

Qatar: Obesity Health System



Economic classification

High Income¹

Health system 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.

Where is Qatar's government in the journey towards defining 'Obesity as a disease'?



Where is Qatar's healthcare provider in the journey towards defining 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?

n/a

Qatar: Obesity Health System



Obesity prevalence

43.2%	39.5%
Women	Men
18.3%	24.6%
Girls	Boys

Overweight prevalence

25.1%	32.3%
Women	Men
22.1%	20.3%
Girls	Boys

Key prevention policies

- ⇒ Tax on sugary and energy drinks
- ⇒ Mandatory food labelling
- ⇒ Government campaigns including “National sports day”.

Summary of stakeholder feedback*

Stakeholder reported that the Qatari government has 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 as obese 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 developed. There are government guidelines for treatment of adults living with obesity.

**Based on interviews/survey returns from 3 stakeholders*

Perceived barriers to treatment



Lack of training for healthcare professionals



Lack of treatment facilities (including waiting list)



Lack of multi-disciplinary teams



Poor availability of pharmaceutical treatments



Poor health literacy & behaviour



Food cost and availability



Obesity not recognised as a disease

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)

Last updated October 2019.