

National Health Strategy

2011 - 2016

Caring For The Future

Executive Summary

Update 2014



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Update 2014

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الرعاية الصحية الأولية
PRIMARY HEALTH CARE

NHS

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Foreword

The National Health Strategy 2011-2016 is now half-way through its journey, and is key to delivery of the Qatar National Development Strategy 2011-2016. The scale and complexity of health-sector transformation continues to challenge us, but significant progress has made with the NHS outputs 44% complete in March 2014.

In the first three years of the program the emphasis has been on establishing the projects, the teams, budgets, infrastructure, planning and strategies. Now that the foundations have been laid, the next 18 months will see an increase in the speed of delivery of tangible outputs that will have a direct impact on access and quality of care.

Three years into this program the people of Qatar are asking what progress has been made? How has the unprecedented investment in health care made a difference? This report seeks to answer those questions. The NHS projects are moving from strategies and initiatives into delivery. The good ideas anticipated three years ago are now becoming tangible improvements in services that our patients are able to see and feel.

The roll-out of the Social Health Insurance Scheme means all Qatari nationals, residents and visitors will have access to high-quality, affordable health care, the first two phases have seen considerable enrollment and utilization of the scheme by Qatari nationals. The development of the PHCC, in line with the National Primary

Health Care Strategy 2013 – 2018, launched a year ago, is well advanced. The Establishment of the Qatar Council for Healthcare Practitioners is bringing more rigorous testing and licensing of clinicians and the launch of the National Mental Health Strategy 2013-2018 has placed mental health on a par with physical health, where it belongs.

In this evolving and dynamic environment, two NHS projects have completed their outputs and been closed, many more have been refreshed and refined, and new projects have been initiated to tackle emerging issues. Throughout all of this though, front line improvements are still being delivered to patients, across the entire spectrum of care.

The efforts and commitment of all those involved in the NHS has been truly impressive, and I give my thanks to all, but the work is not done. 2014 will be perhaps the most challenging year for the NHS, with almost a third of Program outputs to be completed over the next year.

When considering the health system, it is important to understand that

the patient is at the heart. Whilst a patient might see a doctor or a nurse in a particular facility, in reality they are part of a broad, interconnected care environment, where Primary Care and Secondary care share information and challenges, supported by regulators and policy makers, ensuring that quality standards are met. No clinician, no patient, no hospital is a stand-alone center; we must work together as an integrated health community to deliver the comprehensive world class health system that is the aim of the NHS.

It is the NHS that provides the unifying vision for system improvements, but we must all hold ourselves to account for our part in delivering these improvements to the people of Qatar.



His Excellency Mr. Abdulla bin Khalid Al Qahtani
Minister of Public Health
Supreme Council of Health

Introduction

This document is the 2014 Update of the Executive Summary to the National Health Strategy 2011-2016 (NHS). The purpose of the document is to provide an update on the structure, achievements and progress of the NHS over the past year. Whilst this document provides a consolidated overview, the NHS website (www.nhsq.info) provides greater detail and continuous updates.

The History of the NHS

In publishing the Qatar National Vision 2030, the State of Qatar made a statement; it set a clear direction for the future of the country. At the heart of the vision is the desire to establish long-term sustainability for the country, it could be summarized as building today for a better tomorrow.

The physical evidence of building is obvious in all parts of the country, but the vision is about more than bricks and mortar. The people of Qatar play the key role in building this future. A prosperous, educated and, above all, healthy population is required to deliver these

ambitious achievements. Healthcare is a fundamental element of the Human Development pillar (see figure 1 below); this was recognized in the National Development Strategy 2011 – 2016, where health was selected as one of the fourteen key sectors.

Figure 1. The Four Pillars



Human Development

Development that expands the opportunities and capabilities of all the people of Qatar to enable them to sustain a prosperous society.



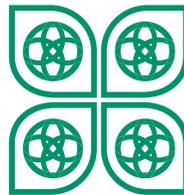
Economic Development

Development of a competitive and diversified economy capable of meeting the needs of, and securing a high standard of living for all its people for the present and for the future.



Social Development

Development of a just and caring society based on high moral standards, and capable of playing a significant role in the global partnership for development.



Environmental Development

Management of the environment such that there is harmony between economic growth, social development and environmental protection.

The National Development Strategy identified the priority areas where change was required to deliver the National Vision. Each sector was required to develop a six year strategy, including realistic targets and concrete outputs, to ensure clarity in what was required to achieve the development goals.

The NHS set out how the healthcare

sector intended to meet the requirements of the National Development Strategy. The NHS was developed through a collaborative, stakeholder-focused process, involving extensive multi-stakeholder consultations. Projects were built based on the best evidence available at the time, taken from local, regional and international sources.

The development of the NHS identified some key challenges, including:

- An over-reliance on secondary and tertiary care;
- Limited system integration, inconsistent or outdated regulations, planning and performance monitoring;
- Rapidly evolving demography, epidemiology and burden of disease; and
- Capacity constraints, both in terms of facilities and in high-quality workforce.

These key challenges helped to shape the seven inter-connected goals which make up the NHS (see figure 3 below). The NHS initially included 35 projects, by 2013 there were 38 active projects, over the last year, two projects have closed, and one more has been initiated, leaving 37 active projects.

The challenges facing the health care system are significant, and the NHS is similarly diverse and growing both in scope, and in complexity to meet these challenges. The scale of change envisaged in the NHS cannot be achieved without the drive and dedication of the project community, and above all without collaboration with stakeholders. The universal focus of all our stakeholders on improving the quality and experience of care for the people of Qatar is a unifying goal that is essential in overcoming obstacles and delivering the project outcomes.

Figure 2. National Strategies



Figure 3. The 7 Goals of the NHS



The Mid-term Review of the NHS

Continuous NHS program monitoring and review is supported by the NHS Program Management Office and carried out by NHS Governance groups. At the end of 2013, the midpoint of the NHS 2011-2016, the Ministry of Development Planning and Statistics initiated a mid-term review of all fourteen sector strategies that make up the National Development Strategy.

The mid-term review of the NHS provided an opportunity for the Health Sector to showcase the extensive progress made to date. This includes reflecting on challenges that have been

faced, evaluating the feasibility of work still to come, and looking at the program as a whole to identify any potential gaps. This also offered an opportunity to highlight common challenges and opportunities across all sector strategies. Specifically the review covered:

- Progress made up to the end of 2013 in the implementation of the original 35 NHS projects;
- How the NHS has proactively worked to expand its content to address identified gaps during implementation to date, including the addition of new projects, initiating

new phases of existing projects, and developing more detailed implementation plans;

- The methodology and approach used to manage the implementation of the NHS;
- Progress made towards the NHS's 7 goals and related targets, with an assessment of their continued relevance and the need for any adjustments; and
- Recommendations and priorities to strengthen delivery and implementation over the period 2014 to 2016.

Figure 4. The Mid Term Review



NHS Program Update

The NHS has now reached the halfway point in its life-cycle. The wealth of knowledge and solid foundations that have been carefully built over the past three years are beginning to deliver visible improvements to the health of Qatar's population and the quality of care they receive. Over the next three years the NHS aims to accelerate those improvements throughout the health care system.

NHS in Numbers at 15 March 2014

- 37 active projects
- 2 completed and closed projects
- 183 project outputs, 29 outputs 100% complete, 44% completion of program outputs
- 103 project targets, 15 targets currently being met
- 26,561 healthcare professionals (public sector)
- QAR 11,369 million public sector healthcare spending in 2013

Reflection – achievements and the challenges ahead

At its inception, the NHS identified five elements critical to successful implementation:

- Human resources
- Strong leadership and governance
- Sequencing and prioritization
- Dedicated Program Management Office

- Sustained change management and communications

Each of these elements requires concerted focus to deliver improvement. Since the beginning of 2011, structures have been established to support those elements and to actively encourage and support project delivery capability within the health system. Strengthening the system in this way has laid the foundation for the improvements to come.

Over 140 employees from health organizations have been trained in the planning and management of projects. These are complemented by key experts hired to implement new policy such as the National Health Insurance Scheme, which has benefited over 30,000 Qatari women in its first 6 months. NHS project 5.1 focused on developing the capability and capacity of the SCH and this project has succeeded in bringing the vacancy rate at SCH down from approximately 30% in 2011 to under 15% by the end of 2013.

A dedicated NHS Program Management Office

Management Office has been established and has been actively supporting each project within the NHS since the beginning of 2012. The Program Management Office facilitates clear oversight of delivery by HE Minister and the SCH Executive Committee and Board of Directors.

Momentum continues to build within the NHS program, and empowered leaders from across the health sector have achieved some notable successes including delivery of the ambulance targets for all response categories three years ahead of schedule. For many projects, the original NHS schedule was overly ambitious. These schedules have now been reviewed in detail, producing achievable plans which can be completed by the end of 2016.

Figure 5. Program Refresh

Year	2011	2012	2013	2014	2015	2016	Total
NHS 2011	3	18	11	3	0	0	35
	9%	51%	31%	9%	0%	0%	
NHS 2014	0	1	3	5	7	23	39
	9%	3%	8%	13%	18%	59%	

Some projects are behind schedule, but thanks to the strong monitoring and governance arrangements in place, it is becoming clear exactly what the shared, underlying challenges are, and where more focus and resource can be applied to resolve these issues.

Figure 6. Common causes for delay

Cause	Delayed Projects (AMBER)- Feb 14																Total
	2.2	2.3	2.4	2.6	3.5	3.6	3.7	3.11	4.1	4.2	4.3	5.1	5.4	6.1	6.2	6.5	
Agree Scope	↑	↑	↑														1
Governance																	2
Project Resources		↑	↑	↑		↑	↑	↑	↑								9
Budget													↑				1
Procurement													↑				1
Project Management									↑								2
IT Dependency													↑		↑		6
Project Dependencies										↑							4
Output Approvals				↑												↑	4
Enabling Law																	3

Many of the causes for these delays are internal, for example lack of project resources, or unclear scope, and appropriate steps are being taken to resolve these issues, as indicated by the arrows in figure 6. Where there are external dependencies identified as causing delays, the SCH is working closely with partners to resolve issues and get projects back on schedule.

Management of complex interdependencies and sequencing is essential for ensuring that projects are not only delivered, but completed in a cohesive and connected way. This challenge has been recognized in NHS Goal 2: An Integrated System of Healthcare, and other projects, 3.1 – Preventive Health Governance, which seek to enhance collaboration and cooperation across the system, including 5.1 – SCH Capacity Build-up, and 6.4 – Health Care Infrastructure Master Plan. Achievement of these projects and

goals is challenging, and requires all stakeholders to work closely together to achieve shared objectives.

Collaboration and Engagement

The NHS program is dependent upon collaboration, not just within the individual projects, but across all organizations within the health sector and other governmental bodies. Collaboration can be as simple as sharing key publications, or as involved as providing shared project resource to develop mutual outcomes.

The biggest challenge to, and the greatest enabler of, collaboration is communication. Whilst feedback on the NHS program from stakeholders has generally been highly positive, there have consistently been requests for improved frequency and detail within

the various communications channels.

The NHS program has an active communications strategy that aims to continually inform stakeholders, including the public, in a manner that builds relationships, mutual understanding and collaboration. Just as the NHS projects are starting to move from planning into delivery of real improvement for our patients, so the NHS communications are seeking to move from talking about project plans and processes, to informing our stakeholders about what really matters: improvements to the health care available to the people of Qatar.

Throughout this document are various examples of NHS communications which aim to be transparent and informative, to engage people rather than projects, and to demonstrate real change rather than good ideas. The key vehicle for this communication is the NHS website

(www.nhs.info) that is a continually updated resource.

Progress over the last year

Qatar continues to evolve, as does the health system and the challenges it faces. Qatar has continued to have the world's highest population growth rate, and has the world's second highest proportion of immigrant population, many of whom work in high-risk industries. Activity across the health sector reached almost 32 million encounters in 2013, a 7% rise over the previous year. To meet this challenge, 65 new facilities and 3,481 new beds are planned over the coming years. There has been a 7% increase in health workforce during 2013, with the public sector now employing 26,561 healthcare professionals. Spending has also increased 18% in 2013/14, to 11,369 QAR million.

Qatar also has the world's highest Gross Domestic Income per capita, and expectations on services are equivalently high. Despite this, the Health System in Qatar received better patient satisfaction ratings than the United Kingdom for Primary Care, A&E and Inpatient services. The pace and scale of Qatar's development has consequences on the health of the population, despite having

the world's second smallest proportion of people of 65 years of age or over, the prevalence of Non-communicable diseases is equivalent to countries with aging populations.

Since the Executive Summary 2013 was published, there has been some significant progress across the program. Overall, the program outputs, defined in the project plans, are approximately 44% complete, with 29 or 15% of all outputs having been achieved to date. Some of these outputs are crucial for the ongoing success of the NHS, including for example Establishment of the National Health Insurance Company, Design of the Food Safety Authority, running of seatbelt, baby seat and child restraint awareness campaigns and the publication of the National Mental Health Strategy.

Other improvements reflect how the system itself has been strengthened; the SCH vacancy rate has been reduced from 30% to 15% three years ahead of schedule, with the overall time it takes to fill a vacancy reduced by 20%. The Establishment of the Qatar Council for Healthcare Practitioners is supporting the expansion of the health workforce by managing a 40% increase in applications for licences. All the while, essential services are still being delivered, with Ambulance targets being met three years early, and 95% of the population covered by basic immunizations.

The NHS also contains a series of targets, these range from implementation and process targets, to KPIs which will help the system monitor impact and improvements on patient care. The 103 targets are ambitions, and 16 of these are currently being met. The challenges facing implementation of the NHS are significant, and 12 targets are currently behind schedule.

The program continues to evolve, in the last year NHS project 2.5 – Private Sector Involvement has been closed. NHS Project 1.7 – Diabetes Services Design has been formally established.

This progress is truly encouraging, but the NHS program is entering into its critical phase, as projects begin to implement improvement initiatives. The huge array of activity is placing pressure across the health care system, particularly on front-line staff, and inevitably some projects will fall behind schedule. The NHS Program Management Office has instituted robust tracking and monitoring processes, enabling senior leadership across the NHS to focus their efforts on prioritizing activity and resources, and resolving these issues.

More detail about program progress can be found in Annex A, B & C.

Goal 1 – A comprehensive world class healthcare system

Effective delivery of an integrated model of services for the country, Qatar's health sector must shift the balance of care toward a preventive and community-based model with the focus on the patient, ensuring access to the right care, at the right time, in the right setting, by the right team.



Project 1.1 Primary care as the foundation

Objective

A Primary Care service that is comprehensive, integrated and person-centered, which works in partnership with individuals, families, and communities to advance health and wellbeing.

Progress since 2011:

The Primary Health Care Corporation (PHCC) was established in 2012; and this establishment was the first major project milestone. This constituted a major step forward in rebalancing the model of care

in Qatar. In February 2013, the National Primary Health Care Strategy (2013-2018) was approved in accordance with the principles of QNV 2030 and NDS 2011-2016. Eight goals are addressed in the strategy: health promotion; screening; urgent care; chronic non-communicable diseases; home care; mental health; maternal and newborn; and children and adolescents. Production of this strategy marked the end of phase one of this project, achieving several project outputs. The

Project is now focused on delivery of the Primary Health Care Strategy, including 10 'quick wins' which were identified as bringing immediate improvements to services, 8 of these have been implemented to date. The PHCC Strategy Implementation Board, chaired by HE the Minister, has been established to oversee and drive forward implementation of the Primary Health Care Strategy.

Project 1.2 Configuration of hospital services

Objective

- Avoid unnecessary duplication of services (based on best practice and needs assessment for quality services), but ensure full coverage of levels of hospital-based care as needed, aligned to National Health Care Infrastructure Master Plan.
- Provide care that corresponds to the Health Needs of the population

Progress since 2011:

A National Health Care Infrastructure Master Plan was completed in 2013. However, further development of the model care is required to take into account rapid demographic change and policy development. Criteria, priorities and a plan for establishing national health centers of excellence will be completed by the end of 2016.

Project 1.3 Continuing care design

Objective

- Develop a comprehensive model for continuing care that reflects the society's changing needs.

Progress since 2011:

The national continuing care strategy is focused on the development and integration of services in three key areas:

- Rehabilitation Care
- Elderly, Intermediate and Long-term Care
- Homecare and Community Support Care

The project has established a team and shaped its governance structure around those three key areas. A Continuing Care Design Oversight Committee has been established along with three advisory committees, with representation from public and private stakeholders in order to provide subject matter expertise to the project team. Over the past two years the National Rehabilitation Committee has advised and supported rehabilitation plans across Qatar, such as the development of a HMC rehabilitation center at Hamad bin Khalifa Medical City, and has now been refocused to support this project.

The development of a National Continuing Care Strategy is progressing according to plan. Preliminary stakeholder mapping, service provider surveys, engagement workshops and baseline data collection have been completed. In addition, an external consultancy to support development of a model of care and gap analysis has been procured and commenced work in early February 2014.

Project 1.4 Mental health design

Objective

- To implement effective strategies for mental health promotion, including actions to reduce the prevalence of mental disorders
- To provide comprehensive, integrated and responsive mental health services
- To strengthen leadership and governance for mental health
- To strengthen information systems, research and evidence based practice

Progress since 2011:

The Qatar National Mental Health Strategy was launched in December 2013. The strategy outlines a 5 year plan to build a comprehensive mental health system and to transform the way mental illness is perceived and treated in Qatar. The SCH, HMC and PHCC are the key healthcare partners in the implementation of the strategy and significant planning has been undertaken. Transformation is underway within mental health services to offer care in a range of settings, to develop an appropriately skilled workforce and to provide high-quality facilities. Collaborative planning towards developing mental health prevention and awareness initiatives has also commenced.

Project 1.5 Emergency care services

Objective

- Establish a fully functioning network of efficient comprehensive emergency care services, in order to maintain high quality emergency care.

Progress since 2011:

Since 2011 the ambulance response time for patients with a life threatening condition has been transformed. The HMC Ambulance Service has met the ambitious targets set out in the NHS more than 3 years early. Current performance against the targets is:

- Within 10 minutes for 86% of calls in urban areas (target 75%).
- Within 15 minutes for 97% of calls in urban areas (target 95%).
- Within 15 minutes for 91% of calls in rural areas (target 75%).
- Within 20 minutes for 98% of calls in rural areas (target 95%).

This represents a significant improvement in response times, for example in January 2011 just 40% of patients in an urban area with a life threatening illness received a response within 10 minutes. This impressive achievement was the result of public education, improved call handling in the National Command Centre, strategic prepositioning of resources near to sites of historic demand, improvements to the fleet and vehicles and faster conveyance of patients at hospital and increasing the availability ambulances.

An Emergency and Urgent Care Network has been formed with representation across all public and private providers. The Network is developing a national model for emergency care services that will ensure all patients receive the right care, in the right place from a coordinated health system.

Project 1.6 Community pharmacies strategy

Objective

- To increase the public's choice of when, where and how to get medicines (and pharmaceutical care)
- To increase the efficiency of and access to dispensing
- To strengthen the role of community pharmacies in supporting patients.

Progress since 2011:

A Community Pharmacies Steering Group (CPSG) was established in October 2012, featuring representatives from SCH, HMC and PHCC. In February 2013 The CPSG agreed a model of care for the future of community pharmacy in Qatar; in June 2013 external consultancy support was procured to develop a National Community Pharmacies Strategy.

In December 2013 draft Community Pharmacies Strategy was been produced with two overarching goals:

- To improve the quality of services available in Community Pharmacies, and
- To ensure that those high quality services are convenient, in terms of accessibility and cost, for the people of Qatar.

Over 70 stakeholders were engaged during the development of the strategy, and a survey was undertaken for patients and pharmacists to ensure the strategy addressed real issues faced by those familiar with current services. When fully implemented, the strategy will deliver: "Excellent pharmacy care close to you".

Project 1.7 Diabetes service design

Objective

- To ensure that lifestyle advice, education and counselling is available to diabetic patients and those at risk of developing type 2 diabetes; in the long term this will lead to a modification of risk factors, improving rates of diabetes prevalence and morbidity.
- High quality services, easily accessible in the community, with primary, secondary and tertiary facilities available for those who need them, delivering improved care, patient experience and technological innovations for both type 1 and type 2 diabetes.

Progress since 2011:

This is a new project which was formally established in October 2013 by direction of the SCH Executive Committee. A National Diabetes Design Committee has been established to oversee the project and is co-chaired between SCH and HMC. The Committee features experts and service leaders from service providers, including Sidra Medical and Research Centre, the Qatar Diabetes Association, as well as from Academic and research organizations.

An International Expert panel has been formed to provide feedback and robust challenge to proposals developed by the project. External support is being procured to develop a National Diabetes Strategy during 2014.

Goal 2 – Integrated system of healthcare

Patients experience benefits from the system's cohesiveness and connectedness. Integration creates coherence and synergy among the different parts of the healthcare system so that efficiency, quality of care, and patient experience are improved.



Project 2.1 Healthcare quality improvement

Objective

- Develop a comprehensive model for care that reflects and measures quality improvement.

Progress since 2011:

This project has taken important steps towards developing performance agreements between SCH and all public and private providers. Following

extensive engagement and discussion with providers, a final list of Key Performance Indicators was agreed. Following a successful pilot in 2013, these Key Performance Indicators will be used to measure the performance of providers and are to be implemented from April 2014. It is the intention to publish these data following successful conclusion of the pilot and full implementation in 2015.

Project 2.2 Disease management programs definition

Objective

- Produce a framework for developing and accrediting national clinical guidelines for priority diseases

Progress since 2011:

This project has required significant updating and re-scoping since the NHS was published in 2011 to take account of the creation of the National Cancer Strategy and the addition of NHS Project 1.7 which will develop a national diabetes strategy. It has been agreed that this project will now create a national standard framework upon which all disease specific strategies will be based and accredited. This framework will ensure that key commonalities and priorities are followed in each strategy, for example early diagnosis, effective treatment and research. It will also ensure that patients with co-morbidities are effectively cared for by creating links between disease specific strategies.

Project 2.3 Improving healthcare data

Objective

- Establish a comprehensive healthcare data management program.
- Increase safe access to comprehensive and accurate health data.

Progress since 2011:

An SCH Director of E-Health and IT was appointed during 2013 which provided the opportunity to significantly re-scope and clarify the objectives of this project. The SCH will engage consultants to support the timely development of the National Health Data Management and Improvement Strategy during 2014, and commence work on health data definitions and data collection. This project will enable the establishment of a national health observatory.

The project outcomes include: improved access to timely and accurate health data required to support health sector organizations in their planning; monitoring of the quality, safety and effectiveness of healthcare services through the improved integrity of data; improved healthcare information flow and sharing; and support for research and investment. This project is linked with Project 2.4 E-Health Establishment and the foundational work for these projects will be completed in parallel during 2014, and in collaboration with key partners, such as HMC, PHCC, Sidra and others.

Project 2.4 E-health establishment

Objective

- To create an effective, integrated National Health Information Exchange system that enables participation of all healthcare providers in Qatar
- and ensures national alignment for implementation.

Progress since 2011:

An SCH Director of E-Health and IT was appointed during 2013 which provided the opportunity to significantly re-scope and clarify the objectives of this project. The SCH will engage consultants to support the timely development of the E-Health Strategy, and commence work on the framework for national infrastructure and system interoperability. This project will enable the establishment of a National Health Information Exchange. It is linked with Project 2.3 Health Data Management and Improvement and the foundational work for these projects will be completed in parallel during 2014, and in collaboration with key partners, such as HMC, PHCC, Sidra, ICT-Qatar and others.

Project 2.5 Private sector involvement (Closed)

Objective

- To create a comprehensive strategy for private sector involvement in Qatar
- that addresses barriers to entry, provides clarity on where and how additional private sector involvement should be used in Qatar and what clinical and efficiency benefits should be achieved.

Progress since 2011:

The SCH Executive Committee decided that a specific private sector strategy was not required. The project products have provided significant value to the planning and policy teams within the SCH, policy innovations facilitated by the implementation of Social Health Insurance and improved regulation have significantly altered the required outputs of this work. Accordingly, the project has been closed.

Project 2.6 Laboratory integration and standardization

Objective

- To create and implement a National Laboratory Standardization and Integration Strategy that will support the coherent and systematic development of the range and quality of laboratory services, and address key issues for the sector including staff recruitment, retention and training.

Progress since 2011:

The National Laboratory Integration and Standardization Strategy was developed by panel of expert, representing 50 clinical, non-clinical and biomedical research laboratories, from 14 public and semi-public organizations. The strategy was adopted by SCH in summer 2013, and aims to support the coherent and systematic development of the range and quality of laboratory services. The strategy makes 46 Recommendations around four Goals;

1. Integrated Services
2. Integrated Information Management
3. Standardized Workforce
4. Standardized Outputs

SCH has appointed consultants to support implementation of the strategy and continues to work collaboratively with its key partners across the laboratory landscape.

Goal 3 – Preventive healthcare

Shift in the current healthcare system's focus from management of acute illness to proactive prevention and early detection of ill health. Qatar is faced with critical public health challenges, with over 60% of deaths caused by chronic diseases, injuries, and congenital diseases, driven by risk factors that are largely preventable.



Project 3.1 Preventive health governance

Objective

- Enhanced prevention strategy enabled by a robust governance system
- Enhanced data collection, sharing and monitoring through an effective public health evaluation system

Progress since 2011:

A National Preventive Health Committee has been established to review and improve the integration of preventive health delivery across the health

sector. The committee supports Qatar's healthcare as it moves from a curative to a preventive approach by producing a National Prevention Strategy. The National Preventive Health Committee met in January 2014 to agree the strategic direction of the committee over the next 12 months. The National Prevention Strategy will be developed and published in 2015. It is envisaged that the strategy will set the prevention agenda for the next 5 years.

Project 3.2 Nutrition and physical activity

Objective

- Set up a comprehensive nutrition and physical activity scheme with initiatives targeted at various stakeholders and with an impact on the rate of obesity.

Progress since 2011:

In 2013 the first National STEPwise Survey results were published. The survey is the first milestone in looking to improve surveillance of chronic non-communicable diseases across Qatar. The information from the survey is informing national action plans and policy development. The project also established the Healthy Snacks School Guidelines, Nursery Schools Dietary Guidelines and expanded the 'We are Healthy Kids' program to include preparatory schools as well as primary independent schools. These comprehensive nutrition and physical activity schemes are targeted at key stakeholders with the aim of reducing the rate of obesity. The project has recently launched a pilot 'wellness at work' program which will be rolled out nationally over the coming years. In 2014 the National Healthy Lifestyles Campaign and National Food Dietary Guidelines will be launched.

Project 3.3 Tobacco cessation

Objective

- Reduction of mortality due to non-communicable disease which is attributed to tobacco
- Set up a comprehensive project to reduce tobacco consumption, including shisha and smokeless products
- Ensure all Health aspects adaptation of the tobacco law.

Progress since 2011:

The project has submitted a revised Tobacco Law which focuses on strengthened law enforcement and is currently being considered for approval. Data collection and evaluation has been a significant focus for this project with the Global Adult Tobacco Survey, the Global Youth Tobacco Survey and the Global School-based Student Health Survey conducted in 2013 through collaboration between the SCH and the Qatar Statistics Authority. These data will help strengthen the capacity of the healthcare system to design, implement and evaluate interventions for tobacco control. An increase in taxation on tobacco products and use of funds to support health initiatives, as well as pictorial warnings on tobacco products have been key achievements.

Project 3.4 Consanguinity risk reduction (Closed)

Objective

- Fewer congenital defects due to consanguinity, through a comprehensive consanguinity risk reduction project, with interventions targeted at high-risk groups.

Progress since 2011:

This project completed all outputs in 2012, including educational campaigns and counseling to support mandatory premarital screening. Ongoing monitoring is now being undertaken by PHCC as part of their normal operations.

Project 3.5 Communicable disease prevention

Objective

- To establish a comprehensive communicable disease prevention and control framework which looks to decrease the rates of communicable diseases
- To build communicable disease prevention and control programs at national level on a foundation of quality science to reduce illness and death associated with infectious diseases. This includes the strategies towards coordination, training, monitoring and evaluation, and communication
- To enhance the knowledge of the health, economic, and social impact of communicable diseases in the State of Qatar. This includes all surveillance-related strategies
- To improve the scientific understanding of communicable disease determinants. This includes all strategies towards specific and scientific studies
- To improve the evidence base for methods and technologies for communicable disease prevention and control. This includes all strategies towards developing guidance
- To improve data capture and prioritizing of disease identification.

Progress since 2011:

Achievements to date include establishing a National Communicable Disease Prevention Advisory Committee and beginning the first phase of implementing 'Wekaya' – a communicable disease national prevention campaign for high risk groups, and identifying the requirements for implementing a comprehensive early warning surveillance system and the required points of contact for data collection. In March 2014, the National Communicable Disease Prevention Advisory Committee began development of a national communicable disease framework. This framework will set the direction and prioritization for disease specific programs across the health sector. Additionally in 2014, the Early Warning Surveillance System and Vaccinations Registration system will be procured. The integration of these systems will be aligned as part of the National E-Health Strategy.

Project 3.6 National screening program

Objective

- Improve early detection of priority chronic diseases through a national screening program.

Progress since 2011:

A National Screening Committee has been established to improve early detection of priority chronic diseases through a national screening program. Approved national diabetic retinopathy screening guidelines have been produced and approved. Draft national guidelines for screening of other priority chronic diseases (e.g. diabetes, kidney disease, cardio-vascular disease) are undergoing testing and evaluation by clinicians.

Project 3.7 Occupational health

Objective

- To minimize the rate of occupational diseases, injuries and death in all workplaces
- To implement an occupational health capability in the SCH that contributes to the development, implementation, and enforcement of occupational health standards
- To establish data collection, monitoring and reporting of occupational health status across the healthcare system.

Progress since 2011:

The SCH is a member on the National Committee for Occupational Health and Safety led by the Ministry of Labor and Social Affairs. The Committee aims to create a solid evidence base from data collected on occupational diseases, injuries and death in all workplaces which will inform future policies and reduction of workplace injuries and deaths. Following a review of Qatar's Labor Law SCH has been identified as the source for occupational health policy and monitoring across the healthcare system rather than providing front line services through clinics and inspections. The scope of this project has been amended to reflect this change.

Project 3.8 Maternal and new born health

Objective

- Improved health of newborn, infants and children
- Improved health of women, with a focus on targeted areas of need.

Progress since 2011:

The National Primary Health Care Strategy 2013 – 2018, approved by the SCH in February 2013, includes specific workstreams and recommendations related to this area. The key focus of the Maternal and Newborn Project is to focus on improvements in pre-conception to postnatal care, ensuring that every baby born in Qatar gets the best possible start in life.

Project 3.9 Implementing the road safety strategy (health)

Objective

- Implementation of the recommendations of the world report on road traffic injury prevention
- To share the commitment of National Road Safety Strategy to deliver substantial and sustained reductions in mortality and morbidity due to road accidents
- Improve the national data collection and comparability at the international level
- Strengthen the provision of pre-hospital and hospital trauma care, rehabilitation services
- Strengthen or maintain enforcement and awareness of existing legislation and where needed improve legislations for driver medical evaluation and rehabilitation using appropriate international standards.

Progress since 2011:

The SCH has been allocated the lead organization for health in delivering key recommendations from Ministry of Interior's National Road Safety Strategy which was published in January 2013. Following the publication the National Road Safety Strategy the NHS project was reviewed and realigned to ensure all Ministry of Interior deliverables were monitored and achieved. To date a medical taskforce led by SCH, has been established to oversee, monitor and coordinate these recommendations. The SCH has worked with HMC to deliver the child car seats campaign. Additionally ongoing Basic Life Support training of Police and Civil Defense staff as well as training of emergency medical service staff on light rescue management is now embedded into continuing professional development.

Project 3.10 Establishment of the food safety authority

Objective

- Improve the regulatory, governance and organizational capabilities to provide effective, efficient, well-integrated food safety services to world-class standards.

Progress since 2011:

In 2013 a business case to establish the Food Safety Authority was developed and submitted to Cabinet for approval. The business case was based on several years of intensive analysis of food safety, animal health and health management systems in Qatar, together with international benchmarking of systems across several countries. This project has been developed in collaboration with the Qatar National Food Security Program. Recently a revised Food Safety Law along with an establishment law has been submitted to Cabinet.

Project 3.11 Emergency preparedness - national health

Objective

- To improve coordination among appropriate stakeholders and ensure there are no gaps or unnecessary duplication of services.

Progress since 2011:

The National Health Committee for Disaster Management was established in 2012. The committee enables the health system to work together on emergency preparedness and disaster response. A WHO lead workshop on emergency preparedness and Situational Analysis as a first stage in Vulnerability and Risk Analysis & Mapping are other key achievements from 2013. These achievements will inform the establishment of a national emergency preparedness plan for health which integrates initiatives across the health sector as well as with the State wide Ministry of Interior plans.

Project 3.12 Environmental health

Objective

- Improve monitoring of environmental health indicators and impact assessments.

Progress since 2011:

Air quality monitoring has now commenced by the SCH environmental health team and an environmental health impact assessment clause for the Environmental Law has been drafted and submitted to the Ministry of Environment. The SCH has met with the Ministry of Environment to discuss and agree joint working and reporting on air quality. It is envisaged that in the future the SCH and Ministry of Environment will produce an air quality index which informs the public about clean or polluted air.



Project 4.1 Workforce planning

Objective

- To develop a national strategy on workforce planning and implement workforce-related national policies and programs.

Progress since 2011:
A National Health Workforce
Development Advisory Committee was

established to advise on the strategic direction for workforce planning. A national workforce plan is in the final stages of production and expected to be completed shortly. This plan will allow Qatar to predict the health workforce is requires over the next 5,10 and 15 years and put in place a plan to ensure it trains, recruits and retains that workforce.

Project 4.2 Recruitment and retention of healthcare professionals

Objective

- Enhance recruitment and retention to ensure:
 - sufficient size of workforce
 - appropriate (best-skilled) people for the job; and
 - retention of quality staff.

Progress since 2011:

SCH, HMC and PHCC have developed a new health sector Human Resources Law, which will unify the remuneration packages across the three organizations for both administrative and clinical staff. The potential revised salaries and benefits may help to attract more applicants, and recruit and retain high-quality staff. A Joint Human Resources Committee has been established to oversee this work and other aspects of this project. An employee satisfaction survey was piloted across the healthcare sector (together with NHS Project 2.1) and research is underway on professional career pathways, healthcare professional compensation packages and international staff exchange programs.

Project 4.3 Professional education and training

Objective

- To ensure that education of health professionals within Qatar contributes to Qatar's future healthcare needs.

Progress since 2011:

A baseline of the status of health professional education in Qatar was established in 2013. There are ongoing sponsorship programs for long-term residents to assist with the expense of professional education and training. The target set out in the NHS is being revised, the length of time between recruitment of medical students and their graduation means that increasing the number of graduates within the time of the strategy was not possible and the additional detail that will be provided by the National Workforce Strategy (NHS Project 4.1) will enable a target to be set that is in-line with the future demands for clinicians.



Goal 5 – National health policy

Robust policy and regulatory framework ensuring quality and accountability. Since its establishment in 2009, SCH has sought to bring stability to the health sector and increase both its capacity and capability to fulfil its leadership and regulatory role. The key challenge is recruitment and retention of highly skilled staff, both Qatari and expatriate. There has been significant progress, but there remains a shortage of high-quality human resources.



Project 5.1 SCH capacity build-up

Objective

- Increase SCH internal capacity (quality and quantity).

Progress since 2011:

The SCH Human Resources Department has undertaken a number of initiatives to support capacity build up. One of the main targets of the project was to review the vacancy rate within SCH. A target was set in 2011 and this has been achieved in 2013 with a reduction of the vacancy rate within SCH from

approximately 30% in 2011 to under 15%. An enterprise resource planning IT system is being commissioned for the SCH. This will support core business process including human resources management.

Additional employee support is now in place with a revised employee induction process, a leadership and talented development scheme, the development of 'frequently asked questions' and an

employee handbook. A scholarship campaign has also been launched which resulted in 24 SCH supported international scholarships for Qatari students across a range of required disciplines. An employee satisfaction survey has been rolled out for current employees and an applicant satisfaction survey has been rolled out for applicants for SCH jobs. In addition, work is ongoing to update HR policies and processes.

Project 5.2 Qatar Council for Healthcare Practitioners (QCHP)

Objective

- To improve the quality of healthcare and establish QCHP as the regulator for healthcare in Qatar.

Progress since 2011:

In March 2013 an Emiri decree established the QCHP. This independent body is responsible for the licensing and regulation of all health professionals in Qatar across both the public and private sector. This establishment meant that project 5.2 delivered all of its original outputs, specifically:

- The introduction of a health practitioner registration and licensing system.
- A strategic international partnership with the International Association of Medical Regulatory Authorities.
- Licensing examinations for select practitioner groups.
- Objective primary source verification and credentialing of qualifications.
- A framework to enable an effective management of complaints and proactive identification of poorly performing and impaired practitioners.

- NHS leaders requested that the project continue into a second phase which would oversee the successful development of the QCHP over the next 3 years including:

- Ensuring that the registration process is extended to healthcare practitioners in all healthcare providing organizations.
- Developing the framework for an accreditation system for continuous professional development and continuing medical education programs.

A revised ambitious target has now been set for registering all healthcare professionals in the State of Qatar and the Board of the QCHP met for the first time in March 2014. The framework for professional development and medical education was also launched in March 2014 with The College of Pharmacy at Qatar University becoming the first professional education and training provider in Qatar to receive accreditation through the QCHP.

Project 5.3 Healthcare facilities regulation

Objective

- To enhance the delivery of healthcare quality and patient safety within healthcare facilities through standardization.

Progress since 2011:

All public and private hospitals are currently engaged with the process of securing international accreditation to enhance the delivery of healthcare quality and patient safety within healthcare facilities. Qatar is trail-blazing by unifying two separate regulators and, as this has not been done before, it has created a model which other countries are eager to adopt. Facilities licensing and quality accreditation will apply to all public and private healthcare providers in Qatar.

Accreditation Canada International has been appointed and is now working to progress the project. The first meeting between the project team and Accreditation Canada International took place in September 2013 and work is ongoing. In approximately two years, an international organization will have independently accredited the Qatar facilities accreditation system.

Project 5.4 Healthcare products regulation

Objective

- To ensure effective use, safety, and quality of healthcare products by enhancing healthcare products regulation.

Progress since 2011:

The structure for a new Medical Devices Section within SCH has been developed and recruitment has commenced. The work of this team will be complimented by a new Medical devices law which is being tested with stakeholders; the law will bring Qatar in line with international best practice in this area. This function will ensure that healthcare products and medications are safe and of the required quality. A review of drug status, availability and use in Qatar has also been completed. A team of international experts has been secured to support development of Qatar's National Formulary.

Project 5.5 Patient advocacy framework

Objective

- To develop a possible model for a Patient Advocacy Service for Qatar. The model will be based on the experiences of other countries and by input from Qatar's healthcare providers, stakeholders and by the Supreme Council of Health. The model is to be fit for purpose for the current Qatari health system and is intended to assist the health sector in developing a culture of patient centered care.

Progress since 2011:

An evolutionary model has been developed by a group of international experts on patient advocacy services to support the operation of Qatar's patient complaints systems. This will be one of several approaches which will contribute to a continuous quality improvement mechanism for providers and for the sector as a whole. The patient advocacy service will be set up to "support individual patients" and "act as their champion".

Goal 6 – Effective and affordable services

Enhanced monitoring and control of healthcare expenditures. An enhanced budgeting system will facilitate transparency in the use of resources and provide decision makers with greater ability to monitor and control finances to deliver a system that is sustainable in the longer term.



Project 6.1 Budgeting process for public health sector spending

Objective

- Develop a transparent budgeting process that enables monitoring and control of costs and supports the delivery of effective clinical and other healthcare related services.

Progress since 2011:

A multiyear (5-year) budget has been developed for the SCH, PHCC and HMC. Program based budgeting

has been introduced in the SCH. The budgeting process is being further developed, in particular to extend it to the wider public health care sector. A situation analysis and gap analysis have been conducted to review the variation across the three organizations. Recommendations for a new performance based budgeting framework are being considered.

Project 6.2 Management of treatment abroad

Objective

- Examine treatment abroad and standardize processes to optimize expenditures and enhance quality of care.

Progress since 2011:

A new by-law for treatment abroad was enacted in 2012, giving HMC the responsibility for taking clinical decisions related to treatment overseas. A preferred list of overseas healthcare providers has been developed, and a revised target stating that all patients returning to Qatar after overseas treatment must be followed-up in order to monitor progress and recovery. Work continues on the development of policies, procedures and an IT system to support improvements in the Medical Relations and Treatment Abroad function both in Qatar and abroad.

Project 6.3 Social health insurance establishment

Objective

- Introduce Social Health Insurance as a tool to ensure a sustainable quality health care system.

Progress since 2011:

A National Health Insurance Company has been established with the responsibility for developing, introducing and managing the National Health Insurance Scheme. Phase 1 of the Social Health Insurance Scheme was launched in July 2013 offering Qatari women a choice of 7 public and private hospitals for women's services. Several achievements have contributed towards progress including, undertaking a benchmarking study of different global health insurance systems and their governing bodies; developing a law and regulations to support the Social Health Insurance scheme; appointing a Third Party Administrator for the scheme; defining a unified system of coding health care interventions and appointing a National Clinical Coding Committee to support coding training for healthcare providers; developing data sets for inpatients, outpatients and primary health care to ensure consistency of data provision; creating a fee schedule for health care provision; and developing best practice costing standards. Planning for subsequent phases is underway; with all Qatari Nationals being enrolled in the scheme in April 2014.

Project 6.4 Healthcare infrastructure master plan

Objective

- To ensure integrated and coordinated healthcare infrastructure based on population needs.

Progress since 2011:

The National Healthcare Facilities Infrastructure Master Plan has been developed and is currently being finalized. The Master Plan is being developed to provide Qatar with a detailed plan of current capacity, planned future capacity and projections of future demand for healthcare. The master plan will be used to ensure that services meet the needs of the population in each geographic area.

Project 6.5 Capital expenditure committee establishment

Objective

- To ensure that infrastructure development is based on needs and aligned to the model of care
- To develop a Certificate of Need process for significant capital expenditure projects with the Qatar health sector
- To provide a mechanism for the effective scrutiny of the Certificate of Need in accordance with the Qatar Infrastructure Master Plan and approved SCH policies and standards.

Progress since 2011:

A Qatar Certificate of Needs Process has been developed and is awaiting approval. This process will ensure that new health services are aligned with the National Healthcare Facilities Infrastructure Master Plan. The Qatar Certificate of Needs will be overseen by a Capital Expenditure Committee. The procedures, process and form for the Qatar Certificate of Needs and Committee are being finalized alongside the Health Infrastructure Master Plan and are expected to be completed shortly.

Goal 7 – High quality research

National alignment on health research activities and appropriate utilization of resources. Qatar has embarked on an ambitious research program. However, historically healthcare research activities in Qatar almost exclusively focused on biomedical topics, with little attention on public health and policy projects, a unified national agenda will put the patient and the needs of Qatar at the heart of research programs.



Project 7.1 Health research governance

Objective

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

Progress since 2011:

Policy documents for clinical research standards (e.g. Gene Transfer Policy,

Human Stem Cell Research Guidelines) and laws (Protection & Ethics of Research Involving Human Subjects) to support them have been developed and are in the process of being approved. Additionally, a SCH led central Institutional Review Board is currently under formation.

The Year Ahead

The NHS has made significant progress to-date. The challenges are becoming greater and more complex, with 2014 being a critical period for the program to maintain and build upon its existing momentum. During 2014, 59 outputs are planned to be delivered, almost a third of all outputs across the program. A further 31 outputs are planned to be delivered in 2015.



These outputs will have a significant positive impact on the health services in Qatar. These include a full directory of health care services being made available to the public, helping to support informed choices, and minimizing potential for confusion in navigating the health system. The Continuing Care project (1.3) and Community Pharmacies project (1.6) will begin to increase access to health services in the community, making care more accessible and convenient for patients.

Prevention activity will continue

across the country in a joined up and coordinated manner, providing guidance and education material to support people to live a more active and healthy life. The ongoing development of the Qatar Council for Healthcare Practitioners will ensure that all healthcare professionals are adequately trained and supported to provide excellent care. The ongoing roll-out of health insurance and improved transparency and control of budgeting and planning will ensure people can access the care they need, but in a manner that's sustainable in the long term for Qatar.

Residents of Qatar are already receiving high-quality health care services, implementation of the NHS is ensuring that those services are better tomorrow than they are today, and better again next year. Improvement is a continual endeavor, and the better a service, the harder it is to improve. The ongoing commitment of country's leadership, and the patience and understanding of service users that change takes time, is essential to build and maintain the required momentum in this pivotal time.

Annex A: Project Outputs

Project	Output	Completion Date	Completion %
1.1	1.1.7 Implement 10 "Quick Wins"	Dec-13	80%
	1.1.8 service model redesign	Jun-16	20%
	1.1.9 Delivery of 'enabling' actions	Dec-16	10%
	Project Progress		37%
1.2	1.2.1 Definition of acute hospital designation by scope and governance	Dec-14	10%
	1.2.2 Dedicated national centers of excellence without duplication	Nov-16	10%
	1.2.3 Access to central facilities such as select high tech laboratories and specific diagnostic services	Nov-16	10%
	1.2.4 Directory of health service availabilities for residents, combining geography and function	Sep-14	10%
	1.2.5 Monitored variation and capacity analysis	Jun-14	10%
	Project Progress		10%
1.3	1.3.1 Model of continuing care and identification of international best practice	Dec-14	10%
	1.3.2 Needs assessment for capacity and the appropriate configuration of services	Dec-14	10%
	1.3.3 Community-based-care activities support	Dec-14	10%
	1.3.4 Sufficient and effective funding for continuing care	Dec-15	10%
	1.3.5 Roles of community and family in supporting continuing care strengthened	Dec-15	10%
	Project Progress		10%
1.4	1.4.1 Developed and implemented a mental health promotion and prevention action plan	Apr-18	20%
	1.4.2 Developed mental health awareness campaigns and information resources	Apr-18	0%
	1.4.3 Delivered mental health promotion and prevention programs in a range of settings	Apr-18	30%
	1.4.4 Integrated mental health services within Primary Care	Apr-18	35%
	1.4.5 Established community mental health services in a range of service areas: CAMHS, Adults, Older adults, Substance misuse, Forensic, Learning Disabilities	Apr-18	0%
	1.4.6 Enhanced range of inpatient provision in a range of service areas: CAMHS, Adults, Older adults, Substance misuse, Forensic, Learning Disabilities	Apr-18	10%
	1.4.7 Developed care pathways across the mental health system	Apr-18	25%
	1.4.8 Increased clinical workforce capacity across all mental health services	Apr-17	15%
	1.4.9 Developed training and education plans for all mental health care staff	Dec-13	5%
	1.4.10 Endorsed National Mental Health Strategy	Dec-13	15%
	1.4.11 Enacted and implemented Mental Health Law for Qatar	Dec-13	10%
	1.4.12 Developed key Policy and Governance frameworks	Apr-18	10%
	1.4.13 Developed mechanisms to facilitate service user and family participation in mental health policy, advocacy, service planning and health promotion	Apr-16	0%

Project	Output	Completion Date	Completion %
1.4	1.4.14 Increased private sector/Non-Government Organization in the provision of mental health services to expand patient choices	Apr-16	15%
	1.4.15 Developed suite of key performance indicators to measure improvement in services	Apr-16	20%
	1.4.16 Delivered prioritized National mental health research agenda for mental health	Jan-15	10%
	1.4.17 Established mental health research governance	Apr-18	0%
	1.4.18 Established data sets which are used to effectively improve service delivery	Apr-18	15%
Project Progress			20%
1.5	1.5.1 National standards, and operating protocols for emergency, urgent and trauma care services	Nov-16	10%
	1.5.2 Needs assessment for staff and infrastructure relating to emergency, urgent and trauma care services	Nov-16	10%
	1.5.3 Sufficient and effective funding for emergency, urgent and trauma care services	Nov-16	10%
Project Progress			10%
1.6	1.6.1 Community Pharmacies Strategy	Dec-13	80%
	1.6.2 Public needs assessment	Apr-13	100%
	1.6.3 Accreditation program for pharmacists and pharmacies	Jan-15	15%
	1.6.4 Enhanced Continuous Professional Development	Jan-15	15%
	1.6.5 All appropriate drugs available at community pharmacies	Dec-14	15%
	1.6.6 Higher utilization of community pharmacies	Dec-14	15%
	1.6.7 Access to appropriate patient information for community pharmacies	Dec-14	15%
Project Progress			36%
1.7	1.7.1 Establish National Diabetes Committee	Dec-13	100%
	1.7.2 Undertake a situational analysis	Dec-16	5%
	1.7.3 Develop a National Diabetes Strategy	Dec-16	5%
	1.7.4 Development and piloting of a diabetes register	Dec-16	0%
	1.7.5 Integrate the education and dietary advice	Dec-16	0%
	1.7.6 Build a model of care and clinical pathways	Dec-15	0%
Project Progress			18%

Project	Output	Completion Date	Completion %
2.1	2.1.1 National standards for Referrals	Dec-14	30%
	2.1.2 Clinical Guidelines for Qatar	Dec-14	30%
	2.1.3 Concept of quality improvement	Dec-14	40%
	2.1.4 Continuity of care	Dec-14	30%
	2.1.5 Educating the public	Oct-15	50%
	2.1.6 Performance agreements	Feb-13	100%
Project Progress			47%
2.2	2.2.1 Disease management programs set up	Dec-16	5%
2.3	2.3.1 National Health Data Management and Improvement Strategy	Jun-14	10%
	2.3.2 Central health information management and required capabilities in the E-Health analytical team	Oct-14	10%
	2.3.3 National health data standards framework, policies and procedures, and electronic standards register	Mar-13	10%
	2.3.4 National health data governance	Dec-13	10%
	2.3.5 National health data and minimum datasets architecture	Dec-13	10%
	2.3.6 National health data and information confidentiality and security guidelines, best practice and laws	Jun-14	10%
	2.3.7 National health data warehouse architecture specification guidelines	Dec-14	10%
	2.3.8 Health data education and training action plan	Jul-15	10%
	2.3.9 Health Information Exchange (HIE) Process amongst different stakeholders at a national level	Mar-16	10%
	Project Progress		
2.4	2.4.1 National E-Health Strategy	Jun-14	10%
	2.4.2 Central E-Health infrastructure development and management team	Sep-14	10%
	2.4.3 National E-Health IT infrastructure systems development plan	Sep-14	10%
	2.4.4 National E-Health system governance	Dec-13	10%
	2.4.5 National E-Health guidelines and laws	Jun-14	10%
	2.4.6 Scalable national health data warehouse	Mar-15	10%
	2.4.7 Policies for backup and disaster recovery	Jun-14	10%
	2.4.8 Health Information Exchange Phase One	Mar-16	10%
	2.4.9 E-Health education and training action plan	Jun-15	10%
Project Progress			10%
2.5	2.5.1 Private Sector engagement implementation	Jul-13	Closed
2.6	2.6.3 Strategy developed	Jul-13	100%
	2.6.4 Strategy Implementation	Dec-13	0%
Project Progress			50%

Project	Output	Completion Date	Completion %
3.1	3.1.1 Prevention champion and establish a National Preventive Health committee	Mar-13	100%
	3.1.2 Public Health Evaluation System that can measure the overall status and effectiveness of individual initiatives	Dec-16	10%
	3.1.3 Produce and update National Prevention Strategy	Sep-15	10%
Project Progress			10%
3.2	3.2.1 Produce and promote dietary policies and legislation including: - Food Labeling laws – Nutrition facts box - Policy guidelines for healthy school snacks - Marketing guidelines for food and beverages for children	Sep-13	80%
	3.2.2 Establish robust governance to oversee and agree the nutrition and physical activity action plan, including multi-sectoral subgroups	Jun-13	100%
	3.2.3 National Nutrition programs to promote optimal: - maternal health - infant and young child development - nutrition for school aged children – ‘We are healthy kids program’ - nutrition for adults – ‘Dietary guidelines’	Mar-16	60%
	3.2.4 Review existing national guidelines for health-enhancing physical activities in: - schools - workplaces - community	Mar-16	60%
	3.2.5 Deliver public awareness campaigns on the benefits of good nutrition and physical activity	Jun-16	10%
	3.2.6 Develop an evaluation and monitoring system for nutrition and physical activity	Mar-13	100%
	3.2.7 Build capacity through: - Training of healthcare workers - Recruitment of nutritionists for Primary Healthcare Centers	Mar-16	60%
	3.2.8 Collaborate on research with the academic and private sectors	Mar-16	50%
Project Progress			65%
3.3	3.3.1 Develop an action plan to enhance and create: - Tobacco awareness - cessation support services - smokeless products	Jun-16	10%
	3.3.2 Services linked to school health initiatives	Jun-15	100%
	3.3.3 Policies to reduce tobacco consumption: - 100 per cent smoke-free venues - Adoption of Framework Convention on Tobacco Control (FCTC) guidelines - Increase in taxation on tobacco products and use funds to support health initiatives - Pictorial warnings - Restrict shisha consumption - Enactment and finalization of tobacco law (including smokeless products) - Enhanced enforcement of tobacco laws	Jun-16	100%

Project	Output	Completion Date	Completion %
3.3	3.3.4 Surveillance and Evaluation - Research on economic burden of Tobacco on Qatar - Undertake the Global Adult Tobacco Survey (GATS), the Global Youth Tobacco Survey (GYTS) and the Global School-based Student Health Survey (GSHS)	Sep-15	80%
	3.3.5 Increase access to Tobacco Cessation Clinics	Jun-16	20%
	Project Progress		62%
3.4	3.4.1 Educational campaigns of consanguinity	Dec-12	100%
	3.4.2 Counselling to support mandatory premarital screening of all Qatari couples by 2016	Dec-12	100%
3.5	3.5.1 Early-warning surveillance and tracking system to enable improved data collection, reporting and prioritization	Sep-15	20%
	3.5.2 Process to update the existing vaccination registration program for children and adult	Mar-15	20%
	3.5.3 Develop Communicable Diseases framework and policies to assist in prevention efforts within high risk areas and groups. (This will include follow up screening policies)	Dec-14	10%
	Project Progress		17%
3.6	3.6.1 National Screening Program and infrastructure	Jun-14	20%
	3.6.2 Evidence based Screening guidelines for providers	Jun-14	20%
	Project Progress		20%
3.7	3.7.1 Establish data sets for injury, periodic tests, inspection and toxicology	Mar-15	20%
	3.7.2 Establish routine collection and monitoring and reporting to inform policies	Dec-15	0%
	3.7.3 Produce and maintain the list of occupational diseases and produce guidance based on priority diseases, injuries and causes of death	Sep-14	50%
	3.7.4 Implement a revised SCH occupational health capability	Jun-14	10%
	3.7.5 Produce and promote Occupational Health standards, policies and procedures linked to GCC and International policies	Dec-14	60%
	3.7.6 Training and education for general practitioners and health professionals on Occupational Health	Mar-14	60%
	3.7.7 Revise licensing requirements for occupational health professionals to ensure all are registered with the Supreme Council of Health	Mar-15	40%
Project Progress		34%	
3.8	3.8.1 Education program	Dec-16	20%
	3.8.2 Enhancement of prenatal care services	Dec-16	20%
	3.8.3 Improved postpartum services	Dec-16	20%
	3.8.4 Maintained childhood vaccination coverage	Dec-16	31%
	3.8.5 Women's health screening program	Dec-16	31%
Project Progress		24%	
3.9	3.9.1 Introduce an Electronic patient reporting system to link medical data systems to police reported data. Collection of vital register information on deaths.	Mar-17	20%
	3.9.2 Develop an assessment and review process for dealing with drivers who wish to return to driving following illness or injury and establish a new form for the drivers medical requirements	Dec-14	70%

Project	Output	Completion Date	Completion %
3.9	3.9.3 Establish a seatbelt, baby seat and child restraint Campaigns to raise Awareness and knowledge of community about road safety measures	Sep-17	100%
	3.9.4 Advanced training for A & E staff to safely locate, stabilize, treat and rescue casualties from crashed vehicles	Dec-13	100%
	3.9.5 Introduce a Basic Life Support (BLS) training for police and civil defense	Dec-13	100%
	3.9.6 Develop community-based initiatives to take healthcare to the patient following hospital stays	Dec-14	100%
	3.9.7 Establishment of a medical task force to continue to oversee, monitor and coordinate the activities of each health sector to fulfil the objectives	Mar-13	100%
	3.9.8 Undertake research to understand all aspects related to mortality and morbidity due to accidents and ways to decrease its health impact on the community and to understand the attitudes and behaviors of high risk groups	Mar-17	60%
	3.9.9 To establish updated map for the emergency hubs all over the country and their capacity	Mar-14	100%
Project Progress			83%
3.10	3.10.1 Situation Analysis of Management Systems for Food Safety, Animal Health and Plant Health.	Dec-12	100%
	3.10.2 Policy framework for food safety management aligned with the recommendations inter-governmental agencies and international best practice.	Dec-12	100%
	3.10.3 Drafting of new law for establishment of a Food Safety Authority (FSA).	Dec-12	100%
	3.10.4 Enactment of the law – Emiri Decree	Mar-14	90%
	3.10.5 Design and approval of organizational structure	Dec-13	100%
	3.10.6 Design specifications for establishment of all operational and support divisions of FSA. Deliverable: FSA Establishment Blueprint.	Dec-13	100%
	3.10.7 Change Management Plan for Transition Phase	Mar-13	100%
	3.10.8 Implement Phase 1 of the Transition Process by the end of 2015.	Dec-15	30%
	3.10.9 Implement Phase 2 of the Transition Process by the end of 2016	Dec-16	0%
Project Progress			80%
3.11	3.11.1 National health-emergency preparedness plan and the role of healthcare	Dec-14	20%
	3.11.2 Synchronization among stakeholders and increased enforcement	Mar-15	10%
Project Progress			15%
3.12	3.12.1 Air Quality monitoring in coordination with the Ministry of Environment	Jun-15	62%
	3.12.2 Process to conduct environmental health impact assessments of projects	Dec-12	100%
	3.12.3 Clarify the functions of the Environmental Health Section in terms of Air Quality and Environmental Health Impact Assessments	Mar-14	50%
Project Progress			71%

Project	Output	Completion Date	Completion %
4.1	4.1.1 National Health Workforce Development Advisory Committee established to advise on the strategic direction for workforce planning.	Mar-12	100%
	4.1.2. National workforce plan consistent with the Clinical Services Framework (CSF), Health Infrastructure Master Plan	Dec-13	80%
Project Progress			90%
4.2	4.2.1 Competitive remuneration package	Dec-14	50%
	4.2.2 Clearly defined career structures and promotions linked to performance	Dec-14	10%
	4.2.3 Improved employment conditions for expatriates	Dec-14	40%
	4.2.4 National e-learning platform	Dec-15	10%
	4.2.5 Establishing experienced staff exchange programs with international partners	Jun-15	40%
Project Progress			30%
4.3	4.3.1 Evaluation of diversification of healthcare education institutes, both locally and internationally	Oct-14	30%
	4.3.2 Enhanced sponsorship opportunities	Sep-15	10%
	4.3.3 Alignment with Supreme Education Council (SEC) on initiatives to meet healthcare professional education requirements	Nov-14	10%
Project Progress			17%
5.1	5.1.1 Recruitment of SCH Staff	Dec-14	95%
	5.1.2 Repeal of / exemption from HR law for healthcare sector	Mar-14	70%
	5.1.3 Implementation of HR IT System	Sep-14	30%
	5.1.4 HR strategy and processes (e.g. performance evaluation and assessment framework)	Dec-14	50%
Project Progress			61%
5.2	5.2.6 Effective process for engagement	Jun-14	70%
	5.2.7 Framework for CPD/CME	Dec-14	50%
	5.2.8 Corporate governance structure	May-14	80%
Project Progress			67%
5.3	5.3.1 Facilities Licensing Standard	Jun-14	50%
	5.3.2 National Accreditation Standard	Jul-14	50%
	5.3.3 Education programs from facilities on safety	Nov-15	50%
Project Progress			50%
5.4	5.4.1 Expanded scope to include medical devices	Apr-13	100%
	5.4.2 Medical device registration unit	Jun-15	20%
	5.4.3 Qatar National formulary	Jun-15	30%
	5.4.4 Education program for health professionals	Apr-15	20%
Project Progress			43%
5.5	5.5.1 Patient Advocacy Framework	Dec-14	80%

Project	Output	Completion Date	Completion %
6.1	6.1.1 Situational analysis, needs analysis and gap analysis	Dec-14	95%
	6.1.2 Budgeting process and a transition plan	Mar-14	60%
	6.1.3 Institutional requirements for implementing budgeting process	Apr-14	70%
	6.1.4 Multi-year budgeting program for public health sector spending (Apr 2015)	Apr-15	5%
Project Progress			58%
6.2	6.2.1 List of preferred providers based on quality, and volume contracts negotiated with these providers	Dec-14	30%
	6.2.2 Follow-up care to take place in Qatar as appropriate	Dec-15	30%
	6.2.3 Definition of indications that are eligible for treatment abroad, and transparent application and approval process	Dec-15	30%
Project Progress			30%
6.3	6.3.1 Regulatory and policy framework	Mar-14	40%
	6.3.2 Develop and implement provider standards	Mar-16	20%
	6.3.3 Establish National Health Insurance Company	Mar-13	100%
	6.3.4 Fee schedule	Mar-16	25%
	6.3.5 Transparent communication campaign	Mar-13	20%
Project Progress			41%
6.4	6.4.1 A Qatar Health Facilities 20 year Strategic Master Plan	Jan-14	90%
	6.4.2 A Qatar Health Facilities 5 year Action Plan	Jan-14	90%
	6.4.3 Recommendation for regular updates of the plan	Jan-14	90%
	6.4.4 Design, development and handover of GIS system and applications	Jan-14	80%
Project Progress			88%
6.5	6.5.2 Defining the certificate of need process for Qatar	Aug-13	85%
	6.5.1 Establishment of the capital expenditure committee according to the agreed terms of reference	Sep-13	50%
Project Progress			68%
7.1	7.1.1 Governance structure and legal framework for safe and innovative research	Nov-16	35%
	7.1.2 National coordination of health research activity through a committee led by the SCH (including specialized equipment purchasing)	Nov-16	20%
	7.1.3 Guidance on performing research according to international standards	Nov-16	10%
	7.1.4 Funding support for all national healthcare research priorities	Nov-16	20%
	7.1.5 New research models	Nov-16	25%
	7.1.6 Cross-stakeholder exchange mechanisms	Nov-16	35%
	7.1.7 Patient consent forms at institutions that perform research.	Nov-16	35%
Project Progress			26%

Annex B: Project Targets

Project	Project target	Completion due date
1.1	10 quick wins implemented by the end of 2013	Dec-13
	First annual report published by the end of 2014 to show how PHCC are assessing and meeting patients' needs	Dec-14
	Commence identifying patients who would benefit from a yearly "health check" by the beginning of 2014	Mar-14
	By the end of 2015 provide convenient and easy access to services through the establishment of a Patient Helpline, which will help people to get the care they need	Dec-15
	Implement an appointment system across all public primary healthcare centers by end of 2013	Dec-13
	Average consultation times to have increased to 12 minutes by the end of 2016, giving more time to address patients' needs	Dec-16
	Commence surveying patients' views on services already being delivered and services being planned by the beginning of 2014	Mar-14
1.2	Seventeen new health centers open by the end of 2016	Dec-16
	Supreme Council of Health to adopt a national clinical services framework by end of 2016	Dec-16
	Criteria, priorities and a plan for establishing national centers of excellence completed by end of 2016	Dec-16
1.3	Increase the number of rehabilitation beds to 25 per 100,000 resident population by the end of 2016	Dec-16
	Increase the number of continuing care beds to 8.23 per 1,000 resident population by the end of 2016	Dec-16
1.4	The number of psychiatric beds to be at least 12.5 per 100,000 resident population by 2016	Dec-15
	20% of people with mental health problems will receive their treatment in primary care settings by April 2018	Apr-18
	Service coverage for people with severe mental disorders will increase by 20% by April 2018 (Aligned to WHO MHG target 2)	Apr-18
	50% of Psychiatric Inpatient Beds co-located with general hospital settings by April 2018	Apr-18
	Increase in investment in mental health as a proportion of the total health budget by April 2018	Apr-18
2.1	Begin introducing protocols (referral and discharge, clinical guidelines and continuity of care) for priority conditions (e.g. cardiac, asthma, and diabetes) in accordance with the following implementation plan: (i) completion of a requirements mapping exercise by end of 2013	Dec-13
	Begin introducing protocols (referral and discharge, clinical guidelines and continuity of care) for priority conditions (e.g. cardiac, asthma, and diabetes) in accordance with the following implementation plan: (ii) piloting by July 2014	Jul-14

Project	Project target	Completion due date
	Begin introducing protocols (referral and discharge, clinical guidelines and continuity of care) for priority conditions (e.g. cardiac, asthma, and diabetes) in accordance with the following implementation plan: (iii) introduction of protocols by January 2015	Jan-15
2.1	Implement Performance Agreements in: (i) 100% of hospitals,	Dec-15
	Implement Performance Agreements in: (ii) 100% of Primary Healthcare Centers	Dec-15
	Implement Performance Agreements in: (iii) 50% of polyclinics by the end of 2015	Dec-15
2.2	2.2.1 SCH to produce and approve, by May 2013, a paper defining any additional action required to support the development of disease management in Qatar	Apr-13
	Establish Health Data Working Group by end of 2013	Dec-13
	Establish electronic national health data standards register by April 2014	Apr-14
2.3	National Health Data Management and Improvement Strategy approved by July 2014	Jul-14
	Establish central health information management and analytical team by October 2014	Oct-14
	Health data education and training action plan approved by July 2015	Jul-15
	Establish E-Health Working Group by end of 2013	Dec-13
	Supreme Council of Health to adopt a national E-Health strategy by July 2014	Jul-14
2.4	Establish central E-Health development and management team by October 2014	Oct-14
	Establish national health data warehouse by April 2015	Apr-15
	E-Health education and training action plan approved by July 2015	Jul-15
	Establish first phase of national health information exchange by April 2016	Apr-16
2.5	Supreme Council of Health to identify priority areas for private sector involvement for 2016, by July 2013	Closed
	Laboratories Integration and Standardization strategy adopted by the Supreme Council of Health by July 2013	Jun-13
	The completion of policy-relevant service mapping and projections to guide the development of additional services by April 2014	Mar-14
2.6	Establishment of a non-clinical national reference laboratory and referral procedures by the end of 2016	Dec-16
	Official decision and agreement on the need and plans for a clinical national reference laboratory, and associated reference procedures by the end of 2016	Dec-16

Project	Project target	Completion due date
3.1	Establish a monitoring and evaluation system for public health by 2015	Dec-14
	Produce a National Prevention Strategy by 2015	Dec-14
3.2	Decrease the prevalence of obesity by 3 percentage points from: (i) 32% (in 2006) to 29% for all adult residents, (ii) and from 40% to 37% for Qatari adults in 2016	Dec-16
3.3	Reduce the percentage of adult Qatari male smokers from 31.9% to 28.9 in 2016	Dec-16
	Reduction of mortality due to non-communicable disease which is attributed to tobacco from 2.0% according to (WHO Estimate at 2004) to 1.6% in 2016	Dec-16
3.4	Reduce the number of congenital birth defects as a result of consanguineous marriages	Complete
3.5	Reduce the threat of communicable diseases by implementing an integrated early warning surveillance system by the end of 2015	Dec-15
	Reduce measles incidence from 58 per 1,000,000 resident population in 2011 to <5 per 1,000,000 by 2016	Dec-15
3.6	Establish baseline for screening activity and targets for percentage of individuals to be covered by screening programs, by October 2013	Sep-13
3.7	To have implemented the strengthened SCH Occupational Health capability by April 2014	Mar-14
	To have begun national routine data collection and monitoring of injuries by end December 2015	Dec-15
3.8	Formulation and Development of National Policy on Women and Child Health by October 2014	Sep-14
	Development of National Guideline for each key thematic group (Women Health-Maternal Health, Child Health, Baby Friendly Initiatives) by October 2015	Sep-15
	Development of National two-way Referral System for Women and Child Health by the end of 2013	Dec-13
	Development of WCH key Health Indicators and Targets for service quality monitoring by October 2015	Sep-15
3.9	Promote post-crash response and have faster access to emergency services ((see NHS Project 1.5 Emergency Care services targets	Dec-16
	Increase the national hospital rehabilitation capacity for injured people to 160 beds by 2016	Dec-15
	of A&E attendances and acute admissions for injuries to have complete coding of cause of injury in their electronic patient records by end of 2016	Dec-16
3.10	Food Safety Agency legally established by October 2014	Sep-14
3.11	Complete an Emergency Preparedness and Response National Health plan by end of 2015	Dec-14
3.12	Integrated routine air quality monitoring system developed and implemented by end of 2016	Dec-16
	Environmental Health Impact Assessment to be mandated through the new Environmental Law by end of 2016	Dec-16
	Clarify the functions of the Environmental Health Section in terms of Air Quality and Environmental Impact Assessments by April 2014	Mar-14

Project	Project target	Completion due date
4.1	Supreme Council of Health to adopt a national healthcare workforce plan by October 2013	Sep-13
4.2	Ensure a voluntary annual turnover rate in public healthcare providers of less than 8% by end of 2016	Dec-16
4.3	Initiate routine data reporting to the Supreme Council of Health and monitoring of healthcare training and education in Qatar by July 2013	Jun-13
4.3	Identify national key performance indicators and targets for healthcare education and training aligned with the national healthcare workforce plan by October 2013	Sep-13
5.1	Reduce the vacancy rate of the Supreme Council of Health from approximately 30% to 15% by the end of 2016	Dec-16
5.2	100% of private healthcare practitioners are licensed by QCHP by the end of 2014	Dec-14
	100% of Governmental / Semi-governmental healthcare providers are actively engaged in the process of registration and licensing through the QCHP by the end of 2015	Dec-15
	100% of Government / Semi-government healthcare practitioners are actively engaged in the process of registration and licensing through the QCHP by the end of 2016	Dec-16
	100% of CPD/CME providers are educated about CPD/CME accreditation policies through the QCHP by the end of 2014	Dec-14
	100% of healthcare practitioners are oriented about the new mandatory CPD/CME policy through the QCHP by the end of 2015	Dec-15
5.3	Introduce a new licensing and accreditation system by the end of 2015	Dec-15
	100% of healthcare facilities are licensed by SCH by the end of 2015	Dec-15
	(i) 100% of hospitals are actively progressing through the accreditation process and (ii) 30% of other healthcare facilities are actively engaged with a recognized accreditation program by the end of 2016	Dec-16
5.4	National Formulary to be introduced by the end of 2015	Dec-15
	100% of new medical devices to be regulated by end of 2015	Dec-15
5.5	Develop a framework by end of 2014 which will enable the subsequent introduction of a patient advocacy service	Dec-14
6.1	Multiyear activity based budgeting system implemented by the end of 2016	Dec-16
6.2	Achieve a 100% follow-up rate in Qatar for patients returning from an episode of care abroad by the end of 2016 (where patients have been referred for treatment abroad by an approved Medical Committee)	Dec-16
6.3	Achieve 100% health insurance coverage of resident population by end 2016	Dec-16
6.4	The Supreme Council of Health adopts a national healthcare infrastructure master plan and action plan by November 2013	Oct-13
6.5	The Supreme Council of Health to establish a Capital Expenditure Committee including the approval of terms of reference and membership by the end of 2013	Dec-13
	The Supreme Council of Health to establish mandated certificate of need process by end of 2013	Dec-13
	of new eligible capital expenditure projects to be compliant with the 100% certificate of need process by end of 2013	Dec-13

Project	Project target	Completion due date
7.1	Establish a national research governance framework led by the Supreme Council of Health, by the end of 2014	Dec-14
	A national health research strategy to be adopted for Qatar by October 2014	Sep-14

Annex C: Project Achievements

1.1 Primary Care as the Foundation	<ul style="list-style-type: none"> • Primary Health Care Strategy 2013-2018 launched • Monthly reporting cycle to monitor Primary Health Care strategy implementation commenced • 0-5 years child note books (patient held records) implemented in all health centers • Physician held booklet for all Non-Communicable Diseases implemented • Scope for homecare developed • Primary Health Care research plan developed
1.2 Configuration of Hospital Services	<ul style="list-style-type: none"> • Contract awarded to map existing configuration of hospital services and project options for future optimal configuration • Contractors have begun work to develop a program of work to achieve consensus between stakeholders around an optimum future configuration of hospital services
1.3 Continuing Care Design	<ul style="list-style-type: none"> • First meeting of the national Oversight Continuing Care Design Committee planned • Model of continuing care draft complete
1.4 Mental Health Design	<ul style="list-style-type: none"> • Mental Health Strategy launched
1.5 Emergency Care Services	<ul style="list-style-type: none"> • First meeting of the National Emergency and Urgent Care Network held • Ambulance response time targets met
1.6 Community Pharmacies Strategy	<ul style="list-style-type: none"> • Booz Allen Hamilton awarded the contract and commenced strategy development • Draft Communities Pharmacy Strategy completed and submitted to SCH for review • Approval from HE Minister of Health to proceed with Stage one of strategy received
1.7 Diabetes Service Design	<ul style="list-style-type: none"> • First meeting of National Qatar Diabetes Committee • Resource proposal and team structure approved • High level timeline for strategy development approved
2.1 Healthcare Quality Improvement	<ul style="list-style-type: none"> • Approval of 2 booklets on healthcare quality and patient safety • Booklets printed and disseminated • Healthcare Service Provider Performance Agreements developed
2.2 Disease Management Programs Establishment	<ul style="list-style-type: none"> • Received report from international advisor Prof. Luterback making recommendations on next steps for the project
2.3 Establish Healthcare Data Management Program	<ul style="list-style-type: none"> • Tender to support the development of the national Healthcare Data strategy issued to 5 companies, shortlisted from 19 Expressions of Interest received. This is a joint tender with Project 2.4. • Contract awarded
2.4 E-Health	<ul style="list-style-type: none"> • Tender to support the development of the national Healthcare Data strategy issued to 5 companies, shortlisted from 19 Expressions of Interest received. This is a joint tender with Project 2.4. • Contract awarded
2.5 Private Sector Involvement	<ul style="list-style-type: none"> • Project Closed

2.6 Laboratory Integration and Standardization

- The Laboratory Integration and Standardization Strategy formally approved by HE Minister of Health
- Publication finalized and implementation handed over to SCH Medical Affairs
- New project manager appointed
- Arabic translation of the strategy approved
- Strategy published
- Contract to support implementation of strategy awarded.

3.1 Preventive Health

- First meeting of the National Health Prevention Committee held

3.2 Nutrition and Physical Activity

- Governance arrangements agreed, subgroups established
- Agreement to install Body Mass Analysis machines in 2 PHCC health centers for piloting
- World Health Organization workshop for dietary guidelines held
- 6 Body Mass Analysis monitoring machines installed in 3 PHCC Centers
- Finalization of Ramadan nutrition messages
- Food based dietary guidelines finalized

3.3 Tobacco Cessation

- Global Adult Tobacco Survey (GATS) field work carried out
- Celebration of World No Tobacco Day, TV, Radio and newspaper, media material developed
- GATS factsheet and key findings approved by SCH and sent to the Centre for Disease Control & World Health Organization for approval
- Services linked to school health initiatives
- GATS factsheet completed and disseminated

3.4 Consanguinity Risk reduction

- Project Complete

3.5 Communicable Diseases

- Implementation of the 1st phase of the Communicable Diseases National Prevention Campaign
- Agreement to establish the National Communicable Disease Control Committee
- Review of Qatar food borne disease control Program by World Health Organization completed

3.6 National Screening Program

- National guidelines on diabetic retinopathy approved.
- Consultancy support procured to develop screening guidelines.
- Clinical workshops to establish baseline prevalence held

- Implementation of campaign to support World Occupational Health and Safety Day
 - Heat stress campaign commenced
- 3.7 Occupational Health
- Workshops held, booklets distributed, awareness campaigns in shopping malls and Buses
 - New proposed structure and functions of the SCH Occupational Health team approved by HE the Minister.
 - Radiation Check-up protocols for private providers drafted
 - Tender issued to develop proposals for a revised SCH occupational health capability
- 3.8 Maternal and Newborn Health
- National two-way Referral System for Women and Child Health launched
 - Hosted World Health Organization Road Safety visit.
- 3.9 Implementing the national Road Safety Strategy
- Seatbelt, baby seat and child restraint campaigns launched
 - Advanced training for A & E staff conducted
 - Basic Life Support training for police and civil defense initiated
 - Map for the emergency hubs, including capacity data, updated
 - Draft 18 month action plan for change management activities completed
- 3.10 Establishment of the Food Safety Authority
- Consultants in place and a draft business case submitted
 - FSA Business Care was presented to HE the Minister
 - Design and approval of organizational structure
- 3.11 Emergency Preparedness
- WHO submitted a Hazards Vulnerability Analysis and Risk Assessment report which will inform the development of Qatar's National Health emergency preparedness plan
- 3.12 Environmental Health
- Data collection began at air quality monitoring station
- 4.1 Workforce Planning
- Phase 3 of workforce strategy contract 'Analysis of demand and supply' completed
- 4.2 Recruitment and Retention of Healthcare Professionals
- First staff exchange sub-committee meeting held
 - Letters of interest received from international organizations
 - Proposals received from consultants to undertake an exercise to compare current health workforce compensation packages in HMC, PHCC and SCH with packages in (a) other organizations in Qatar, (b) across the GCC and (c) internationally
- 4.3 Professional Education and Training
- A baseline for clinical professional training courses currently provided in Qatar, and students studying at each institution, produced
- 5.1 SCH Capacity Build-Up
- Scholarship campaign ran which led to 160 applicants for 24 scholarship places at SCH awarded
 - Employee experience & applicant experience surveys rolled out
 - Leadership and talented development program under implementation
 - Project target achieved: SCH vacancy rate reduced to 15%
 - Multimedia hub created to share high quality CVs between healthcare providers
- 5.2 Qatar Council for Healthcare Practitioners
- Qatar Council for Healthcare Practitioners established
 - Qatar University College of Pharmacy became the first CPD / CME approved course provider in Qatar.

5.3 Healthcare Facilities Regulation

- Accreditation Canada International appointed to develop the Licensing and Accreditation Process
- Secured hosting the ISQua Conference in 2015
- Medical Devices Team structure approved

5.4 Healthcare Products Regulation

- Training program for clinicians on narcotics and generic drugs developed
- Tender documents submitted for the development of the National Formulary
- Company appointed to develop National Formulary

5.5 Patient Advocacy Framework

- International experts have undertaken situational analysis and stakeholder engagement to produce report on development of Patient Advocacy in Qatar

6.1 Budgeting Process for the Public Healthcare Sector

- Research report on the budgeting process produced
- Draft budgeting framework for HMC, PHCC & SCH developed

6.2 Management of Treatment Abroad

- The Treatment Abroad Working Group re-established with HMC members

6.3 Social Health Insurance Establishment

- The National Health Insurance Company registration process completed
- The First General Assembly was held
- Fee schedule, premium and basic benefits package approved by the SCH Executive Committee
- The Social Health Insurance law approved
- First meeting of the National Health Insurance Company Board of Directors held
- Doha Clinic provider agreement signed
- Stage 1 of the Social Health Insurance Scheme launched on 17 July 2013
- Third Party Administrator contract successfully novated to National Health Insurance Company from SCH.
- The National Clinical Coding Committee terms of reference approved by HE the Minister.

6.4 Healthcare Infrastructure Masterplan

- Draft Facilities Guidelines Report submitted
- The Infrastructure Masterplan Approved

6.5 Capital Expenditure Committee

- Best practices document for Qatar Certificate of Needs process developed

7.1 Health Research Governance

- A first cross-stakeholder exchange meeting has been held amongst health research organizations



