

# Healthy vision for the future

By Noimot Olayiwola  
Staff Reporter

The National Health Strategy 2011-2016, which was launched yesterday, has proposed a number of changes across the country's healthcare system, through a practical strategy for reform that will benefit all people living in Qatar well into the future.

The NHS, which intends to propel Qatar towards the health goals contained in the Qatar National Vision 2030 and towards achieving the Supreme Council of Health's National Health Vision: Caring for the Future, is one of the 13 sector strategies that will be integrated into Qatar's first National Development Strategy (NDS).

The NDS was launched by HH the Heir Apparent Sheikh Tamim bin Hamad al-Thani on March 28.

The health strategy, which consolidates the findings and recommendations of three earlier reports, outlines in greater detail the vision for the future healthcare system outlined in QNV 2030 and supports recommendations with analyses, benchmarking and stakeholder input.

The NHS aims to provide a practical, implementable strategy to be used by the health sector as a means for reform and improvement towards reaching the ultimate goal of a healthy population.

"The case for health reform is compelling and the vision and commitment of Qatar's leadership, the availability of financial resources and the size and manageability of the country, coupled with the reform efforts that have already begun, provide Qatar with a prime opportunity to create the health system that will provide the necessary effective and safe healthcare to its people," the NHS document states.

However, according to the NHS, the opportunity will not be fulfilled easily as Qatar's health sector faces many challenges, which must be overcome in order to develop the ideal health system.

Some of the challenges high-

lighted by the document include:

- An imbalanced model of care, which must be shifted toward delivering a full continuum of care through enhancing primary healthcare and community-based services, while at the same time ensuring that acute care services meet the needs of the population;

- Limited national integration, quality guidelines, planning and performance monitoring;

- Changing current morbidity and mortality patterns, which reflect a high prevalence of non-communicable diseases including chronic diseases and those linked to lifestyle and behaviour, as well as a high rate of injuries, primarily from road traffic accidents and workplace-related incidents;

- Rapidly increasing and fluctuating population, causing increasing demands on the healthcare system;

- Shortages in a quality workforce, which span the entire sector, both within provision of services as well as regulation and administration of the health system. Recruitment and retention strategies are not adequate and do not succeed in filling these shortages;

- An imperative need for strengthening the health sector's regulatory and policy framework which is necessary for an effective and efficient system.

The NHS defines key outcomes and activities necessary to reach the ultimate goals for the health sector as outlined in QNV 2030:

- A comprehensive world-class healthcare system whose services are accessible to the entire population;

- An integrated system of healthcare offering high quality services;

- Preventive 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; and

- High calibre research directed at improving the effectiveness and quality of healthcare.



HH Sheikhha Moza bint Nasser speaking at the launch of the National Health Strategy 2011-2016.  
PICTURE: Khalid al-Maslmani

## Insurance scheme plan underway

In order not to jeopardise the entire integration of insurance as a key element of its health system, Qatar must ensure that all the prerequisites necessary for the launch of the health insurance are in place, the National Health Strategy suggests.

Many GCC countries have introduced health insurance over the past few years and Qatar has been working to implement a national health insurance scheme that will hopefully affect all elements of the healthcare system and allow the country to capture a number of benefits including: helping to achieve the principle of cost partnership outlined in the Qatar National Vision 2030, that is, employers and expatriates alike share in the costs; providing the right set of incentives across all healthcare stakeholders, promoting clarity in healthcare expenditures in the system; and being a source of data.

Qatar plans to introduce its full-fledged national health insurance scheme within the next three to four years and plans are under way to establish within the next 12 months a statutory body which will oversee the compulsory health insurance scheme and co-operate with existing insurance companies, Supreme Council of Health's assistant secretary general for policy Dr Faleh Mohamed Hussain Ali had last month said.

The SCH will be the sole regulator of the system having a "financing stewardship with respect to the mandatory health insurance scheme."

However, to launch the scheme successfully, the NHS recom-



mends the introduction of individual patient billing systems, preferably electronic; building of a database or model for pricing; putting in place a workforce with appropriate skills; establishing appropriate regulatory policies and guidelines; and communicating all key stakeholders.

While noting the best practice in Abu Dhabi, the document says: "Insurance designs must be aligned with the model of care and must provide appropriate incentives for behaviours that lead to improved health outcomes. It must also be aligned with data, e-health and provider working groups, adding that reimbursement mechanism should not be based on fee-for-service model, which can lead to over-treatment and consequently to more health problems, (especially in a hospital setting) as well as higher costs.

According to the NHS, Abu Dhabi, which started its healthcare reform in 2006, introduced in a phased manner, a mandatory health insurance scheme for expatriates in January 2008.

The scheme was later eventually expanded to include all categories of residents such as citizens and low- and high-wage expatriates, thus making it possible to cover more than 90% of the population in a relatively short time (about two years).

## Prevention key to NHS success

A fundamental shift in the current healthcare system's focus from management of acute illness to the more proactive prevention and early detection of ill health will be crucial to the success of the National Health Strategy, it has been recommended.

According to the World Health Organisation, 40% of cancers and 80% of cases of premature heart disease, stroke and type two diabetes are preventable.

"Prevention must be integrated through all aspects of Qatar's society and must cover all age groups with efforts ensuring that all children get a healthy start in life because acting early to keep children healthy is one of the most powerful investments a society can make," the NHS states.

"It is well documented that such an approach will improve the effectiveness and efficiency of the healthcare system and the health of Qatar, which is currently faced with critical public health challenges in which over 70% of deaths are caused by

chronic diseases, injuries, and congenital diseases, driven by the many risk factors that are largely preventable," the document mentions.

However, the NHS document has highlighted different priority areas to facilitate the shift such as public health governance, chronic and communicable disease prevention, occupational health, women and children health and other public health programmes.

While noting that obesity is a global epidemic and gleaned from the US best practice where National Governor's Association's health policies studies division in each state has identified tools that are potentially effective, the NHS recommends that Qatar needs to set up a comprehensive and integrated nutrition and physical activity programme with individual initiatives targeted at various stakeholders.

"The occurrence of diabetes among Qataris is 16.7%, the fourth highest rate in the world (global average is estimated at 6.4%). The primary drivers for

the chronic disease burden are lifestyle factors such as change in dietary patterns due to increased fast-food consumption coupled with sedentary lifestyle.

Over 50% of the population does not engage in any regular physical activity and Qatar has the highest prevalence of overweight and obesity in the GCC region - considerably higher than most Organisation for Economic Co-operation and Development countries.

Some 71% of all residents and 75% Qataris are overweight, 32% of all residents are obese or morbidly obese (among Qataris 40%) while the prevalence of childhood obesity is also high as 28% of Qatari children are overweight," NHS reports.

Initiatives to be implemented as part of the nutrition and physical activity programme include health promotion in schools, wellness promotion in workplace, media awareness campaigns, policy drafts aimed at reducing fast foods consumption and promotion of healthy food options.

Despite that tobacco use is a leading cause of preventable death worldwide, the prevalence of smoking among males in Qatar is 32.7% and anecdotal evidence suggests that the consumption of sheesha as well as smokeless tobacco products, is rising among both sexes in Qatar.

The NHS recommends that the country needs to set up a comprehensive and integrated tobacco cessation project consisting awareness campaign on the harmful effects of tobacco consumption and cessation support services.

"Tobacco cessation services should include programme that address smokeless products and anti-tobacco messages should be conveyed to the younger population through school health initiatives, apart from enforcing policies to reduce tobacco consumption.

Such policies according to NHS include: making available venues that are 100% smoke free; adopting Framework convention on Tobacco Control guidelines;

increasing taxation on tobacco products and using the funds to support health initiatives; using pictorial health warnings on tobacco products; imposing restrictions on sheesha consumption; enacting and finalising tobacco laws (including those for smokeless products; and enhancing enforcement of tobacco laws.

Under the public health governance, the document mentions that the Supreme Council of Health needs significant co-operation from multiple stakeholders across government as it faces challenges in effectively developing and implementing prevention strategies.

"The SCH is facing these challenges because of lack of capacity in public health expertise, paucity of data - a lack of public evidence to facilitate evaluation of interventions and a subsequent deficiency in effective decision making and allocation of resources as well as unclear channels for ongoing collaboration," NHS says.

## Call to boost emergency care services

The National Health Strategy has called for the establishment of fully functioning and efficient emergency care services that should include a national Emergency Care Network (ECN) to address the provision of care.

Citing best practice examples from the UK, the NHS says that the ECN should involve partners in emergency care such as ambulance services, primary care trusts, social services and the volunteer sector.

"The continued growth of Qatar's population poses two challenges for effective emergency medical services including a need for qualified staff and expanding strategic geographic

coverage and positioning to optimise service quality.

The growth in diversifying health service provider requires integration and standardisation of emergency services to ensure adequate co-ordination and quality emergency care," the NHS notes.

Currently, the majority of emergency medicine services, including the only level one accident and emergency department, ambulance service by Emergency Medical Services and are being provided by the Hamad Medical HMC.

"Qatar needs to establish a fully functioning and efficient emergency care services that should also include the development of national standards and operating protocols for emergency care services; assessment of needs for emergency services, emergency care staff and infrastructure; and implementation of other emergency services improvement initiatives such as working with the Ministry of Interior to launch an information campaign on traffic rules for ambulance services or promoting first-aid courses for the general public," NHS recommends.

According to the document, the UK has one of the best standards and achievements for emergency response times in Europe as 75% of category A (life threatening) emergencies have to be responded to within eight minutes and 98% of patients satisfied with the service they receive.

"This is a result of a 10-year reform strategy 'Reforming Emergency Care' that suggested a radical rethinking of emergency care services in 2000."

## Chronic diseases must be given priority

Qatar should introduce disease management programmes for the priority chronic diseases such as type two diabetes, asthma, chronic obstructive pulmonary disease, congestive heart failure and coronary artery disease, the National Health Strategy (NHS) recommends.

Also, under the NHS 2011-2016 goal of ensuring serious preventive healthcare, it was recommended that the country's healthcare system must address the prevalence of chronic diseases and their underlying risk factors.

Other identified projects for the NHS 2011-2016 required to achieve the goal are public health

governance, communicable disease prevention, occupational health, women and children's health and additional public health programmes such as road safety, food safety, emergency preparedness and environmental health.

For chronic and communicable diseases, a number of projects being considered include nutritional and physical activity, tobacco cessation, consanguinity risk reduction and national screening programme for high priority disease such as diabetes, cardiovascular illnesses and breast cancer.

Chronic diseases are a major cause of deaths in Qatar account-

ing for 47% of classified deaths in 2008 and a study conducted between 2007 and 2008 reported the prevalence of diabetes as 16.7% among the adult population.

"This figure exceeds levels seen in most developed countries and chronic diseases also have a significant impact on morbidity and health costs," the report explains.

"Across a range of conditions, disease management programmes have demonstrated improved outcomes in patients and given that disease management is not a tried and tested concept in the Gulf region, it is recommended that Qatar works with an international partner to introduce

disease management," the report states.

"The programmes are designed with specific interventions targeted to different conditions such as dietary guidelines for people with renal disease and diabetes, and controlling exposure to allergy triggers in the environment for people with respiratory diseases," it recommends.

The NHS acknowledged that the needs of patients with chronic disease were multifaceted noting that: "Patients need to understand the various implications of the disease, get advice on self care and assistance in co-ordinating the care they receive and in navigating the healthcare system. Ad-

ditionally, they require help in adhering to the care regimen as well as in monitoring their key indicators."

The document highlights that disease management programmes consist of a set of co-ordinated healthcare interventions that address those needs throughout all levels of care: "they emphasise prevention of exacerbations, prevention of co-morbidities and complications through the use of evidence-based practice guidelines, patient empowerment strategies and regular monitoring of patients."

Drawing from the best practice in Alberta, Canada, which has employed a proactive, popula-

tion-based and multidisciplinary practice model of chronic disease management, the report says that key lessons learnt from the country's experience was to clearly identify programme admission criteria and the roles and responsibilities of providers.

"The Alberta's programme utilise clinical pathways and algorithms to ensure continuity of care across the continuum, reduce clinical variance and improve process management. Critical to success has been the integration with primary care, which has strengthened team-based treatment and facilitated collaboration between providers," the NHS says.



HE Abdulla Khalid al-Qahtani flanked by Dr Faleh Mohamed Hussein Ali, and Dr Juliet A Ibrahim Ibrahim.

# Hospital beds to rise under new strategy

By Bonnie James  
Deputy News Editor

There will be plenty of hospital beds in Qatar by the first quarter of 2013, Minister of Health and Supreme Council of Health (SCH) Secretary General HE Abdulla Khalid al-Qahtani said yesterday.

“We expect to have around 4.4 beds per thousand (of the population) when Sidra, and hospitals in the Hamad Medical City, Dukhan and Wakrah open,” he explained on the sidelines of the launch of the National Health Strategy (NHS) 2011-2016.

Currently Qatar’s bed rate of 1.7 per thousand is less than the Organisation for Economic Co-operation and Development average of 2.2 beds per thousand.

The new projects include the first hospital for labourers, a 120-bed facility, to be ready in two years in the Industrial Area.

“The National Health Strategy will cater to the needs of all residents of Qatar and everyone will have equal rights,” the minister said.

QR608mn has been allocated to manage and implement the six-year NHS, which provides a guiding work plan through 35 specific programmes and associated plans to achieve the goals of the Qatar National Vision 2030.

“There will be continuous evaluation and direct monitoring of all programmes with the objective of establishing a comprehensive world-class, integrated healthcare system with emphasis on a preventive and community-based model of care,” he asserted.

Recruiting adequate numbers

of skilled workforce including doctors, increase in the number of beds for various segments including psychiatry and rehabilitation, and legislation to ensure organ donation only between family members are among the objectives of the NHS.

The aim of the NHS is to provide a practical, implementable strategy to be used by the health sector as a means for reform and improvement towards reaching the ultimate goal of a healthy population.

“It is one of the 14 sector strategies that will be integrated into Qatar’s first National Development Strategy 2011-2016 launched by HH the Heir Apparent Sheikh Tamim bin Hamad al-Thani,” HE al-Qahtani pointed out.

A taskforce is to be established to implement the NHS, which among other things out-

lines the process for initiating a health insurance system.

“If every service is offered free, there will be misuse, so we are looking into charging the appropriate fee for various healthcare services and there are no plans to increase the fees,” he said.

The NHS proposes changes across the entire healthcare system. Reducing the waiting time for regular follow-up of patients to two weeks and providing emergency care at the emergency department for deserving cases only are among the various measures under consideration.

SCH’s assistant secretary general for policy affairs Dr Faleh Mohamed Hussein Ali, and health planning and assessment director Dr Juliet A Ibrahim Ibrahim were also present with HE al-Qahtani.

# SCH urged to attract skilled workforce to meet challenges

The National Health Strategy has prevailed on the Supreme Council of Health to attract a highly skilled workforce for a positive and collaborative work environment that supports both Qataris and expatriates as valuable team members.

“The SCH faces two major challenges in developing and implementing a regulatory framework – stability and capacity. These challenges have had a considerable impact on the enforcement of regulation.

“As a result, there is no unified national strategy regulatory framework, and the importance of these challenges must not be underestimated,” the NHS documents says.

It states that: the number of high quality skilled staff at SCH is insufficient; compensation packages do not attract the necessary workforce, both Qatari and expatriates – coupled with limited flexibility, professional development and career progression as well as changes to contracts, particularly for expatriates, posing challenges to recruiting and retention.

The document also says SCH restrictions imposed by human resources laws (such as inadequate salary scales) and prerequisites such as administrative positions being for Qataris only, make obtaining a quality workforce extremely difficult; and that a significant portion of work continues to be performed manually because of insufficient resourcing of information technology and limited IT training among the SCH workforce.



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However, the document urges the SCH to attract a highly skilled workforce and ensures that they are retained and contributed productively to the

**The SCH is in the process of setting up the Qatar Council for Health Practitioners (QCHP) to regulate professionals**

goals and achievements of the organisation.

The NHS recommends: increase human capacity by offering competitive compensation benefits and packages; consider adopting flexible working arrangements, including adjustable work hours and part-time work (with exemptions from the HR laws); invest in IT systems and required training; and establish the necessary HR processes.

Also, to achieve the standardisation of quality among healthcare professionals, the document asks for the establishment of a centralised body and making the SCH the sole and independent regulator for issuing licences and sanctioning credentials of all healthcare professionals in the country.

The SCH is in the process of setting up the Qatar Council for

Health Practitioners (QCHP) to regulate professionals and provide processes that are user-friendly and efficient, including registration and licensing, appraisal, disciplinary action and education.

According to the NHS document, which makes reference to the UK system of professional regulation, the QCHP’s structure should be composed of lay and professional members and it should forge strategic international partnerships with bodies like International Association of Medical Regulatory Authorities.

“Qatar relies heavily on expatriate healthcare workforce, which brings experience from a range of countries and there are only 5-10% Qataris employed in the healthcare sector.

However, these expatriates have differing regulatory requirements as well as varying levels of workforce, a concern frequently highlighted in stakeholders interviews.

The NHS points at the lack of a centralised body to regulate and enforce all licensing and credentialing for healthcare workers in Qatar saying it has resulted in the Hamad Medical Corporation and the SCH having different individual licensing and credentialing process for public and private sector practitioners.

“Revalidation of the healthcare workforce (to ensure its continuous fitness to practice) and accreditation vary. The criteria for performing this function are not standardised and there is no external auditing,” the document notes.



# QR500mn spent on patients for treatment abroad

By Noimot Olayiwola  
Staff Reporter

**Q**atar has spent QR500mn on healthcare treatment abroad for approximately 950 patients in 2009, the National Health Strategy document revealed.

Cost per procedure was said to be up to QR600,000.

“Because certain specialty services are unavailable in Qatar, some citizens are sent abroad for treatment and every year, increasing sums are spent on such treatments,” the NHS highlighted.

However, the document states that the treatment abroad process has room for improvement through cost efficiency and management, which

can be done without limiting access to care. It added that there is potential for enhancing quality through the standardisation of processes.

“Treatment abroad is a key element of the scope of care in Qatar today and an increasing number of patients are being referred outside the country with a majority of cases being elective.”

According to the statistics in the document, more patients were travelling abroad for elective treatments than urgent cases. In 2002, a total of 398 patients travelled abroad for elective medical care while only 80 patients went for emergency care.

A similar trend is seen over the years with 107 - elective and 422 - emergency patients travelling abroad in 2003, (321- elective, 78 - emergen-

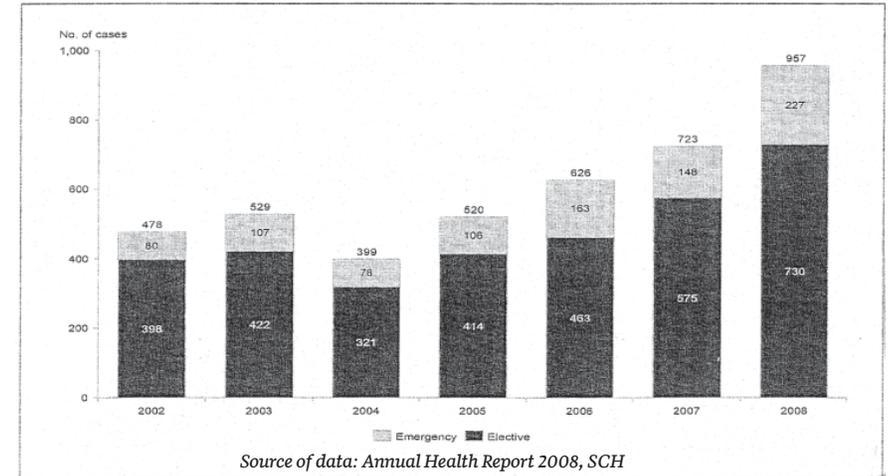


cy) in 2004, (414 - elective and 106 - emergency) in 2005, (463 - elective, 163 - emergency) in 2006, (575 - elective, 148 - emergency) in 2007 and (730 - elective and 227 - emergency) in 2008.

According to the document, up to 70% of costs are for non-medical items such as flights and accommodation. This figure is fuelled by the fact that when the patient travels abroad, the whole family may travel along, often limiting efforts to control cost.

“No prior agreement is made with the provider of care regarding likely treatment costs and many cases are supported by multiple alternative funding sources, resulting in limited control of treatment and a likely increase in expense,” the document states.

The NHS recommends an establishment of a database containing selected preferred providers in order to ensure inclusion of the highest-quality centres; providing follow-up care in Qatar; negotiating volume contracts to control costs; making travel arrangements through a single source to realise better price points on airfares and hotels; and defining the eligibility to treatment abroad and for a transparent application and approval process.



A graph showing number of cases referred for treatment abroad between 2002 and 2008.

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## e-health success criteria highlighted

**T**he implementation of e-health in Qatar has been negatively impacted because of the change in ownership for a national e-health plan from the Supreme Council of Information (ictQatar) to the Supreme Council of Health, the National Health Strategy (NHS) observes.

To ensure the NHS 2011-2016 goal of achieving an integrated system of healthcare, there should be effective use of information, communication and process improvement.

However, the document notes that there has been limited co-ordination between key stakeholders regarding e-health implementation, which could result in a situation where different healthcare information technology systems are implemented in Qatar and lead to healthcare data inter-operability issues.

“Globally, many large-scale nationwide and regional e-health implementations have had limited success. It is useful to reflect on the insight that can be gleaned from these implementations. Overall, e-health implementations failures are the result of poorly defined strategies and weak governance structures.”

Citing best practice from Denmark, the report says a successful example of

e-health implementation was the citizen's health portal.

**To ensure the goal of achieving an integrated system of healthcare, there should be effective use of information, communication and process improvement**

“Denmark's multi-functional portal allows patients, their families and healthcare professionals access information and communicates with one another. The information that is available to patients include e-services - scheduling, prescription renewals, information about prevention and treatment, wait list and mortality statistics from hospitals and personal medical history (since 1977). Information available to physicians include a patient appointment calendar, web access to laboratory data (pilot), patient records such as drug profiles and medical records; and secure e-mail communication.”

The document highlighted a number of guiding principles needed for successful e-health implementation including: a clear vision for e-health to align all stakeholders, well defined and measurable health outcomes based on

e-health implementations, standards followed across the health system, a long-term e-health implementation plan with clearly delineated milestones, sustained investment to support multi-year plans, e-health accountability reflected in a clear governance structure, and strong leadership and commitment with e-health a key priority of the health sector.

According to the report, the new direction for the country on e-health requires a strong governance to ensure that it avoids the typical pitfalls.

The SCH is already formulating a national e-health strategy with key stakeholders and to avoid duplication, a detailed implementation plan is therefore recommended. The report also recommends that e-health strategy be underpinned by enabling potential participation of all health service providers in Qatar, defining national standards, nomenclature an operating protocols, ensuring patient data confidentiality and information security, a multi-year funding budget to sustain investment until critical mass is achieved, requiring the development of education and training programmes, and establishing and empowering a dedicated governance framework.

# Better co-ordination between SCH, government bodies urged

By **Noimot Olayiwola**  
Staff Reporter



**T**he Supreme Council of Health (SCH) needs to work actively to improve co-ordination with other government bodies and ensure there are no gaps in a number of public health services currently running in the country, NHS states.

The public health service areas identified and to be focused on to ensure public health safety are road safety, food safety, emergency preparedness and environmental health.

Death rates from RTAs in Qatar are significantly higher than in other nations and RTAs are almost exclusively responsible for accidental deaths among Qataris and is also a major cause of injury-related death among non-Qataris.

“With 68% of RTA deaths among Qataris occurring between ages of 10-34 years, RTAs are a major cause of premature loss of life and have significant socioeconomic implications,” NHS reveals adding that although morbidity data were una-

vailable, injury and disability due to RTAs are also significant, likely to be in the thousands in terms of health years lost.

The documents recommend that to improve road safety, a multiple stakeholder body potentially led by the Ministry of Interior is required and the focus of the healthcare sector must primarily be on ensuring appropriate geographic coverage and timely provision of emergency medical services.

“Apart from this, the other areas of focus should be rehabilitation of accident victims, medical assessments of at-risk groups ( drivers of commercial vehicles) and monitoring, evaluation, research and policy advocacy by the Public Health department,” the document adds.

Also, the NHS recommends that Qatar needs to develop a national co-ordinated approach for food safety that entails clarifying roles and responsibilities among government agencies involved in food safety monitoring and establishing and controlling a Food Safety Authority (FSA) to be the sole agency responsible for food safety.

It maintains that comprehensive review of current food law and legislation and enactment of modifications are required; establishing appropriate specialised training for staff to support the activities of the FSA; and formalising national standards and strengthening procedures for notification of outbreaks of food-borne illness.

For the country’s emergency preparedness, the document recommends that there should be an enhanced co-ordination among stakeholders and ensuring communication and awareness of emergency preparedness plans.

Given the potential threats in Qatar from natural and man-made disasters, a plan for national emergency preparedness is vital, NHS asserts

while acknowledging the country’s emergency preparedness plans, the implementation of which is supported by committees at various levels of authority within the government.

“It is recommended that Qatar should also make certain that a consolidated national plan exists and that it includes the following components: a clear disaster response framework; appropriate scenario planning; expanded healthcare capabilities; cross-sector participation; a public warning system; emergency shelters; strategic stockpiles; and awareness of the plans’ communication to all stakeholders, including public.

Also, while recommending the implementation of the Environmental Impact Health Assessment for all projects that could affect public health and the transition to a single authority to monitor air quality, the NHS mentions that there is limited co-ordination among the Ministry of Environment, SCH and the Municipalities – the three main bodies responsible for environmental health.

# Campaign on consanguinity risks urged

By Noimot Olayiwola  
Staff Reporter

Qatar needs to implement a comprehensive project focusing on culturally sensitive programmes to make target groups aware of the health risks of consanguineous marriages, the National Health Strategy 2011-2016 recommends.

The document also calls for the development of a targeted national screening programme for chronic diseases such as diabetes, cardiovascular conditions and breast cancer.

According to the report, the consanguinity project should contain programmes such as educational campaigns on consanguinity risk and counselling to support mandatory premarital screening.

"The prevalence of consanguineous marriages is high in Qatar with the current rate at 54% and the most common type being among first cousins (34.8%)," the document notes, adding that the consanguinity rate has increased from 41.8% to 54.5% in one generation.

"The population risk of having a child with severe or lethal medical condition is around 2% but for the first-cousin couple the risk rises to around 5%."

The country already has in place a mandatory premarital screening programme; it needs



to be supported with adequate counselling services, the report states while citing best practice learnings from the Saudi Arabia.

"Although there is limited evidence of a GCC nation having made significant headway against consanguinity, a few determinations can be made from the experience of Saudi Arabia, whose lack of genetic counselors posed an immediate problem for effective implementation of preventative programmes," the NHS says.

The document states that there is no substitute for the training of a sufficient number of individuals to service the need; it however suggests that in the interim, short intensive training programmes be proposed for graduates of medical or biological sciences in order to develop "genetic educators."

"It is envisaged that these individuals would work under the supervision of qualified professionals and provide basic counselling. Screening in the absence of counselling and monitoring of effectiveness is of questionable

value," the document says.

Concerning the national screening programme, the NHS recommends that priority risk factors and chronic diseases should be the main aim of the programme while also linking with the nutrition and physical activity project and the tobacco cessation project as well as using evidence-based and ethical screening with age- and gender-specific guidelines.

While citing best practice from Abu Dhabi, the report suggests the establishment of key performance indicators on screening practices to be reported through the performance agreements.

"The introduction of health insurance can provide a boost to screening programmes in Qatar as has been demonstrated by the Abu Dhabi example where all nationals, as part of an exercise to obtain or renew insurance cards, are required to have a physical check-up or medical examination."

Other new directions suggested by the NHS include the implementation of screening awareness programmes; provision of adequate screening facilities (requiring the enhancement of the current screening infrastructure and necessitating consideration of additional dedicated and accredited screening units) and starting with priority areas and expanding as appropriate to include other diseases.

# Accurate information vital for health sector planning

Access to accurate information is vital for health sector planning as well as for measuring and monitoring the quality, safety and effectiveness of the healthcare system and population outcomes, the National Health Strategy states.

"Accurate, comprehensive data across all categories of healthcare metrics are not available in Qatar as causes of death are not recorded accurately on many occasions, a complete picture of national healthcare expenses is missing and a breakdown of activity level is not available; healthcare quality metrics like readmission rates, hospital infection rates and rates of return to theatres are not tracked at the national level," the report says.

According to the document, the underlying causes for limited data availability can be grouped into three categories - institutional causes, data entry-related causes and Qatar-specific causes.

"There is no national framework or necessary infrastructure for healthcare data collection in Qatar and healthcare data entry suffers from several issues."

There are two Qatar-specific causes such as cultural sensitivities regarding select healthcare issues; for example human immunodeficiency virus, suicides, mental illnesses - leading to underreporting; and the second point is the difficulty of collecting and compiling healthcare data because of the transient nature of the expatriate population.

The new directions against the problems, according to the document, were that there must be a programme in place that defines data requirements, enables stakeholders to meet the requirements and mandates the



The National Health Strategy calls for the development of a targeted national screening programme for chronic diseases such as diabetes, cardiovascular conditions and breast cancer.

reporting of the data.

While maintaining that health would be a critical enabler of data availability and processing, the report highlights how the UK's National Health Services has established an information centre with the aim of driving the use of information to improve decision making and deliver better care.

It states further that the Supreme Council of Health should push through a comprehensive effort that includes:

- Defining a national nomenclature, the coding standard and the flow of information, which is the first step to generating suitable and reliable data for comparative analysis on both national

and international scale.

- Defining and implementing minimum data reporting requirements.
- Requiring the development of education and training programmes to enable capabilities across all providers.
- Establishing a national quality management process for standardised auditing processes.



# Child mortality rates improve in Qatar

By Noimot Olayiwola  
Staff Reporter

The National Health Strategy (NHS) said yesterday that child mortality rates in Qatar have improved from 12.9 to 8.1 deaths per 1,000 live births between 1990 and 2008.

However, according to a NHS report, the current rate is still higher than that of the top eight Organisation for Economic Co-operation and Development countries (3.6 deaths per 1,000 live births), implying that more can be done.

The document proposed a number of national programmes for both women's and children's health, revolving around a full model of services and enhanced primary healthcare.

Recommendations were

also made to form national council for both women's and children's health.

"The improvement in mortality rates in Qatar reflects efforts toward more effective prenatal and postnatal care services, however, significant gaps remain in areas like nutrition and postpartum maternal care," the report highlights.

It adds that despite the numerous health benefits of breastfeeding (BF) including the decreased risk of chronic diseases in adulthood, the exclusive BF rate in Qatar is low.

United Nations International Children's Emergency Funds data from 2005 reports it as being 12% in the early months of infancy.

"Both women and children's health have recently received major attention in Qatar because of rising con-

cerns about duplication of specialised services as well as the country's best interest with scopes of service for major local organisations including Sidra Medical and Research Centre and Hamad Medical Corporation being redefined in relation to paediatric and obstetrics/gynaecology services on the basis of international best-practice



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and local needs."

Citing best practices in exclusive BF promotion in Madagascar and women's health in Australia, the NHS says that the integrated national programme for women's and children's health involving the newly recommended national council, the national approach should include a number of interventions such as:

- Promoting exclusive BF for the first six months of life
- Enhancing prenatal care services, including provision of nutritional guidance and vitamin supplementation as well as prenatal screening and testing
- Ensuring that appropriate prenatal services are provided in the community for low-risk pregnancies and that appropriate referral for secondary care is given
- Facilitating effective utilisation of secondary prenatal care services, concentrating on higher-risk pregnancies
- Enhancing postpartum care services, including evaluation and treatment for postpartum depression
- Developing nutritional guidelines for newborns, infants and children
- Regularly update and

implement childhood immunisation programmes

- Enhancing screening for domestic violence
- Mandatory reporting of child abuse
- Developing an appropriate policy to support maternal and child health initiatives
- Enhancing screening programmes for women for conditions such as osteoporosis, nutritional deficiencies and cancer
- Reviewing and updating national school health programme, supported by an operating model that engages the primary stakeholders, to ensure coverage of physical education, health services, nutrition services, counselling and psychological services, health education and healthy school environment.