

Qatar



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WHO region	Eastern Mediterranean
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2012)	29.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	98
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	80.0 (Female) 77.4 (Male) 78.2 (Both sexes)
Population (in thousands) total (2015)	2235.4
% Population under 15 (2015)	15.5
% Population over 60 (2015)	2.3
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	96
Gender Inequality Index rank (2014)	116
Human Development Index rank (2014)	32
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	2.19
Private expenditure on health as a percentage of total expenditure on health (2014)	14.25
General government expenditure on health as a percentage of total government expenditure (2014)	5.83
Physicians density (per 1000 population) (2014)	1.964
Nursing and midwifery personnel density (per 1000 population) (2014)	5.7
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	4.1 [3.4-4.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	8.5 [7.8-9.4]
Maternal mortality ratio (per 100 000 live births) (2015)	13 [9 - 19]
Births attended by skilled health personnel (%) (2014)	100.0
Public health and environment	
Population using safely managed sanitation services (%) (2015)	88 (Total)
Population using safely managed drinking water services (%) ()	

HEALTH SITUATION

Qatar is considered one of the world's richest on a per capita level. The population of the country has increased by 79.7% in the past 25 years, reaching 2.24 million in 2015. The population is relatively young: 12.5% of the population is 0-14; 13.4% of the population 15-24; 69.9% of the population 25-54; 3.4% of the population 55-64; and 0.9% of the population 65+. Life expectancy at birth is 78 years.

- The burden of disease attributable to NCDs is estimated to cause 66 % of all deaths. The probability of dying between the age of 30 and 70 from one of the four main NCDs is 14%. Prevalence of NCD risk factors are as follows: diabetes 18.9%, hypertension 22.4%, overweight 71.7% and obesity 35,1% (adults and both sexes). Physical inactivity is 41.6% in adults (33.4% in males and 49.7% in females) and 90.1% in adolescents (88.3% in boys and 91.6% in girls). Recent data shows a tobacco use of 15.7% among adolescents (20.2% in boys and 8.8% in girls) and 12.1% in adults (20.2% in males and 3.1% in females).
- The proportion of women receiving antenatal care coverage (at least one visit) is 90.8% (96.2% Qataris, 88.7% non-Qataris).

- Human workforce density increased between 2005 and 2010 for physicians from 2.645 to 7.739 per 1,000 people, and for nurses and midwives from 6.002 to 11.874 per 1000 people, mostly expatriates.

Qatar had just launched its **new National Development Strategy 2018-2022** which in view of the drop in oil prices and its impact on state revenues, and the blockade, is focusing on better use of resources, strengthening the private sector, developing a knowledge based economy and maintain the development of high quality educated Qatari workforce.

The recent launch of **the National Health Strategy 2** complements the work done in the previous one and is built around the triple aim philosophy: better Health, better Care and better Value.

. The country has been facing since June 2017 an embargo/blockade by 4 countries (Saudi Arabia, UAE, Bahrain and Egypt)

HEALTH POLICIES AND SYSTEMS

Qatari health-care governance is exercised through the Ministry of Public Health (MoPH). The MoPH has a comprehensive range of powers for the administration and regulation of the health-care system. It supervises the two government-owned organizations that are the country's principal health-care providers: Hamad Medical Corporation (HMC) and Primary Healthcare Centres Corporation (PHCC). The MoPH also supervises all private health-care institutions, including hospitals, clinics, pharmacies, laboratories and auxiliary medical practices. The Minister of Health is H.E. Dr Hanan Mohammad Al-Kuwari.

The Qatar National Health System is already providing universal coverage to all permanent and temporary residents through different mechanisms funded by the public budget or health insurance. This approach is emphasized and stressed in the NHS 2.

The Qatar NHS 2 also aims to strengthen the integrated healthcare system which delivers high standard services through public and private healthcare institutions. Cooperation with the private sector, civil society and research/academic centres is stressed throughout the NDS 2. The National Health development strategy implementation will be monitored through nineteen key performance indicators and most of them are aligned with the targets of SDG3 and other relevant SDGs.

Health in All Policies (HiAP) is a key component of the NHS 2, and a number of partnerships have been and are being established with other sectors and institutions to pursue this approach

COOPERATION FOR HEALTH

WHO does not have an office in Qatar. As a high-income country, Qatar does not receive extensive support from the UN system. There is no UNDAF for Qatar. Yet, there is a high willingness to collaborate with WHO and to ensure that WHO developed strategies and guidelines are incorporated into MOPH work. In the field of health, Qatar collaborates with well-established universities and higher education institutions, as well as hosting numerous international conferences. Qatar established trust fund with WHO in 2017 for implementing the National Public Health strategy : 270,000 USD.. Humanitarian funding in 2018 is so far 5 Million USD for Iraq, Syria, Lebanon and Yemen (Country pooled funds). In 2017, the humanitarian funding was 100 million USD, with 40 million USD to OCHA. The OECD estimates that Qatar's development co-operation amounted to USD 1.3 billion in 2013. In the Voluntary National report to the High level political Forum (ECOSOC 2017) Qatar reported that in 2014, their external assistance was worth 7.7 billion QAR (equivalent to 2 billion USD).

WHO COUNTRY COOPERATION STRATEGIC AGENDA (currently under development)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITIES	<p>Initially identified priorities include: WHO to accompany Qatar in the implementation of the National Public Health Strategy, through establishing the necessary legal framework and the enabling health information system, by supporting the development of the National Health Research Strategy as well as by strengthening the IHR core capacities and the recently launched National Health strategy. As the new National Development Strategy and the National Health strategy 2 have been launched , efforts will be focusing on aligning CCS priorities with the National one s and the 13th GPW objectives;</p>
STRATEGIC PRIORITY : Global Health Partnership	<ul style="list-style-type: none"> • Enhancing partnerships and supporting health regionally and globally . • Qatar SDGs national plan includes a dedicated objective for action at the Global level to strengthen partnerships. Qatar has established several foundations and hosts international partnerships which are very active on global health such as WISH foundation. The CCS for Qatar is expected to include a dedicated objective to work jointly with Qatar on global health partnership objective supporting and championing key domains such as NCD, emergency preparedness and response, humanitarian action.
STRATEGIC PRIORITY : IHR	<ul style="list-style-type: none"> • Enhancing the national core capacities under the International Health Regulations and implementing the Post JEE National action plan . This includes plans and capacities for surveillance, risk communication , Pandemic influenza preparedness as well as food safety. • Increasing national preparedness planning and response capacities for Mass gathering in view of Qatar hosting FIFA 2022
STRATEGIC PRIORITY : NCDs	<ul style="list-style-type: none"> • Addressing the priority burden of noncommunicable diseases , including an important focus on mental health , autism, dementia and key risk factors under tobacco and nutrition.

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