

Qatar



Health systems

Economic classification: **High Income**

Health systems summary

Qatar has a national health insurance scheme for its citizens, with Hamad Medical Corporation being the main healthcare provider in the country. Citizens and residents apply for a health card to access Hamad Medical Corporation's healthcare facilities or hospitals for free or at a nominal cost. Consultations and non-emergency treatments are often paid for out-of-pocket, but these are significantly subsidised. Cardholders are also eligible for subsidised medications when prescriptions are filled at government-run pharmacies. Expatriates are required to have either employer-provided health insurance or private insurance.

The government is said to be moving towards private healthcare funding mechanisms such as insurance for all its citizens, but this is not yet in place.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	No
In practice, how is obesity treatment largely funded?	Government

Perceived barriers to treatment

Lack of training for HCP's and lack of trained HCP's	Lack of treatment facilities (inc waiting list)	Lack of MDT's	Poor availability of all pharmaceutical treatments
Poor health literacy & behaviour	Food cost & availability	Obesity not recognised as a disease	

Summary of stakeholder feedback

Stakeholders reported that the Qatari government have been proactive in educating the population on appropriate diet and lifestyle. Still, it is felt that given the high prevalence of obesity in Qatar, more prevention efforts are needed.

In the public system, it has been suggested that patients enter the system in one of two ways. Either they are diagnosed with obesity during a routine assessment or they are advised to address their obesity because of a comorbidity e.g. sleep apnoea or infertility. At first, they may be sent to a wellness centre or lifestyle clinic where there are dietitians, but later those that meet the criteria are generally referred to the National Obesity Treatment Centre. Patients are eligible for general referral at BMI ≥ 30 kg/m², and bariatric referral at BMI ≥ 40 kg/m² or BMI ≥ 35 kg/m² + co-morbidities (there is an exception for patients with BMI ≥ 32 kg/m² with severe uncontrolled diabetes). It appears that the government delivers a range of treatment at a subsidised cost for Qatari nationals, but like much of the region, surgical intervention is very popular.

For those that use the private sector or who have insurance, stakeholders report that they go straight to the private hospital without referral.

The health system is said to lack suitably trained specialists such as dietitians, physicians and psychologists. At present, there is considered to be limited appropriate training available in Qatar, all training available is delivered by the tertiary obesity centre. There is a bariatric medicine fellowship, but intake is small. There is also a one-day obesity management programme for primary healthcare physicians and another for nurses. One for dietitians is being currently developed.

There are government guidelines for treatment of adults living with obesity.

Based on interviews/survey returns from 3 stakeholders

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