

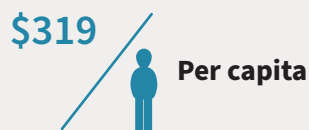
# Qatar Draft Primary Health Care Vital Signs Profile (Data from 2016-2018)



## \$ FINANCING

Health Economics Department at MOH (2016)

### PHC spending:

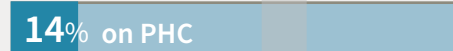


### Prioritization of PHC:

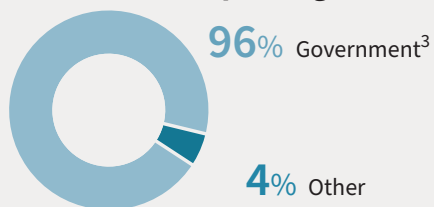
Overall health spending<sup>1</sup>



Government health spending<sup>2</sup>



### Sources of PHC spending:



## CAPACITY

Primary Health Care Progression Model<sup>4</sup>

### Governance



### Inputs



### Population Health & Facility Management



## PERFORMANCE

### Access Index<sup>5</sup>



### Quality Index<sup>5</sup>

PHCC - Clinical Affairs Directorate, 2019 Regional core indicator booklet, WHO/UNICEF 2020



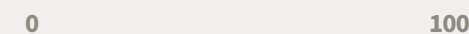
### Service Coverage Index

2020 Regional core indicators booklet (2019), WHO TB Programme (2018), 2019 Regional core indicators booklet (2015, 2018), UHC Global Monitoring Report (2017)

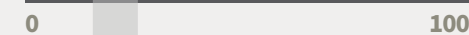


## EQUITY

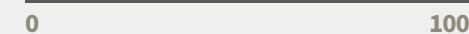
### Access: % with perceived barriers due to cost, by wealth quintile



### Coverage of RMNCH<sup>6</sup> services, by mother's education



### Outcomes: Under-five mortality<sup>7</sup>, by residence<sup>8</sup>



## COUNTRY CONTEXT AT-A-GLANCE

### GDP per capita

(PPP int'l dollars) WDI (2019)

\$96,491

### Living in poverty

(Under \$1.90 int'l dollars / day)

—%

### Government health spending as % of GDP<sup>9</sup>

WHO GHED (2018)

2%

### Life expectancy at birth

(Years) WHO (2016)

81

### Maternal mortality<sup>10</sup>

(Per 100,000 live births) WHO est. (2017)  
National value of 4 for 2019. Source: Regional Booklet 2020

9

### Neonatal mortality

(Per 1,000 live births) WHO est. (2019)

3

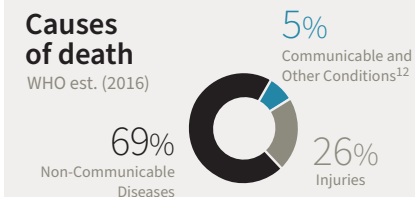
### Premature NCD mortality<sup>11</sup>

(Probability) WHO est. (2016)

15%

### Causes of death

WHO est. (2016)



Note: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See Indicator Description Sheet for details.

Note: Scores for the Capacity, Performance, and Equity domains are color-coded to reflect good (green), medium (yellow), and poor (red) performance, where comparable data are available. Cut-offs can be found in the Indicator Description Sheet. Scores based on data from non-comparable sources are colored gray. Finance indicators are not color-coded because these indicators lack common targets.

Last updated 12/2022

1. Current PHC expenditure as % of Current Health Expenditure (CHE)  
2. Domestic general government PHC expenditure as % of domestic general government health expenditure  
3. Domestic general government PHC expenditure as % of current PHC expenditure  
4. The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high)  
5. Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this VSP.

6. The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care ([http://www.who.int/gho/health\\_equity/report\\_2015/en/](http://www.who.int/gho/health_equity/report_2015/en/))  
7. Deaths of children before age 5, per 1,000 live births  
8. All Qatar is Urban. MOPH Annual Reports (2014-2018)  
9. Domestic general government health expenditure as % of gross domestic product (GDP)  
10. Maternal mortality: 11.6; HIC annual statistic report 2016  
11. Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease  
12. Communicable, maternal, perinatal, and nutritional conditions