



## Obesity Health System Country Report Card

### Qatar

#### Economic Classification

High income<sup>1</sup>

Qatar is considered to be a developing, fuel-exporting country. According to the World Bank, economic growth was expected to recover in 2018 and rise further to an average of 3% in 2019-20<sup>2</sup>.

#### 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 tend 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.

#### Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	●
(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	
At what level of obesity are people usually eligible to access healthcare?	●
(●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m <sup>2</sup> , ●: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity?	●
(●: Yes, ●: Partial, ●: No, ●: Not known)	

<sup>1</sup> World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

<sup>2</sup> World Bank - Qatar's Economic Outlook - April 2018.

<https://www.worldbank.org/en/country/gcc/publication/economic-outlook-april-2018-qatar> (last accessed 19.11.2018)

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	n/a
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

### Findings from stakeholders<sup>3</sup>

#### Overview of stakeholder feedback

The Qatari government has been proactive in educating the population on appropriate diet and lifestyle. There is a health canteens committee that limits the sale of unhealthy produce in schools, and the government has been working to provide more parks and tracks for walking and cycling. Levels of physical activity in Qatar is currently considered to be poor.

It has been suggested that patients are generally referred through the primary healthcare system to the National Obesity Treatment Centre. Patients are eligible for general referral at BMI  $\geq 30$  kg/m<sup>2</sup>, and bariatric referral at BMI  $\geq 40$  kg/m<sup>2</sup> or BMI  $\geq 35$  kg/m<sup>2</sup> + co-morbidities. Literature suggests that this centre currently receives between 8-900 patients per month. It appears that the government delivers treatment at a subsidised cost.

The health system is said to lack suitably trained specialists such as dietitians, physicians and psychologists. At present, there is considered to be no appropriate training available in Qatar, meaning that specialists must train elsewhere. There are government guidelines for treatment of adults living with obesity, but it appears they are not widely implemented.

#### Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Qatar<sup>4</sup>:

1. Lack of education/awareness that obesity is a problem
2. Lack of multidisciplinary resources
3. Availability of suitably trained staff
4. Sedentary behaviours and community pressures
5. Excess consumption of junk food

<sup>3</sup> Note that this section is based on interviews and/or survey returns from 1 stakeholder & extensive literature review.

<sup>4</sup> In no particular order