
<td>6,909</td>
<td>1,898</td>
<td>1,600</td>
<td>1,661</td>
</tr>
<tr>
<td>H5/P</td>
<td>Private expenditure on health (PvtHE)</td>
<td>1,353</td>
<td>372</td>
<td>313</td>
<td>325</td>
</tr>
<tr>
<td>H6/P</td>
<td>HH OOP Healthcare expenditure*</td>
<td>759</td>
<td>208</td>
<td>176</td>
<td>182</td>
</tr>
</tbody>
</table>

### Health expenditure ratios

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>H3/E1</td>
<td>Overall health expenditure, as % of GDP</td>
</tr>
<tr>
<td>H4/H3</td>
<td>GGEH, as % of OHE</td>
</tr>
<tr>
<td>H4/E2</td>
<td>GGEH as % of General government expenditure</td>
</tr>
<tr>
<td>H6/H3</td>
<td>HH OOP healthcare expenditure as % of OHE</td>
</tr>
<tr>
<td>H6/H1</td>
<td>HH OOP healthcare expenditure as % of CHE</td>
</tr>
<tr>
<td>H6/H5</td>
<td>HH OOP healthcare expenditure as % of PvtHE</td>
</tr>
</tbody>
</table>

*OOP Healthcare expenditures per capita are calculated based on total population of 1.705 million see section 2.1.5

---

5 The following PPP$ conversion rates were used for converting estimates from QAR to PPP$ 4.16 for current PPP$ (The World Bank 2013) and 4.317 for PPP$ 2005 constant (estimated based on The World Bank 2013)
OHE as a percentage of GDP increased from 1.9% in 2011 up to 2.2% in 2012.

OHE per capita expressed in current PPP$ was 2,270 in 2012 (up from 1,920 in 2011), or 1,914 if expressed in PPP$ 2005 constant prices (1,707.2 in 2011). See Figure 35 in Annex 2 for time series data and additional country comparisons.

The proportion of Government expenditure in OHE was 83.6%, up from 79.0% in 2011.

The proportion of healthcare funding in the state budget remained stable at - 5.8% of general government total expenditure.

HH OOP expenditure on healthcare was 759 QAR per capita in 2012. This equates to 208 US$ (current) or 176 PPP$ (2005 constant prices) and 182 PPP$ (current). A further breakdown of HH OOP expenditure by types of services and goods is outlined in Figure 31 in Annex 2. Outpatient care costs accounted for 49 per cent of the total OOPs, followed by the expenditures on medical devices at 19 per cent. Other expenditures, including inpatient care costs, travel costs for treatment abroad, OTC drugs and health care of DFM, had similar shares of 7 to 9 per cent.

The share of HH OOP spending on healthcare comprised 52.2% of total private expenditure, and 10.9% of CHE, which is lower than 16.7% in 2011.

The share of other revenues of private expenditure schemes (voluntary health insurance and private enterprise schemes) did not change substantially at 7.9% (7.6% in 2011).

The comparisons of Qatar’s performance against selected countries (United Kingdom, Norway, France, Singapore, Switzerland, United States), and calculated averages for the World, High-Income OECD, European Union and Arab World against key indicators for Qatar are presented in Figure 32 in Annex 2:

- GGEH comprises 83.6% of OHE. This is comparable with Norway (85.6% in 2011), UK (82.7% in 2011) and New Zealand (83.2% in 2011) and much higher than high income OECD countries (61.5%) and the European Union (77.0%)

- GGEH's 5.3% component of general government expenditure in Qatar was the lowest among selected countries and regions, but comparable with Singapore's performance against this indicator which was 8.8% in 2011.

- Qatar’s OHE of 2.2% of GDP ranked lowest among selected countries, but was comparable with the Arab World average (4.2% in 2011) and Singapore (4.6% in 2011). Qatar's total general government expenditure was estimated at 31.41% of GDP in 2012 (International Monetary Fund 2013).

- Qatar’s OHE of 2,270 per capita US$ (current) is comparable with Singapore (2,286 US$ in 2011), but below the benchmark for other countries and groups (except World and Arab world with 950 and 291 US$ respectively)
4.2 Trend analysis

HH OOP expenditure on healthcare

HH OOP expenditure on healthcare increased from 1.51 billion QAR in 2009, to 1.67 billion QAR in 2011. In 2012 it decreased by 22.8% to 1.29 billion QAR. Possible methodological factors that could explain the observed decrease include:

- As was discussed in section 2.1.5, different population size used to weight the HUES (2012) sample dataset. Expenditure recorded in the dataset was based on a population of 1.705 million. According to the Qatar Statistics Authority, the population estimate for 2012 was somewhat higher at 1.832 million in 2012. Adjustment of HUES expenditure totals to this population size produces a higher OOP expenditure estimate (in the range of 5 to 10 per cent), however it still falls short of the previous year estimate (1.67 billion QAR).

- Change in the data collection methodology from telephone and online surveys in 2011 to face-to-face household surveys in 2012.

- Compared to the last years surveys, this year HUES provides a better reflection of the heterogeneous structure of the Qatari population and covers Qatari, expatriates (non-Qatari) and SMLs groups. We hypothesize that a reduction in per capita HH OOPs is explained by targeted inclusion of the SML group. This hypothesis will be tested in the forthcoming research.
Analysis of healthcare financing scheme revenue components by private sources (Figure 27) indicates:

- sums of prepayments (to voluntary health insurance schemes) and household’s payments (“pay per use”) remained within a range of 2.00-2.30 billion QAR over the last 4 years. Government funding during this period has grown significantly, which has led to an expansion of the share of public funding as shown in Figure 6

- prepayments (pooled private financing) increased steadily from 0.54 billion QAR in 2009 to 0.94 billion QAR in 2012

- The 0.36 billion QAR reduction of OOP payments in 2012 is accompanied by a 0.31 billion QAR increase in prepayments to VHI. Taking into consideration the methodological factors discussed above, caution should be exercised before concluding there has been a change in HH expenditure behaviour from OOP to VHI. Another possible explanation for the change is increased public funding and improved access to modern health care services in the public sector may have reduced the need for paying out-of-pocket for services delivered by private healthcare providers. This hypothesis will be investigated in the future research.

**Treatment Abroad**

Total expenditure on TA was 1.61 billion QAR in 2012, comprising 1.20 billion QAR financed by the Government, 0.35 billion QAR financed by HH OOP of pocket expenditure and 0.06 billion QAR financed by Voluntary Health Insurance Schemes.

Government expenditure on TA more than doubled from 0.50 billion in 2009 to 1.20 billion QAR in 2012 (Figure 28).
TA continues to comprise a higher proportion of the state healthcare budget, rising from 9.4% in 2009 to 12.7% in 2012, even though Qatar has experienced a significant expansion of healthcare infrastructure and public funding during this period.

**Administration expenditure**

Total health administration expenditure of 774.8 million QAR for 2012 (see Matrix 4 and 5 in Annex 3) was comprised of:

- Hamad Medical Corporation and PHCC (Government owned health care providers) 0.56 billion QAR
- Private health insurance 0.21 billion QAR
- Other 0.1 billion QAR
- Figure 29 details two representations of administration expenditure by Government owned providers:
  - HF 1 tracks administration expenditure as a proportion of CHE for Government Schemes, has decreased from 6.9% (in 2009) to 6.0% (in 2012)
  - HC 7 tracks administration expenditure as a proportion of CHE for all Healthcare financing schemes, has decreased from 8.4% (in 2010) to 6.5% (in 2012).
Outlays on the governance and administration remained above 700 million QAR during the last two years, indicating the observed decline in the share of CHE is mainly due to increased spending on HC.1.6 health care functions (different types of healthcare).

Despite the observed decline, Qatar’s current 6.5% share of governance and administration costs is still very high when compared to selected OECD countries (Figure 39 in Annex 2). Only France and the United States report higher shares at 7.1% and 6.9% respectively.
5 POLICY DEVELOPMENT
5.1 National Health Insurance Scheme

A major driver of reform in the Qatar health sector is the provision of universal health coverage through the launch of a mandatory National Health Insurance Scheme in 2013.

The National Health Insurance Scheme will:

- Provide access to effective and affordable healthcare services at all participating providers
- Enable people to have a wider choice of providers
- Create effective incentive systems and generate accurate outcomes data to improve the quality of health care services
- Generate accurate capacity or demand data required for planning & investment purposes

The National Health Insurance Scheme will be implemented in stages, with eligibility and coverage of the scheme extending to additional population groups, culminating in complete coverage of the population of the country, including visitors, by 2016.
The scheme will be exclusively managed by the newly established National Health Insurance Company. Key features include:

- Reimbursement through a single Government-owned non-profit insurer; lean structures and effective outsourcing of Third Party Administrator functions to minimise the administrative cost of the payment system
- All residents covered
- Government to cover insurance premiums for nationals, while employers cover non-nationals
- Both public and private providers are part of the scheme
- Inpatient and outpatient services, including primary care
- Comprehensive portfolio of disease management programmes to ensure adequate focus on prevention of diseases (e.g. maternity management; diabetes; cardiovascular disease; etc.)

5.2 Activity Based Funding

Since the commencement of the National Health Insurance Scheme in July 2013, Qatar has become the first country in the region to fully implement an activity based funding model mainly based on a local bottom-up costing methodology, joining over 30 countries worldwide. It is also now the first to introduce its own outpatient classification system (Qatar Outpatient Classification System) as part of the strategy toward prospective reimbursement mechanisms.

The above achievements will be the building blocks of the path towards the new vision and strategy for healthcare funding in the State of Qatar.

As part of the National Health Insurance Scheme, the National Health Insurance Company (NHIC) will enter into annual Provider Network Agreements with public and private health care providers. The funding of health care services will be primarily on an activity basis, underpinned by a standardized ‘Fee Schedule’ which was developed using international best practice health care costing methodology.

Benefits of activity based funding to the regulator include:

- Provide transparency on current and future utilisation, efficiency, quality, safety, equity, and access to health services
- Inform decision-making at the national level
- Drive system improvement across the national health sector
Benefits of activity based funding to providers include:

- Provide transparency on current utilisation, efficiency, and quality of health services
- Standardise and streamline hospital operations and management reporting
- Drive system improvement

Every licensed provider, whether public or private sector, has the chance to join NHIC’s provider network, provided it verifiably meets the set quality standards and medical coding requirements.

5.3 Capital

5.3.1 Consumption of fixed capital

As Qatar is investing heavily in health infrastructure, this will comprise a growing component of total health expenditure consumption. As part of the National Health Insurance Scheme, the activity fee schedule payable to private health providers will include a capital consumption charge.

5.3.2 Capital Charge

There is no capital charge regime for public health providers in Qatar. As part of the National Health Insurance Scheme, the activity fee schedule payable to private health providers will include a capital charge based on market valuations.

5.4 Conclusion

In order to achieve the National Health Strategy 2011-2016 objective of a sustainable quality health care system through the National Health Insurance Scheme, the regulatory and policy environment will be subject to ongoing reforms taking into account international best practice and Qatar specific needs.

SCH is in the process of developing bespoke guidelines, processes and procedures for the regulatory function recently mandated through Law No. 7 of 2013 and its Implementing Regulations.
6 REFERENCES
6 REFERENCES


Annex 1: Health Utilization and Expenditure Survey

Figure 30: HUES Roster summary statistics

<table>
<thead>
<tr>
<th>Nationality of the head of HH</th>
<th>Qatari</th>
<th>Non-Qatari</th>
<th>SML</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>12,045</td>
<td>7,062</td>
<td>1,003</td>
<td>20,110</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>45.2%</td>
<td>48.1%</td>
<td>98.6%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Female</td>
<td>54.9%</td>
<td>51.9%</td>
<td>1.4%</td>
<td>24.6%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average age, in years</td>
<td>27.4</td>
<td>25.9</td>
<td>33.9</td>
<td>30.5</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>37.1%</td>
<td>25.6%</td>
<td>29.5%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Currently married</td>
<td>55.8%</td>
<td>72.4%</td>
<td>70.1%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>3.0%</td>
<td>1.0%</td>
<td>0.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Widowed</td>
<td>3.4%</td>
<td>1.1%</td>
<td>0.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of years (15 years and above)</td>
<td>18.8</td>
<td>17.8</td>
<td>11.0</td>
<td>13.7</td>
</tr>
<tr>
<td><strong>Main Occupation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislator, Senior Official or Manager or Professional</td>
<td>36.6%</td>
<td>58.5%</td>
<td>3.3%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Technician or Associate Professional or Clerk</td>
<td>23.8%</td>
<td>29.7%</td>
<td>34.8%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Other</td>
<td>39.4%</td>
<td>11.6%</td>
<td>61.9%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Sector</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>47.5%</td>
<td>33.8%</td>
<td>3.7%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Non-government (private)</td>
<td>14.9%</td>
<td>44.7%</td>
<td>87.2%</td>
<td>74.6%</td>
</tr>
<tr>
<td>Self-employed</td>
<td>4.1%</td>
<td>3.9%</td>
<td>7.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Semi-Government, example Qtel, Kahrama, QNB</td>
<td>3.8%</td>
<td>10.6%</td>
<td>1.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Diplomatic</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>29.5%</td>
<td>6.9%</td>
<td>0.4%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Private Health Insurance Carrier (for those with health insurance)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qatar Insurance Company QIC/QLM</td>
<td>4.4%</td>
<td>13.2%</td>
<td>29.6%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Qatar General Insurance and Reinsurance Company</td>
<td>4.7%</td>
<td>4.4%</td>
<td>22.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Al Khaleej Insurance Company</td>
<td>0.5%</td>
<td>1.1%</td>
<td>3.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Qatar Islamic Insurance Company</td>
<td>2.3%</td>
<td>1.5%</td>
<td>0.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Al Koot/ AXA</td>
<td>50.2%</td>
<td>42.3%</td>
<td>0.7%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Doha Insurance Company</td>
<td>1.8%</td>
<td>1.8%</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Nationality of the head of HH</td>
<td>0.6%</td>
<td>1.3%</td>
<td>0.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Doha Bank Assurance Company</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arab Insurance Company</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Libano-Suisse Insurance Company</td>
<td>0.1%</td>
<td>0.4%</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Life Insurance Company (ALICO)</td>
<td>0.0%</td>
<td>1.9%</td>
<td>2.6%</td>
<td>2.0%</td>
</tr>
<tr>
<td>ALSEIB Company</td>
<td>3.9%</td>
<td>5.4%</td>
<td>0.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other International Company</td>
<td>17.5%</td>
<td>24.1%</td>
<td>23.0%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>14.0%</td>
<td>2.3%</td>
<td>14.9%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

**Chronic Diseases**

<table>
<thead>
<tr>
<th></th>
<th>Percent with chronic diseases</th>
<th>15.7%</th>
<th>11.4%</th>
<th>11.1%</th>
<th>11.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent felt sick last 30 days</td>
<td>12.1%</td>
<td>12.0%</td>
<td>19.3%</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

**Outpatient visits**

<table>
<thead>
<tr>
<th></th>
<th>Percent visited an outpatient clinic last 30 days</th>
<th>14.7%</th>
<th>14.3%</th>
<th>15.7%</th>
<th>15.1%</th>
</tr>
</thead>
</table>

**Inpatient admissions**

<table>
<thead>
<tr>
<th></th>
<th>Percent admitted as inpatients, last 12 months</th>
<th>5.0%</th>
<th>4.9%</th>
<th>2.7%</th>
<th>3.7%</th>
</tr>
</thead>
</table>

**Figure 31: Structure of HH OOP expenditure on healthcare (HUES (2012))**

- Travel costs (for treatment abroad): 9%
- Expenditures on medical devices: 19%
- Expenditures on OTC Drugs: 8%
- Expenditures on healthcare of DFM: 8%
- Inpatient care costs: 7%
- Outpatient care costs: 49%
Annex 2: Qatar and International Comparisons

Figure 32: Comparison of Qatar with selected countries and regions: Health expenditure, public (% of total health expenditure)

<table>
<thead>
<tr>
<th>Countries/regions</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>57.7</td>
<td>57.6</td>
<td>58.0</td>
<td>58.5</td>
<td>58.3</td>
<td>58.6</td>
<td>59.2</td>
<td>60.1</td>
<td>60.8</td>
<td>60.7</td>
<td>59.7</td>
</tr>
<tr>
<td>High Income OECD</td>
<td>59.2</td>
<td>58.9</td>
<td>59.3</td>
<td>60.0</td>
<td>60.0</td>
<td>60.3</td>
<td>60.8</td>
<td>61.9</td>
<td>62.5</td>
<td>62.7</td>
<td>61.5</td>
</tr>
<tr>
<td>European Union</td>
<td>76.8</td>
<td>76.7</td>
<td>76.5</td>
<td>76.3</td>
<td>76.4</td>
<td>77.1</td>
<td>77.1</td>
<td>77.2</td>
<td>77.6</td>
<td>77.4</td>
<td>77.0</td>
</tr>
<tr>
<td>Arab World</td>
<td>58.7</td>
<td>57.9</td>
<td>58.9</td>
<td>58.6</td>
<td>59.6</td>
<td>60.8</td>
<td>60.0</td>
<td>60.0</td>
<td>62.2</td>
<td>60.5</td>
<td>62.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>79.5</td>
<td>79.6</td>
<td>79.8</td>
<td>81.2</td>
<td>81.7</td>
<td>81.3</td>
<td>82.1</td>
<td>82.5</td>
<td>83.4</td>
<td>83.4</td>
<td>82.7</td>
</tr>
<tr>
<td>Norway</td>
<td>83.6</td>
<td>83.5</td>
<td>83.7</td>
<td>83.6</td>
<td>83.5</td>
<td>83.6</td>
<td>84.1</td>
<td>84.4</td>
<td>84.6</td>
<td>85.5</td>
<td>85.6</td>
</tr>
<tr>
<td>France</td>
<td>79.4</td>
<td>79.7</td>
<td>78.9</td>
<td>78.8</td>
<td>78.8</td>
<td>78.7</td>
<td>78.3</td>
<td>76.8</td>
<td>77.0</td>
<td>76.9</td>
<td>76.7</td>
</tr>
<tr>
<td>Singapore</td>
<td>37.4</td>
<td>37.2</td>
<td>35.4</td>
<td>30.7</td>
<td>25.7</td>
<td>25.3</td>
<td>25.3</td>
<td>27.4</td>
<td>31.2</td>
<td>31.4</td>
<td>31.0</td>
</tr>
<tr>
<td>Switzerland</td>
<td>56.9</td>
<td>57.7</td>
<td>58.3</td>
<td>58.4</td>
<td>59.5</td>
<td>59.1</td>
<td>59.3</td>
<td>65.2</td>
<td>65.5</td>
<td>65.2</td>
<td>65.4</td>
</tr>
<tr>
<td>New Zealand</td>
<td>76.4</td>
<td>77.9</td>
<td>78.3</td>
<td>79.6</td>
<td>79.7</td>
<td>80.1</td>
<td>82.4</td>
<td>82.8</td>
<td>83.0</td>
<td>83.2</td>
<td>83.2</td>
</tr>
<tr>
<td>United States of America</td>
<td>44.2</td>
<td>44.1</td>
<td>43.8</td>
<td>44.1</td>
<td>44.2</td>
<td>45.0</td>
<td>45.2</td>
<td>46.0</td>
<td>47.3</td>
<td>48.2</td>
<td>45.9</td>
</tr>
</tbody>
</table>

Source: (OECD)(WHO Global Health Expenditure Database)(Qatar National Health Accounts Report 2011)
Figure 33: Comparison of Qatar with selected countries and regions: Health expenditure, public (% of government expenditure)

<table>
<thead>
<tr>
<th>Countries/regions</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>6.0</td>
<td>6.3</td>
<td>11.9</td>
<td>9.7</td>
<td>8.1</td>
<td>7.2</td>
<td>6.5</td>
<td>6.7</td>
<td>6.4</td>
<td>5.2</td>
<td>5.8</td>
</tr>
<tr>
<td>High Income OECD</td>
<td>15.1</td>
<td>15.4</td>
<td>15.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European Union</td>
<td>14.5</td>
<td>14.7</td>
<td>15.0</td>
<td>15.2</td>
<td>15.4</td>
<td>15.6</td>
<td>15.8</td>
<td>15.7</td>
<td>15.8</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>Arab World</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>14.4</td>
<td>14.7</td>
<td>14.7</td>
<td>15.1</td>
<td>15.3</td>
<td>15.6</td>
<td>15.7</td>
<td>15.1</td>
<td>15.8</td>
<td>15.9</td>
<td>15.9</td>
</tr>
<tr>
<td>Norway</td>
<td>16.7</td>
<td>17.4</td>
<td>17.4</td>
<td>17.8</td>
<td>18.0</td>
<td>17.9</td>
<td>18.2</td>
<td>18.1</td>
<td>17.7</td>
<td>17.7</td>
<td>17.7</td>
</tr>
<tr>
<td>France</td>
<td>15.7</td>
<td>15.9</td>
<td>16.3</td>
<td>16.3</td>
<td>16.4</td>
<td>16.5</td>
<td>16.5</td>
<td>15.9</td>
<td>15.9</td>
<td>15.9</td>
<td>15.9</td>
</tr>
<tr>
<td>Singapore</td>
<td>4.1</td>
<td>5.6</td>
<td>7.9</td>
<td>6.5</td>
<td>7.0</td>
<td>6.6</td>
<td>6.9</td>
<td>6.9</td>
<td>7.1</td>
<td>9.0</td>
<td>8.8</td>
</tr>
<tr>
<td>Switzerland</td>
<td>16.8</td>
<td>16.6</td>
<td>17.6</td>
<td>17.8</td>
<td>18.3</td>
<td>18.5</td>
<td>18.9</td>
<td>20.9</td>
<td>21.1</td>
<td>21.0</td>
<td>21.0</td>
</tr>
<tr>
<td>New Zealand</td>
<td>15.9</td>
<td>17.2</td>
<td>16.7</td>
<td>17.4</td>
<td>17.7</td>
<td>18.1</td>
<td>18.1</td>
<td>18.4</td>
<td>19.6</td>
<td>19.8</td>
<td>19.8</td>
</tr>
<tr>
<td>United States of America</td>
<td>17.8</td>
<td>18.2</td>
<td>18.9</td>
<td>19.3</td>
<td>19.3</td>
<td>19.9</td>
<td>19.8</td>
<td>19.5</td>
<td>19.5</td>
<td>19.9</td>
<td>19.8</td>
</tr>
</tbody>
</table>

Source: (OECD)(WHO Global Health Expenditure Database)(Qatar National Health Accounts Report 2011)
Figure 34: Comparison of Qatar with selected countries and regions: Health expenditure, total (% of GDP)

<table>
<thead>
<tr>
<th>Countries/regions</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatar</td>
<td>2.6</td>
<td>2.7</td>
<td>4.1</td>
<td>3.6</td>
<td>3.0</td>
<td>2.6</td>
<td>2.3</td>
<td>1.9</td>
<td>2.6</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>World</td>
<td>9.6</td>
<td>9.9</td>
<td>10.2</td>
<td>10.1</td>
<td>10.1</td>
<td>10.0</td>
<td>9.8</td>
<td>9.8</td>
<td>10.6</td>
<td>10.3</td>
<td>10.1</td>
</tr>
<tr>
<td>High Income OECD</td>
<td>10.7</td>
<td>11.1</td>
<td>11.5</td>
<td>11.4</td>
<td>11.5</td>
<td>11.6</td>
<td>11.6</td>
<td>11.8</td>
<td>12.8</td>
<td>12.7</td>
<td>12.6</td>
</tr>
<tr>
<td>European Union</td>
<td>8.8</td>
<td>9.0</td>
<td>9.3</td>
<td>9.4</td>
<td>9.5</td>
<td>9.4</td>
<td>9.4</td>
<td>9.6</td>
<td>10.5</td>
<td>10.3</td>
<td>10.2</td>
</tr>
<tr>
<td>Arab World</td>
<td>4.4</td>
<td>4.4</td>
<td>4.2</td>
<td>4.0</td>
<td>3.6</td>
<td>3.6</td>
<td>3.7</td>
<td>3.6</td>
<td>4.7</td>
<td>4.4</td>
<td>4.2</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>7.3</td>
<td>7.6</td>
<td>7.8</td>
<td>8.0</td>
<td>8.2</td>
<td>8.4</td>
<td>8.4</td>
<td>8.7</td>
<td>9.7</td>
<td>9.6</td>
<td>9.3</td>
</tr>
<tr>
<td>Norway</td>
<td>8.8</td>
<td>9.8</td>
<td>10.0</td>
<td>9.6</td>
<td>9.0</td>
<td>8.6</td>
<td>8.7</td>
<td>8.6</td>
<td>9.7</td>
<td>9.3</td>
<td>9.1</td>
</tr>
<tr>
<td>France</td>
<td>10.2</td>
<td>10.6</td>
<td>10.9</td>
<td>11.0</td>
<td>11.2</td>
<td>11.1</td>
<td>11.1</td>
<td>11.0</td>
<td>11.7</td>
<td>11.7</td>
<td>11.6</td>
</tr>
<tr>
<td>Singapore</td>
<td>2.4</td>
<td>2.9</td>
<td>3.8</td>
<td>3.4</td>
<td>4.0</td>
<td>3.9</td>
<td>3.7</td>
<td>4.5</td>
<td>5.1</td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Switzerland</td>
<td>10.3</td>
<td>10.6</td>
<td>10.9</td>
<td>11.0</td>
<td>10.9</td>
<td>10.4</td>
<td>10.2</td>
<td>10.3</td>
<td>11.0</td>
<td>10.9</td>
<td>10.9</td>
</tr>
<tr>
<td>New Zealand</td>
<td>7.7</td>
<td>8.0</td>
<td>7.9</td>
<td>8.0</td>
<td>8.4</td>
<td>8.8</td>
<td>8.5</td>
<td>9.3</td>
<td>10.0</td>
<td>10.1</td>
<td>10.1</td>
</tr>
<tr>
<td>United States of America</td>
<td>14.1</td>
<td>14.8</td>
<td>15.7</td>
<td>15.8</td>
<td>15.8</td>
<td>15.9</td>
<td>16.2</td>
<td>16.6</td>
<td>17.7</td>
<td>17.6</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Source: (OECD)WHO Global Health Expenditure Database)(Qatar National Health Accounts Report 2011)
Figure 35: Comparison of Qatar with selected countries and regions: Health expenditure per capita, PPP (constant 2005 international $)

<table>
<thead>
<tr>
<th>Countries/regions</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatar</td>
<td>1,732.6</td>
<td>1,948.1</td>
<td>3,007.1</td>
<td>2,977.1</td>
<td>2,486.3</td>
<td>2,174.3</td>
<td>1,871.0</td>
<td>1,472.3</td>
<td>1,964.6</td>
<td>1,620.9</td>
<td>1,707.2</td>
</tr>
<tr>
<td>World</td>
<td>608.5</td>
<td>645.7</td>
<td>693.5</td>
<td>734.0</td>
<td>783.2</td>
<td>838.8</td>
<td>890.8</td>
<td>941.3</td>
<td>996.1</td>
<td>1,022.1</td>
<td>1,024.3</td>
</tr>
<tr>
<td>High Income OECD</td>
<td>2,941.5</td>
<td>3,147.8</td>
<td>3,390.4</td>
<td>3,586.1</td>
<td>3,807.2</td>
<td>4,053.7</td>
<td>4,277.3</td>
<td>4,487.1</td>
<td>4,681.3</td>
<td>4,800.5</td>
<td>5,195.4</td>
</tr>
<tr>
<td>European Union</td>
<td>1,981.0</td>
<td>2,116.7</td>
<td>2,241.9</td>
<td>2,359.7</td>
<td>2,502.7</td>
<td>2,695.9</td>
<td>2,842.8</td>
<td>3,038.0</td>
<td>3,197.4</td>
<td>3,233.1</td>
<td>3,259.8</td>
</tr>
<tr>
<td>Arab World</td>
<td>245.0</td>
<td>255.3</td>
<td>266.0</td>
<td>271.0</td>
<td>268.5</td>
<td>288.9</td>
<td>309.8</td>
<td>313.5</td>
<td>412.8</td>
<td>394.0</td>
<td>424.2</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2,001.4</td>
<td>2,187.5</td>
<td>2,321.0</td>
<td>2,541.2</td>
<td>2,699.4</td>
<td>2,961.9</td>
<td>3,029.7</td>
<td>3,142.7</td>
<td>3,380.5</td>
<td>3,433.3</td>
<td>3,321.7</td>
</tr>
<tr>
<td>Norway</td>
<td>3,264.0</td>
<td>3,627.8</td>
<td>3,834.7</td>
<td>4,077.2</td>
<td>4,304.1</td>
<td>4,611.3</td>
<td>4,886.8</td>
<td>5,244.7</td>
<td>5,350.9</td>
<td>5,390.6</td>
<td>5,673.8</td>
</tr>
<tr>
<td>France</td>
<td>2,717.3</td>
<td>2,922.6</td>
<td>2,983.2</td>
<td>3,110.5</td>
<td>3,296.3</td>
<td>3,486.3</td>
<td>3,669.9</td>
<td>3,762.5</td>
<td>3,949.0</td>
<td>3,997.2</td>
<td>4,085.5</td>
</tr>
<tr>
<td>Singapore</td>
<td>832.9</td>
<td>1,041.4</td>
<td>1,463.4</td>
<td>1,426.6</td>
<td>1,813.9</td>
<td>1,900.3</td>
<td>1,986.0</td>
<td>2,377.7</td>
<td>2,621.8</td>
<td>2,591.7</td>
<td>2,877.0</td>
</tr>
<tr>
<td>Switzerland</td>
<td>3,399.3</td>
<td>3,643.8</td>
<td>3,744.2</td>
<td>3,901.4</td>
<td>3,981.0</td>
<td>4,210.8</td>
<td>4,539.3</td>
<td>4,892.6</td>
<td>5,098.0</td>
<td>5,296.7</td>
<td>5,564.2</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1,700.2</td>
<td>1,831.3</td>
<td>1,841.0</td>
<td>1,967.7</td>
<td>2,117.2</td>
<td>2,380.4</td>
<td>2,439.7</td>
<td>2,691.6</td>
<td>2,930.7</td>
<td>2,992.4</td>
<td>3,032.7</td>
</tr>
<tr>
<td>United States of America</td>
<td>5,051.9</td>
<td>5,453.0</td>
<td>5,988.8</td>
<td>6,349.2</td>
<td>6,727.7</td>
<td>7,107.2</td>
<td>7,482.5</td>
<td>7,760.5</td>
<td>7,989.9</td>
<td>8,232.9</td>
<td>8,607.9</td>
</tr>
</tbody>
</table>

Source: (OECD)/WHO Global Health Expenditure Database)(Qatar National Health Accounts Report 2011)
Figure 36: Comparison of Qatar with selected countries and regions: Health expenditure per capita (Current US$)

<table>
<thead>
<tr>
<th>Countries/regions</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatar</td>
<td>735.7</td>
<td>839.6</td>
<td>1,490.0</td>
<td>1,599.3</td>
<td>1,633.2</td>
<td>1,606.8</td>
<td>1,547.6</td>
<td>1,488.6</td>
<td>1,776.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World</td>
<td>499.6</td>
<td>527.5</td>
<td>602.6</td>
<td>662.8</td>
<td>706.7</td>
<td>749.1</td>
<td>823.3</td>
<td>891.8</td>
<td>944.2</td>
<td>949.7</td>
<td></td>
</tr>
<tr>
<td>High-income OECD</td>
<td>2,747.4</td>
<td>2,959.4</td>
<td>3,406.4</td>
<td>3,741.6</td>
<td>3,954.0</td>
<td>4,154.9</td>
<td>4,513.5</td>
<td>4,933.0</td>
<td>4,899.9</td>
<td>5,043.2</td>
<td>5,492.3</td>
</tr>
<tr>
<td>European Union</td>
<td>1,551.5</td>
<td>1,733.5</td>
<td>2,181.1</td>
<td>2,516.3</td>
<td>2,648.3</td>
<td>2,799.1</td>
<td>3,208.2</td>
<td>3,533.7</td>
<td>3,417.5</td>
<td>3,555.5</td>
<td>3,550.7</td>
</tr>
<tr>
<td>Arab world</td>
<td>106.9</td>
<td>109.2</td>
<td>114.5</td>
<td>126.5</td>
<td>139.0</td>
<td>150.0</td>
<td>185.3</td>
<td>220.0</td>
<td>243.0</td>
<td>256.1</td>
<td>291.3</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1,806.2</td>
<td>2,057.7</td>
<td>2,429.5</td>
<td>2,942.8</td>
<td>3,122.3</td>
<td>3,414.8</td>
<td>3,910.4</td>
<td>3,760.2</td>
<td>3,444.5</td>
<td>3,494.7</td>
<td>3,608.6</td>
</tr>
<tr>
<td>Norway</td>
<td>3,333.4</td>
<td>4,140.1</td>
<td>4,937.1</td>
<td>5,436.3</td>
<td>5,943.6</td>
<td>6,247.7</td>
<td>7,312.7</td>
<td>8,138.6</td>
<td>8,038.7</td>
<td>8,987.3</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>2,234.3</td>
<td>2,489.2</td>
<td>3,158.8</td>
<td>3,630.4</td>
<td>3,784.9</td>
<td>4,183.0</td>
<td>4,662.3</td>
<td>4,764.5</td>
<td>4,618.5</td>
<td>4,952.0</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>531.3</td>
<td>648.3</td>
<td>903.2</td>
<td>921.4</td>
<td>1,175.5</td>
<td>1,274.5</td>
<td>1,448.8</td>
<td>1,669.5</td>
<td>1,771.9</td>
<td>2,004.8</td>
<td>2,286.4</td>
</tr>
<tr>
<td>Switzerland</td>
<td>3,706.7</td>
<td>4,140.6</td>
<td>4,940.3</td>
<td>5,502.9</td>
<td>5,571.8</td>
<td>6,050.9</td>
<td>6,995.7</td>
<td>7,184.2</td>
<td>7,699.2</td>
<td>9,120.8</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>1,051.5</td>
<td>1,244.2</td>
<td>1,601.8</td>
<td>1,973.7</td>
<td>2,286.2</td>
<td>2,295.2</td>
<td>2,694.3</td>
<td>2,820.2</td>
<td>2,701.9</td>
<td>3,266.8</td>
<td>3,693.3</td>
</tr>
<tr>
<td>United States of America</td>
<td>5,051.9</td>
<td>5,453.0</td>
<td>5,988.8</td>
<td>6,349.2</td>
<td>6,727.7</td>
<td>7,107.2</td>
<td>7,482.5</td>
<td>7,760.5</td>
<td>7,989.9</td>
<td>8,232.9</td>
<td>8,607.9</td>
</tr>
</tbody>
</table>

Source: (OECD)(WHO Global Health Expenditure Database)(Qatar National Health Accounts Report 2011)
Figure 37: Comparison of the structure of healthcare expenditure by healthcare functions between Qatar (2012) and selected OECD countries (2010)

<table>
<thead>
<tr>
<th>Overall expenditure on Health by Healthcare Functions (HC)</th>
<th>Current Health Expenditure</th>
<th>Gross Capital Formation</th>
<th>Overall Health Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services of curative and rehabilitative care</td>
<td>Services of long-term nursing care</td>
<td>Ancillary services to health care</td>
<td>Medical goods</td>
</tr>
<tr>
<td>Qatar 2012</td>
<td>58.9</td>
<td>0.0</td>
<td>9.4</td>
</tr>
<tr>
<td>Austria</td>
<td>56.7</td>
<td>14.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Belgium</td>
<td>51.5</td>
<td>19.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Canada</td>
<td>44.8</td>
<td>14.1</td>
<td>6.2</td>
</tr>
<tr>
<td>Chile</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Czech Republic</td>
<td>58.5</td>
<td>3.7</td>
<td>5.6</td>
</tr>
<tr>
<td>Denmark</td>
<td>53.6</td>
<td>23.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Estonia</td>
<td>55.3</td>
<td>4.4</td>
<td>10.4</td>
</tr>
<tr>
<td>Finland</td>
<td>57.6</td>
<td>10.6</td>
<td>3.2</td>
</tr>
<tr>
<td>France</td>
<td>51.8</td>
<td>10.0</td>
<td>5.1</td>
</tr>
<tr>
<td>Germany</td>
<td>51.9</td>
<td>12.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Greece</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hungary</td>
<td>45.7</td>
<td>4.3</td>
<td>4.8</td>
</tr>
<tr>
<td>Iceland</td>
<td>57.9</td>
<td>17.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>100.0</td>
<td>96.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Israel</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>17.2</td>
<td>0.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Japan</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea</td>
<td>55.1</td>
<td>8.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>47.0</td>
<td>22.3</td>
<td>1.8</td>
</tr>
<tr>
<td>New Zealand</td>
<td>58.2</td>
<td>14.6</td>
<td>5.2</td>
</tr>
<tr>
<td>Norway</td>
<td>47.8</td>
<td>27.8</td>
<td>6.3</td>
</tr>
<tr>
<td>Poland</td>
<td>55.5</td>
<td>5.7</td>
<td>4.1</td>
</tr>
<tr>
<td>Portugal</td>
<td>58.5</td>
<td>1.4</td>
<td>8.8</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>43.1</td>
<td>0.3</td>
<td>7.9</td>
</tr>
<tr>
<td>Slovenia</td>
<td>54.6</td>
<td>8.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Spain</td>
<td>55.4</td>
<td>10.7</td>
<td>5.1</td>
</tr>
<tr>
<td>Sweden</td>
<td>62.8</td>
<td>7.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Switzerland</td>
<td>58.1</td>
<td>19.8</td>
<td>3.3</td>
</tr>
<tr>
<td>Turkey</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>94.7</td>
<td>5.3</td>
<td>100.0</td>
</tr>
<tr>
<td>United States</td>
<td>66.6</td>
<td>5.6</td>
<td>13.4</td>
</tr>
</tbody>
</table>

Source: (OECD, Eurostat, WHO 2011), Qatar SHA 2012
### Overall expenditure on health by Healthcare Providers (HP)

<table>
<thead>
<tr>
<th></th>
<th>Hospitals</th>
<th>Nursing and residential care facilities</th>
<th>Providers of ambulatory health care</th>
<th>Retail sale and other providers of medical goods</th>
<th>Provision and administration of public health programs</th>
<th>General health administration and insurance</th>
<th>Other industries (rest of the economy)</th>
<th>Rest of the world</th>
<th>Current Health Expenditures</th>
<th>Gross Capital Formation</th>
<th>Overall Health Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatar 2012</td>
<td>31.4</td>
<td>0.1</td>
<td>27.8</td>
<td>3.4</td>
<td>0.1</td>
<td>5.1</td>
<td>0.0</td>
<td>10.6</td>
<td>78.5</td>
<td>21.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Austria</td>
<td>36.7</td>
<td>8.4</td>
<td>22.4</td>
<td>16.0</td>
<td>0.6</td>
<td>3.7</td>
<td>6.6</td>
<td>0.3</td>
<td>94.7</td>
<td>5.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Belgium</td>
<td>30.9</td>
<td>12.2</td>
<td>31.4</td>
<td>16.2</td>
<td>3.3</td>
<td>5.1</td>
<td>0.9</td>
<td>0.1</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Canada</td>
<td>28.6</td>
<td>10.0</td>
<td>26.7</td>
<td>19.2</td>
<td>6.1</td>
<td>3.2</td>
<td>0.2</td>
<td>0.2</td>
<td>94.6</td>
<td>5.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>42.9</td>
<td>1.6</td>
<td>25.3</td>
<td>21.0</td>
<td>0.2</td>
<td>3.3</td>
<td>0.5</td>
<td>0.1</td>
<td>97.4</td>
<td>2.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Denmark</td>
<td>43.4</td>
<td>12.9</td>
<td>27.4</td>
<td>11.1</td>
<td>0.1</td>
<td>1.4</td>
<td>0.1</td>
<td>0.1</td>
<td>96.3</td>
<td>3.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Estonia</td>
<td>44.9</td>
<td>2.8</td>
<td>22.4</td>
<td>24.3</td>
<td>2.5</td>
<td>2.1</td>
<td>0.0</td>
<td>0.1</td>
<td>99.2</td>
<td>0.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Finland</td>
<td>33.1</td>
<td>7.1</td>
<td>32.8</td>
<td>17.3</td>
<td>0.9</td>
<td>1.0</td>
<td>3.0</td>
<td>0.9</td>
<td>96.5</td>
<td>3.5</td>
<td>100.0</td>
</tr>
<tr>
<td>France</td>
<td>34.1</td>
<td>5.7</td>
<td>27.2</td>
<td>21.0</td>
<td>0.5</td>
<td>7.1</td>
<td>0.9</td>
<td>0.9</td>
<td>96.5</td>
<td>3.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Germany</td>
<td>28.7</td>
<td>7.6</td>
<td>29.5</td>
<td>20.8</td>
<td>0.6</td>
<td>5.8</td>
<td>2.9</td>
<td>0.5</td>
<td>96.5</td>
<td>3.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Hungary</td>
<td>30.3</td>
<td>3.4</td>
<td>20.9</td>
<td>35.9</td>
<td>2.8</td>
<td>1.4</td>
<td>2.0</td>
<td>0.3</td>
<td>97.1</td>
<td>2.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Iceland</td>
<td>35.6</td>
<td>11.6</td>
<td>29.8</td>
<td>18.2</td>
<td>1.5</td>
<td>2.2</td>
<td>1.1</td>
<td>1.1</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Ireland</td>
<td>38.2</td>
<td>9.5</td>
<td>31.9</td>
<td>11.1</td>
<td>3.6</td>
<td>4.1</td>
<td>1.4</td>
<td>0.0</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Italy</td>
<td>40.1</td>
<td>3.5</td>
<td>25.6</td>
<td>19.2</td>
<td>1.7</td>
<td>3.8</td>
<td>0.9</td>
<td>0.2</td>
<td>94.9</td>
<td>5.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Korea</td>
<td>40.1</td>
<td>3.5</td>
<td>25.6</td>
<td>19.2</td>
<td>1.7</td>
<td>3.8</td>
<td>0.9</td>
<td>0.2</td>
<td>94.9</td>
<td>5.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>32.3</td>
<td>21.9</td>
<td>18.1</td>
<td>12.4</td>
<td>1.1</td>
<td>4.1</td>
<td>2.7</td>
<td>0.8</td>
<td>93.5</td>
<td>6.5</td>
<td>100.0</td>
</tr>
<tr>
<td>New Zealand</td>
<td>38.2</td>
<td>9.5</td>
<td>31.9</td>
<td>11.1</td>
<td>3.6</td>
<td>4.1</td>
<td>1.4</td>
<td>0.0</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Norway</td>
<td>38.2</td>
<td>9.5</td>
<td>31.9</td>
<td>11.1</td>
<td>3.6</td>
<td>4.1</td>
<td>1.4</td>
<td>0.0</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Poland</td>
<td>33.0</td>
<td>1.4</td>
<td>27.1</td>
<td>24.3</td>
<td>1.3</td>
<td>1.3</td>
<td>4.8</td>
<td>0.1</td>
<td>93.2</td>
<td>6.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Portugal</td>
<td>36.2</td>
<td>1.4</td>
<td>31.2</td>
<td>22.1</td>
<td>0.1</td>
<td>1.6</td>
<td>1.3</td>
<td>0.9</td>
<td>94.7</td>
<td>5.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>24.2</td>
<td>0.0</td>
<td>26.0</td>
<td>34.7</td>
<td>1.9</td>
<td>3.2</td>
<td>4.1</td>
<td>0.2</td>
<td>94.3</td>
<td>5.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Slovenia</td>
<td>39.4</td>
<td>5.4</td>
<td>23.4</td>
<td>22.4</td>
<td>0.7</td>
<td>3.4</td>
<td>1.0</td>
<td>0.2</td>
<td>95.8</td>
<td>4.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Spain</td>
<td>39.0</td>
<td>7.1</td>
<td>25.4</td>
<td>21.0</td>
<td>0.8</td>
<td>3.0</td>
<td>1.1</td>
<td>0.0</td>
<td>97.5</td>
<td>2.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Sweden</td>
<td>43.3</td>
<td>20.5</td>
<td>15.4</td>
<td>1.1</td>
<td>1.6</td>
<td>8.6</td>
<td>0.1</td>
<td>0.1</td>
<td>94.8</td>
<td>5.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Switzerland</td>
<td>36.0</td>
<td>17.2</td>
<td>31.8</td>
<td>8.7</td>
<td>0.0</td>
<td>6.3</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>32.0</td>
<td>5.6</td>
<td>34.6</td>
<td>13.4</td>
<td>3.5</td>
<td>6.9</td>
<td>0.0</td>
<td>0.0</td>
<td>94.7</td>
<td>5.3</td>
<td>100.0</td>
</tr>
<tr>
<td>United States</td>
<td>32.0</td>
<td>5.6</td>
<td>34.6</td>
<td>13.4</td>
<td>3.5</td>
<td>6.9</td>
<td>0.0</td>
<td>0.0</td>
<td>94.7</td>
<td>5.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: (OECD, Eurostat, WHO 2011), Qatar SHA 2012
<table>
<thead>
<tr>
<th>Overall health expenditure by financing Agents</th>
<th>Overall health expenditure</th>
<th>Qatar 2012</th>
<th>Austria</th>
<th>Belgium</th>
<th>Canada</th>
<th>Chile</th>
<th>Czech Republic</th>
<th>Denmark</th>
<th>Estonia</th>
<th>Finland</th>
<th>France</th>
<th>Germany</th>
<th>Greece</th>
<th>Hungary</th>
<th>Iceland</th>
<th>Ireland</th>
<th>Israel</th>
<th>Italy</th>
<th>Japan</th>
<th>Korea</th>
<th>Luxembourg</th>
<th>Mexico</th>
<th>Netherlands</th>
<th>New Zealand</th>
<th>Norway</th>
<th>Poland</th>
<th>Portugal</th>
<th>Slovak Republic</th>
<th>Slovenia</th>
<th>Spain</th>
<th>Sweden</th>
<th>Switzerland</th>
<th>Turkey</th>
<th>United Kingdom</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>General government</td>
<td>Social security funds</td>
<td>Private insurance</td>
<td>Private households OOP</td>
<td>NPISHs</td>
<td>Corporations</td>
<td>Rest of the world</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>--------</td>
<td>-------------</td>
<td>------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qatar 2012</td>
<td>16.4</td>
<td>0.0</td>
<td>7.9</td>
<td>10.9</td>
<td>0.1</td>
<td>64.8</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>32.3</td>
<td>44.8</td>
<td>4.7</td>
<td>16.8</td>
<td>1.2</td>
<td>0.1</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>10.9</td>
<td>64.7</td>
<td>4.8</td>
<td>19.4</td>
<td>0.1</td>
<td>0.1</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>68.8</td>
<td>1.4</td>
<td>13.2</td>
<td>15.0</td>
<td>1.6</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Czech Republic</td>
<td>5.4</td>
<td>77.9</td>
<td>0.2</td>
<td>15.3</td>
<td>0.9</td>
<td>0.3</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>84.6</td>
<td>0.0</td>
<td>1.7</td>
<td>13.7</td>
<td>0.1</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td>10.6</td>
<td>68.7</td>
<td>0.2</td>
<td>18.7</td>
<td>0.0</td>
<td>1.4</td>
<td>0.2</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>58.9</td>
<td>15.2</td>
<td>2.2</td>
<td>20.2</td>
<td>1.0</td>
<td>2.3</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>3.9</td>
<td>73.7</td>
<td>14.2</td>
<td>7.6</td>
<td>0.0</td>
<td>0.7</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>6.7</td>
<td>70.5</td>
<td>9.6</td>
<td>12.4</td>
<td>0.4</td>
<td>0.4</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hungary</td>
<td>8.6</td>
<td>55.7</td>
<td>2.5</td>
<td>26.9</td>
<td>1.9</td>
<td>4.3</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>51.1</td>
<td>29.3</td>
<td>..</td>
<td>18.2</td>
<td>1.4</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea</td>
<td>12.0</td>
<td>47.5</td>
<td>5.9</td>
<td>33.8</td>
<td>0.6</td>
<td>0.1</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luxembourg</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>8.5</td>
<td>77.2</td>
<td>5.2</td>
<td>5.5</td>
<td>1.4</td>
<td>2.2</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>74.8</td>
<td>8.4</td>
<td>4.9</td>
<td>10.5</td>
<td>1.4</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>73.3</td>
<td>12.2</td>
<td>..</td>
<td>14.2</td>
<td>..</td>
<td>0.3</td>
<td>0.1</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>5.9</td>
<td>66.3</td>
<td>0.7</td>
<td>23.7</td>
<td>0.8</td>
<td>2.6</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>66.0</td>
<td>1.3</td>
<td>4.6</td>
<td>27.5</td>
<td>0.1</td>
<td>0.5</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>6.4</td>
<td>61.4</td>
<td>0.0</td>
<td>27.2</td>
<td>1.6</td>
<td>3.4</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovenia</td>
<td>1.4</td>
<td>70.9</td>
<td>13.3</td>
<td>13.5</td>
<td>0.1</td>
<td>0.9</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>69.2</td>
<td>4.6</td>
<td>5.7</td>
<td>20.2</td>
<td>0.3</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>81.1</td>
<td>..</td>
<td>0.3</td>
<td>17.8</td>
<td>0.2</td>
<td>0.7</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>18.9</td>
<td>46.3</td>
<td>8.6</td>
<td>25.1</td>
<td>1.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>5.8</td>
<td>43.3</td>
<td>34.7</td>
<td>12.3</td>
<td>3.7</td>
<td>0.2</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>5.8</td>
<td>43.3</td>
<td>34.7</td>
<td>12.3</td>
<td>3.7</td>
<td>0.2</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 39**: Comparison of the structure of healthcare expenditure by financing agents between Qatar (2012) and selected OECD countries (2010)?

7 Financing agents for Qatar is based on SHA 2011 and for the others (OECD) it is based on SHA 1.0

Source: (OECD, Eurostat, WHO 2011), Qatar SHA 2012
## Annex 3: SHA core table (in QAR millions)

### SHA Matrix 1: FS x HF (in QAR million)

<table>
<thead>
<tr>
<th>Financing Schemes (HF)</th>
<th>Financing sources (FS)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FS.1 Government</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.5 Voluntary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6 Other domestic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.1.1 Internal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.5.9 Other voluntary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6.1 Other households</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6.2 Other corporations</td>
<td></td>
</tr>
<tr>
<td>HF 1 Government schemes and compulsory contributory health care financing schemes</td>
<td>9,409.4</td>
<td>9,409.4</td>
</tr>
<tr>
<td>HF 1.1 Government schemes</td>
<td>9,409.4</td>
<td>9,409.4</td>
</tr>
<tr>
<td>HF 1.1.1 Central governmental schemes</td>
<td>9,409.4</td>
<td>9,409.4</td>
</tr>
<tr>
<td>HF 2 Voluntary health care payment schemes</td>
<td>942.2</td>
<td>1,185.8</td>
</tr>
<tr>
<td>HF 2.1 Voluntary health insurance schemes</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.1 Primary/secondary health insurance schemes</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.1.1 Employer-based insurance (other than enterprises schemes)</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.1.2 Government-based voluntary insurance</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.1.3 Other primary coverage schemes</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.2 Complementary/supplementary health insurance schemes</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.2.1 Community-based insurance</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.1.2.2 Other complementary/supplementary insurance schemes</td>
<td>942.2</td>
<td>942.2</td>
</tr>
<tr>
<td>HF 2.2 NPISHs financing schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 2.2.1 NPISH financing schemes (excluding HF 2.2.2)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 2.2.2 Resident foreign government development agencies schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 2.3 Enterprises financing schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 2.3.1 Enterprises (except Health care providers) financing schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 2.3.2 Health care providers financing schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 3 Household out-of-pocket payment</td>
<td>1,293.9</td>
<td>1,293.9</td>
</tr>
<tr>
<td>HF 3.1 Out-of-pocket excluding cost sharing</td>
<td>1,293.9</td>
<td>1,293.9</td>
</tr>
<tr>
<td>HF 3.2 Cost sharing with third-party payers</td>
<td>1,293.9</td>
<td>1,293.9</td>
</tr>
<tr>
<td>HF 3.2.1 Cost sharing with government /CCHI schemes</td>
<td>1,293.9</td>
<td>1,293.9</td>
</tr>
<tr>
<td>HF 3.2.2 Cost sharing with voluntary insurance schemes</td>
<td>1,293.9</td>
<td>1,293.9</td>
</tr>
<tr>
<td>HF 4 Rest of the world financing schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.1 Compulsory schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.1.1 Compulsory health insurance schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.1.2 Other compulsory schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.2 Voluntary schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.2.1 Voluntary health insurance schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.2.2 Other schemes (non-resident)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.2.2.1 Philanthropy /international NGOs schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.2.2.2 Foreign Development agencies schemes</td>
<td>243.6</td>
<td>243.6</td>
</tr>
<tr>
<td>HF 4.2.2.3 Enclaves (e.g., international organizations or embassies)</td>
<td>243.6</td>
<td>243.6</td>
</tr>
</tbody>
</table>

### Current expenditure on health (CHE)

<table>
<thead>
<tr>
<th></th>
<th>CHE</th>
<th>GCF</th>
<th>Overall health expenditure (CHE + GCF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,409.4</td>
<td>942.2</td>
<td>1,293.9</td>
<td>243.6</td>
</tr>
<tr>
<td>11,889.1</td>
<td></td>
<td></td>
<td>15,142.8</td>
</tr>
<tr>
<td>3,253.4</td>
<td></td>
<td></td>
<td>3,253.7</td>
</tr>
<tr>
<td>Overall health expenditure (CHE + GCF)</td>
<td>12,662.8</td>
<td>942.2</td>
<td>1,293.9</td>
</tr>
</tbody>
</table>
SHA Matrix 2: FS x FA (in QAR million)

<table>
<thead>
<tr>
<th>Financing Agents (FA)</th>
<th>Financing sources (FS)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FS.1 Government</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.5 Voluntary prepayment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6 Other domestic revenues n.e.c.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.1.1 Internal transfers and grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.5.9 Other voluntary prepaid revenues n.e.c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6.1 Other revenues from households n.e.c.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FS.6.2 Other revenues from corporations n.e.c.</td>
<td></td>
</tr>
<tr>
<td>FA.1 General Government</td>
<td>1,950.1</td>
<td>1,950.1</td>
</tr>
<tr>
<td>FA.1.1 Central government</td>
<td>1,950.1</td>
<td>1,950.1</td>
</tr>
<tr>
<td>FA.1.1.1 Supreme council of health</td>
<td>1,758.4</td>
<td>1,758.4</td>
</tr>
<tr>
<td>FA.1.1.2 Other ministries and public units</td>
<td>191.7</td>
<td>191.7</td>
</tr>
<tr>
<td>FA.1.1.2.1 MOI</td>
<td>80.7</td>
<td>80.7</td>
</tr>
<tr>
<td>FA.1.1.2.2 Armed forces</td>
<td>111.0</td>
<td>111.0</td>
</tr>
<tr>
<td>FA.1.1.3 National Health Service Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.1.4 National Health Insurance Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.2 State / Regional / Local government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.3 Social security agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.3.1 Sickness funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.3.2 Other social insurance funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.1.9 All other general government units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.2 Insurance corporations</td>
<td>934.0</td>
<td>934.0</td>
</tr>
<tr>
<td>FA.2.1 Commercial insurance companies</td>
<td>934.0</td>
<td>934.0</td>
</tr>
<tr>
<td>FA.2.2 Mutual and other non-profit insurance organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.3 Corporations (other than insurance corporations)</td>
<td>7,459.3</td>
<td>243.6</td>
</tr>
<tr>
<td>FA.3.1 Health management and provider corporations</td>
<td>7,459.3</td>
<td></td>
</tr>
<tr>
<td>FA.3.1.1 Aspire zone foundation</td>
<td>27.1</td>
<td></td>
</tr>
<tr>
<td>FA.3.1.2 Hamad medical foundation</td>
<td>6,469.5</td>
<td></td>
</tr>
<tr>
<td>FA.3.1.3 PHCC</td>
<td>962.6</td>
<td></td>
</tr>
<tr>
<td>FA.3.2 Corporations (other than providers of health services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.3.2.1 Qatar foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.3.2.2 Qatar Petroleum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.4 Non-profit institutions serving household (NPISHs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.4.1 Zakat funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.4.5 Households</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.5 Households</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.6 Rest of the world</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.6.1 International organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.6.2 Foreign governments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA.6.3 Other foreign entities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current expenditure on health (CHE)</td>
<td>9,409.4</td>
<td>942.2</td>
</tr>
<tr>
<td>Gross capital formation (GCF)</td>
<td>3,253.4</td>
<td></td>
</tr>
<tr>
<td>Overall health expenditure (CHE + GCF)</td>
<td>12,662.8</td>
<td>942.2</td>
</tr>
</tbody>
</table>
### SHA Matrix 3: FA x HF (in QAR million)

<table>
<thead>
<tr>
<th>Financing Schemes (HF)</th>
<th>Financing Agents (FA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FA.1 General Government</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.1.1.1 Supreme Council of Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.1.1.2.1 MOI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.1.1.2.2 Armed Force</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.2 Insurance companies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.2.1 Aspire Zone Foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.3.1 Health management and provider corporations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.3.1.1 Hamad Medical Corporation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.3.1.3 PHCC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.3.2 Corporations (other than providers of health services)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.3.2.1 Qatar Foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.3.2.2 Qatar Petroleum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.4 Non-profit Institutions serving households (NPISHs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.4.1 Zakat fund</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FA.5 Households</td>
<td></td>
</tr>
</tbody>
</table>

#### HF.1 Government schemes and compulsory contributory health care financing schemes
- 1,758.4  80.7  111.0  27.1  6,469.5  962.6  9,409.4

#### HF.1.1 Government schemes
- 1,758.4  80.7  111.0  27.1  6,469.5  962.6  9,409.4
  - HF.1.1.1 Central governmental schemes | 1,758.4  80.7  111.0  27.1  6,469.5  962.6  9,409.4
  - HF.1.1.2 State/regional/local governmental schemes

#### HF.1.2 Compulsory contributory health insurance schemes
  - 934.0  243.6  8.2  1,185.8
    - HF.1.2.1 Primary/substitutory health insurance schemes | 934.0  8.2  942.2
      - HF.2.1.1.1 Employer-based insurance (other than enterprises schemes)
      - HF.2.1.1.2 Government-based voluntary insurance
      - HF.2.1.1.3 Other primary coverage schemes | 934.0  8.2  942.2
    - HF.2.1.2 Complementary/supplementary insurance schemes

####HF.1.3 Compulsory Medical Saving Accounts (CMSA)
- 243.6  8.2  1,185.8

####HF.2 Voluntary health care payment schemes
- 934.0  243.6  8.2
  - HF.2.1 Voluntary health insurance schemes | 934.0  8.2  942.2
    - HF.2.1.1 Primary/substitutory health insurance schemes | 934.0  8.2  942.2
      - HF.2.1.1.1 Employer-based insurance (other than enterprises schemes)
      - HF.2.1.1.2 Government-based voluntary insurance
      - HF.2.1.1.3 Other primary coverage schemes | 934.0  8.2  942.2
    - HF.2.1.2 Complementary/supplementary insurance schemes

####HF.2.2 NPISHs financing schemes
- 243.6  243.6
  - HF.2.3 Enterprises financing schemes | 243.6
    - HF.2.3.1 Enterprises (except Health care providers) | 243.6
      - HF.2.3.2 Health care providers financing schemes
    - HF.2.3.3 Health care providers financing schemes
  - HF.3 Household out-of-pocket payment | 1,293.9  1,293.9
  - HF.3.1 Out-of-pocket excluding cost sharing | 1,293.9  1,293.9
  - HF.3.2 Cost sharing with third-party payers

####HF.4 Rest of the world financing schemes (non-resident)
- 1,758.4  80.7  111.0  27.1  6,469.5  962.6  9,409.4
  - Current expenditure on health (CHE) | 1,758.4  80.7  111.0  27.1  6,469.5  962.6  9,409.4
  - Gross capital formation (GCF) | 18.6  9.6  49.0  18.1  3,158.1  0.3  3,253.7
  - Overall health expenditure (CHE + GCF) | 1,777.0  90.3  111.0  27.1  6,518.5  980.7  3,158.1  243.9  8.2  1,293.9  11,142.8
### SHA Matrix 4: HF x HP (in QAR million)

<table>
<thead>
<tr>
<th>Health Care Providers (HP)</th>
<th>Healthcare financing schemes (HF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HF.1.1 Government schemes</td>
</tr>
<tr>
<td></td>
<td>HF.1.1.1 Central governmental schemes</td>
</tr>
<tr>
<td></td>
<td>HF.2 Voluntary health care payment schemes</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health insurance schemes</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
</tr>
<tr>
<td></td>
<td>HF.3 Household out of pocket</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td><strong>Hospital Providers</strong></td>
<td></td>
</tr>
<tr>
<td>HP.1 Hospitals</td>
<td></td>
</tr>
<tr>
<td>HP.1.1 General hospitals</td>
<td>4,002.4</td>
</tr>
<tr>
<td>HP.1.2 Mental health hospitals</td>
<td>2,845.8</td>
</tr>
<tr>
<td>HP.1.3 Specialist hospitals (other than mental health hospitals)</td>
<td>804.2</td>
</tr>
<tr>
<td>HP.1.9 Hospitals not specified</td>
<td>352.3</td>
</tr>
<tr>
<td><strong>HP.2 Residential Long-term care facilities</strong></td>
<td></td>
</tr>
<tr>
<td>HP.2.1 Long-term nursing care facilities</td>
<td>16.1</td>
</tr>
<tr>
<td>HP.2.2 Mental health and substance abuse facilities</td>
<td></td>
</tr>
<tr>
<td>HP.2.3 Other residential long-term care facilities</td>
<td></td>
</tr>
<tr>
<td>HP.3 Providers of ambulatory health care</td>
<td>2,595.4</td>
</tr>
<tr>
<td>HP.3.1 Medical practice</td>
<td></td>
</tr>
<tr>
<td>HP.3.1.1 Offices of general medical practitioners</td>
<td>134.7</td>
</tr>
<tr>
<td>HP.3.1.3 Offices of medical specialists (other than mental medical specialists)</td>
<td>114.3</td>
</tr>
<tr>
<td>HP.3.2 Dental practice</td>
<td>38.0</td>
</tr>
<tr>
<td>HP.3.3 Other health care practitioners</td>
<td></td>
</tr>
<tr>
<td>HP.3.4 Ambulatory care health center</td>
<td>2,530.9</td>
</tr>
<tr>
<td>HP.3.4.1 Family planning centres</td>
<td>56.6</td>
</tr>
<tr>
<td>HP.3.4.2 Ambulatory mental health and substance abuse centres</td>
<td></td>
</tr>
<tr>
<td>HP.3.4.9 All other ambulatory centres</td>
<td>2,472.9</td>
</tr>
<tr>
<td>HP.3.5 Providers of home health care services</td>
<td>26.5</td>
</tr>
<tr>
<td>HP.4 Providers of ancillary services</td>
<td>990.6</td>
</tr>
<tr>
<td>HP.4.1 Providers of patient transportation and emergency rescue</td>
<td>184.2</td>
</tr>
<tr>
<td>HP.4.2 Medical and diagnostic laboratories</td>
<td>570.9</td>
</tr>
<tr>
<td>HP.4.9 Other providers of ancillary services</td>
<td>235.5</td>
</tr>
<tr>
<td>HP.5 Retailers and other providers of medical goods</td>
<td>35.7</td>
</tr>
<tr>
<td>HP.5.1 Pharmacies</td>
<td>33.2</td>
</tr>
<tr>
<td>HP.5.2 Retail sellers and other suppliers of durable medical goods and medical appliances</td>
<td>0.0</td>
</tr>
<tr>
<td>HP.5.9 All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods</td>
<td>2.5</td>
</tr>
<tr>
<td>HP.6 Providers of preventive care</td>
<td>7.9</td>
</tr>
<tr>
<td>HP.7 Providers of health care system administration and financing</td>
<td>565.0</td>
</tr>
<tr>
<td>HP.7.1 Government health administration agencies</td>
<td>562.1</td>
</tr>
<tr>
<td>HP.7.3 Private health insurance administration agencies</td>
<td>205.9</td>
</tr>
<tr>
<td>HP.7.9 Other administration agencies</td>
<td>2.9</td>
</tr>
<tr>
<td>HP.8 Rest of economy</td>
<td></td>
</tr>
<tr>
<td>HP.9 Rest of the world</td>
<td>1,196.3</td>
</tr>
<tr>
<td><strong>Current expenditure on health (CHE)</strong></td>
<td>9,409.4</td>
</tr>
<tr>
<td><strong>Gross capital formation (GCF)</strong></td>
<td>3,253.4</td>
</tr>
<tr>
<td><strong>Overall health expenditure (CHE + GCF)</strong></td>
<td>12,662.8</td>
</tr>
</tbody>
</table>
### SHA Matrix 5: HF x HC (in QAR million)

<table>
<thead>
<tr>
<th>Health Care Functions (HC)</th>
<th>Healthcare financing schemes (HF)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>7,255.3</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>490.8</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>141.1</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>939.8</td>
</tr>
<tr>
<td>HF.2</td>
<td></td>
<td>8,827.9</td>
</tr>
<tr>
<td>HF.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.1 Curative care</td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td>HC.1.1 Inpatient curative care</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>4,226.5</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>210.3</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>114.6</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>114.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4,551.3</td>
</tr>
<tr>
<td>HC.1.2 Day curative care</td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td>HC.1.2.1 General day curative care</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>161.5</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>10.7</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>155.3</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>10.9</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>172.2</td>
</tr>
<tr>
<td>HC.1.3 Outpatient curative care</td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td>HC.1.3.1 General outpatient curative care</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>2,860.5</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>265.5</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>141.1</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>825.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4,092.3</td>
</tr>
<tr>
<td>HC.1.4 Home e-based curative care</td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td>HC.1.5 Curative care n.e.c.</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>7.8</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>94.5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>94.5</td>
</tr>
<tr>
<td>HC.2 Rehabilitative care</td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td>HC.2.1 Inpatient rehabilitative care</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>42.3</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>22.8</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>27.5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>22.8</td>
</tr>
<tr>
<td>HC.3 Long-term care (Health)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.3.1 Inpatient long term care (Health)</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.9</td>
</tr>
<tr>
<td>HC.4 Ancillary services (not specified by function)</td>
<td>HF.1.1 Government schemes</td>
<td></td>
</tr>
<tr>
<td>HC.4.1 Laboratory services</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>1,217.4</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>131.7</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>81.5</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>1,430.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,430.6</td>
</tr>
<tr>
<td>HC.4.1.1 Laboratory diagnostics</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>290.4</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>77.3</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>385.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>385.2</td>
</tr>
<tr>
<td>HC.4.1.9 Laboratory services not specified</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>283.9</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>301.5</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>83.8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>467.3</td>
</tr>
<tr>
<td>HC.4.2 Imaging services</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>174.1</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>54.4</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>229.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>229.0</td>
</tr>
<tr>
<td>HC.4.3 Patient transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.4.4 Ancillary services non specified by function n.e.c.</td>
<td>HF.1.1.1 Central governmental schemes</td>
<td>403.8</td>
</tr>
<tr>
<td></td>
<td>HF.2.1 Voluntary health care payment schemes</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>HF.2.3 Enterprises financing schemes</td>
<td>63.4</td>
</tr>
<tr>
<td></td>
<td>Household out-of-pocket</td>
<td>467.3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>467.3</td>
</tr>
</tbody>
</table>
## Chapter 7: Annexes

### Health Care Functions (HC)

#### HF.1 Central government schemes
- HF.1.1 Government schemes
- HF.1.1.1 Central government schemes
- HF.2 Voluntary health care payment schemes
- HF.2.1 Voluntary health insurance schemes
- HF.2.3 Enterprises financing schemes
- HF.3 Enterprises financing schemes
- HF.3.3 Non-governmental organizations financing schemes
- HF.3.3.1 Non-governmental organizations financing schemes
- HF.4 Other financing schemes
- HF.4.1 Other financing schemes
- HF.4.2 Other financing schemes
- HF.5 Medical goods (not specified by function)
- HF.5.1 Pharmaceuticals and other non durable goods
- HF.5.1.1 Prescribed medicines
- HF.5.1.2 Over the counter medicines
- HF.5.2 Therapeutic appliances and other medical goods
- HF.5.3 Medical goods non specified by function n.e.c
- HF.6 Preventive care
- HF.6.1 Information, education and counseling programmes
- HF.6.2 Early disease detection programmes
- HF.6.4 Healthy condition monitoring programmes
- HF.6.6 Preparing for disaster and emergency response programmes
- HF.6.9 Preventive care not specified
- HF.7 Governance and health system and financing administration
- HF.7.1 Governance and health system administration
- HF.7.2 Administration of health financing
- HF.7.2.2 Health administration and health insurance. Private insurance
- HF.7.3 Other administrative costs not specified by kind (n.s.k.)
- HF.9 Other health care services not elsewhere classified (n.e.c.)

### Total

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current expenditure on health (HC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9,409.4</td>
<td>942.2</td>
<td>243.6</td>
<td>1,293.9</td>
<td>11,889.1</td>
</tr>
<tr>
<td>Gross capital formation (GCF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,253.4</td>
<td>0.3</td>
<td></td>
<td></td>
<td>3,253.7</td>
</tr>
<tr>
<td>Overall health expenditure (CHE + GCF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12,662.8</td>
<td>942.2</td>
<td>243.6</td>
<td>1,293.9</td>
<td>15,142.8</td>
</tr>
</tbody>
</table>
**SHA Matrix 6: HP x HC (in QAR million)**

| Health Care Functions (HC) | HP 1 Hospitals | HP 2 Residential long-term care | HP 3 Providers of ambulatory health care | HP 3.1 Medical practice | HP 3.4 Ambulatory health care centres | HP 3.5 Providers of home health care services and emergency restless | HP 4.1 Providers of ancillary services | HP 4.2 Medical and diagnostic laboratories | HP 5.1 Pharmacies | HP 5.2 Retailers and other providers of medical goods | HP 5.9 Other miscellaneous sellers and other providers of medical goods | HP 7 Providers of health care system | HP 7.1 Government health administration agencies | HP 7.2 Private health insurance administration agencies | HP 7.9 Other administration agencies | HP Rest of the world | HP Nsk Providers not specified by kind | Total |
|---------------------------|----------------|-------------------------------|---------------------------------------|------------------------|--------------------------------------|-----------------------------------------------------------|-----------------------------------|-----------------------------------|----------------------------|-------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------|------------------------|
| HC.1 Curative care        |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                        |                               |                           |
| HC.1.1 Inpatient curative care | 2,801.6       | 750.3                         | 661.5                                 | 245.7                  | 20.3                                 | 123.0                                                   | 52.9                | 1.4                 | 2,514.1                   | 2.6                                  | 49.9                                      | 1,604.5                                 | 8,827.9                             |                                      |                               |                             |
| HC.1.2 Specialised inpatient curative care | 1,127.9       | 376.0                         |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.1.9 Inpatient curative care | 429.4          | 104.7                         | 317.7                                 | 0                       | 49.9                                 | 1,317.4                                                  |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2 Curative care        |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.1 Day curative care  |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.2 Specialised day curative care | 86.1          | 685                            |                                        | 0.7                    |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.9 Day care not specified | 0.1           | 10.7                           |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3 Curative care        |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3.1 Outpatient curative care | 480.6         | 557                            | 333.1                                 | 245.7                  | 20.3                                 | 123.0                                                   | 52.9                | 1.4                 | 2,512.6                   | 287.1                                | 4,092.3                                  |                                        |                                      |                                        |                               |                             |
| HC.3.2 Dental outpatient curative care | 79.7          | 145.2                         |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3.3 Specialised outpatient curative care | 24.4          | 88                             |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3.5 Outpatient care not specified | 162.9         | 192                            | 73.1                                  | 2,397.8                | 287.1                                | 2,940.1                                                  |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4 Curative care        |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4.1 Home-based curative care | 4.6           | 0.8                            | 2.4                                   |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4.9 Curative care n.e.c. | 4.2           |                               |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2 Rehabilitation care |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.1 Inpatient rehabilitative care | 28.2          | 285                            | 16.1                                  | 0.1                    | 21.5                                 |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.3 Outpatient rehabilitative care | 15.1          | 272                            |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.4 Home-based rehabilitative care | 19            | 1                              |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.2.5 Rehabilitation care n.e.c. | 112           | 16.1                           | 0.1                                   |                        | 21.5                                 |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3 Long-term care (health) |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3.1 Long-term care (health) | 2.4           | 2.5                            |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.3.5 Long-term care (health) | 2.4           |                               |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4 Rehabilitation care |                |                               |                                       |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4.1 Laboratory services | 23.6          | 384                            | 90.7                                  | 63.4                   | 2.4                                  | 1843.3                                                   | 689.9               | 185.6               | 1,430.6                   |                                        |                                         |                                        |                                      |                                      |                               |                             |
| HC.4.3 Patient transportation | 209.0         | 8.3                            |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4.4 Ancillary services not specified by function | 18.1          | 9.7                            |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
| HC.4.9 Ancillary services not specified by function | 18.1          | 9.7                            |                                        |                        |                                      |                                                            |                     |                     |                             |                                      |                                         |                                        |                                      |                                      |                               |                             |
## Health Care Functions (HC)

<table>
<thead>
<tr>
<th>HC.5 Medical goods (not specified by function)</th>
<th>0.0</th>
<th>0.0</th>
<th>0.0</th>
<th>252.5</th>
<th>251.7</th>
<th>10.9</th>
<th>515.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC.5.1 Pharmaceuticals and other non-durable goods</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>252.5</td>
<td>251.7</td>
<td>10.9</td>
<td>515.1</td>
</tr>
<tr>
<td>HC.5.1.1 Prescribed medicines</td>
<td>150.0</td>
<td>150.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.5.1.2 Over the counter medicines</td>
<td>102.5</td>
<td>102.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.5.2 Other medical non-durable goods</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.5.2.9 All other medical durables, including medical technical devices</td>
<td>251.7</td>
<td>8.4</td>
<td>260.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.5.3 Medical goods non specified by function n.e.c.</td>
<td>0.0</td>
<td>0.0</td>
<td>2.5</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.6 Preventive care</td>
<td>13.8</td>
<td>3.7</td>
<td>9.9</td>
<td>12.9</td>
<td>50.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.6.1 Information, education and counselling programmes</td>
<td>13.7</td>
<td>3.7</td>
<td>0.3</td>
<td>5.2</td>
<td>22.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.6.2 Early disease detection programmes</td>
<td>3.5</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.6.3 Healthy condition monitoring programmes</td>
<td>15.3</td>
<td>15.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.6.4 Preparing for disaster and emergency response programmes</td>
<td>2.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.6.9 Preventive care not specified</td>
<td>0.1</td>
<td>0.8</td>
<td>5.0</td>
<td>5.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.7 Governance and health system and financing administration</td>
<td>28.1</td>
<td>0.1</td>
<td>50.7</td>
<td>562.1</td>
<td>205.9</td>
<td>6.8</td>
<td>853.7</td>
</tr>
<tr>
<td>HC.7.1 Governance and health system administration</td>
<td>562.1</td>
<td>562.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.7.2 Administration of health financing</td>
<td>205.9</td>
<td>205.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.7.2.2 Health administration and health insurance</td>
<td>205.9</td>
<td>205.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.7.3 Other administrative costs not specified by kind (n.s.k.)</td>
<td>28.1</td>
<td>0.1</td>
<td>50.7</td>
<td>6.8</td>
<td>85.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC.9 Other health care services not elsewhere here classified (n.s.e)</td>
<td>0.3</td>
<td>0.4</td>
<td>111.0</td>
<td>0.5</td>
<td>112.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current expenditure on health (CHE)</td>
<td>3,110.4</td>
<td>820.0</td>
<td>823.4</td>
<td>16.1</td>
<td>1.0</td>
<td>245.7</td>
<td>20.3</td>
</tr>
<tr>
<td>Gross capital formation (GCF)</td>
<td>3,160.4</td>
<td>0.4</td>
<td>9.6</td>
<td>15.1</td>
<td>0.7</td>
<td>18.6</td>
<td>48.9</td>
</tr>
<tr>
<td>Overall health expenditure (CHE + GCF)</td>
<td>6,270.8</td>
<td>820.4</td>
<td>833.0</td>
<td>16.1</td>
<td>1.0</td>
<td>245.7</td>
<td>20.3</td>
</tr>
</tbody>
</table>
### SHA Matrix 7: HP x FP (in QAR million)

<table>
<thead>
<tr>
<th>Factors of Providers (FP)</th>
<th>HP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HP.1 Hospitals</strong></td>
<td>HP.1 General hospitals</td>
<td>2,049.1</td>
</tr>
<tr>
<td></td>
<td>HP.1.1 Wages and salaries</td>
<td>1,180.2</td>
</tr>
<tr>
<td></td>
<td>HP.1.3 All other costs related to employees</td>
<td>868.7</td>
</tr>
<tr>
<td><strong>HP.2 Residential long-term care</strong></td>
<td>HP.2.1 Wages and salaries</td>
<td>1,180.2</td>
</tr>
<tr>
<td></td>
<td>HP.2.3 All other costs related to employees</td>
<td>868.7</td>
</tr>
<tr>
<td><strong>HP.3 Providers of ambulatory health care</strong></td>
<td>HP.3.1 Ambulatory care centres</td>
<td>782.0</td>
</tr>
<tr>
<td></td>
<td>HP.3.3 Other ambulatory care centres</td>
<td>176.1</td>
</tr>
<tr>
<td><strong>HP.4 Providers of ancillary services</strong></td>
<td>HP.4.2 Medical and diagnostic laboratories</td>
<td>209.3</td>
</tr>
<tr>
<td></td>
<td>HP.4.4 Other providers of ancillary services</td>
<td>150.1</td>
</tr>
<tr>
<td><strong>HP.5 Retailers and other providers of medical goods</strong></td>
<td>HP.5.1 Pharmacies</td>
<td>194.3</td>
</tr>
<tr>
<td></td>
<td>HP.5.3 Other providers of medical goods</td>
<td>192.4</td>
</tr>
<tr>
<td></td>
<td>HP.5.5 Other providers of health care</td>
<td>193.4</td>
</tr>
<tr>
<td><strong>HP.7 Providers of health care system</strong></td>
<td>HP.7.1 Government health administration agencies</td>
<td>194.3</td>
</tr>
<tr>
<td></td>
<td>HP.7.3 Private health insurance administration agencies</td>
<td>194.3</td>
</tr>
<tr>
<td></td>
<td>HP.7.9 Other administration agencies</td>
<td>194.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>5,418.8</td>
</tr>
</tbody>
</table>

#### Table:

| FP.1 Compensation of employees | HP.1 | 2,049.1 |
| FP.1.1 Wages and salaries | HP.1.1 | 1,180.2 |
| FP.1.3 All other costs related to employees | HP.1.3 | 868.7 |
| FP.2 Self-employed professional remuneration | HP.2 | 1,604.5 |
| FP.3 Materials and services used | HP.3 | 760.8 |
| FP.3.1 Health care services | HP.3.1 | 260.3 |
| FP.3.2 Health care goods | HP.3.2 | 405.2 |
| FP.3.3 Non-health care services | HP.3.3 | 25.2 |
| FP.3.4 Non-health care goods | HP.3.4 | 70.0 |
| FP.4 Consumption of fixed capital | HP.4 | 700.0 |
| FP.5 Other items of spending on inputs | HP.5 | 2305.0 |
| FP.5.1 Taxes | HP.5.1 | 2305.0 |
| Total factors of provision | HP.5.2 | 3,110.4 |
| Current expenditure on health (CHE) | | 11,889.1 |
**SHA Matrix 8: Capital account (in QAR million)**

<table>
<thead>
<tr>
<th>Categories</th>
<th>HP.1 Hospitals</th>
<th>HP.2 Long-term nursing care facilities</th>
<th>HP.3 Dental practice</th>
<th>HP.4 Providers of home health care services</th>
<th>HP.5 Providers of patient transportation and emergency rescue</th>
<th>HP.6 Medical and diagnostic laboratories</th>
<th>HP.7 Providers of medical goods and other providers of medical goods</th>
<th>HP.8 Providers of preventive care</th>
<th>HP.9 Providers of health care system</th>
<th>HP.10 Rest of the world</th>
<th>HP. Nsk Providers not specified by kind</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in Acquisition less disposals of capital goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1 Gross capital formation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1 Gross fixed capital formation</td>
<td>3,160.4</td>
<td></td>
<td>9.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.1 Infrastructure</td>
<td>3,159.2</td>
<td></td>
<td>9.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.1.1 Residential and non-residential buildings</td>
<td>3,158.1</td>
<td></td>
<td>9.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.2 Other structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.2.1 Machinery and equipment</td>
<td>0.8</td>
<td></td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.2.2 Transportation</td>
<td>0.8</td>
<td></td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.3.1 ICT equipment</td>
<td>0.3</td>
<td></td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.3.2 Intellectual property products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.2 Acquisitions less disposals of valuables</td>
<td>0.3</td>
<td></td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1 Consumption of fixed capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1.1 Net capital formation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.2 Non-produced non-financial assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.2.1 Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.2.2 Other non-produced non-financial assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in net worth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.1.1 Saving, net</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.2.1 Capital transfers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.2.2 Receivable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HK.2.2p Payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net lending (+) /net borrowing (-)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>