

System/structure

Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated (National Primary Health Care, 2018)



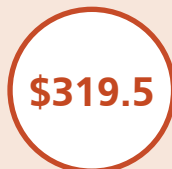
Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (Qatar Second National Development Strategy, 2018 - 2022)



Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans (NHS, 2018)



Finance



PHC expenditure per capita in US\$ (MOH, 2016)

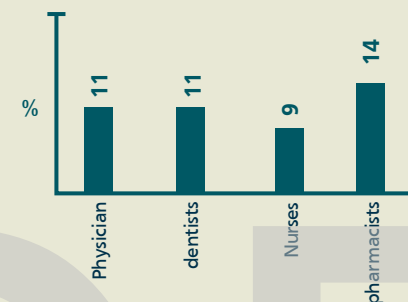


Percentage of domestic general government health expenditure on PHC from total GGHE-D. (MOH, 2016)

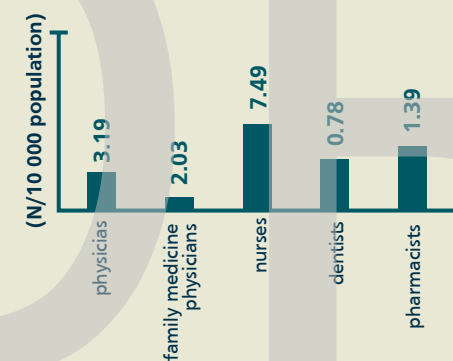
Inputs

Health workforce

Percentage of health workforce in PHC by occupation (Department of Healthcare Professions DHP, 2020)



Density of PHC by occupation (2019)



Health information systems

Presence and use of unique patient identifiers (Business & Health Intelligence Department, Primary Health Care Corporation, 2018)



Use of patient health records follow a patient through their encounter with the health care system



Infrastructure

Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility (2018)



Processes

Model of care

Percentage of patients who are registered at PHC facilities (BHI, 2018)



Percentage of cases referred to secondary care (BHI, 2018)



Gatekeeper role for general practitioners/family physicians (BHI, 2018)



Formal process exists for referrals (BHI, 2018)



Quality processes

Percentage of facilities that monitor patient experience (Hayyak Report, 2018)



Empowerment and engagement

Community/patient participation in facility management meetings (PHCC Annual Report, 2018)



Outcomes

Effective coverage and quality of care

Rate of hospital admissions for ambulatory care sensitive conditions (BHI, 2018)



Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services



Empowerment and engagement

Percentage of population who believe decision-making is inclusive [SDG 16.7.2]



Equity

Under-5 mortality by residence¹



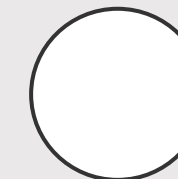
Percentage coverage of RMNCH services by mother's education



Impact

Financial protection

Percentage of population with impoverishing health expenditure



Mortality

Maternal mortality ratio [3.1.1]⁴ (UN estimates, 2017)



Premature noncommunicable diseases (NCD) mortality [3.4.1]



Country context



GDP per capita (PPP current international \$)
\$ 96 491.0
(World Bank, 2019)





Population living in poverty (Under \$1.90 int'l dollars/day)

N/A

Life expectancy at birth
80.7 Years
(Regional Core Indicators Booklet, 2019)

REFERENCE KEY

 Yellow fill indicates a Vital Signs Profile indicator
 Purple fill indicates an SDG indicator. The numbers included in brackets refer to an SDG indicator number. Standard reporting sources or accepted United Nations estimates should be used.

 Present
 Absent
 Not available or not reported
 Not available or not reported

INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

Governance

Presence of UHC legislation inclusive of PHC	<input checked="" type="checkbox"/>
Equity mainstreamed in health policy	<input checked="" type="checkbox"/>
Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public and private sectors	<input checked="" type="checkbox"/>
Presence of quality improvement and assurance processes in the national health plan	<input checked="" type="checkbox"/>
Participatory governance structures	<input checked="" type="checkbox"/>

Finance

Government health spending as percentage of GDP	<input checked="" type="checkbox"/> 2.11%
PHC expenditure as percentage of current health expenditure	<input checked="" type="checkbox"/> 12.5%
Domestic general government expenditure on PHC as percentage of PHC spending	<input checked="" type="checkbox"/> 96%
Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure	4%

Inputs

Health workforce

Percentage of primary care workforce specialized in family practice (by physicians)	70%
Proportion of health workforce in PHC who have received minimum continuous professional education according to national requirements in the last year ²	100%
Vacancy rate in PHC	10.1%

Health information systems

Percentage of births registered	100%
Percentage of deaths registered	100%
Explicit adoption of a set of PHC indicators for monitoring and evaluation	<input type="checkbox"/>
Inclusion of section on PHC performance in annual health sector reporting	<input checked="" type="checkbox"/>
Percentage of public sector PHC that reports performance data	100%
Presence of a comprehensive individual patient record	<input checked="" type="checkbox"/>
Presence of a comprehensive family record	<input checked="" type="checkbox"/>
Is there a functioning electronic health information system (eHIS) in the country?	<input checked="" type="checkbox"/>
Percentage of PHC facilities using an eHIS	100%
Percentage of facilities that implement the clinical documentation improvement program	93%

Infrastructure

Percentage of PHC facilities with adequate WASH	100%
Percentage of PHC facilities with rooms with auditory and visual privacy for patient consultations	100%
Percentage of PHC facilities with communication equipment	100%

Percentage of PHC facilities with access to computer with email/internet access	100%
Percentage of PHC facilities with standard precautions for infection prevention	100%
Percentage of PHC facilities with all infection control items	100%

Medicines

Percentage of PHC facilities with correlated package of services	100%
Proportion of facilities in which essential medicines are available (no stock outs in one year)	100%

Supplies

Percentage of PHC facilities with standard priority diagnostics and equipment available	100%
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Processes

Model of care

Annual outpatient department utilization rates per capita	1.25%
Percentage of PHC facilities that can provide mental health services	22.2%
Number of consultations per health worker (physician, nurse, etc.) per day	16.3% Physicians 17.9% Nurses

Management/quality improvement

Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality	70%
Professionalized management at PHC level	100%
Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year	100%
Percentage of PHC facilities with systems to support quality improvement	100%

Outcomes

Effective coverage/quality of care

Percentage of adverse events reported (immunization/medication)	813
Percentage of PHC prescriptions that include antibiotics in out patient clinics	13.8%
Percentage of PHC prescriptions that include injectable medicines	2%

Percentage of registered hypertension patients with blood pressure <90/140 at last 2 follow up visits	63%
Percentage of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7%	45.5%
Percentage of registered NCD patients with 10 years cardiovascular risk recorded in the previous year	5.7%
Percentage of women who delivered and received at least once postnatal care visit within the first 40 days	23.3% within the first two days
Percentage of substance users, including tobacco users, in receipt of brief intervention	6.24%
Percentage of children under 5 that had weight and height measured in the previous year	87%

Children under 5 who are stunted, wasted, overweight, obese

3%	2.6%	6.2%	1.7%
Stunted	Wasted	Overweight	Obese

Children under 5 with diarrhoea receiving ORS	<input checked="" type="checkbox"/> 69%
Exclusive breastfeeding 0-5months (%)	30.9%
Cervical cancer screening rates ¹	<input checked="" type="checkbox"/> 2.35%
Measles-containing-vaccine second-dose immunization coverage	99%
Diphtheria-tetanus-pertussis (DTP3) immunization coverage	98%
Average availability of services for 3 tracer communicable diseases (STI, TB, HIV)	100%
Average availability of diagnosis and management of 3 tracer NCDs (diabetes, chronic respiratory disease, cardiovascular disease)	<input checked="" type="checkbox"/> 100%
Care seeking for suspected child pneumonia	<input checked="" type="checkbox"/> 90%

Equity

DTP3 immunization coverage	<input checked="" type="checkbox"/> 98%
Perceived access barriers due to treatment costs	<input checked="" type="checkbox"/> N/A
Perceived access barriers due to distance	<input checked="" type="checkbox"/> N/A
Percentage of households with adequate WASH: [6.2.1/6.1.1]	100%
Percentage of households cooking with clean fuel [7.1.2]	<input checked="" type="checkbox"/> 98.5%
Percentage of children under 5 years of age who are developmentally on track [4.2.1]	<input checked="" type="checkbox"/> N/A
Malaria incidence [3.3.3]	<input checked="" type="checkbox"/> N/A
Physical inactivity in adults	36.8%
Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months [16.1.3]	<input checked="" type="checkbox"/> N/A
Use of insecticide-treated bed nets for malaria prevention	<input checked="" type="checkbox"/>

Impact

Health status

Adult mortality rate 15–60 years	62 per 1000
Adolescent mortality rate	52.3 per 100 000
Under-5 mortality rate	7 per 1000 live births
Infant mortality rate	7 per 1000 live births
Neonatal mortality rate	3 per 1000 live births
Total fertility rate	1.8 children per woman
Met need for family planning [3.7.1]	62.5%
DPT3 dropout rate	1%
TB treatment success	64%
Antenatal care quality score based on WHO guidelines	N/A
Antenatal care coverage (4+ visits)	85%
Family planning quality score based on WHO guidelines	N/A
Demand for family planning satisfied with modern methods	62.5%
Sick child quality score based on IMCI guidelines	N/A
People living with HIV receiving anti-retroviral treatment	100%
Prevalence of raised blood pressure (age-standardized estimate)	22%

Mortality by cause

Household and ambient air pollution [3.9.1]	13 per 10 000
Road traffic injuries [3.6.1]	5.5 per 10 000
Homicide [16.1.1]	N/A
Suicide rate [3.4.2]	7 per 100 000
Causes of death	
	69% NCDs
	5% Perinatal & Nutritional conditions
	26% Injuries

Efficiency

Proportion of caregivers who were given sick child diagnosis	N/A
Proportion of family planning, antenatal care, and sick child visits over 10 minutes	
	80.5% Antenatal
	72% Family Planning
	46.8% Sick Child
Provider absence rate ³	0%
Adherence to clinical guidelines	96%
Diagnostic accuracy	93%
Adequate waste disposal	100%

Risk factor/chronic disease prevalence

Obesity prevalence	35.1%
Diabetes mellitus prevalence	18.9%
Hypertension prevalence	22.4%
Tobacco use [3.A.1]	16.4%

Resilience

International Health Regulations core capacity index/joint external evaluation	87%
	68%
Disaster-related death rate [1.5.1]	N/A

Alternative indicators

- Cervical cancer screening for 30-49 women who visited the PHCC within a year

Notes

- All Qatar is Urban.
- All QCHP licensed health care professional in PHCC have received minimum continuous professional education according to QCHP national requirements. Without meeting these minimal QCHP requirement licensed health care professional will not be able to engage in clinical practice.
- PHCC clinics are service centric and not by individual physician based.
- The national value is 4 for 2019 (Regional core indicators, 2020)

The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

Jointly developed by:
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Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.



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All data are country reported unless otherwise indicated