# Report card

## Qatar

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**Obesity prevalence**

**Adults, 2012**

Survey type: Measured  
Age: 18-64  
Sample size: 2496  
Area covered: National  
References: WHO STEPS Qatar 2012 Fact Sheet

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2015-2016

Survey type: Measured
Age: 5-19
Sample size: 168011
Area covered: National
References: M. Al-Thani, A. Al-Thani, S. Alyafei, W. Al-Chetachi, S.E. Khalifa, A. Ahmed, A. Ahmad, B. Vinodson, H. Akram, The prevalence and characteristics of overweight and obesity among students in Qatar, Public Health(2018);160:143-149
ISSN 0033-3506
Notes: WHO Cut Off
Cutoffs: WHO
Overweight/obesity by age

Children, 2015-2016

Survey type: Measured
Sample size: 168011
Area covered: National

References: M. Al-Thani, A. Al-Thani, S. Alyafei, W. Al-Chetachi, S.E. Khalifa, A. Ahmed, A. Ahmad, B. Vinodson, H. Akram, The prevalence and characteristics of overweight and obesity among students in Qatar. Public Health;160:143-149 ISSN 0033-3506

Notes: WHO Cut Off
Cutoffs: WHO
Insufficient physical activity

Adults, 2016

Men, 2016

% insufficient physical activity

Children, 2010


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% insufficient physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>80</td>
</tr>
<tr>
<td>UAE</td>
<td>80</td>
</tr>
<tr>
<td>Yemen</td>
<td>80</td>
</tr>
<tr>
<td>Libya</td>
<td>80</td>
</tr>
<tr>
<td>Tunisia</td>
<td>80</td>
</tr>
<tr>
<td>Jordan</td>
<td>80</td>
</tr>
<tr>
<td>Djibouti</td>
<td>80</td>
</tr>
<tr>
<td>Morocco</td>
<td>80</td>
</tr>
<tr>
<td>Oman</td>
<td>80</td>
</tr>
<tr>
<td>Pakistan</td>
<td>80</td>
</tr>
<tr>
<td>Iraq</td>
<td>100</td>
</tr>
<tr>
<td>Sudan</td>
<td>80</td>
</tr>
<tr>
<td>Syria</td>
<td>80</td>
</tr>
<tr>
<td>Egypt</td>
<td>80</td>
</tr>
<tr>
<td>Kuwait</td>
<td>80</td>
</tr>
</tbody>
</table>

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2008-2015

Survey type: Measured

Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2009-2015

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
# Estimated per-capita whole grains intake

**Adults, 2017**

<table>
<thead>
<tr>
<th>Country</th>
<th>g/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morocco</td>
<td>2</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2.5</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>4</td>
</tr>
<tr>
<td>Yemen</td>
<td>4.5</td>
</tr>
<tr>
<td>Jordan</td>
<td>5</td>
</tr>
<tr>
<td>Pakistan</td>
<td>5.5</td>
</tr>
<tr>
<td>Sudan</td>
<td>6</td>
</tr>
<tr>
<td>Syria</td>
<td>6.5</td>
</tr>
<tr>
<td>Tunisia</td>
<td>7</td>
</tr>
<tr>
<td>Libya</td>
<td>7.5</td>
</tr>
<tr>
<td>Palestine</td>
<td>8</td>
</tr>
<tr>
<td>Bahrain</td>
<td>8.5</td>
</tr>
<tr>
<td>Iraq</td>
<td>9</td>
</tr>
<tr>
<td>Qatar</td>
<td>10</td>
</tr>
<tr>
<td>UAE</td>
<td>10.5</td>
</tr>
<tr>
<td>Djibouti</td>
<td>11</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>11.5</td>
</tr>
<tr>
<td>Somalia</td>
<td>12</td>
</tr>
<tr>
<td>Oman</td>
<td>12.5</td>
</tr>
<tr>
<td>Egypt</td>
<td>13</td>
</tr>
<tr>
<td>South Sudan</td>
<td>35</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 25+

**References:** Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/](http://ghdx.healthdata.org/)

**Definitions:** Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
**Women, 2018**

![Graph showing incidence rates of oesophagus cancer in women across different countries.](chart)

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014

% raised fasting blood glucose

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Not known</td>
</tr>
</tbody>
</table>
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 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 dieticians, 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 dieticians, 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 dieticians is being currently developed.

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

Based on interviews/survey returns from 3 stakeholders

Last updated: June 2020