National Health Strategy
2011-2016
Caring For The Future
Executive Summary
Update 2013
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Foreword

The National Health Strategy 2011-16 (NHS) was the culmination of 6 months of extensive stakeholder consultation and strategic planning that required a high level of collaboration across the health sector. Continuing this collaboration into implementation of the NHS program has been 1 of our key successes.
The NHS sets out the strategic direction and key initiatives that the health sector will undertake from 2011 to 2016, and how we will contribute to achieving the goals of the Qatar National Vision 2030 (QNV 2030) and National Development Strategy 2011-16 (NDS). I am pleased with the commitment shown and the progress achieved over the last 2 years. During this time, we have completed significant strategic, planning and service development activities.

Master planning is advanced in key areas such as health infrastructure and workforce. Strategies and plans are nearing completion for primary healthcare, mental healthcare, private sector involvement, laboratories, nutrition and physical activity, facilities registration and our contributions to road safety and environmental health. The National Health Insurance Company and the Qatar Council for Healthcare Practitioners have been established, and the work to establish the Food Safety Authority is progressing. This year we commence implementation of the National Health Insurance Scheme and reformed management of our Treatment Abroad processes. But much more is required in the next 3 years to achieve our ambitions.

I am also pleased with how the NHS teams have coordinated their work with the other major health programs underway in Qatar, for example: the development of 9 new hospitals and 18 primary care facilities; the development of the Academic Health System; the rollout of electronic clinical systems; and the National Cancer and National Cancer Research Strategies.

This document is an update to the NHS Executive Summary published in April 2011. It reflects the progress and evolution of the NHS Implementation Program over the last 2 years, and reinforces our absolute commitment to achieving the objectives and outcomes of the NHS by 2016.

I would like to extend my appreciation to all members of the NHS project teams, their leaders, colleagues and stakeholders for their tremendous efforts, commitment and professionalism. You have now set the scene for major change and improvement in the scale, type and way that health services are delivered in Qatar. The benefit of this work has begun to flow through to our patients and service users, but the real impact will be felt from now through to 2016 and beyond.

Qatar is now entering an exciting phase as it progresses toward the nation’s vision for 2030. There continues to be unprecedented growth and investment in the nation’s infrastructure including health. The NHS is part of this future and requires our continued commitment across the government, the private sector and civil society.

Most importantly, we must create a health consciousness in our citizens and residents to reverse the impacts of non-communicable diseases and to support adoption of healthy lifestyles. I encourage and invite all to join in this journey toward a healthy future for all of our people.

His Excellency
Abdulla bin Khalid Al Qahtani
Minister of Health, and Secretary General Supreme Council of Health
Qatar National Vision 2030

“To improve the health of Qatar’s population, Qatar aspires to develop an integrated system for healthcare, managed according to world-class standards. This system will meet the needs of existing and future generations and provide for an increasingly healthy and lengthy life for all citizens. All health services will be accessible to the entire population” (p.14, QNV 2030).
Qatar’s National Health Strategy 2011-16 was launched by Her Highness Sheikha Moza bint Nasser in April 2011. It set out the action that was needed to develop Qatar’s healthcare system and details our part in delivering the QNV 2030. The QNV 2030 is based on the guiding principles of Qatar’s Permanent Constitution. It reflects the aspirations of the Qatari people and the resolve of our political leadership. The QNV 2030 rests on 4 pillars: human development, social development, economic development, and environmental development (Figure 1).

The human development pillar of the QNV 2030 recognizes that people are a country’s most valuable asset, and revolves around investing in and developing all of Qatar’s people, enabling them to participate fully in economic, social, and political life and contribute to sustaining a prosperous society. This pillar commits the government to continual human development through the establishment of advanced educational and health systems, as well as increased and diversified participation of Qataris in the workforce and targeted participation of expatriate labor.

One key aspect of the human development pillar is health, and advancing healthcare is an integral part of realizing the QNV 2030. On an individual basis, healthcare is one of the most important parts of life, with a person’s well-being affecting every aspect of their quality of life. For a society, healthcare significantly affects social productivity and economic competitiveness. A healthy people – whose wellness is enhanced through an accessible, effective, and safe healthcare system – is critical to the future success of Qatar.

This is acknowledged in Qatar’s Permanent Constitution, which states: “The State shall foster public health; provide means of prevention from diseases and epidemics and their cure in accordance with the law.”

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**Figure 1**

QNV 2030 Rests on 4 Pillars

#### Human Development

Development that expands the opportunities and capabilities of all the people of Qatar to enable them to sustain a prosperous society.

#### Economic Development

Development of a competitive and diversified economy capable of meeting the needs of, and securing a high standard of living for all its people for the present and for the future.

#### Social Development

Development of a just and caring society based on high moral standards, and capable of playing a significant role in the global partnership for development.

#### Environmental Development

Management of the environment such that there is harmony between economic growth, social development and environmental protection.
The National Development Strategy (NDS) 2011-2016 details 14 sector strategies which combine to deliver its objectives. In turn the NDS provides, within the context of the QNV 2030, an integrated, medium-term framework for policy formulation, as well as setting out regulatory and institutional framework changes and implementable projects linked to overall national and sectoral outcomes.

Significant input was provided into the NDS which shaped the health sector strategy, which was ultimately guided by the QNV 2030’s desired goals and outcomes. It also helps to define and prioritize our ministerial and agency plans, as illustrated in Figure 2.

**Figure 2**
Sector Strategies: part of an interactive and integrated planning process

- Defines Qatar’s long term Human Development outcomes to 2030
- Defines Qatar’s Health Sector priorities to 2016
- Defines Qatar’s National Health Strategy outcomes to 2016
- Defines ministerial and agency plans to support implementation of the National Health Strategy

QNV 2030


National Health Strategy 2011-2016

Ministry / Agency Strategies
The National Health Strategy 2011-2016

The NHS is the embodiment of the NDS health sector strategy and was developed over a period of 6 months under the leadership of His Excellency Abdulla bin Khalid Al Qahtani the Minister of Health and Secretary General of the Supreme Council of Health, and Dr. Mohammed Ghanem Al-Ali Al-Maadheed, Vice-Chair, Executive Committee, Supreme Council of Health. Strong support was also received from the General Secretariat of Development Planning, senior SCH policy makers, other Government Ministries or bodies, public and private providers of healthcare, and healthcare education and training in Qatar.

The compilation of the NHS included extensive planning and stakeholder consultation. The NHS could not have been developed without the dedication and effort of the teams and groups which supported its development, including:

• The Executive Group, which provided overall oversight of the strategy’s development.
• The Task Team which reported to the Executive Group and consisted of leaders from major institutions within the health sector. It served as a decision-making body to validate findings and recommendations.
• The Planning Team, which met on a weekly basis to validate the findings from the situational analysis, provided guidance on strategic recommendations and implementation plans, and facilitated meetings with stakeholders.
• The Sub-Task Teams, who were grouped according to the major themes of the NHS and established priority issues, strategic recommendations and iteratively established initial implementation plans for each project.

Together, the members of these groups and teams helped to produce the NHS and its projects, which are now driving the development of healthcare in Qatar.

The National Health Strategy 2011-2016 is intended to propel Qatar toward the health goals and objectives contained in the QNV 2030:

• A comprehensive world-class healthcare system whose services are accessible to the whole population.
• An integrated system of healthcare, taking into account the differing needs of men, women, and children.
• A skilled national workforce capable of providing high-quality health services.
• A national health policy that sets and monitors standards.
• Effective and affordable services in accordance with the principle of partnership in bearing the costs of healthcare.
• High-caliber research directed at improving the effectiveness and quality of healthcare.

This document provides us with an opportunity to set out what has been achieved since the NHS was published, publicly recommit to the principles and key actions required, and allows us to communicate how plans and projects have evolved over the last 2 years. It also allows us to restate our commitment to the NHS and reaffirm the strong partnership between the Supreme Council of Health, Hamad Medical Corporation and the Primary Healthcare Corporation that is supporting this strategy.
About the National Health Strategy
Caring for the Future

The NHS incorporates the following principles which aim to enhance the wellness of the people of Qatar so that a vibrant, healthy, and productive society can be established for today, and for the future.
Vibrant, Healthy, and Productive Society

- People-centered: right care, right place, right time
- Enable people’s full potential: focused on wellness
- Ensure sustainability of services
- Stimulate continuous excellence and innovation
- Evidence-based
- Achieve highest possible quality and safety

The NHS proposed changes across the healthcare system, through a practical national strategy for health reform designed to benefit all people currently living in Qatar as well as future generations. It consolidated the findings and recommendations of 3 earlier reports, which included: a situational analysis; identification of strategic recommendations; and development of a governance and implementation framework.

The strategy set out in the NHS is ambitious, long term and complex. Over the past 2 years significant progress has been made and that success should be recognized and celebrated. Across the NHS just over 11% of the outputs have already been achieved, with significant progress being made in all areas.
The size and scope of the NHS has also grown over the last 2 years. New projects have been initiated, and 2 projects have achieved all of their original outputs, leading them to be either closed or extended into a new phase of activity:

- Project 3.4 ‘Consanguinity Risk Reduction’
- Project 5.2 ‘Qatar Council for Healthcare Practitioners’

In virtually all projects the process of planning and implementing the NHS has given project teams a much greater understanding of the actions required to achieve our aims. This has allowed us to set out much more detailed plans with significantly more outputs – the NHS has increased in size by around 27% over the last 2 years. The opportunity has also been taken to use this more detailed understanding to update the names of some projects to better reflect their goals and to update targets and Key Performance Indicators (KPIs) where appropriate.

Finally, there are some areas where interdependencies or issues have delayed implementation and additional interventions are required. This report sets out the progress so far, updates delivery plans and timescales, and sets out more detail on individual projects.

These accomplishments, changes and developments are set out, in detail, in the plans published alongside this report, as part of a revised ‘Annex A’ to the NHS which can be found at www.nhsq.info. This document and supporting annex is intended to give an overview of the work of each project over the next 12 months, report on activity since 2011, and offer a strategic view on the far-reaching and fundamental changes the NHS reforms will bring to the entire healthcare system.

The case for health reform in Qatar remains compelling. Qatar has a prime opportunity to create a health system that will provide world class, sustainable healthcare for its people. We are supported in this mission by the vision and commitment of Qatar’s leadership, the willingness to invest financial resources, the size and manageability of the country, coupled with the reform efforts that have already begun and a systematic approach to program implementation. Over the first 2 years of the NHS, a good start has been made in putting this plan into effect. Challenges to successful implementation remain and all the organizations involved in the strategy know they must continue to work together to overcome them and achieve Qatar’s healthcare vision.
GROWTH
Goal 1: A Comprehensive World-Class Healthcare System

Shifting the Balance of Care

To effectively deliver an integrated model of services for the country, Qatar’s health sector must shift the balance of care toward a preventive and community-based model with the focus on the patient, ensuring access to the right care, at the right time, in the right setting, by the right team.
Right Care, Right Time, Right Setting

The future model will provide a full continuum of care, anchored around capable and trusted primary care. Primary Care is where a patient’s journey through the healthcare system will begin. It will be the first point of contact and gateway to accessing care. It will involve smooth transfer between different components of the healthcare system, and will entail significant provision of care in the community setting.

The ideal model of care must be integrated (Figure 3), with different healthcare providers working cohesively to deliver an effective whole. National programs and plans that agree and set out the desired model of care for Qatar and work across organizational boundaries to cover the entire care pathway are being produced to support this vision.

The ambition of a world-class health system as laid out in the QNV 2030 will require healthcare in Qatar to undergo significant redesign and reform. The current system is still weighted more toward an acute, curative, hospital-based approach, and the current infrastructure is centered on a hospital-focused model of care. The existing primary care system does not play a sufficiently strong role in preventing, monitoring or treating diseases.

The shift will require a more preventive and community-based model, with better coordination and improved quality at all levels of care. It must also ensure that care services meet evidence-based standards and adequately address the needs of the population.
Future model of care attributes

- Robust referral systems and e-health
- Preventive orientation - screening programs and prevention guidelines
- World-class primary care - first point of contact for patients
- Competition to enable customer choice
- Standardization of quality and care pathways
- Targeted provisioning of tertiary care
- Optimized treatment abroad
- Enhanced provision of continuing care
- Quality management system
The following projects are being implemented as part of the NHS to achieve this goal:

**Project 1.1: Primary care as the foundation**

- A National Primary Healthcare Strategy 2013-2018: Building the Foundation has been developed following extensive consultation and examination of international best practice. This document sets out an ambitious plan to develop and strengthen primary care in Qatar, rightly making it the foundation of the entire health system.
- This is the first national strategy for primary care produced by Qatar and it sets out guidelines for all primary healthcare providers. It also encapsulates all of the outputs defined in the original NHS document.
- The Strategy will, amongst other process and systematic changes, deliver 10 patient pledges:
  1. Publish annual reports showing how PHCC centers are assessing and meeting patients’ needs.
  2. Ensure that all patients have a named doctor who they can see on a regular basis.
  3. Introduce a yearly ‘health check’ for those who the evidence suggests would benefit.
  4. Establish a Patient Helpline.
  5. Put home care services in place for everyone in Qatar meeting eligibility criteria.
  6. Continuous development of healthcare professionals to a world-class standard.
  7. Introduce an appointment system with an average consultation time of 12 minutes.
  8. Seek patients’ views on services, both services already being delivered and services being planned.
  9. Respect the privacy and dignity of patients and the confidentiality of patient information.
  10. Ensure that services are provided in a safe and clean environment that meets patients’ expectations.
Project 1.2: Configuration of hospital services

- In 2012 a Clinical Health Services Framework was produced which provided an analysis and associated tools, and started to develop a clear framework for service delineation in Qatar.
- Over the next 3 years, further work is required to:
  - Define acute hospital designation by scope and governance.
  - Establish dedicated national centers of excellence without duplication.
  - Configure access to central facilities such as select high-tech laboratories and specific diagnostic services.
  - Provide a directory of health service availabilities for residents, combining geography and function.
  - Establish monitored analysis of capacity and length of stay.

Project 1.3: Continuing care design

- Work will continue to provide a clear framework for continuing care in Qatar, connecting and integrating services for rehabilitation, intermediate and long-term care, and home care and community support. Over the next 3 years, further work is required to:
  - Define a suitable model of continuing care for Qatar utilizing international best practice.
  - Conduct a needs assessment for capacity and the appropriate configuration of services.
  - Support community-based-care activities.
  - Establish sufficient and effective funding for providing continuing care.
  - Clearly define and strengthen roles of the community and family in supporting continuing care.

Project 1.4: Mental health design

- A mental health strategy for Qatar is being developed and is expected to be completed in 2013. This will allow us to:
  - Reduce the incidence and severity of mental illness in Qatar.
  - Increase the proportion of people with emerging or established mental illness who are able to access the right care at the right time, with a focus on early intervention.
  - Increase the ability of people with a mental illness to participate in education, employment and training.
  - Increase public education and awareness and thereby reduce the stigma associated with mental illness.
  - Reduce the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery.
  - Establish Qatar as a centre of academic excellence in mental health research and education.
Project 1.5: Emergency care services

- In order to provide fully functioning and efficient emergency care services for Qatar the project will:
  - Establish an Emergency and Urgent Care Network for Qatar.
  - Improve the access to and quality of emergency care services.
  - Integrate a national framework for provision of emergency care services.
  - Establish national standards, and operating protocols, for emergency and trauma care services.
  - Conduct a needs assessment for emergency and trauma care staff and infrastructure.
  - Establish sufficient and effective funding for emergency and trauma care.

Project 1.6: Community pharmacies strategy

- Support the development of community pharmacies with appropriate policy and process, increasing the public’s choice of when, where and how to get medicines and strengthening the role of community pharmacies and pharmacists in supporting patients.
Goal 2: An Integrated System of Healthcare

Connect and Integrate Healthcare to Ensure Quality of Care – Effective Use of Information, Communication, and Process Improvement

The future Qatar healthcare system must provide a full continuum of care, whereby patients experience benefits from the system’s cohesiveness and connectedness. Integration is vital to achieving this outcome. Integration creates coherence and synergy among the different parts of the healthcare system so that efficiency, quality of care, and patient experience are improved.
Effective Use of Information

Integration and quality must be enhanced by the effective use of data, information, communication, and quality improvement processes.
The following projects are being implemented as part of the NHS to achieve this goal:

**Project 2.1: Healthcare quality improvement**
- In order to establish a culture of continuous quality enhancement throughout the healthcare system, and a framework for clinical process improvement, the project will:
  - Define and disseminate evidence-based national clinical guidelines, patient pathways, and standard procedures for referral and discharge.
  - Establish performance agreements with healthcare providers that link outcomes to accountabilities.

**Project 2.2: Disease management programs definition**
- A proposal is being developed to ensure that healthcare providers, clinicians and patients have access to the appropriate tools and guidance to help them to effectively manage disease in Qatar. This proposal will work closely with other NHS projects’ outputs including the establishment of clinical guidelines and patient pathways, establishment of disease registers and disease specific strategies such as diabetes.

**Project 2.3: Improving healthcare data**
- A healthcare informatics strategy will be developed to ensure that the health sector has appropriate and secure access to accurate information for planning, measuring and monitoring the quality, safety, and effectiveness of the healthcare system and population health outcomes.
Project 2.4: E-health establishment

• An E-health Strategy and implementation plan will be developed to establish an effective and integrated national E-health system, with a clear governance framework to drive improvements in quality, safety, efficiency, and patients’ experience of healthcare in Qatar, ensuring full compatibility across all levels of care.

Project 2.5: Private sector involvement

• Healthy competition is likely to have a beneficial impact on the quality, choice, and efficiency of healthcare, and the private sector, with appropriate regulation and quality assurance, can play an important role in supporting the development of healthcare in Qatar.

• A Private Sector Involvement Strategy is being produced, and will be completed in 2013, which will:
  • Identify appropriate opportunities for greater involvement by the private sector in providing healthcare services and support in Qatar.
  • Identify areas where the interests of patients are best served by limiting the private sector’s involvement.
  • Set out where additional work is needed to support private sector organizations in making investment decisions or in successfully operating in Qatar.
  • Put in place an on-going engagement strategy between the SCH and private providers.

Project 2.6: Laboratory integration and standardization

• This is a new project that was identified and approved during 2012. Testing and research laboratory services are crucial to the prevention and treatment of ill health. It is estimated that up to 70% of medical decisions are based on clinical laboratory results. A national Laboratory Integration and Standardization Strategy 2013-2018 will be completed in 2013 which will outline a plan that assists laboratory staff and managers in integrating and standardizing their services.

• Over the next 5 years the strategy will:
  • Help to identify and fill gaps in services, or reduce unnecessary duplication.
  • Improve education and training, recruitment and retention and regulation of laboratory personnel.
  • Improve data management and appropriate sharing of data to support better care.
  • Identify appropriate quality management processes and licensing and accreditation of facilities.
Qatar is faced with critical public health challenges, with over 60% of deaths caused by chronic diseases, injuries, and congenital diseases, driven by risk factors that are largely preventable\(^1\). A shift in the current healthcare system’s focus from management of acute illness to more proactive prevention and early detection of ill health will be crucial to the success of the NHS.
Proactive Prevention

Qatar’s healthcare system must address the prevalence of chronic diseases and their underlying risk factors. This requires a fundamental shift in mindset, accompanied by a reallocation of resources. The aim is to embed prevention and early intervention into every aspect of the health system and to empower the people of Qatar to be active participants in self-care, prevention, and maintaining wellness.
The following projects are being implemented as part of the NHS to achieve this goal:

**Project 3.1: Preventive health governance**

- A National Preventive Health Committee has been established, supported by an international prevention champion. These are seen as visible symbols of transformation and will drive system change.
- Over the next 3 years this project will develop, and begin to implement, a National Prevention Strategy to implement recommended public health programs and reduce the prevalence of key risk factors.

**Project 3.2: Nutrition and physical activity**

- Qatar has the highest prevalence of overweight and obese people in the GCC region. A survey in 2006 found that 71% of people in Qatar were overweight and nearly 1 in 3 people were obese or morbidly obese. The trend of increasing obesity rates is an issue faced by many developed countries and this project is working to reduce the trend in Qatar.
- Since the NHS was published:
  - Healthy school snack guidelines and dietary guidelines for nurseries have been introduced alongside food labeling.
  - A requirement to label sugar sweetened beverages for children has been drafted into the revised National Food laws.
  - The ‘We are Healthy Kids’ program was launched to promote.
  - Physical activity has been introduced into the core school curriculum.
  - The country’s first STEPwise survey was carried out among the Qatari population. The results will be used to inform future policies and initiatives.
- Over the next 3 years the project will:
  - Publish further national guidelines to promote nutrition and physical activity.
  - Recruit nutritionists to work in Primary Healthcare Centers.
  - Collaborate with academic institutions and the private sector to establish a solid evidence base.
  - Undertake additional national public awareness campaigns.
Project 3.3: Tobacco cessation

- Every year, hundreds of thousands of people around the world die from diseases caused by smoking. Tobacco smoke also contributes to a number of cancers and is strongly linked to cardiovascular diseases.

- This project aims to reduce tobacco consumption in Qatar. So far it has:
  - Adopted the Framework Convention on Tobacco Control guidelines.
  - Significantly increased the taxation on tobacco products. The funds raised from this will be used to support health initiatives.
  - Required pictorial warnings on cigarette packets.

- Over the next 3 years the project will:
  - Develop and implement national and school tobacco cessation campaigns, linked to the ‘We are Healthy Kids’ program.
  - Create 100% smoke free venues.
  - Enable access to smoking cessation services through additional smoking cessation clinics.
Project 3.4: Consanguinity risk reduction

Since the NHS was published this project has successfully delivered its outputs to routinely provide counseling and education on the risks of consanguinity, and compulsory premarital screening.

Project 3.5: Communicable disease prevention

To maintain the current, relatively low, prevalence of communicable diseases in Qatar and manage the risk of communicable diseases from the transient population, this project will focus on:

- Creation of a communicable diseases prevention and control framework and associated disease specific programs.
- Development of an early warning surveillance and tracking system.
- Ensuring that the integrated vaccinations registration system is rolled out to all healthcare centers.

Project 3.6: National screening program

Appropriate screening can significantly improve the early detection and effective treatment of some diseases. However, the diseases that are screened for, and how and when that screening takes place, must be carefully considered in line with the best scientific evidence. A national screening program is being developed to target relevant diseases.
Project 3.7: Occupational health

- Qatar is working to improve health and safety conditions across all sectors, with a particular focus on occupations with higher risk factors such as construction which employs a high proportion of Qatar’s population.
- Working with the Ministry of Labor, this project has developed a National Occupational Health and Safety Committee which is looking to develop more integrated health and safety laws and regulations.
- Further national occupational health standards, occupational health policies and regulations will be developed.

Project 3.8: Maternal and newborn health

- The health challenges that women face are different from those of men because of social and economic distinctions as well as dissimilarities in the prevalence of diseases and risk factors. Qatar is developing a comprehensive women’s health program that targets the health challenges unique to women.
- The program has identified priority areas for women’s health, including screening of women’s specific diseases, as well as particular issues such as postpartum depression.
- The project is also developing programs and strategies dedicated to child health. These include promotion of exclusive breastfeeding and early nutrition guidance, enhanced prenatal care services, and continuing the successes of national childhood vaccination.

Project 3.9: Implementing the National Road Safety Strategy (Health)

- This was originally a sub-project of the ‘Additional public health programs’ project. In 2012 it was elevated to an NHS project to recognize the role of health in helping to deliver the Ministry of Interior (MOI) led National Road Safety Strategy and therefore reduce the high rate of road traffic accidents in Qatar. In 2011 there were 5,424 road accidents in Qatar resulting in injury or death, 15% more than in 2010. Road traffic accidents have follow-on implications for health including increased numbers of patients in accident and emergency departments, and increased demand for emergency and trauma surgery.
- The project continues to work closely with the MOI and other partners to deliver the health elements of the strategy. This includes improving response times and quality of emergency services, and the development of a drivers’ medical assessment after accidents for drivers who are elderly or with a chronic disease.
Project 3.10: Establishment of the Food Safety Authority

- This was originally a sub-project of the ‘Additional public health programs’ project. In 2012 it was elevated to an NHS project to integrate the current multi-agency management system for food safety. The current system allows some overlapping of activities between various government agencies, and lacks an integrated ‘farm to table’ and risk-based approach to food safety management.
- This project is developing a single well, integrated, Food Safety Authority to manage food safety across the entire food chain. The project has revised the National Food Laws in preparation for the formation of the new authority.

Project 3.11: Emergency Preparedness – National Health

- This was originally a sub-project of the ‘Additional public health programs’ project. In 2012 it was elevated to an NHS project to facilitate the swift and coordinated response of all healthcare organizations in the event of a national health emergency. This project is working with partners across the healthcare and Government sector to develop an appropriate national health emergency preparedness plan and ongoing management capability.

Project 3.12: Environmental Health

- This was originally a sub-project of the ‘Additional public health programs’ project. In 2012 it was elevated to an NHS project to reflect the strong global focus on the environment, climate change and the health effects it has on the population. In terms of environmental health, the SCH needs to continue to work actively to improve coordination with other government bodies and ensure a comprehensive range of appropriate services are in place.
- Working with the Ministry of Environment, this project is working to include environmental health impact assessments into the new Environmental Law.
- Qatar will monitor air quality in terms of environmental risks to the populations’ health. By reducing air pollution levels, Qatar can help reduce the burden of disease from respiratory conditions, heart disease and lung cancer.
- In 2013 an air quality monitoring station was installed and has started to collect data on ambient air quality.
Goal 4: A Skilled National Workforce

Recruiting, Retaining, and Educating a High-Quality Workforce – a Modern, Learning, and Supported Workforce

Just as people are the country’s most valuable asset, human resources are the health sector’s most valuable asset. The healthcare workforce is critical in the delivery of high-quality care that is expected in Qatar.
The members of the healthcare workforce are key agents of change, reform, and innovation, driving continuous improvement in the delivery of health services, and therefore they must be adequately resourced, continuously developed, and respected.

All healthcare systems, however financed or organized, need adequate numbers of well-trained, high-quality staff to meet the needs of their population. Recruitment and retention of the appropriate healthcare workforce remains a key challenge in Qatar. The need to continuously expand and retain quality human resources – physicians, nurses, therapists, and other health professionals – is a significant constraint. Without the appropriately skilled human resources it is not possible to realize the goals of a world-class healthcare system.

A comprehensive healthcare workforce strategy is needed, with the main aim of building, strengthening and enhancing long-term national capacity to ensure sustainability. This will necessitate obtaining a high-caliber workforce – both Qatari and expatriate – that has the required skills, including leadership, to ensure a high-quality healthcare system.
The following projects are being implemented as part of the NHS to achieve this goal:

**Project 4.1: Workforce planning**

- Given global shortages of healthcare professionals, Qatar’s current recruitment and retention strategies and medical education capacity are a potential constraint for future requirements.
- A 5, 10 and 20 year approach is being taken to healthcare workforce planning that will help ensure that Qatar’s health sector has the adequate number of skilled personnel to sustain a quality health system into the future, as well as the right types of skills and professions within the service delivery team.
- These plans are focusing on ensuring sustainability of the system through national capacity-building, while at the same time recognizing the value of the expatriate workforce.
- A national healthcare workforce plan and strategy is being produced and will be completed in 2013. It will also consider how to optimize the staffing skill mix by optimizing the range of work that can be undertaken by different professionals and licensing, recruiting and developing new healthcare roles.

**Project 4.2: Recruitment and retention of healthcare professionals**

- This project is working to reduce barriers to recruitment of a quality workforce (both Qatari and expatriates) for the public health sector. A new Health Sector Human Resources law has been developed and is currently awaiting approval. This law is expected to provide a competitive compensation and benefits system by unifying the salary packages across SCH, HMC & PHCC, for both administrative and clinical staff, in order to retain current employees and attract new ones.
- Later in 2013, new tools for measuring staff satisfaction will be developed. Over the next 3 years, the project will work to place a stronger emphasis on training and education in the workforce, including developing more structured career pathways and professional development for staff.
- Work will continue to ensure appropriate Qatariization – with adequate support, mentorship, and training – to benefit both individuals and organizations.

**Project 4.3: Professional education and training**

- As many high quality healthcare professionals as possible should be trained and developed in Qatar, including both Qatari and long term residents.
- To support this, a multifaceted approach is being taken. Sponsorship programs for long term residents have already been launched, awareness campaigns begun and an assessment of the existing educational capacity in Qatar is being made. This will be combined with projected requirements for healthcare professionals, being made in the national healthcare workforce plan, to help set goals for additional healthcare professionals to be trained in Qatar.
- Finally, the project is also planning to work with the Supreme Education Council to address barriers to entering training for healthcare professions.
PEOPLE
An effective healthcare system needs a robust policy and regulatory framework to ensure quality and accountability. Since its establishment in 2009, SCH has sought to bring stability to the health sector and increase both its capacity and capability to fulfill its leadership and regulatory role. The key challenge is recruitment and retention of highly skilled staff, both Qatari and expatriate. There has been significant progress on this within the last 12 months, but there remains a shortage of high-quality human resources.
Robust Regulation

Healthcare regulation in Qatar is also being significantly strengthened. The SCH has made steps towards establishing a clear and comprehensive regulatory framework that monitors the healthcare system, ensures safety and quality, but does not impede positive progress. This will require considerable further work, for example in policies regarding workforce recruitment and retention.

The aim is to employ the best possible workforce, whether Qatari or expatriate. Qatarization should be supported appropriately, with Qatari receiving the required mentorship and support needed to fill their roles.
The following projects are being implemented as part of the NHS to achieve this goal:

**Project 5.1: SCH capacity build-up**
- In 2011, the SCH was a relatively new organization. Since then, the SCH has worked to strengthen its ability to establish a strong national regulatory framework to enhance the efficiency and effectiveness of the healthcare sector and improve health outcomes for the population. Considerable efforts have been put into enhancing capacity by improving recruitment, and focusing on training and development. Progress has been made; the SCH vacancy rate has been reduced from 30% to 23%, nearly halfway to the NHS target of 15%, with over 70 staff recruited between January and March 2013.

**Project 5.2: Qatar Council for Healthcare Practitioners**
- The establishment of the Qatar Council for Healthcare Practitioners (QCHP) in March 2013 has brought the first phase of this project to a close. All of the outputs set out in the NHS have now been achieved including:
  - The introduction of a health practitioner registration and licensing system.
  - A strategic international partnership with the International Association of Medical Regulatory Authorities (IAMRA).
  - Licensing examinations for select practitioner groups.
  - Objective primary source verification and credentialing of qualifications.
  - A framework to enable an effective management of complaints and proactive identification of poorly performing and impaired practitioners.
- Further work is required to continue to develop the QCHP and extend the registration process to include all healthcare providers.

**Project 5.3: Healthcare facilities regulation**
- Work is continuing to establish national standards and regulations for healthcare facilities across all sectors, both public and private. During 2013, work to establish a national facilities accreditation program will continue.
Project 5.4: Healthcare products regulation

- This project seeks to protect the public’s safety by ensuring that healthcare products and medications are safe and of the required quality, and that appropriate drugs are available when and where necessary. These aims will be achieved by:
  - Increasing the capacity and fortifying the roles of SCH Pharmacy and Drug Control, and strengthening the regulatory framework.
  - Implementing a national formulary, and guaranteeing access to, and timely availability of medications.
  - Centralizing the purchasing of drugs and medical supplies to enhance efficiency and help manage costs.

Project 5.5: Patient advocacy framework

- Work has begun to establish a patient advocacy framework to support patient complaints and rights.
Goal 6: Effective and Affordable Services, Partnership in the Bearing of Costs

Coordinated Planning and Control in Healthcare Infrastructure and Finance – Affordable Healthcare

Qatar needs to ensure significantly enhanced monitoring and control of healthcare expenditures. The nation must continue its work to shift from ‘lump sum’ budgets to performance and activity based budgeting, with mandatory requirements put in place for reporting data. An enhanced budgeting system will facilitate transparency in the use of resources and provide decision makers with greater ability to monitor and control finances.
Sustainable Services

Qatar needs mechanisms in place to guarantee that clinically appropriate and cost-effective services are provided through coordination, a certificate of need (CON) process, the development of business cases for major healthcare projects, transparent accounting, and appropriate cost sharing. From a national perspective, there are 2 areas that need to be addressed: finance and infrastructure.
The following projects are being implemented as part of the NHS to achieve this goal:

**Project 6.1:** Budgeting process for public health sector spending

- The project is instituting a comprehensive and accurate account of public healthcare spending through a healthcare-specific budgeting process. Since 2011, a multiyear (5-year) budget has been developed for SCH, PHCC and HMC. Work is also ongoing to implement supporting IT systems. Program based budgeting has been introduced in SCH, however further work is needed to create a coordinated approach across the public healthcare sector.

**Project 6.2:** Management of treatment abroad

- This project is setting clear criteria and standardizing processes for nationals who benefit from treatment abroad to optimize expenditure, enhance the quality of care and improve coordination with services in Qatar.
- Under a new treatment abroad by-law, while administrative decision making remains with the SCH, responsibility for clinical decision making has been transferred to HMC due to their strong clinical expertise. A list of international preferred providers has been developed, and is expected to be implemented in 2013.

**Project 6.3:** Social health insurance establishment

- Significant progress has been made in establishing the National Health Insurance Scheme (NHIS) in Qatar. The National Health Insurance Company has been established and many of the prerequisites needed for the NHIS have been put in place, including a disease classification system and development of an initial fee schedule.
- The rollout of the Scheme is expected to begin in mid 2013. The first stage will cover female nationals, from age 12 onwards, for a range of women’s services, in both the public and private sectors. The scheme is expected to be extended to all nationals for selected services in 2014. The later stages of the NHIS roll-out will follow, and the scheme will aim to cover all of Qatar’s residents and visitors from 2016.
- Work will continue to ensure that the NHIS supports the models of care being developed within other NHS projects and appropriately incentivizes cost-effective care and treatments.
Project 6.4: Healthcare infrastructure master plan

- A Qatar Health Facilities Master Plan 2013-2033 (QHFMP) is being produced which will be the roadmap for the next generation’s healthcare infrastructure requirements, investment priorities and distribution of services. It will guide the entire continuum of healthcare capital allocation to ensure that facilities and the services they contain meet the needs of the country.
- The QHFMP will be completed in 2013 and will then be regularly reviewed to ensure it continues to take account of Qatar’s changing needs, population growth, advances in medical technology and models of care.

Project 6.5: Capital expenditure committee

- A process will be established to approve all new healthcare infrastructure project business cases and concepts requesting government funds or reimbursements by public or private providers. Approval will be based on a ‘Certificate of Need’ and a business case plan. The process will be established, subject to appropriate legal powers being in place, in 2013.
Qatar has embarked on an ambitious research program. However, historically there has been limited national coordination. Until the NHS, healthcare research activities in Qatar almost exclusively focused on biomedical topics, with little attention on public health and policy projects. To meet the QNV 2030 goals on quality and effectiveness of research, the NHS will create national alignment on health research activities and promote appropriate utilization of resources.
Continuous Improvement

The following project is being implemented as part of the NHS to achieve this goal:

Project 7.1: Health research governance

- The SCH is establishing an appropriate national governance structure and legal framework for research, including the national coordination of health research activity through a committee led by SCH. This will provide a national regulatory framework, national strategic direction and coordination on research priorities.

To achieve a world-class health system, research must focus on all areas of healthcare, including public health, public policy, biomedicine, and clinical effectiveness.
The NHS identified the need for a dedicated Program Management Office (PMO) to support and enable the implementation of the NHS.
A Dedicated Program Management Office

The current PMO was established in January 2012 and mobilized by the end of April 2012. The PMO effectively tracks and monitors the implementation of NHS projects, proactively identifies risks, develops mitigation strategies, works with project managers to produce implementation status reports and provides subject matter expertise to project teams and departments.
The NHS Program Ministerial Board (Ministerial Board)

The Ministerial Board is chaired by His Excellency the Secretary General and Minister of Health. It meets quarterly, or more regularly if required, and brings together strategic leaders from across the NHS Partners, including SCH Assistant Secretary Generals and the Managing Directors of HMC and PHCC.

The Ministerial Board provides the strategic leadership and direction to the NHS Program Steering Group and ensures that a coherent vision and clear strategy for delivering the NHS is in place. It ratifies Steering Group decisions and, where appropriate, resolves issues raised to it. The Ministerial Board monitors progress and performance of NHS projects, approves quarterly reports to the SCH Executive Committee and semiannual reports to the Board of Directors.

The Ministerial Board is a forum for open discussions around strategic interdependencies, including with the QNV 2030, and escalates issues to the Supreme Council of Health Executive Committee and Board of Directors where required.

The NHS Program Steering Group (Steering Group)

The Steering Group is chaired by the Assistant Secretary General of Policy Affairs. It meets monthly and brings together Senior Responsible Owners (SROs) from organizations accountable for leading the delivery of the NHS projects and realizing their benefits including SCH, HMC and PHCC.

The Steering Group provides leadership and direction to NHS project teams, monitors progress and performance of NHS Projects, coordinates actions across the partner organizations and reviews the NHS Monthly Ministerial Summary Report. It is responsible for providing guidance to NHS project managers to mitigate risks and resolve issues or escalating them to the Ministerial Board where appropriate.

The PMO also offers continual support to SROs, project managers and teams through the implementation of robust project management structures including:

- Project Management: Ensuring there are appointed individuals responsible for leading each project. This includes the appointment of a project manager and an SRO for each project. There are currently no gaps in the NHS accountability structure.
- Governance: Supporting the nominated project managers to utilize the NHS governance and escalation pathways to effectively highlight and resolve project issues at an operational level where possible.
- Capacity: Improving the capacity of NHS staff to deliver their projects, through the development of an NHS project management toolkit; and continuing project management training.
- Reporting: Providing senior leaders in SCH, PHCC and HMC with greater transparency of project progress and opportunities to take action through monthly status reporting from each project (90% compliance since May 2012).
- Resources: Planning project activity and facilitating approval to enable earlier and more focused recruitment and procurement. This has also enabled clearer budget submissions and decision making for the 2013/14 budget cycle.
Rebaselining

The health reforms being undertaken in Qatar are large, complex and evolving. The overall goals and aims of the NHS remain unchanged, but undertaking a large number of projects simultaneously inevitably means that the understanding of what is required in each project, and the interactions between projects, develop as the strategy progresses. To allow these evolutions to be reflected in project plans and NHS communications activity, a project rebaselining process was initiated in October 2012. The objectives for this process were to:

- Work with the accountable project teams to re-establish effective implementation plans.
- Establish a framework to enable delivery organizations, SROs and project managers to be held accountable for project progress, outputs and outcomes.
- Recognize and plan for the difficulties in securing project resources, aligning dependencies and other issues.
- Enable the program to be prioritized, sequenced and delivered within the available timeframe to sustainably spread the workload.
- Include consideration of the capacity constraints within the system and interdependencies between projects.

New implementation templates have been produced for each project and approved through the NHS governance process. They are set out in the revised ‘Annex A’ of the NHS.

Program Structure

The structure of the NHS program has also been reviewed to respond to new priorities and facilitate monitoring and support of projects. The following changes to the program structure have been approved by the SCH Executive Committee:

- Add new NHS Project 1.7 Diabetes Service Design to develop a comprehensive disease specific strategy.
- Add new NHS Project 2.6: Laboratory Standardization and Integration
- Retire current NHS Project 3.9: Additional Public Health Programs
- Rescope NHS Project 3.8 Women and Child Health. The project has been renamed and refocused on Maternal and Newborn Health.
- Add new NHS Project: 3.9: Implementation National Road Safety Strategy (Health)
- Add new NHS Project: 3.10: Establishment of the Food Safety Authority
- Add new NHS Project: 3.11: Emergency Preparedness
- Add new NHS Project: 3.12: Environmental Health
- Retire NHS Project 4.4: Optimizing Skill Mix and integrate the outputs from it into the implementation of NHS Project 4.1: Workforce Planning.
- Minor clarification of the names of a number of NHS projects to better describe their activity.
Project Delivery

Since publication in 2011, 2 NHS projects have completed all of their outputs:

- NHS Project 3.4 Consanguinity Risk Reduction. The project outputs have been completed including implementation of compulsory premarital counseling and screening. Ongoing monitoring will take place focused on service performance and long term trends in the prevalence of relevant congenital disorders but the NHS Program has been closed.

- NHS Project 5.2 Healthcare Professional Regulation. The project delivered the last of its outputs through the establishment of the QCHP in March 2013. Further work is required to ensure the successful operation and development of QCHP and these actions have been set out as a second phase to project 5.2 which will also be renamed ‘Qatar Council for Healthcare Practitioners’.

Following these adjustments, the NHS contains 38 projects, with 37 being currently active.

Not only has the number of projects increased in the NHS since publication, projects have also set out in more detail what they will do to meet the goals of the NHS. Over the 2011-2013 period the number of outputs within the NHS rose from 141 to 178, an increase of around 27. Of the 178 outputs, 20 (just over 11%) have been completed. All the others are being progressed according to the timetables set out in this document.

Monitoring and Evaluation

Effectively monitoring and evaluating progress across such a large number of projects and outputs is complex. A monitoring and evaluation system is in place and will continue to be developed over the period of the NHS.

The regular reporting that the system puts in place will ensure transparency across the NHS allowing progress to be celebrated and appropriate interventions made where progress is limited. This will also provide helpful feedback and learning that can be shared across the program, support the development of future strategies and implementation plans, and inform policy decisions.

The targets set out in the original NHS have all been reviewed and developed to fit the new projects and outputs. These targets will continue to be developed and improved over the lifetime of the strategy as further evidence is gathered and specific analyses of Qatar’s health system and world class services are completed. In addition, some projects will be developing Key Performance Indicators for certain health services, systems and/or functions which will provide ongoing internal performance monitoring for health and healthcare in Qatar beyond the NHS.
Communications and stakeholder engagement

A sustained change management and communication effort involving staff from all the NHS partners is underway to support the program. This includes:

- An annual high profile NHS Event.
- Regular meetings between PMO program support officers and project managers.
- The NHS Matters newsletter, a bilingual, bimonthly newsletter. 4 editions have been published so far.
- NHS engagement events and workshops which have brought NHS project managers and the PMO together at regular intervals to share issues, progress and key messages.
- A redeveloped and relaunched NHS website.
- Promotion of the NHS brand and key messages through articles in the press.

An NHS Communications Working Group has been established to coordinate and oversee this activity across the NHS partner organizations.

www.nhsq.info
The following pages provide an overview matrix of the NHS. The matrix includes goals, projects and outputs of the revised NHS. Where all the actions required to deliver an output have been completed it is marked achieved. All other outputs are proceeding according to the schedule set out in ‘Annex A’ of this document. This means that the vast majority of outputs have, at the time of publication, been partially achieved.
## 1. A comprehensive world class healthcare system

<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
</tr>
</thead>
</table>
| 1.1 Primary Care as the Foundation | 1.1.1 Model of primary care and the configuration of services (achieved)  
1.1.2 Primary care forum to engage PHC and private practitioners (achieved)  
1.1.3 Communication campaign for PHCC (achieved)  
1.1.4 Implement 10 “Quick Wins” identified in Primary Healthcare Strategy  
1.1.5 Development and implementation of primary care service model redesign for 8 service areas  
1.1.6 Deliver enabling actions to support improvements in primary healthcare services in priority areas.                                                                                                                                                                                                         |
| 1.2 Configuration of Hospital Services | 1.2.1 Definition of acute hospital designation by scope and governance.  
1.2.2 Dedicated national centers of excellence without duplication.  
1.2.3 Access to central facilities such as select high tech laboratories and specific diagnostic services.  
1.2.4 Directory of health service availabilities for residents, combining geography and function.  
1.2.5 Monitored variation and capacity analysis in capacity and length of stay.                                                                                                                                                                                                                                               |
| 1.3 Continuing Care Design     | 1.3.1 Model of continuing care and identification of international best practice.  
1.3.2 Needs assessment for capacity and the appropriate configuration of services.  
1.3.3 Community-based-care activities support.  
1.3.4 Sufficient and effective funding for continuing care.  
1.3.5 Roles of community and family in supporting continuing care strengthened.                                                                                                                                                                                                                                      |
| 1.4 Mental Health Design       | 1.4.1 National model of care, interfaces, and processes.  
1.4.2 Mental health legislation.  
1.4.3 Needs assessment for infrastructure, staff, and equipment.  
1.4.4 Sufficient and effective funding for mental health.  
1.4.5 Community-based services support.  
1.4.6 Mental health surveillance and dedicated research.  
1.4.7 Public awareness campaigns.  
1.4.8 Mental health standards.  
1.4.9 Mental health screening.                                                                                                                                                                                                                                                                               |
| 1.5 Emergency Care Services    | 1.5.1 National standards, and operating protocols for emergency and trauma care services.  
1.5.2 Needs assessment for emergency and trauma care staff and infrastructure.  
1.5.3 Sufficient and effective funding for emergency and trauma care.                                                                                                                                                                                                                                          |
| 1.6 Community Pharmacies Strategy | 1.6.1 Community Pharmacies Strategy.  
1.6.2 Public needs assessment for community pharmacy network.  
1.6.3 Accreditation program for pharmacists and pharmacies to provide additional services.  
1.6.4 Enhanced Continuous Professional Development (CPD) program for community pharmacists.  
1.6.5 All appropriate drugs available at community pharmacies.  
1.6.6 Higher utilization of community pharmacies.  
1.6.7 Access to appropriate patient information for community pharmacies, taking into account issues such as patient confidentiality (e.g. patient records and prescriptions, e-health and IT systems).                                                                                                           |
### 2. An integrated system of healthcare

<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
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</thead>
<tbody>
<tr>
<td><strong>2.1 Healthcare Quality Improvement</strong></td>
<td><strong>2.1.1 National standards for referral and discharge procedures</strong>&lt;br&gt;• Define and implement national standards for patient pathways from the point of entry until a patient is discharged&lt;br&gt;<strong>2.1.2 Clinical guidelines for Qatar, based on international best practice</strong>&lt;br&gt;• Obtain an overview of international best practices on clinical guidelines and adapt for the purposes of the State of Qatar&lt;br&gt;<strong>2.1.3 Concept of quality improvement framework for all providers</strong>&lt;br&gt;• Establish the concept of individual facility-based quality improvement for all providers&lt;br&gt;<strong>2.1.4 Continuity-of-care process and its requirements</strong>&lt;br&gt;• Define continuity of care model and its implementation requirements (e.g., ensure full functionality of the interface between all providers)&lt;br&gt;<strong>2.1.5 Educated public and patient community informed by transparent publication of health service performance results and quality measures</strong>&lt;br&gt;• Define and implement a procedure for the public to be informed about healthcare providers before they make health treatment related choices&lt;br&gt;<strong>2.1.6 Performance agreements between SCH and all providers (public and private)</strong>&lt;br&gt;• Define an implement a procedure for measuring the attainment of Key Performance Indicators</td>
</tr>
<tr>
<td><strong>2.2 Disease Management Programs Definition</strong></td>
<td><strong>2.2.1 A recommendation and paper proposing the way forward.</strong></td>
</tr>
<tr>
<td><strong>2.3 Improving Healthcare Data</strong></td>
<td><strong>2.3.1 National healthcare informatics strategy.</strong>&lt;br&gt;<strong>2.3.2 National nomenclature and coding standards.</strong>&lt;br&gt;<strong>2.3.3 Central information management unit.</strong>&lt;br&gt;<strong>2.3.4 National data quality and collection governance process.</strong>&lt;br&gt;<strong>2.3.5 Education and training programs.</strong></td>
</tr>
<tr>
<td><strong>2.4. E-health Establishment</strong></td>
<td><strong>2.4.1 Appropriate SCH capacity and national expertise in place to deliver e-health establishment.</strong>&lt;br&gt;<strong>2.4.2 Stakeholder engagement plan (which considers the potential participation of all health service providers in Qatar).</strong>&lt;br&gt;<strong>2.4.3 Dedicated governance framework.</strong>&lt;br&gt;<strong>2.4.4 E-Health Strategy.</strong>&lt;br&gt;<strong>2.4.5 National standards, nomenclature, and operating protocols (excluding coding standards) including those required for interoperability and disease registers etc.</strong>&lt;br&gt;<strong>2.4.6 Clear policies and procedures for patient data confidentiality and information security.</strong>&lt;br&gt;<strong>2.4.7 Education and training programs.</strong></td>
</tr>
<tr>
<td><strong>2.5 Private Sector involvement</strong></td>
<td><strong>2.5.1 Project team established (achieved).</strong>&lt;br&gt;<strong>2.5.2 Strategy developed.</strong>&lt;br&gt;<strong>2.5.3 Strategy implemented.</strong>&lt;br&gt;<strong>2.5.4 Strategy reviewed.</strong></td>
</tr>
<tr>
<td><strong>2.6. Laboratory Integration and Standardization</strong></td>
<td><strong>2.6.1 Project initiated (achieved).</strong>&lt;br&gt;<strong>2.6.2 Project formalized (achieved).</strong>&lt;br&gt;<strong>2.6.3 Strategy developed (achieved).</strong>&lt;br&gt;<strong>2.6.4 Gap analysis and plan to bridge gaps in laboratory services (taking account of the Infrastructure Master Plan (6.4) and National Workforce Plan (4.1)).</strong></td>
</tr>
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</table>
3. Preventive healthcare

<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
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</thead>
</table>
| 3.1 Preventive Health Governance | 3.1.1 Prevention champion and establish a National Preventative Health committee (achieved).  
3.1.2 Public health evaluation system that can measure the overall status and effectiveness of individual initiatives.  
3.1.3 Produce and update national prevention strategy. |
| 3.2 Nutrition and Physical Activity | 3.2.1 Produce and promote dietary policies and legislation including:  
• Food labelling laws – Nutrition facts box.  
• Policy guidelines for healthy school snacks.  
• Marketing guidelines for food and beverages for children.  
3.2.2 Establish robust governance to oversee and agree the nutrition and physical activity action plan, including multi sectoral subgroups.  
3.2.3 National Nutrition programs to promote optimal:  
• Maternal health.  
• Infant and young child development.  
• Nutrition for school aged children – ‘We are healthy kids program’.  
• Nutrition for adults – ‘Dietary guidelines’.  
3.2.4 Review existing national guidelines for health-enhancing physical activities in:  
• Schools  
• Workplaces  
• Community  
3.2.5 Deliver public awareness campaigns on the benefits of good nutrition and physical activity.  
3.2.6 Develop an evaluation and monitoring system for nutrition and physical activity.  
3.2.7 Build capacity through:  
• Training of healthcare workers.  
• Recruitment of nutritionists for Primary Healthcare Centres.  
3.2.8 Collaborate on research with the academic and private sectors. |
| 3.3 Tobacco Cessation | 3.3.1 Tobacco awareness and cessation support services that deal with smokeless products as well.  
3.3.2 Services linked to school health initiatives.  
3.3.3 Policies to reduce tobacco consumption:  
• 100% smoke-free venues.  
• Adoption of Framework Convention on Tobacco Control (FCTC) guidelines (achieved).  
• Increase in taxation on tobacco products and use funds to support health initiatives (achieved).  
• Pictorial warnings (achieved).  
• Restrict sheesha consumption.  
• Enactment and finalization of tobacco law (including smokeless products).  
• Enhanced enforcement of tobacco laws.  
3.3.4 Surveillance and Evaluation:  
• Research on economic burden of Tobacco on Qatar.  
• Undertake the Global Adult Tobacco Survey (GATS), the Global Youth Tobacco Survey (GYTS) and the Global School-based Student Health Survey (GSHS).  
3.3.5 Increase access to Tobacco Cessation Clinics. |
| 3.4 Consanguinity Risk Reduction | 3.4.1 Educational campaigns on consanguinity (achieved).  
3.4.2 Counseling to support mandatory premarital screening (achieved). |
| 3.5 Communicable Diseases | 3.5.1 Early-warning surveillance and tracking system to enable improved data collection, reporting and prioritization.  
3.5.2 Process to update the existing vaccination registration program for children and adults.  
3.5.3 Develop Communicable Diseases framework and policies to assist in prevention efforts within high risk areas and groups. This will include follow up screening policies. |
<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
</tr>
</thead>
</table>
| 3.6 National Screening Program | 3.6.1 National Screening Program and infrastructure (facilities, IT, equipment, workforce).  
3.6.2 Evidence based Screening guidelines for providers (guidelines, KPIs, performance agreements). |
| 3.7 Occupational Health | 3.7.1 Establish data sets for injury, periodic tests, inspection and toxicology.  
3.7.2 Establish routine collection and monitoring and reporting to inform policies.  
3.7.3 Produce and maintain the list of occupational diseases and produce guidance based on priority diseases, injuries and causes of death.  
3.7.4 Implement a revised SCH occupational health capability.  
3.7.5 Produce and promote Occupational Health standards, policies and procedures linked to GCC and International policies.  
3.7.6 Training and education for general practitioners and health professionals on Occupational Health.  
3.7.7 Revise licensing requirements for occupational health professionals to ensure all are registered with the Supreme Council of Health. |
| 3.8 Maternal and Newborn Health | 3.8.1 Exclusive breastfeeding and complementary feeding education program.  
3.8.2 Enhancement of prenatal care services.  
3.8.3 Improved postpartum services.  
3.8.4 Maintained childhood vaccination coverage.  
3.8.5 Women’s health screening program. |
| 3.9 Implementing the National Road Safety Strategy (Health) | 3.9.1 Introduce an Electronic patient reporting system to link medical data systems to police reported data. Collection of vital register information on deaths.  
3.9.2 Develop an assessment and review process for dealing with drivers who wish to return to driving following illness or injury and establish a new form for the drivers medical requirements.  
3.9.3 Establish a seatbelt, baby seat and child restraint campaigns to raise awareness and knowledge of community about road safety measures.  
3.9.4 Advanced training for A & E staff to safely locate, stabilize, treat and rescue casualties from crashed vehicles.  
3.9.5 Introduce Basic Life Support (BLS) training for police and civil defense.  
3.9.6 Develop community-based initiatives to take healthcare to the patient following hospital stays.  
3.9.7 Establishment of a medical task force to continue to oversee, monitor and coordinate the activities of each health sector to fulfill the objectives (achieved).  
3.9.8 Undertake research to understand all aspects related to mortality and morbidity due to accidents and ways to decrease its health impact on the community and to understand the attitudes and behaviors of high risk groups.  
3.9.9 To establish updated map for the emergency hubs all over the country and their capacity. |
| 3.10 Establishment of the Food Safety Authority | 3.10.1 Situation Analysis of Management Systems for Food Safety, Animal Health and Plant Health (achieved).  
3.10.2 Policy framework for food safety management aligned with the recommendations intergovernmental agencies and international best practice.  
3.10.3 Drafting of new law for the establishment of a Food Safety Authority (FSA) (achieved).  
3.10.4 Enactment of the law – Emiri Decree.  
3.10.5 Design and approval of organizational structure.  
3.10.6 Design specifications for establishment of all operational and support divisions of FSA.  
3.10.7 Change Management Plan for Transition Phase.  
3.10.8 Implement Phase 1 of the Transition Process by the end of 2015.  
3.10.9 Implement Phase 2 of the Transition Process by the end of 2016. |
3.11.2 Synchronization among stakeholders and increased enforcement. |
| 3.12 Environmental Health | 3.12.1 Air Quality monitoring in coordination with the Ministry of Environment.  
3.12.2 Process to conduct environmental health impact assessments of projects.  
3.12.3 Clarify the functions of the Environmental Health Section in terms of Air Quality and Environmental Impact Assessments. |
### 4. A skilled national workforce

<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
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<tbody>
<tr>
<td>4.1 Workforce Planning</td>
<td>4.1.1 National Health Workforce Development Advisory Committee established to advise on the strategic direction for workforce planning (achieved).</td>
</tr>
<tr>
<td></td>
<td>4.1.2 National workforce plan consistent with the Clinical Services Framework (CSF), Health Infrastructure Master Plan and Private Sector Involvement strategy.</td>
</tr>
<tr>
<td>4.2 Recruitment and Retention of Healthcare Professionals</td>
<td>4.2.1 Competitive remuneration package.</td>
</tr>
<tr>
<td></td>
<td>4.2.2 Clearly defined career structures and promotions linked to performance.</td>
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<tr>
<td></td>
<td>4.2.3 Improved employment conditions for expatriates.</td>
</tr>
<tr>
<td></td>
<td>4.2.4 Initiating structured professional development programs.</td>
</tr>
<tr>
<td></td>
<td>4.2.5 Establishing experienced staff exchange programs with international partners.</td>
</tr>
<tr>
<td>4.3 Professional Education and Training</td>
<td>4.3.1 Evaluation of diversification of healthcare education institutes, both locally and internationally.</td>
</tr>
<tr>
<td></td>
<td>4.3.2 Enhanced sponsorship opportunities.</td>
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<td></td>
<td>4.3.3 Alignment with Supreme Education Council on initiatives to meet healthcare professional education requirements.</td>
</tr>
</tbody>
</table>

### 5. A national health policy

<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
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<tbody>
<tr>
<td>5.1 SCH Capacity Build-Up</td>
<td>5.1.1 Recruitment of SCH staff.</td>
</tr>
<tr>
<td></td>
<td>5.1.2 Repeal of / exemption from HR law for healthcare sector.</td>
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<tr>
<td></td>
<td>5.1.3 Implementation of an HR IT system.</td>
</tr>
<tr>
<td></td>
<td>5.1.4 HR strategy and processes (e.g., performance evaluation and assessment framework).</td>
</tr>
<tr>
<td>5.2 Qatar Council for Healthcare Practitioners</td>
<td>5.2.1 Health practitioner registration and licensing system (achieved).</td>
</tr>
<tr>
<td></td>
<td>5.2.2 Strategic international partnerships (e.g. IAMRA) (achieved).</td>
</tr>
<tr>
<td></td>
<td>5.2.3 Licensing examinations for select practitioner groups (achieved).</td>
</tr>
<tr>
<td></td>
<td>5.2.4 Objective primary source verification and credentialing (achieved).</td>
</tr>
<tr>
<td></td>
<td>5.2.5 Framework to enable an effective management of complaints and proactive identification of poorly performing and impaired practitioners (achieved).</td>
</tr>
<tr>
<td></td>
<td>5.2.6 Effectively transitioning to registering and licensing the clinical workforce in all healthcare sectors in Qatar (i.e. including public bodies).</td>
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<tr>
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<td>5.2.7 Framework for CPD/CME program accreditation - approved framework and oriented stakeholders.</td>
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<td>5.2.8 Corporate Governance Structure - board terms of reference and organizational code of conduct finalized and approved.</td>
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<tr>
<td>5.3 Healthcare Facilities Regulation</td>
<td>5.3.1 Facilities licensing standards based on objective international standards</td>
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<tr>
<td></td>
<td>• Develop a National Licensing and Accreditation program based on best practice, and implement a supporting information management system which is supported by appropriate information technology</td>
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<td></td>
<td>• Obtain the International Society for Quality in Healthcare accreditation for the national accreditation program</td>
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<td>• Develop a procedure for ensuring that all healthcare providers are compliant with a National Licensing and Accreditation program</td>
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<td></td>
<td>• Establish a national healthcare quality policy and conceptual framework</td>
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<td>5.3.2 National accreditation standards for facilities</td>
</tr>
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<td></td>
<td>• Establish a healthcare facility regulatory framework promoting appropriate care</td>
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<td>5.3.3 Education programs for facilities on safety</td>
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<td></td>
<td>• Roll out a SCH endorsed healthcare facilities safety training curriculum</td>
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<tr>
<td>5.4 Healthcare Products Regulation</td>
<td>5.4.1 Expanded scope to include medical devices</td>
</tr>
<tr>
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<td>5.4.2 Medical device registration unit</td>
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<td></td>
<td>5.4.3 National formulary &amp; Drug coding system</td>
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<tr>
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<td>5.4.4 Education program for health professionals on narcotics and generic use</td>
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<tr>
<td>5.5 Patient Advocacy Framework</td>
<td>5.5.1 A framework which will enable the establishment of an effective patient advocacy service</td>
</tr>
</tbody>
</table>
### 6. Effective and affordable services, partnership in the bearing of costs

<table>
<thead>
<tr>
<th>Project</th>
<th>Output</th>
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</thead>
<tbody>
<tr>
<td>6.1 Budgeting Process for Public Health Sector Spending</td>
<td>6.1.1 Situational analysis, needs analysis and gap analysis.</td>
</tr>
<tr>
<td></td>
<td>6.1.2 Budgeting process and a transition plan.</td>
</tr>
<tr>
<td></td>
<td>6.1.3 Institutional requirements for implementing budgeting process.</td>
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<td></td>
<td>6.1.4 Multi-year budgeting program for public health sector spending.</td>
</tr>
<tr>
<td>6.2 Management of Treatment Abroad</td>
<td>6.2.1 List of preferred providers based on quality, and volume contracts negotiated with these providers.</td>
</tr>
<tr>
<td></td>
<td>6.2.2 Follow-up care to take place in Qatar as appropriate.</td>
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<td>6.2.3 Definition of indications that are eligible for treatment abroad, and transparent application and approval process.</td>
</tr>
<tr>
<td>6.3 Social Health Insurance Establishment</td>
<td>6.3.1 Regulatory and policy framework.</td>
</tr>
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<td>6.3.2 Develop and implement provider standards.</td>
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<td>6.3.3 Establish National Health Insurance Company (achieved).</td>
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<td>6.3.4 Fee schedule.</td>
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<td>6.3.5 Transparent communication campaign.</td>
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<tr>
<td>6.4 Healthcare Infrastructure Master Plan</td>
<td>6.4.1 A Qatar Health Facilities 20 year Strategic Master Plan.</td>
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<tr>
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<td>6.4.2 A Qatar Health Facilities 5 year Action Plan.</td>
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<td>6.4.3 Recommendation for regular updates of the plan.</td>
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<td>6.4.4 Design, development and handover of GIS system and applications.</td>
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<tr>
<td>6.5 Capital Expenditure Committee Establishment</td>
<td>6.5.1 Establishment of the capital expenditure committee according to the agreed terms of reference.</td>
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<td>6.5.2 Defining the certificate-of-need process for Qatar.</td>
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</table>

### 7. High-quality research

<table>
<thead>
<tr>
<th>Project</th>
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<tbody>
<tr>
<td>7.1 Health Research Governance</td>
<td>7.1.1 Governance structure and legal framework for safe and innovative research.</td>
</tr>
<tr>
<td></td>
<td>7.1.2 National coordination of health research activity through a committee led by the SCH (including specialized equipment purchasing).</td>
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<td>7.1.3 Guidance on performing research according to international standards.</td>
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<td>7.1.4 Funding support for all national healthcare research priorities.</td>
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<td>7.1.5 New research models.</td>
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<td>7.1.6 Cross-stakeholder exchange mechanisms.</td>
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<td>7.1.7 Patient consent forms at institutions that perform research.</td>
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</table>