National Health Strategy

2011-2016

Caring For The Future

Project Implementation Plans Update 2013

الاستراتيجية الوطنية للصحة
National Health Strategy
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Supreme Council Of Health

دولة قطر
State Of Qatar

مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH · EDUCATION · RESEARCH صحة · تعليم · بحوث

الرعاية الصحية الأولية
PRIMARY HEALTH CARE

Contents

Introduction

Qatar's National Health Strategy 2011-16 (NHS) was launched by Her Highness Sheikha Moza bint Nasser in April 2011. The NHS set out the action that was needed to develop Qatar's healthcare system and included detailed Project Implementation Plans for each of the 35 NHS projects at Annex A.

This document provides an update of Annex A to the NHS and is designed to be read in conjunction with the NHS Executive Summary Update 2013[1]. It includes revised Project Implementation Plans for the current 38 NHS projects. It is the product of a an extensive review undertaken the NHS project teams in early 2013.

Even before publication in 2011, teams have been working to progress the ambitious and complex plans set out in the NHS. Significant progress has been made in accomplishing the tasks and activities; with just over 11 percent of outputs achieved with good progress made in all other areas.

However, the targets and milestones within the NHS were not final but designed to 'initiate discussion so that consensus may be achieved on the precise measurable outcomes' and that milestone 'dates need to be validated' by projects[2].
A comprehensive review process was initiated in 2012 to validate the Project Implementation Plans. This process has been led by the project teams and governed by leaders from SCH, PHCC and HMC to ensure the project timelines are achievable, the interdependencies are understood between partner organizations, and that targets and measurements have been aligned appropriately.

As the NHS continues to develop and be implemented, the Project Implementation Plans detailed in this document will also evolve and will continue to be updated. Targets and measurements will be improved and made more precise. Milestones will change and be adapted issues arise and are resolved.

This documents sets out the objectives, activities and outputs of the NHS implementation program that deliver the vision for healthcare in Qatar set out in the NHS, National Development Strategy 2011-16 and Qatar National Vision 2030.

1 National Health Strategy 2011-2016, Executive Summary Update 2013, published June 2013 (see www.nhsq.info)
The National Health Strategy 2011-2016, published 2011, **2** P143

Acknowledgements

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Goal 1: A Comprehensive World-Class Healthcare System

Shifting the Balance of Care

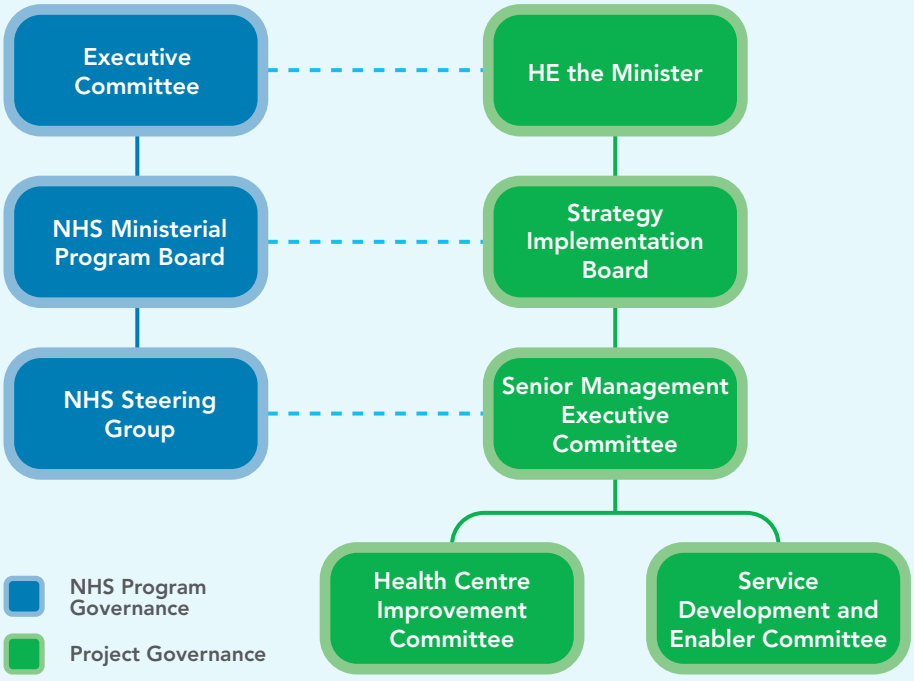
Project Name	1.1 Primary Care as the Foundation
Related NHS Goal: A comprehensive world class healthcare system whose services are accessible to the whole population	
Lead organization	Primary Health Care Corporation
SRO	Assistant Managing Director, Strategy and Organizational Development
Project Manager	Strategy Program Manager, Strategy and Organizational Development
Background and Justification	• Primary care has been recognised by the WHO as the most effective way to deliver healthcare[1]. The Qatar National Vision 2030 (QNV), Qatar National Development Strategy 2011 – 2016 and NHS 2011 - 2016, all signal the intent to develop a primary-care-driven model of care in Qatar • Given the high prevalence of chronic diseases in Qatar, the role of primary care in addressing this burden is critical • Complying with the QNV principles of comprehensive and world class healthcare requires that primary care be provided in the appropriate setting and that there be a full continuum of care • This project aims to transform Qatar's primary care system such that it can be a constant companion for the patient in his or her journey through the healthcare system • The Primary Health Care Strategy (2013 – 2018), approved by the Supreme Council of Health on the 24 February 2013, is the first national strategy for primary care, and sets out guidelines for all primary health care providers in Qatar. Production of this strategy marks the end of phase one of this project, and achieved several of the outputs from the NHS 2011-2016: 1.1.1 Model of primary care and the configuration of services 1.1.5 Primary care forum to engage PHC and private practitioners 1.1.6 Communication campaign for PHCC • In light of the evolving healthcare landscape in Qatar, and the scale of the vision for primary care in the future, some of the outputs from phase one must continue to be incorporated in the second phase of the work: 1.1.2 Capacity built for primary care 1.1.3 Sufficient and effective funding for primary care 1.1.4 Appropriate coverage of primary care for entire population • The breadth of the Strategy, and the integral nature of primary care to the health system, means that this project will impact on almost every NHS project; a detailed implementation plan has been developed in order to manage this complex range of interdependencies
Objectives	• 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
Outcomes	• World class, evidenced based, models of care for primary care services. • Uniformly high quality of care, underpinned by regular reporting on quality standards and outcome indicators • Appropriately funded and resourced primary care system, leading a primary-care-driven model of care in the State of Qatar • Improved continuity of care, with cohesive referral systems from and to primary care, supported by appropriate IT solutions that deliver integration across all settings of care • A health system focused on prevention of illness, with more services delivered in homes and the community • Improved patient engagement and satisfaction with primary care

1 The World Health Report 2008 - Primary Health Care (Now More Than Ever)

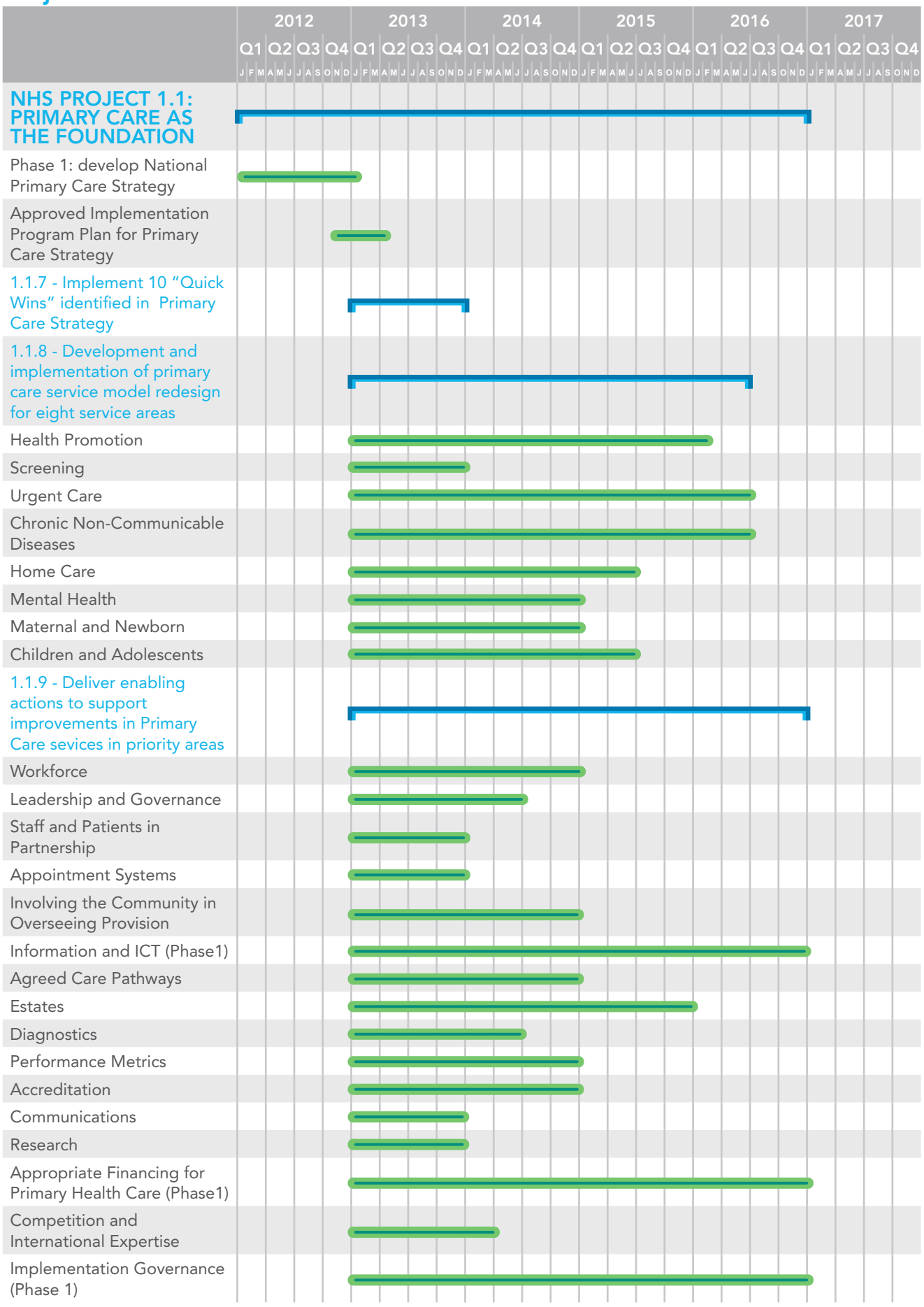
Project Name	1.1 Primary Care as the Foundation	
Outputs	1.1.7 Implement 10 "Quick Wins" identified in Primary Health Care Strategy 1.1.8 Development and implementation of primary care service model redesign for eight service areas, (Health Promotion, Screening, Urgent Care, Chronic Non-Communicable Disease, Home Care, Mental Health, Maternal and Newborn, Children and Adolescents) integrated with other NHS projects as required 1.1.9 Delivery of 'enabling' actions, as outlined in the Primary Health Care Strategy Implementation Plan. These enabling actions will be aligned with other NHS projects, and will support improvements in primary health care services in priority areas such as: Quality improvement; developing workforce capacity and capability in the system; aligning the PHCC with appropriate financing; regulation and performance monitoring; and implementing suitable ICT program to provide the foundations for a world class primary health care system	
Baseline and target to 2011-2016 (NDS)	• 10 quick wins implemented by the end of 2013 • Annual reports published from end of 2014 to show how PHCC are assessing and meeting patients' needs • Commence identifying patients who would benefit from a yearly "health check" by the beginning of 2014 • By the end of 2015, provide convenient and easy access to services through the establishment of a Patient Helpline, which will help to people get the care they need • Implement an appointment system across all public primary care centres by end of 2013 • Average consultation times to have increased to 12 minutes by the end of 2016, giving more time to address patients' needs • Commence surveying patients' views on services already being delivered and services being planned by the beginning of 2014 • 17 new health centers open by December 2016	
Key Assumptions	• An alignment of National Strategies to ensure that initiatives such as, but not limiting to, the National Primary Health Care Strategy, Social Health Insurance Strategy, and National Mental Health Strategy are supported through integrated structures, systems and processes; and that the regulatory and enforcement systems are cohesive	
Estimated Completion	2016	
Risk and Mitigation actions	**Key Risks**	**Mitigation**
	The information baseline is significantly underdeveloped	Strengthening data collection and reporting systems. Situational analyses undertaken in strategy develop and reviewed throughout implementation
	Capacity and capability of workforce	Work with project relevant NHS workforce projects to strengthen current and future workforce. Maintain robust Human resources systems to aid recruitment and retention
	Resistance to change	Promulgate and disseminate strategic thinking and priorities, engage with staff and members of the public in development and implementation of projects
	Funding model for Primary Health Care not mature	Work with relevant NHS projects to develop appropriate, forward looking plans. Develop and strengthen current data gathering and reporting systems
	Lack of buy-in from key stakeholders	Engagement Strategy
	Delays from interdependent projects	Close working between NHS project teams

Project Name	1.1 Primary Care as the Foundation

Key Stakeholders and cross-sectoral linkages	• Government Ministries
	  • Supreme Council of Health
	  • Supreme Council for Family Affairs
	  • Ministry of Interior
	• Public Healthcare Providers
	  • Hamad Medical Corporation
	  • Police and MoI clinics
	  • QP clinics
	  • SML Services
	• Private Healthcare Providers
	• Academic Institutions

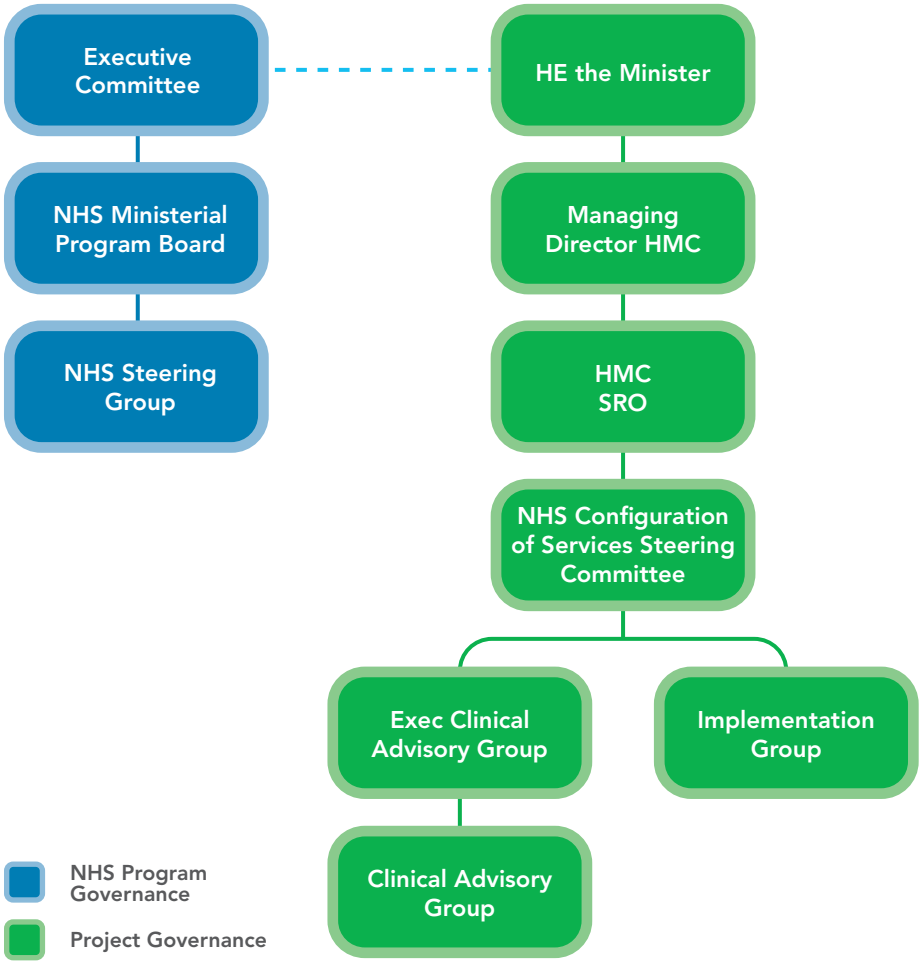
Inter-project Dependencies	1.3 Continuing Care Design 1.4 Mental Health Design 1.6 Community Pharmacies Strategy 2.1 Healthcare Quality Improvement 2.3 Improving Healthcare Data 2.4 E-Health Establishment 2.5 Private Sector Involvement 3.2 Nutrition and Physical Activity 3.6 National Screening Program 4.1 Workforce Planning 4.2 Recruitment and Retention of Healthcare Professionals 4.3 Professional Education and Training 5.3 Healthcare Facilities Regulation 6.3 Social Health Insurance Establishment
Governance	
Quality Assurance	Primary Health Care Corporation is planning to become accredited via Accreditation Canada International
Estimated Cost	Additional investment of 1.5 billion QAR against 2013/14 baseline

Project Plan

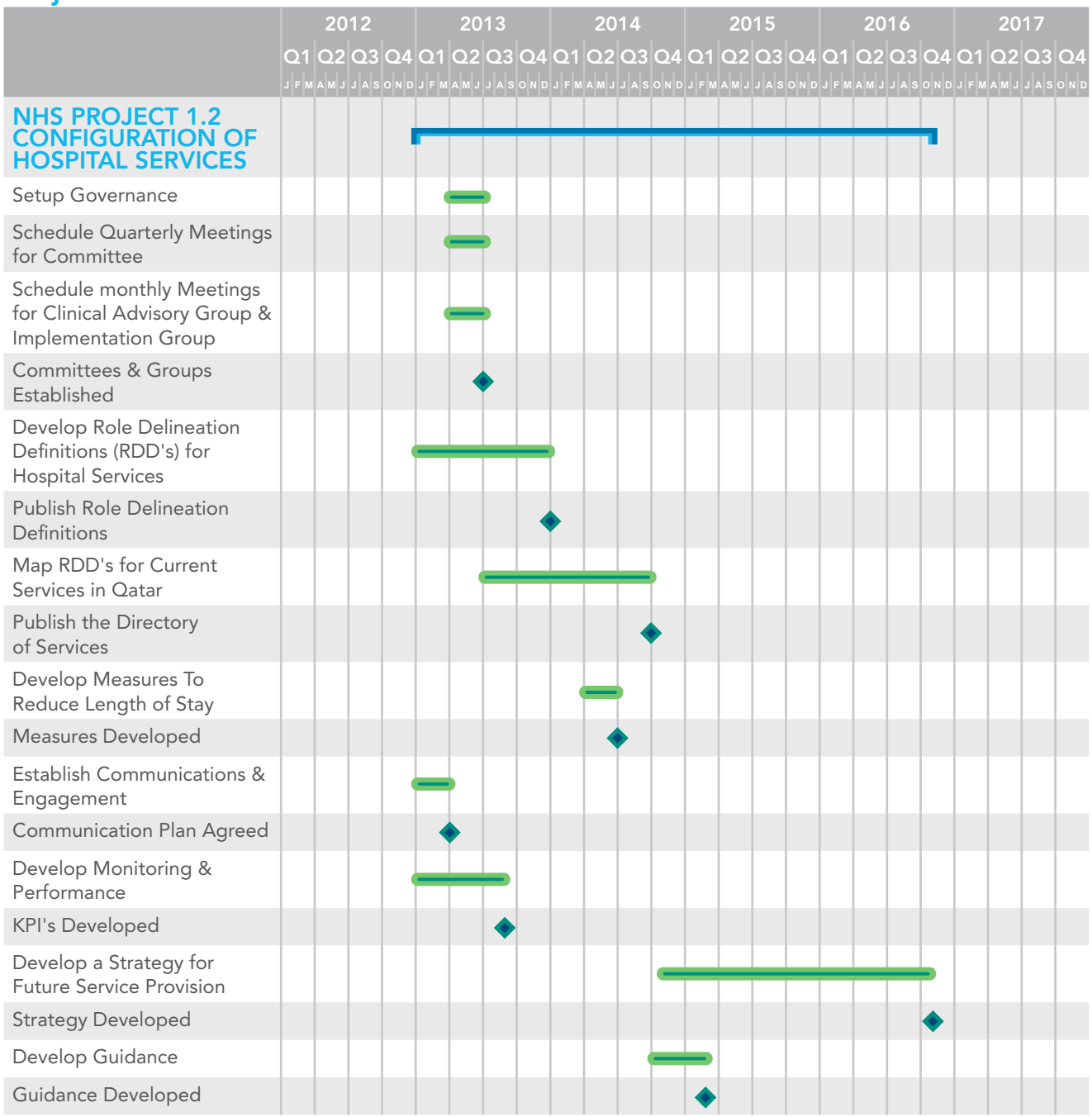


Project Name	1.2 Configuration of Hospital Services
Related NHS Goal: A comprehensive world class healthcare system whose services are accessible to the whole population	
Lead organization	Hamad Medical Corporation
SRO	Chief of Planning & Performance
Project Manager	Executive Director, Strategic Planning
Background and Justification	• Inpatient hospital-based care has been at the core of health service provisioning in Qatar. However, the revised national model of care foresees a shift toward more outpatient and community-based care • Advancements in medical practice, in particular, significantly reduced lengths of stay through improved technology and medication, and the increasing opportunities for outpatient procedures due to the availability of minimally invasive procedures have triggered an international trend to adjust the configuration of hospital services accordingly • Achieving the QNV goals requires strong national coordination and guidance for hospital service providers, given that in the past some hospital projects were approved with limited fit to the future healthcare needs of Qatar • The configuration of hospital services will be responsive to the Health Needs of the population of Qatar
Objectives	• 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, according to the Clinical Services Framework • Provide care that corresponds to the Health Needs of the population
Outcomes	• Coordinated hospital care development • Provision of high-quality acute care services enabled by integrated research • Appropriate reductions in the length of hospital stay based on a full continuum of care • To meet the Health Needs of the population
Outputs	1.2.1 Definition of acute hospital designation by scope and governance 1.2.2 Dedicated national centers of excellence without duplication 1.2.3 Access to central facilities such as select high tech laboratories and specific diagnostic services 1.2.4 Directory of health service availabilities for residents, combining geography and function 1.2.5 Monitored variation and capacity analysis
Baseline and target to 2011-2016 (NDS)	• Supreme Council of Health to adopt a national clinical services framework by end of 2016 • Criteria, priorities and a plan for establishing national centers of excellence completed by end of 2016
Key Assumptions	• Funding to support the project will be available • Engagement and co-operation of colleagues across boundaries • Alignment with the SCH Facilities Master Plan
Estimated Completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Lack of human resource capacity to progress project delivery	Consider consultancy development to provide resource support for this exercise
	Adequate funding to ensure the project is successful on an ongoing basis	Bid for funding put forward through the Business Planning Process at HMC
	Lack of alignment with the Facilities Master Plan	Early engagement and cross referencing with NHS 6.4
	May be affected by other plans outside HMC e.g. other acute providers across the different sectors	Engagement with Sidra re their service provision and planned service commencement plan
	Introduction of Health Insurance may result in decommissioning of some services	Facilitate quality service delivery through high quality service configuration

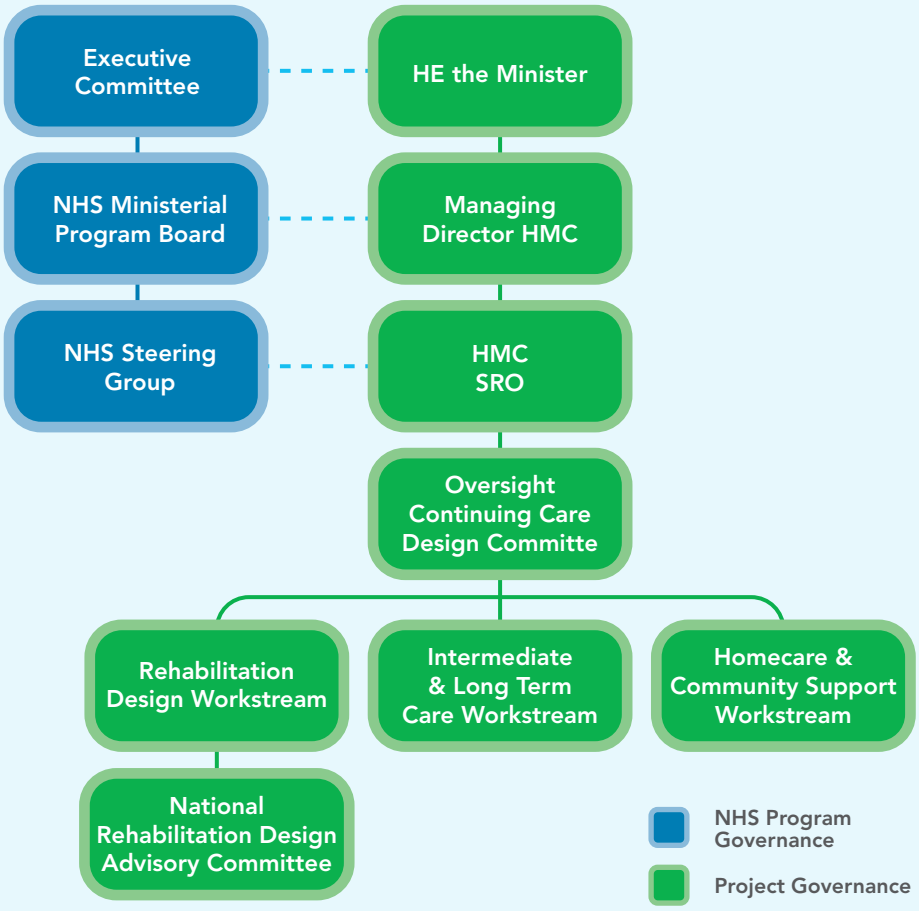
Project Name	1.2 Configuration of Hospital Services
Key Stakeholders and cross-sectoral linkages	• Hospital Clinicians & Managers • Public & Private Providers
Inter-project Dependencies	2.2 Disease Management Programs Definition 6.3 Social Health Insurance Establishment 6.4 Healthcare Infrastructure Master Plan
Governance	
Quality Assurance	• NHS Configuration of Services Steering Committee monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Steering Group • An internal quality assurance process conducted by the project team and the project lead, which entails review of all deliverables produced to ensure adherence to quality criteria, to ensure consistency and to avoid duplication
Estimated Cost	2 million QAR

Project Plan



Project Name	1.3 Continuing Care Design
Related NHS Goal: A comprehensive world class healthcare system whose services are accessible to the whole population	
Lead organization	Hamad Medical Corporation
SRO	Chief of the Continuing Care Group
Project Manager	Director, Continuing Care Group
Background and Justification	• Continuing care services such as rehabilitation, nursing homes, long-term care and community-based care (including home care) are acknowledged worldwide as an integral component of healthcare provisioning • The design of continuing care services in Qatar should be based on international best practice and must reflect the changes in care provisioning due to medical advancements and patient expectations • Qatar's demographics, the increase in chronic diseases, disabilities, RTAs and an aging population trigger the need for strong continuing care programs to achieve the QNV goals • Developing adequate and appropriate options of care for patients with long term conditions will also support more efficient management of beds, resource allocation and service delivery
Objectives	• Develop a comprehensive model for continuing care that reflects the society's changing needs
Outcomes	• Development of adequate and appropriate services for patients with long term and continuing care needs • Greater patient and family choice in where care is provided • Improved patient and family satisfaction • Reduction in admissions and reduced length of stay in acute services
Outputs	1.3.1 Model of continuing care and identification of international best practice 1.3.2 Needs assessment for capacity and the appropriate configuration of services 1.3.3 Community-based-care activities support 1.3.4 Sufficient and effective funding for continuing care 1.3.5 Roles of community and family in supporting continuing care strengthened
Baseline and target to 2011-2016 (NDS)	• Increase the number of rehabilitation beds to 25 per 100,000 resident population by the end of 2016 • Increase the number of continuing care beds to 8.23 per 1,000 resident population by the end of 2016
Key Assumptions	• Public and private healthcare delivery providers will collaborate • A budget and project team are in place
Estimated Completion	2016

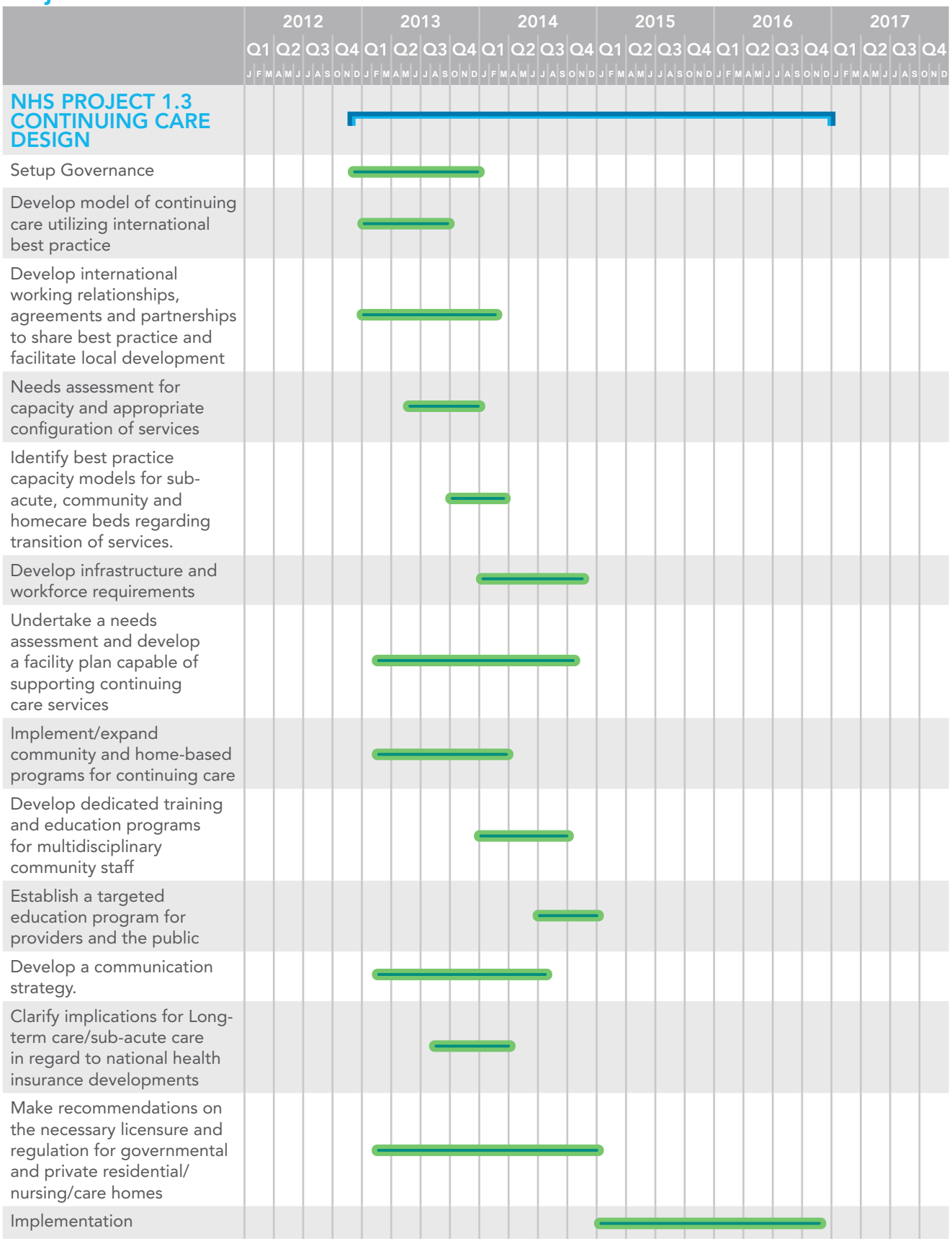
Risk and Mitigation actions	Risks	Mitigation
	Lack of cooperation from healthcare stakeholders (public and private) and Ministry of Economy and Finance	Utilize project governance with stepped escalation of the risk until stakeholder alignment is achieved
	Currently, local definitions and scope of service streams are not agreed	Establish international partnerships to facilitate agreement on scope of services and service definitions
	Dependency on results from the CSF	Align with CSF
	Shortage of skills and staff to deliver new ways of working	Build up workforce capacity
	Resistance from general public to new health services provided in the home environment	Develop mechanisms for public consultation and ensure communication and patient education processes are developed
	A current limitation around facilities and suitable clinical space exists	Link with facilities planning and other service configuration projects to identify opportunities

Project Name	1.3 Continuing Care Design
Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health • Hamad Medical Corporation • Primary Health Care Corporation • Public and Private Providers • Ministry of Economy and Finance • Ministry of Municipality and Urban Planning
Inter-project Dependencies	• This project will need to interface with all other elements of the national strategy for health, taking into account models and delivery of care • Close interface with SCH governance arrangements is necessary to ensure relevant collaboratives and private service providers are engaged • Internally to HMC, this project needs to develop alongside the strategic development and reconfiguration of clinical services, taking account of new facilities and services that may affect capacity and service implementation
Governance	 • Documentation and discussion will occur between the Continuing care Committee structure and the SCH governance structure • A Continuing Care Oversight committee, with membership from public and private healthcare providers will be setup • Three continuing care subcommittees will focus on the development of rehabilitation plans, intermediate/long term care plans and community and homecare services plans (as shown in the diagram below). The outputs of these three streams of work are strongly interdependent, and as such the oversight committee will be ensuring joined up strategy, shared approaches in workforce development, budget planning, education and communication, to support a care model and service framework across the continuing care

Quality Assurance	• In line with international best practice, a core set of outcome measures will be developed and will include the following:
	  • Provision of greater patient and family choice in where care is provided
	  • Improved patient and family satisfaction
	  • Capacity targets met

Estimated Cost	4 million QAR

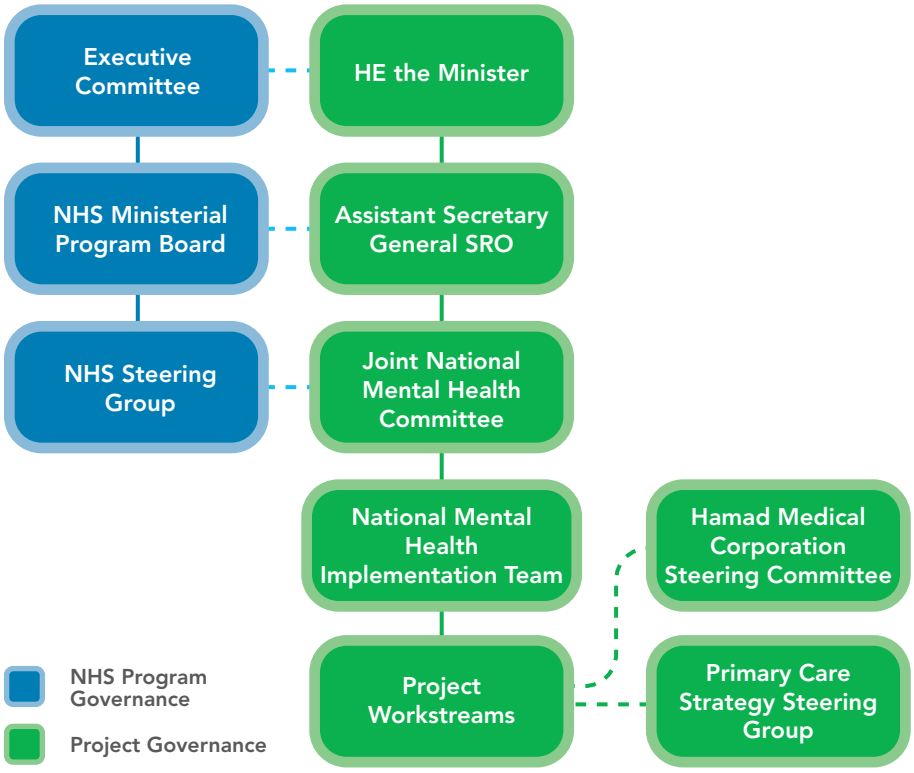
Project Plan



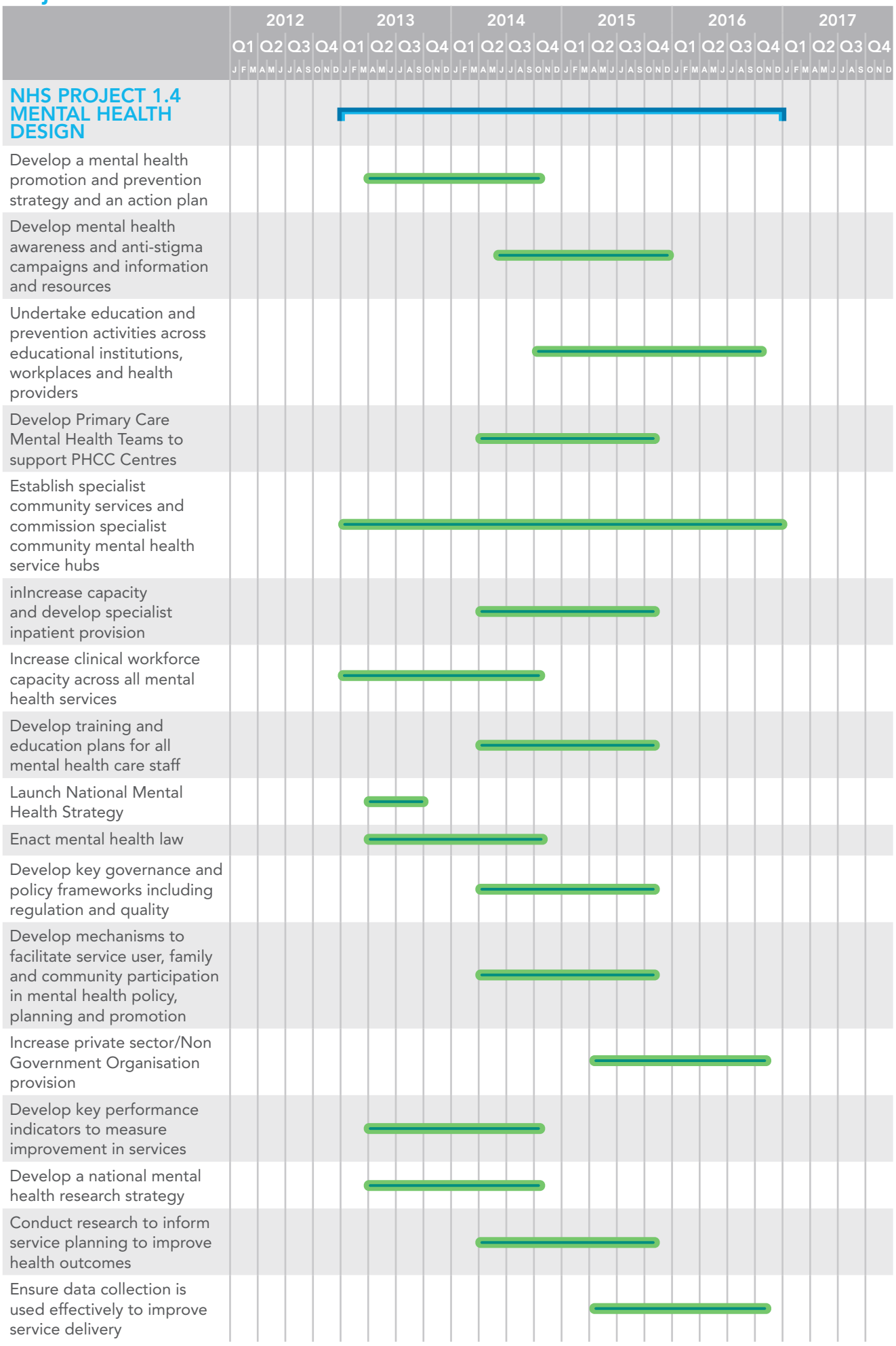
Project Name	1.4 Mental Health Design
Related QNV 2030 Goal: A comprehensive world class healthcare system whose services are accessible to the whole population	
Lead organization	Supreme Council of Health supported by Hamad Medical Corporation and the Primary Health Care Corporation
SRO	Assistant Secretary General for Medical Affairs Directorate
Project Manager	Acting Executive Director National Mental Health Program
Background and Justification	• The Qatar National Vision 2030 recognises that a healthy mind is as important as a healthy body. Good mental health is a state of wellbeing where individuals realize their abilities, can cope with the normal stresses of life and can work productively to make a contribution in their community • We know that mental disorders are common across the world and that mental illness can affect anyone, at any time in their life. Studies undertaken in Qatar suggest that the prevalence of mental disorders broadly reflects the World Health Organisation (WHO) global estimate - that mental disorders affect more than 1 in 4 people in the course of their lives • In Qatar, as in many countries, mental disorders have been surrounded by negative attitudes and stigma which prevents individuals and families from seeking help. Public education is therefore central to our strategic approach to reducing the impact of mental health issues in Qatar • A new model of care has been endorsed for mental health to give people access to a range of high quality, culturally appropriate services tailored to Qatar's unique needs. Whether it is in a primary care, community based or a hospital setting, people with mental health issues will have access to care at the right time and in the right place
Objectives	• 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 • The above four strategic objectives align with the World Health Organization (WHO) Global Action Plan 2013-2020
Outcomes	• Increased awareness of mental health and reduced prevalence of mental disorders • Access to tailored services, with a focus on early intervention and recovery • A high quality service system which is regulated and monitored • Improved patient outcomes through evidence based policy and service provision
Outputs	1.4.1 National model of care, interfaces, and processes 1.4.2 Mental health legislation 1.4.3 Needs assessment for infrastructure, staff, and equipment 1.4.4 Sufficient and effective funding for mental health 1.4.5 Community-based services support 1.4.6 Mental health surveillance and dedicated research 1.4.7 Public awareness campaigns 1.4.8 Mental health standards 1.4.9 Mental health screening
Baseline and target to 2011-2016 (NDS)	• The number of psychiatric beds to be at least 12.5 per 100,000 resident population by 2016
Key Assumptions	• To support the delivery of the Program's objectives eight clinical work streams have been identified by the Joint National Mental Health Committee. For each work stream there are also several cross cutting themes which require a strategic overview. There is an onus on the work stream Chairs and Program Managers to ensure that the necessary departments and personnel are involved as and when necessary

Project Name	1.4 Mental Health Design	
Estimated Completion	2016	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Lack of engagement and alignment of planning processes with key stakeholders	Utilize project governance with stepped escalation of the risk until stakeholder alignment is achieved
	Lack of alignment with Inter-Project dependencies	Align with other inter-project dependencies via the PMO
	Delay in mobilising the Workforce Strategy and its associated Recruitment and Training Development Plans	Early engagement with HR Functions in developing mobilisation plans
	Delay in the processes associated with the enactment of the new Mental Health Law	Continuous engagement with SCH Legal Department to monitor progress and identify any potential obstacles
	National Health Regulation Frameworks do not adequately meet the requirements of the Mental Health system	Engage with SCH Service Regulation Framework leads to ensure mental health is an integral part of planning
	Delays in commissioning facilities	Ensure robust planning and monitoring mechanisms in relation to facilities are in place
	Lack of capacity to meet actual demand in the system	Ensure continuous review of capacity and demand in relation to workforce and recruitment
	Delays and alignment to key IT Systems	Ensure participation in key IT projects which will affect mental health services
	Lack of alignment of external contractor inputs with the rebase-lined Mental Health Implementation Plan	Effective planning and contract monitoring processes associated with external contractor inputs
Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health • Primary Health Care Corporation • Hamad Medical Corporation • Supreme Council of Family Affairs • Ministry of Social Affairs • Ministry of Interior • Ministry of Labor • Employers • Supreme Education Council • Qatar Foundation • Sidra • Non Governmental Organisations • Private Providers • External Contractors • Universities • Consumers • Families • General Public • Religious Leaders • Media	

Project Name	1.4 Mental Health Design
Inter-project Dependencies	1.1 Primary Care as a Foundation 1.2 Configuration of Hospital Services 1.3 Continuing Care Design 1.5 Emergency and Urgent Care Services 1.6 Community Pharmacies Strategy 2.1 Healthcare Quality Improvement 2.3 Improving Healthcare Data 2.4 E-Health Establishment 2.5 Private Sector Involvement 3.1 Preventive Health Governance 3.2 Nutrition and Physical Activity 3.6 National Screening Program 3.7 Occupational Health 3.8 Maternal and Newborn Health 3.9 Implementing the National Road Safety Strategy (Health) 4.1 Workforce Planning 4.2 Recruitment and Retention of Healthcare Professionals 4.3 Profession Education and Training 5.1 SCH Capacity Build-Up 5.2 Qatar Council for Healthcare Practitioners 5.3 Healthcare Facilities Regulation 5.4 Healthcare Products Regulation 5.5 Patient Advocacy Process 6.1 Budgeting Process for Public Health Sector Spending 6.3 Social Health Insurance Establishment 6.4 Healthcare Infrastructure Master Plan 7.1 Health Research Governance
Governance	The project Governance arrangements are outlined below. In terms of the reporting cycle briefing papers and reports go to the Joint National Mental Health Committee for information and decisions on a bi-monthly cycle
Quality Assurance	• NHS Steering Group monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Steering Group
Estimated Cost	1 billion QAR (for priority areas only as identified within the Project Plan)



Project Plan

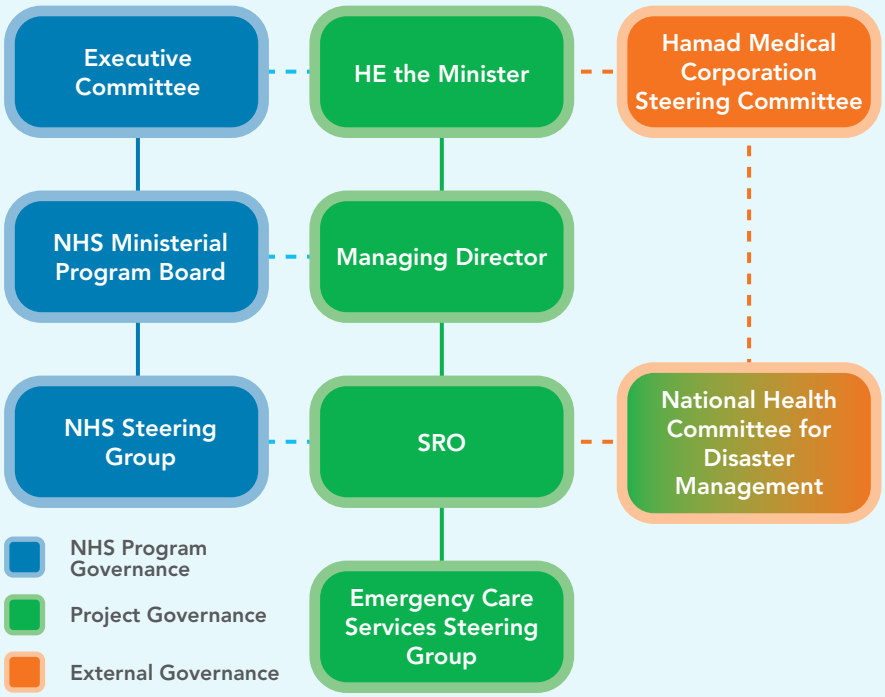


Project Name	1.5 Emergency and Urgent Care Services
Related NHS Goal: A comprehensive world class healthcare system whose services are accessible to the whole population	
Lead organization	Hamad Medical Corporation
SRO	Senior Consultant and Lead Clinician in Emergency Medicine
Project Manager	Assistant Executive Director, Tertiary Hospitals Group
Background and Justification	• The majority of emergency and trauma care is provided through Hamad Medical Corporation. However, the growth in diversifying service providers requires integration of all emergency services to ensure adequate coordination of all public and private providers at all levels as well as quality emergency care • The continuing growth of Qatar's population poses two challenges for augmenting alignment in emergency and urgent care services: • an increase in qualified staff is needed, and the strategic geographic coverage and positioning become crucial to optimizing service quality (e.g., response times relating to outcomes) • Currently, Hamad General Hospital is the only level 3 facility in the country, and it was designed for a much smaller population. The QNV goals of providing safe and world class healthcare require adjustments to this setup
Objectives	• Establish a fully functioning network of efficient comprehensive emergency and urgent care services, in order to maintain high quality emergency and urgent care.
Outcomes	• Improved access to, and quality of, emergency care services • Integrated national framework for provision of emergency and urgent care • Optimized outcomes related to emergency and urgent care • Increased compliance with standards and protocols
Outputs	1.5.1 National standards, and operating protocols for emergency, urgent and trauma care services 1.5.2 Needs assessment for staff and infrastructure relating to emergency, urgent and trauma care services 1.5.3 Sufficient and effective funding for emergency, urgent and trauma care services

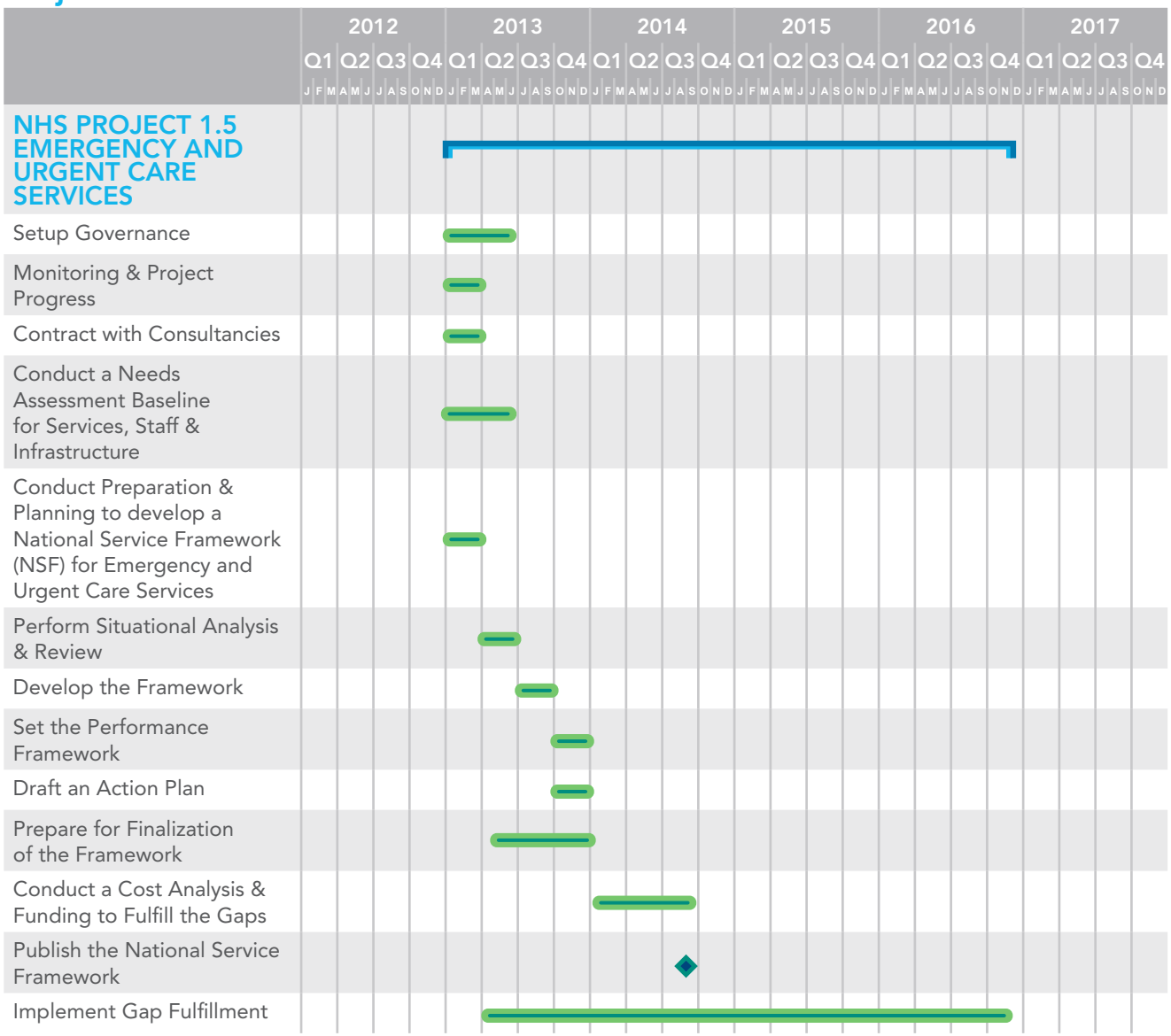
Baseline and target to 2011-2016 (NDS)	• By the end of 2016 the response time for emergency medical services calls from patients with potentially life threatening conditions should be:
	  • within 10 minutes for 75% of calls
	  • within 15-20 minutes for 95% of calls in urban areas and
	  • within 15 minutes for 75% of calls in rural areas
	• Quality indicators for emergency and urgent care services in Qatar developed by the end of 2013

Key Assumptions	• All stakeholders know about this project and are willing to participate in a National Emergency & Urgent Care Network (NEUCN), agree a National Service Framework and adjust service delivery patterns and procedures in line with the recommendations and agree transparent tracking of implementation progress and benefit realization
Estimated Completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Stakeholder engagement proves difficult	Appropriate SRO and SCH leadership
	Population and country development proceed ahead of ability of emergency services	Strategy needs to be scalable and adjust to actual population growth
	Qatar's new social health insurance scheme impacts on emergency services funding in a way that is incompatible with strategy	Close engagement of SCH with development
	Recruitment needs cannot be met	Flexible workforce planning based on global supply

Project Name	1.5 Emergency and Urgent Care Services
Key Stakeholders and cross-sectoral linkages	• Public Sector and Non-Governmental Organizations Emergency & Urgent Healthcare Providers • Private Sector Emergency Healthcare Providers (e.g. Doha Clinic, Al Ali Hospital) • Ministry of Interior Agencies with Emergency Care Provision • Other agencies and NGOs with Emergency Care Provision (e.g. Qatar Petroleum) • Military Agencies with Emergency Care Provision • All step down healthcare providers • Referrers to Emergency Services • General Public
Inter-project Dependencies	1.2 Configuration of Hospital Services 3.11 Emergency Preparedness - National Health
Governance	 The Emergency Care Network will initially be a Steering Group for the project which will include representatives from all key members of each sector and will report to the NHS Ministerial Program Board and liaise with the SCH's NHS PMO
Quality Assurance	• The project will adhere to all NHS PMO Quality Methodologies and embed clinical quality standards based on international benchmarks
Estimated Cost	9 million QAR

Project Plan

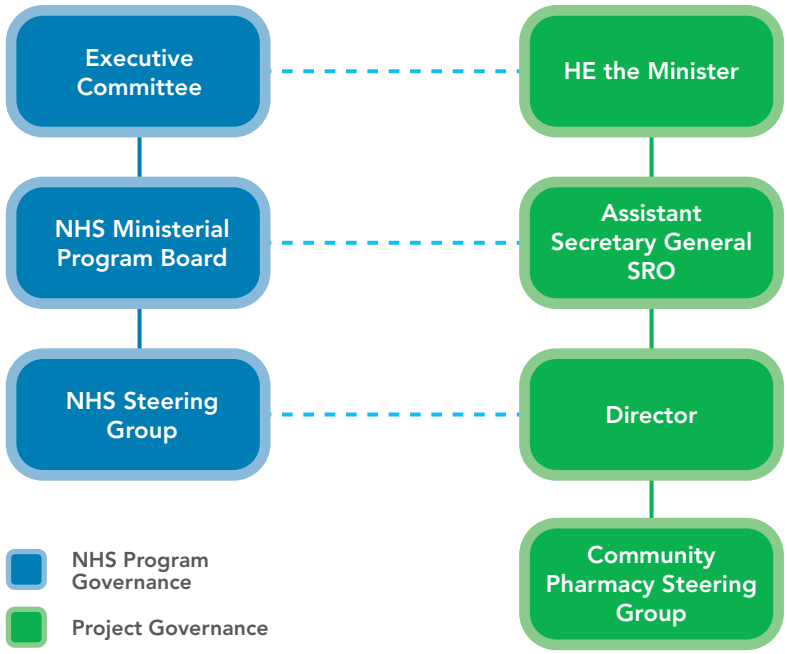


Project Name	1.6 Community Pharmacies Strategy
Related NHS Goal: A comprehensive world class healthcare system whose services are accessible to the whole population	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs Directorate
Project Manager	Director, Pharmacy & Drug Control Department
Background and Justification	• Currently the majority of prescriptions are filled in hospital pharmacies and Hamad Medical Corporation (HMC) is the only provider that carries the full spectrum of drugs • The concept of community pharmacies has an enormous potential to increase the efficiency of the healthcare system and improve access to healthcare. Both issues relate directly to the QNV goals on healthcare
Objectives	• 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 (e.g. in relation to chronic diseases)

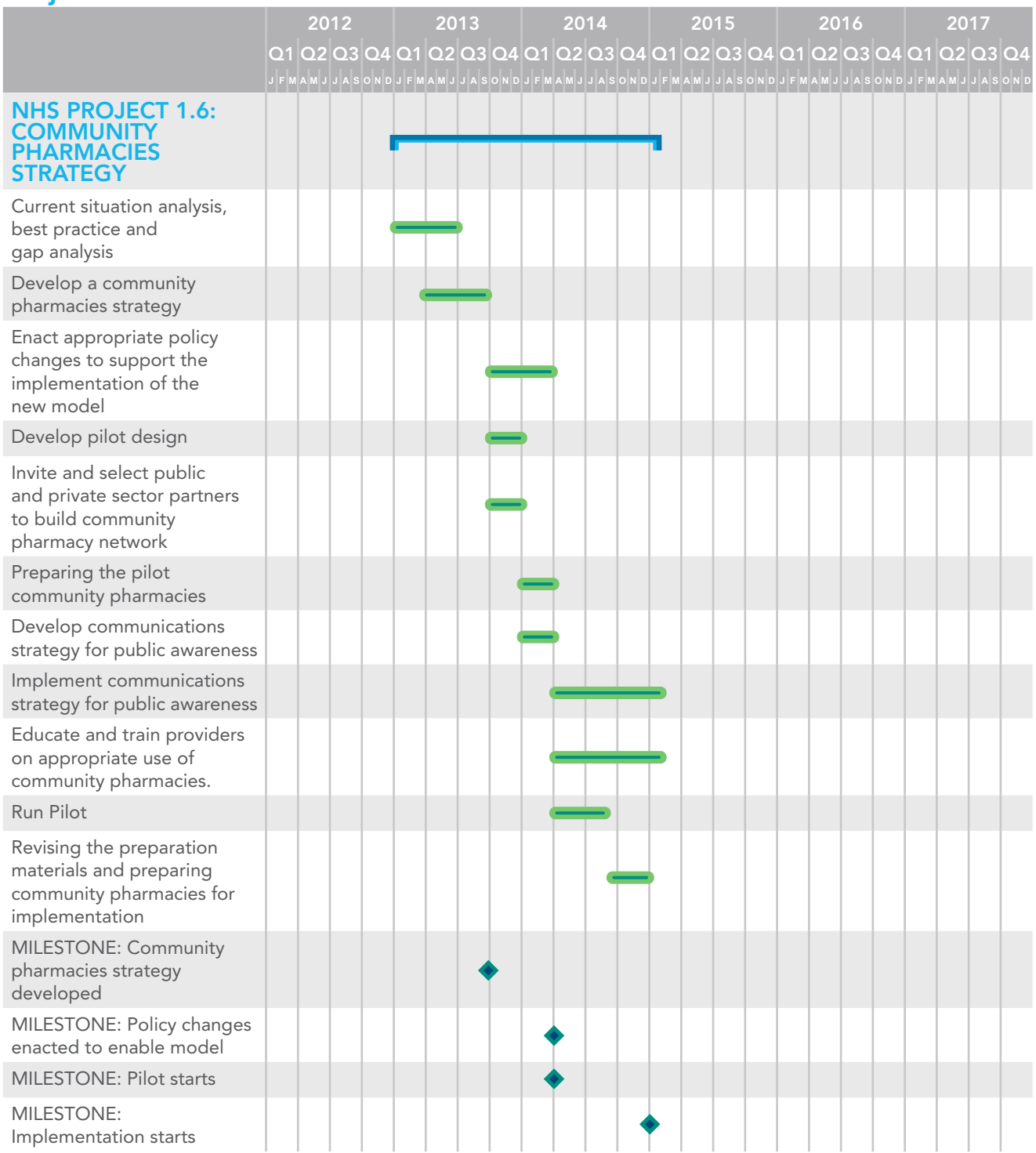
Outcomes	• Decreased access barriers for compliance of drug regimens (i.e. travel to HMC)
	  • Greatly improved quality of care and perception of services if patients are shifted to community pharmacies
	  • A rise in the percentage of prescriptions filled outside hospital pharmacies
	• Strengthened role of community pharmacies
	  • Improved patient understanding of medicines
	  • Improved patient health and decrease in overall expenditure for chronic diseases

Outputs	1.6.1 Community Pharmacies Strategy 1.6.2 Public needs assessment for community pharmacy network 1.6.3 Accreditation program for pharmacists and pharmacies to provide additional services 1.6.4 Enhanced Continuous Professional Development (CPD) program for community pharmacists 1.6.5 All appropriate drugs available at community pharmacies 1.6.6 Higher utilization of community pharmacies 1.6.7 Access to appropriate patient information for community pharmacies, taking into account issues such as patient confidentiality (e.g. patient records and prescriptions, e-health and IT systems)
Baseline and target to 2011-2016 (NDS)	• 100% of appropriate outpatient prescriptions filled by community pharmacies by 2015 • 100% of appropriate secondary care medicines (specialized medicines) in PHCC to be filled by community pharmacies by 2015 • 100% of approved community pharmacies to be providing enhanced and advanced services by 2015
Key Assumptions	• The project will focus on community pharmacies, however, the project will need to consider overlaps with hospital and PHCC pharmacies e.g. filling refills, e-prescriptions, warehousing • Community pharmacies are places where medications are stored in order to be dispensed to patients with prescriptions or without prescriptions (in the case of over the counter medicines) under the supervision of a registered pharmacist. They may be located in any place outside of the hospital setting
Estimated completion	2015

Risk and Mitigation actions	Risks	Mitigation
	Lack of coordination with Stakeholders	Governance arrangements Stakeholder and engagement strategy
	Dependency on healthcare data	Assess as part of the project
	Shortage of skilled staff	Develop a program for CPD Ensure appropriate recruitment strategies

Project Name	1.6 Community Pharmacies Strategy
Key Stakeholders and cross-sectoral linkages	• Public and Private Healthcare Providers • Public and Private Pharmacies • Pharmacists • Qatar University • Ministry of Business and Trade • Ministry of Interior • Public • Media
Inter-project Dependencies	1.1 Primary Care as the Foundation 2.1 Healthcare Quality Improvement 2.4 E-Health Establishment 2.5 Private Sector Involvement 4.1 Workforce Planning 4.2 Recruitment and Retention of Healthcare Professionals 5.2 Qatar Council for Healthcare Practitioners 5.3 Healthcare Facilities Regulation 5.4 Healthcare Products Regulation 6.3 Social Health Insurance Establishment
Governance	
Quality Assurance	• The community pharmacy steering group monitors overall project delivery and effectiveness of implementation • The NHS Program Ministerial Board also oversees project delivery at a high level • Project performance is monitored on a monthly basis through team meetings and the NHS Program Steering Group
Estimated Cost	< 10 million QAR, excluding the cost of setting up community pharmacies

Project Plan



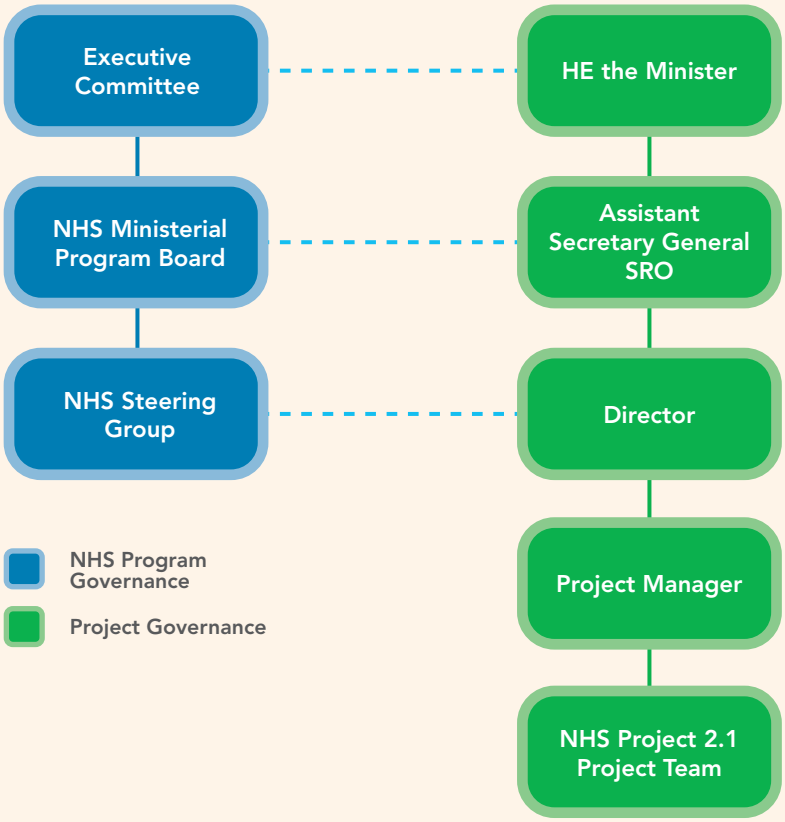
FOUNDATION

Goal 2: An Integrated System of Healthcare

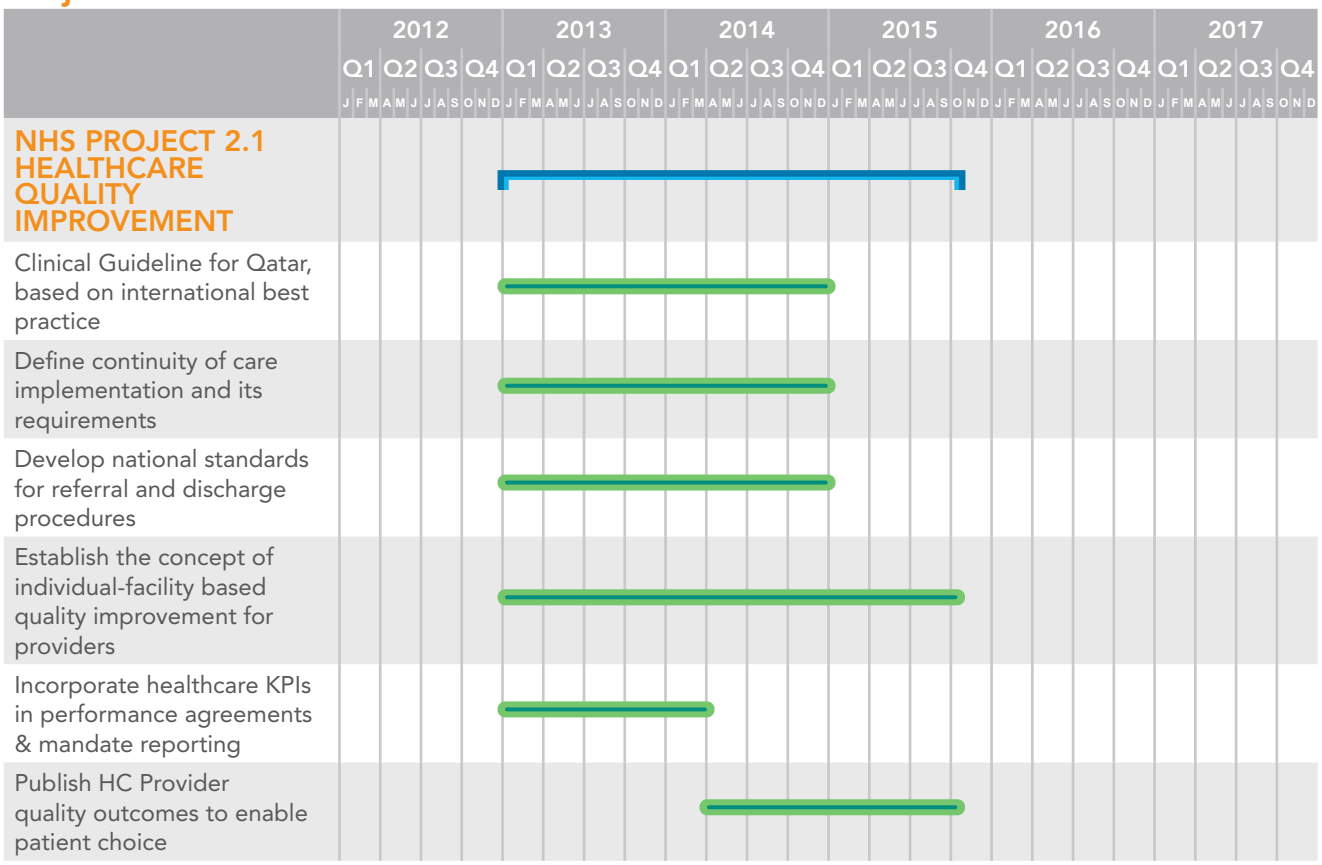
Connect and Integrate Healthcare to Ensure Quality of Care – Effective Use of Information, Communication, and Process Improvement

Project Name	2.1 Healthcare Quality Improvement
Related NHS Goal: An integrated system of healthcare offering high-quality services through public and private institutions	
Lead Organization	Supreme Council of Health
Project Manager	Manager, Quality Improvement & Patient Safety, Healthcare Quality and Patient Safety Department
SRO	Assistant Secretary General for Policy Affairs
Background and Justification	• Quality improvement involves transforming health care for patients by developing a culture of continuous improvement and achieving high quality in all aspects of healthcare service delivery. Until now health service providers have been responsible for identifying their own quality improvement methods. This project aims to introduce national clinical guidelines and standard frameworks to enable quality improvement and to continuously measure service quality in providers • The project also aims to ensure that members of the public and patients are informed about the quality of care provided by providers • Patients should also benefit from the most appropriate care pathway and continuity of care be it for referrals between domestic establishments or when returning having received treatment abroad
Objectives	• Develop a comprehensive model for care that reflects and measures quality improvement
Outcomes	• Increasing the number of health service providers complying with relevant quality clinical guidelines • Reducing the morbidity and mortality rates for areas covered by clinical guidelines • Ensuring that performance agreements are in place for all providers (i.e., performance standards and mandated reporting with regulatory and financial arrangements in place) • Healthcare providers given feedback on current performance against quality standards to help direct quality improvement initiatives and sector wide best practice information gathering
Outputs	2.1.1 National standards for referral and discharge procedures • Define and implement national standards for patient pathways from the point of entry until a patient is discharged 2.1.2 Clinical guidelines for Qatar, based on international best practice • Obtain an overview of international best practices on clinical guidelines and adapt for the purposes of the State of Qatar 2.1.3 Concept of quality improvement framework for all providers • Establish the concept of individual facility-based quality improvement for all providers 2.1.4 Continuity-of-care process and its requirements • Define continuity of care model and its implementation requirements (e.g. ensure full functionality of the interface between all providers) 2.1.5 Educated public and patient community informed by transparent publication of health service performance results and quality measures • Define and implement a procedure for the public to be informed about health care providers before they make health treatment related choices 2.1.6 Performance agreements between SCH and all providers (public and private) • Define and implement a procedure for measuring the attainment of Key Performance Indicators
Baseline and target to 2011-2016 (NDS)	• 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: • completion of a requirements mapping exercise by end of 2013 • piloting by July 2014 • introduction of protocols by January 2015 • Implement performance agreements in 100% of hospitals, 100% of Primary Healthcare Centres and 50% of other providers by the end of 2015

Project Name	2.1 Healthcare Quality Improvement	
Key Assumptions	• Healthcare providers from both the private and public sectors will need to engage in joint working if the patient pathway is to work seamlessly • There will be a need for clinical information to be shared efficiently both within and between healthcare organizations • There will be a need to ensure that interdependencies with other projects can be managed	
Estimated Completion	2015	
Risk and Mitigation actions	**Risks**	**Mitigation**
	The interdependent NHS projects will not be implemented and managed in a timely manner	Liaise closely with the NHS Project Managers to track progress of relevant projects
	Not getting full endorsement and commitment from stakeholders	Collaborate with other project teams to align outcomes and ensure the timely cooperation of stakeholders
	Lack of human resource capacity to progress project delivery	Consider the use of external resource to help progress the project
	Other projects causing duplication of efforts from providers	Ensuring that all activities are aligned with other requirements to avoid duplication
Key Stakeholders and cross-sectoral linkages	• Hamad Medical Corporation • Primary Health Care Corporation • Ministry of Labor • Ministry of Interior • Ministry of Environment • Ministry of Municipality and Urban Planning • Ministry of Commerce and Business • Private Healthcare Sector	
Inter-project Dependencies	1.1.1 Primary Health Care, Model of Care 1.4.1 Mental Health, Model of Care 1.5.1 Emergency Medical Services National Standards 2.3.2 National nomenclature and coding standards 2.5 Private Sector Involvement 5.1.1 SCH Recruitment 5.1.4 SCH HR Strategy 5.5 Patient Advocacy Framework 6.3 Social Health Insurance Establishment 6.4 Healthcare Infrastructure Master Plan	

Project Name	2.1 Healthcare Quality Improvement
Governance	
Quality Assurance	• Project Manager and Director monitor overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Steering Group • An internal quality assurance process conducted by the core PM team and the project manager to review the deliverables and its adherence to quality criteria
Estimated Cost	40 million QAR

Project Plan



Project Name	2.2 Disease Management Programs Definition
Related NHS Goal: An integrated system of healthcare offering high-quality services through public and private institutions	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Director, Healthcare Quality Management and Patient Safety Department
Background and Justification	• Chronic conditions like diabetes, cardiovascular diseases, and respiratory illness are the heaviest burden on Qatar's healthcare system today. Patients with chronic disease have multifaceted needs. They need to understand the various implications of the disease, advice on self-care, and assistance in coordinating the care they receive and in navigating the healthcare system. Additionally, they require help in adhering to the care regimen as well as in monitoring their key indicators • Since the NHS was published a cancer strategy has been developed, published and is being implemented. A diabetes strategy is also being developed. National clinical guidelines for priority diseases, based on international best practice, and national standards for referral and discharge are being developed as part of NHS Project 2.1 'Quality Improvement'. NHS Project 2.4 'E-Health Establishment' will provide clinicians with the capability to create registries for priority diseases and improve coordination and integration between care in different settings or organizations

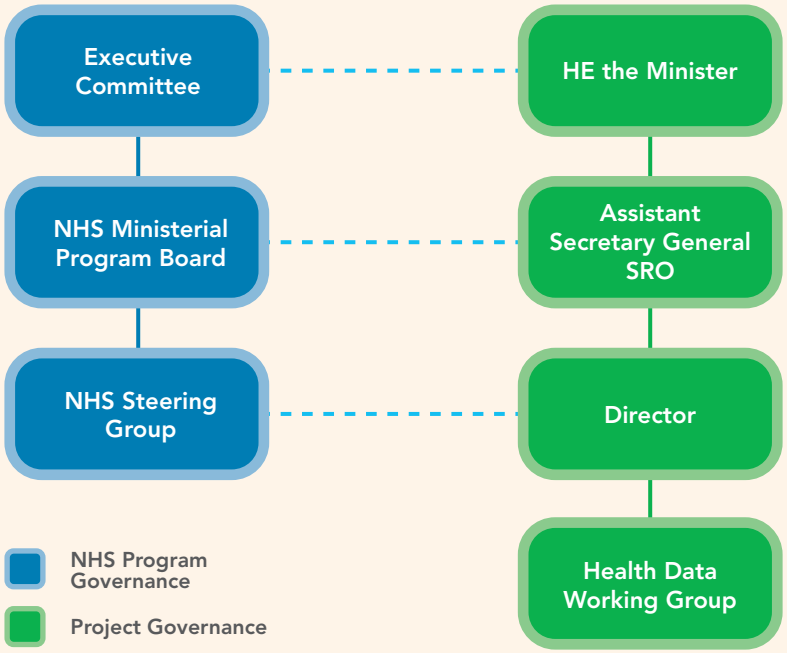
Further work is being undertaken to re-scope project 2.2 and ensure that it supports the work of other projects and includes any additional work required to effectively manage non-communicable diseases in Qatar. Please refer to the NHS website for updates: www.nhsq.info.

Project Name	2.3 Establish Health Data Management Program
Related NHS Goal: An integrated system of healthcare offering high-quality services through public and private institutions	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Director, E-Health and Information Technology
Background and Justification	• Availability of comprehensive and accurate health data in Qatar is limited. Access to accurate data is required for health sector planning; monitoring the quality, safety and effectiveness of healthcare services; measuring population outcomes; and supporting research and investment • Establishment of an effective and comprehensive data management program is required to enable service integration, effective regulation and continuous improvement of health services • The Health Data Management Program will establish dataset definitions; data standards and policies; data collection system requirements; a central data warehouse architecture; and data governance supporting disease registers, research, continuous improvement and use of innovative technologies
Objectives	• Establish a comprehensive healthcare data management program. • Increase safe access to comprehensive and accurate health data
Outcomes	• Establish a national health data management program • Establish a central health information management capability • Develop and publish national health data standards and laws • Define a national dataset collection and management system • Define national health data and information confidentiality and security guidelines and laws • Develop a national data warehouse architecture • Define health informatics education and training requirements
Outputs	2.3.1 National Health Data Management and Improvement Strategy 2.3.2 Central health information management and required capabilities in the e-health analytical team 2.3.3 National health data standards framework, policies and procedures, and electronic standards register 2.3.4 National health data governance 2.3.5 National health data and minimum datasets architecture 2.3.6 National health data and information confidentiality and security guidelines, best practice and laws 2.3.7 National health data warehouse architecture specification guidelines 2.3.8 Health data education and training action plan 2.3.9 Health Information Exchange (HIE) Process amongst different stakeholders at a national level
Baseline and target to 20011- 2016 (NDS)	• Establish Health Data Working Group by end of 2013 • Establish electronic national health data standards register by April 2014 • National Health Data Management and Improvement Strategy approved by July 2014 • Establish central health information management and analytical team by October 2014 • Health data education and training action plan approved by July 2015
Key Assumptions	• There will be sufficient resources to develop and coordinate the key interdependent projects e.g. Project 2.4 E-Health and Project 6.3 Health Insurance • The project will focus on current gaps and limitations in healthcare data, but will not replace current public health and other well established data collections It will seek to improve data quality and information flows • The key interdependencies between NHS projects can be managed and coordinated to develop a comprehensive and consistent informatics system
Estimated Completion	2016

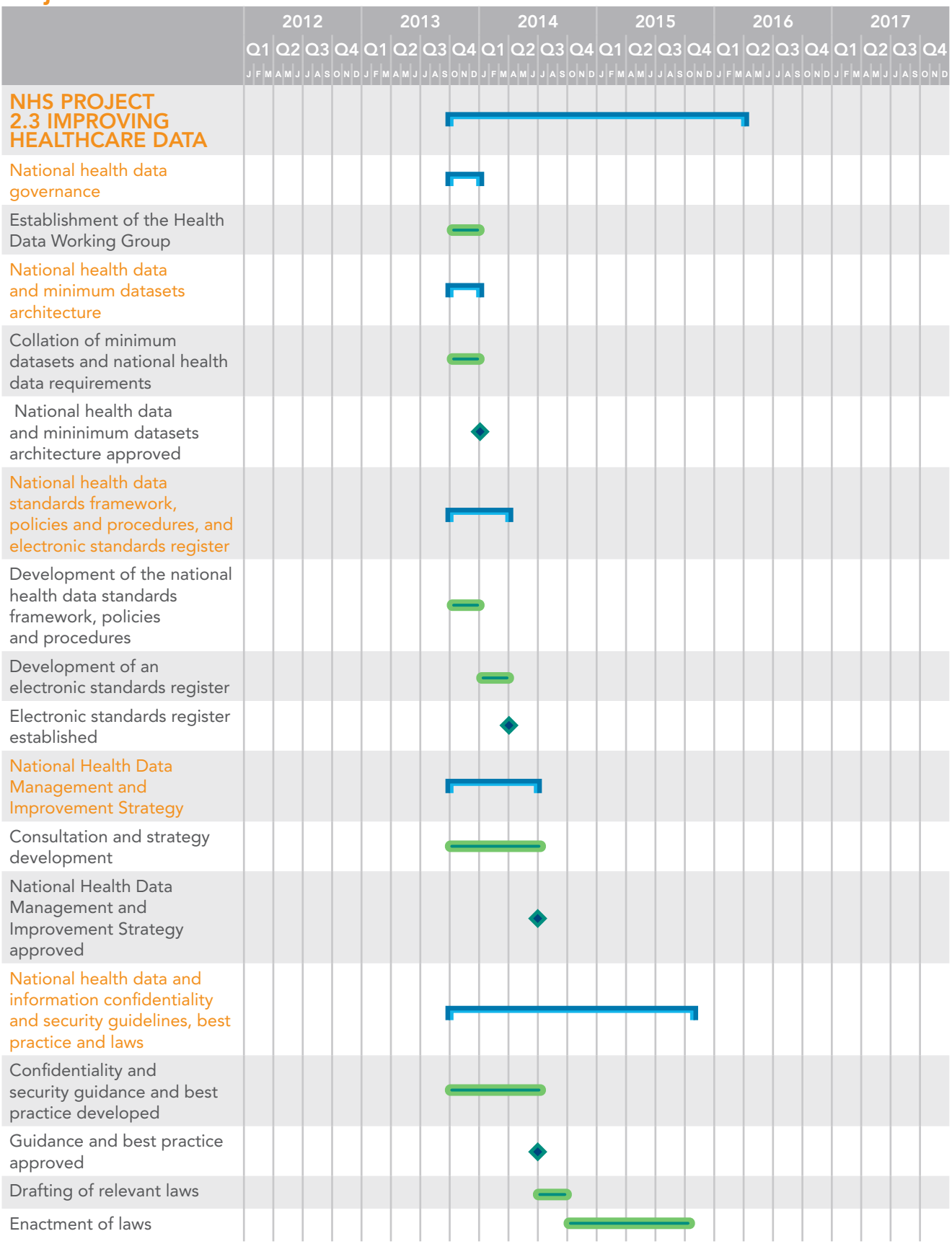
Project Name	2.3 Establish Health Data Management Program	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Recruitment of expertise at SCH to implement the project	If necessary, external resources to be employed to support permanent SCH staff
	Compliance to data standards by healthcare providers	Enforce provisions of provider agreements (NHS Projects 6.3 and 2.1)
	Engagement and collaboration across key stakeholders	NHS Program Steering Group and NHS Program Ministerial Board to support where required
	Insufficient internal IT systems and equipment	Allocate budget to purchase or outsource systems, software and equipment not available with the current IT provision

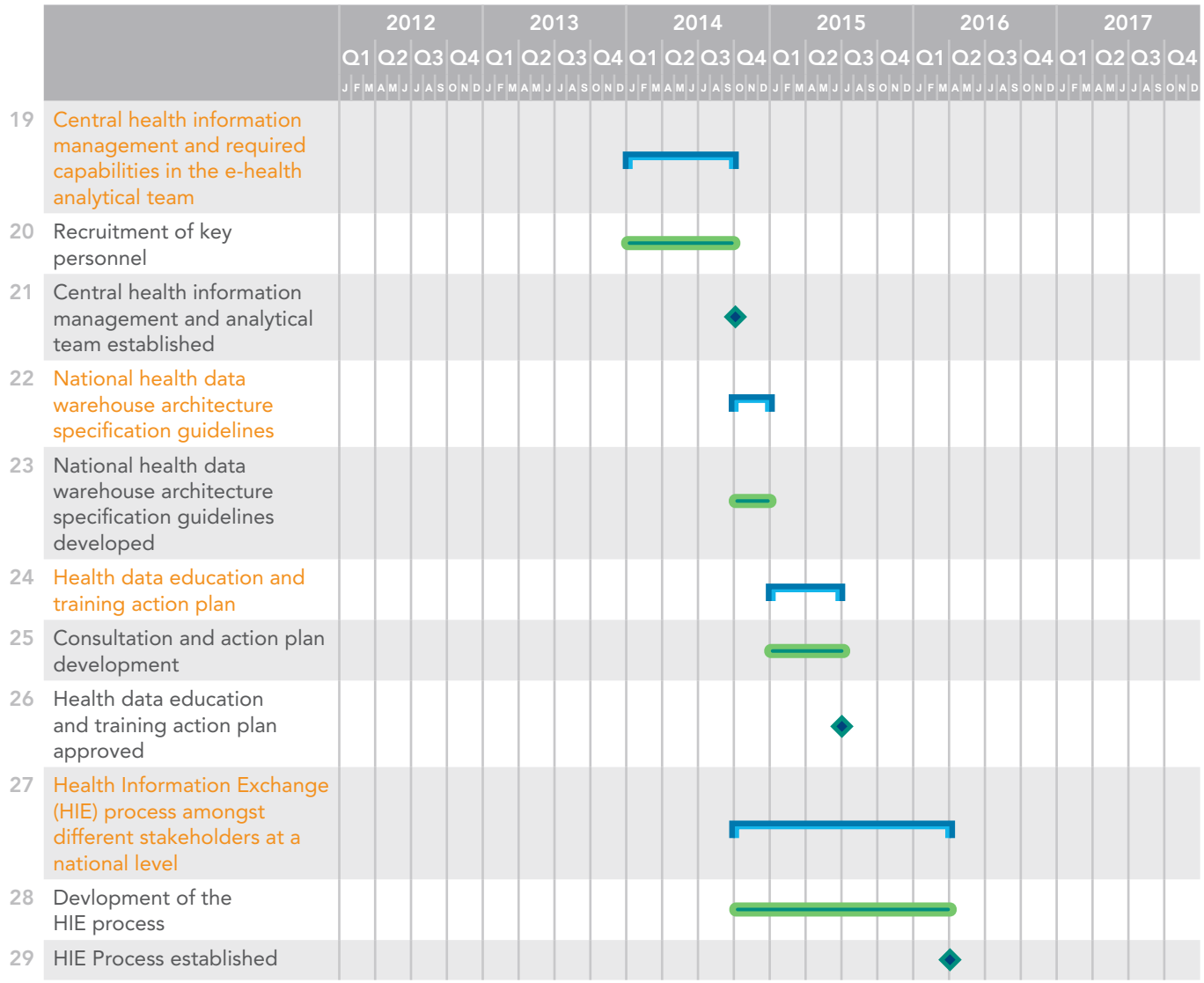
Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health departments
	• Providers including:
	  • Hamad Medical Corporation
	  • Primary Health Care Corporation
	  • Sidra Medical and Research Centre
	  • Private Sector Providers
	  • Community Pharmacies
	  • Laboratories
	  • National Health Insurance Company
	  • Disease registries	

Inter-project Dependencies	1.1.1 Model of Primary Care and the configuration of services 1.4.6 Mental Health surveillance and dedicated research 1.6.7 Community Pharmacy access to appropriate patient information 2.1.3 Concept of quality improvement framework 2.1.6 Provider performance agreements 2.4 E-Health Establishment 3.1.2 Public Health evaluation system 3.2.6 Nutrition and Physical Activity evaluation and monitoring system 3.3.4 Tobacco Cessation surveillance and evaluation system 3.5.1 Communicable Diseases surveillance and tracking system 3.7.1 / 3.7.2 Occupational Health datasets / data collection 3.9.1 Road Safety data collection 3.12.1 Air quality monitoring 5.4.3 Healthcare Products Regulation – national formulary and drug coding 6.3.2 Social Health Insurance Establishment – provider standards 7.1.1 Health Research governance and legal framework	

Project Name	2.3 Establish Health Data Management Program
Governance	 A Health Data Working Group made up of key stakeholder representatives, chaired by the project manager, will support delivery of the project. The project manager will report on a monthly basis to the NHS Program Steering Group and quarterly to the NHS Program Ministerial Board.
Quality Assurance	• The Health Data Working Group will support the Director to monitor overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Program Steering Group
Estimated Cost	Indicative cost to deliver/implement the project is up to 50 million QAR

Project Plan




2012
2013
2014
2015
2016
2017
Q1 Q2 Q3 Q4
J F M A M J J A S O N D
19 Central health information management and required capabilities in the e-health analytical team
20 Recruitment of key personnel
21 Central health information management and analytical team established
22 National health data warehouse architecture specification guidelines
23 National health data warehouse architecture specification guidelines developed
24 Health data education and training action plan
25 Consultation and action plan development
26 Health data education and training action plan approved
27 Health Information Exchange (HIE) process amongst different stakeholders at a national level
28 Devlopment of the HIE process
29 HIE Process established

Project Name	2.4. E-Health Establishment
Related NHS Goal: An integrated system of healthcare offering high-quality services through public and private institutions	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Director, E-Health and Information Technology

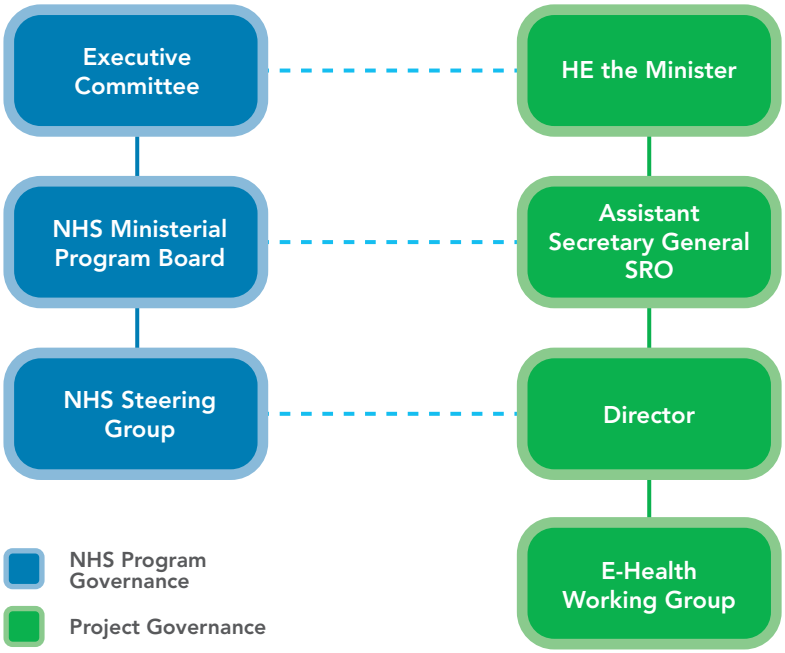
Background and Justification	• E-health is a critical success factor of the future healthcare system, driving quality and efficiency. E-health covers:
	  • data collection, processing and exchange
	  • electronic medical records
	  • electronic prescriptions
	  • telehealth and mhealth
	  • public information access
	• Currently, healthcare in Qatar is predominantly supported by paper records and stand alone specialist clinical applications. These records are difficult to compile, coordinate and transfer between clinics, hospitals and providers.
	• HMC, PHCC and Sidra are introducing electronic clinical systems (which includes electronic patient records) to replace paper records and integrate specialist systems within their organisations
	• However, further work is required to ensure Qatar's healthcare sector can safely and securely support the transfer of information between providers, and support disease registers, incident reporting, effective regulation, treatment abroad where necessary, patient access to information, education and research. To achieve these aims, a program of work is required to deliver the national supporting IT infrastructure and applications

Objectives	• To create an effective, integrated national Health Information Exchange (HIE) system that enables participation of all healthcare providers in Qatar and ensures national alignment for implementation
Outcomes	• Establish a national E-Health implementation program • Establish a central E-Health development and management capability • Develop and publish national E-Health guidelines and laws • Implementing Project 2.3 Policies, Procedures, Regulations etc. in the HIE system • Define a national E-Health technical architecture • Develop a national health data warehouse • Commence development of the national health information exchange • Establish clear linkages between Project 2.3 and 2.4 for continuing service improvement • Define E-Health education and training requirements
Outputs	2.4.1 National E-Health Strategy 2.4.2 Central E-Health infrastructure development and management team 2.4.3 National E-Health IT infrastructure systems development plan 2.4.4 National E-Health system governance 2.4.5 National E-Health guidelines and laws 2.4.6 Scalable national health data warehouse 2.4.7 Policies for backup and disaster recovery 2.4.8 Health Information Exchange Phase One 2.4.9 E-Health education and training action plan
Baseline and target to 2011-2016 (NDS)	• Establish E-Health Working Group by end of 2013 • National E-Health Strategy approved by July 2014 • Establish central E-Health development and management team by October 2014 • Establish national health data warehouse by April 2015 • E-Health education and training action plan approved by July 2015 • Establish first phase of national health information exchange by April 2016

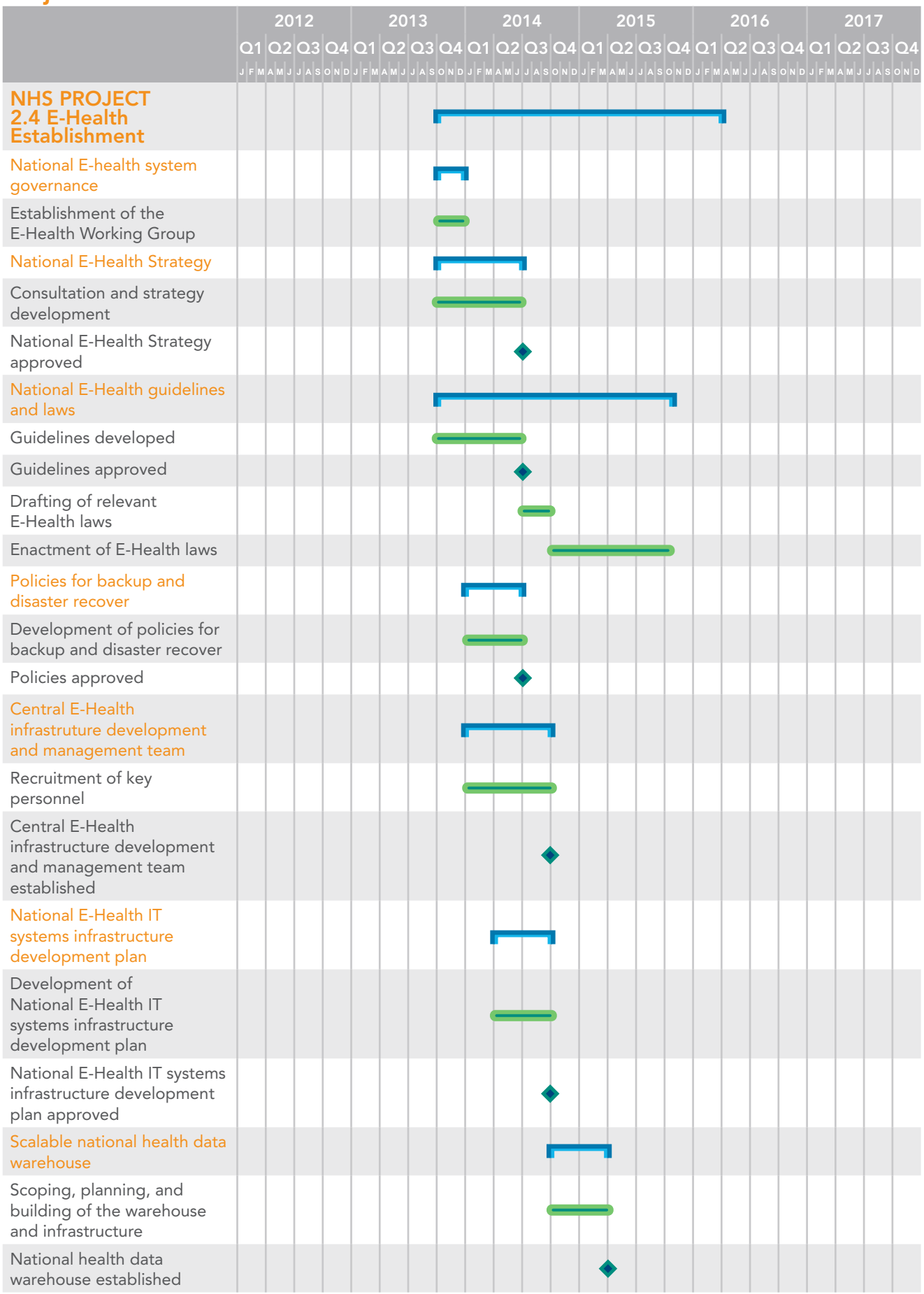
Project Name	2.4. E-Health Establishment	
Key Assumptions	• There will be sufficient resources to develop and coordinate the key interdependent projects e.g. Project 2.4 E-Health, Project 6.3 Health Insurance and implementation of provider electronic clinical systems	
Estimated Completion	2016	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Recruitment of expertise at SCH to implement the project	If necessary, external resources to be employed to support permanent SCH staff
	Compliance to E-Health policies by healthcare providers	Enforce provisions of provider agreements (NHS Projects 6.3 and 2.1) and through regulatory frameworks
	Engagement and collaboration across key stakeholders	NHS Program Steering Group and NHS Program Ministerial Board to support where required
	Insufficient internal IT systems and equipment	Allocate budget to purchase or outsource systems, software and equipment not available with the current IT provision
	There is network availability to support the connectivity requirements	SCH to coordinate with service providers (e.g. QNBN)

Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health departments
	• Providers including:
	  • Hamad Medical Corporation
	  • Primary Health Care Corporation
	  • Sidra Medical and Research Centre
	  • Private Sector Providers
	  • Community Pharmacies
	  • Laboratories
	  • Disease registries
	  • Research bodies
	  • Clinical education institutions
	• National Health Insurance Company (NHIC)
	• ICT-Qatar
	• IT service and telecoms providers / GSMA	

Inter-project Dependencies	1.1.1 Model of Primary Care and the configuration of services 1.4.6 Mental Health surveillance and dedicated research 1.6.7 Access to appropriate patient information for community pharmacies 2.1.3 Concept of quality improvement framework 2.1.6 Provider performance agreements 2.3.1 National Health Data Management and Improvement Strategy 2.3.3 National health data standards framework 2.3.4 National health data governance process 2.5.2 Private sector engagement strategy 2.6.4 Laboratory Standardization and Integration Strategy implementation 5.2 Qatar Council for Healthcare Practitioners 5.3 Healthcare Facilities Regulation 6.2.2 Treatment Abroad follow-up care in Qatar 6.3.2 Develop and implement provider standards for Social Health Insurance 7.1.1 Research governance structure and legal framework Implementation of provider electronic clinical systems	

Project Name	2.4. E-Health Establishment
Governance	 An E-Health Working Group made up of key stakeholder representatives, chaired by the project manager, will support delivery of the project. The project manager will report on a monthly basis to the NHS Program Steering Group and quarterly to the NHS Program Ministerial Board
Quality Assurance	• The E-Health Working Group will support the Director to monitor overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Program Steering Group
Estimated Cost	Indicative cost to deliver/implement the project is up to 250 million QAR

Project Plan

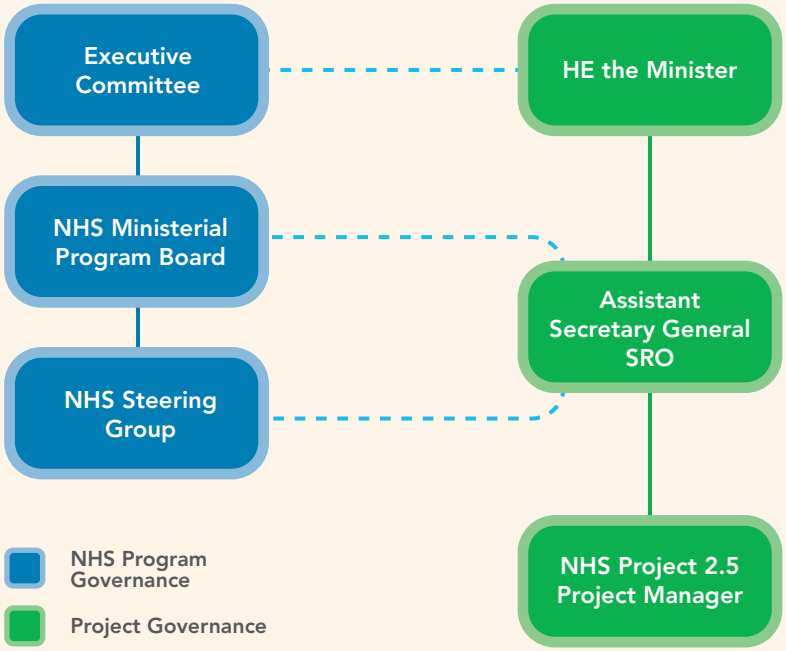


		2012				2013				2014				2015				2016				2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
24	Health Information Exchange Phase One																								
25	Scoping, planning, and building of the HIE																								
26	Phase One of the National HIE established																								
27	E-Health education and training action plan																								
28	Consultation and action plan development																								
29	E-Health education and training action plan approved																								

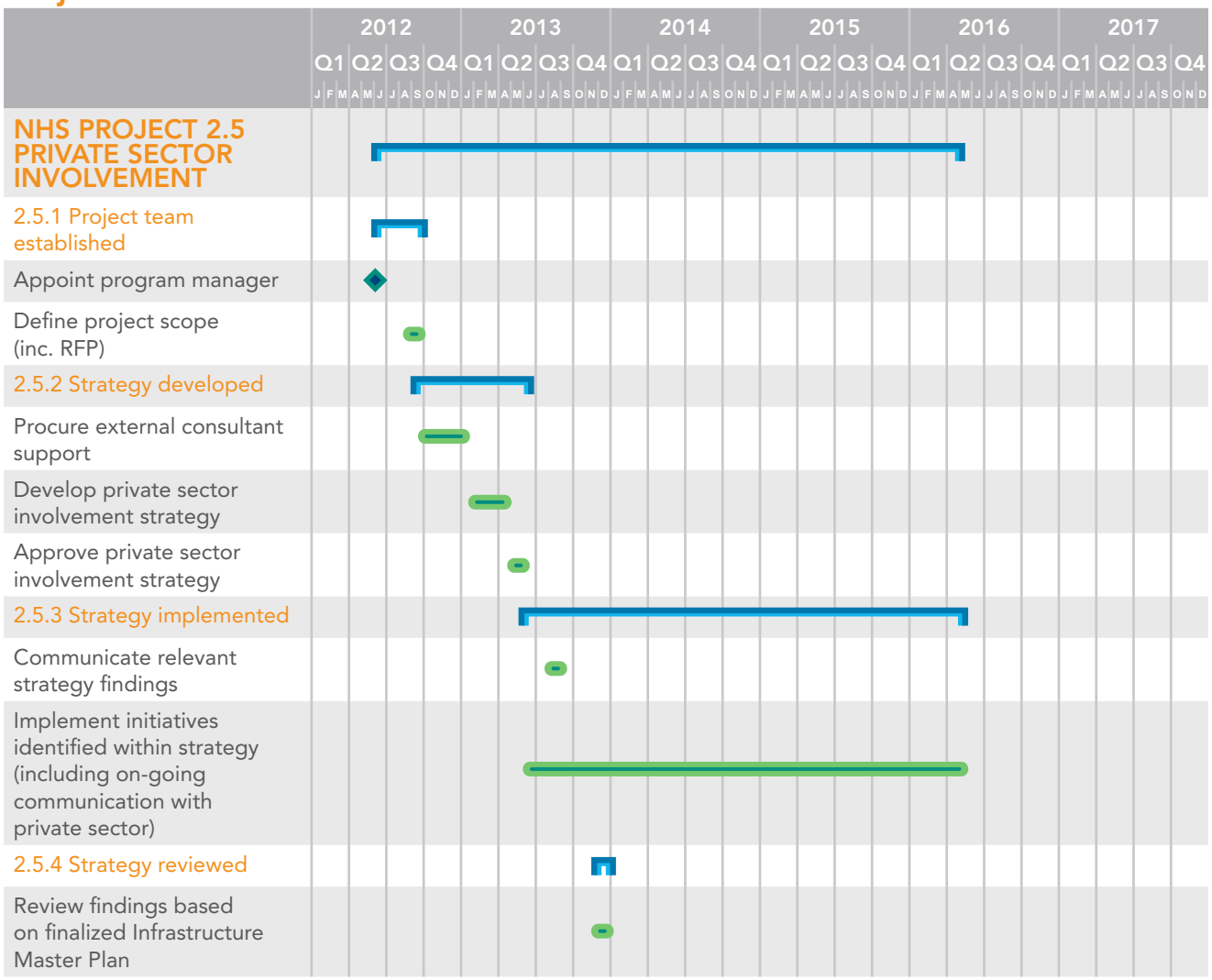
Project Name	2.5 Private Sector Involvement
Related NHS Goal: An integrated system of healthcare offering high-quality services through public and private institutions	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Manager, Policy Coordination and Innovation Unit

Background and Justification	• In Qatar, roughly 80 per cent of the acute care provisioning for healthcare services is in the public sector domain. Further, the existing provisioning is supplied largely by one provider – HMC. Healthy competition is likely to have a beneficial impact on the quality, choice, and efficiency of healthcare. There is already high-level agreement on the idea that the private sector – at all levels of health service provisioning – must be encouraged to assume more responsibility in the future
	• However, existing private sector providers have previously reported facing barriers:
	  • Lack of a clear vision on the overall expected involvement of the private sector in delivering services
	  • Minimal integration of information (including access to patient data) between public and private sectors
	  • Difficulty accessing the use of services in the public sector
	  • No partnership in providing services between public and private organizations
	  • Lack of clarity on a future funding model (i.e. health insurance)
	• Qatar needs to implement a project to address these barriers and enhance the quality and levels of private sector involvement

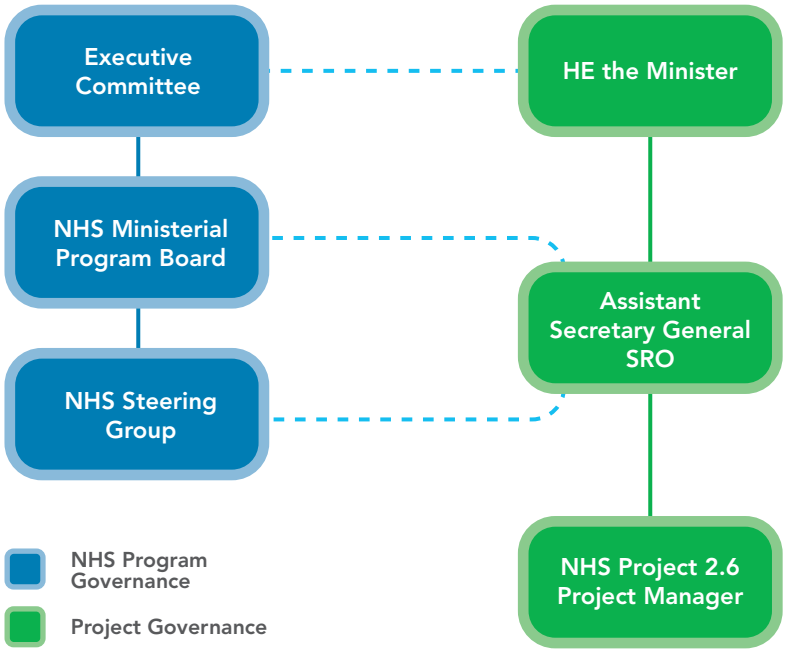
Objectives	• To create a comprehensive strategy for private sector involvement in Qatar that addresses barriers to entry, provides clarity on where and how additional private sector involvement should be used in Qatar and what clinical and efficiency benefits should be achieved
Outcomes	• The quality of private sector providers is enhanced • The private sector share of service coverage increases, particularly in areas proactively identified as having potential clinical or financial benefits from greater private sector involvement
Outputs	2.5.1 Project team established (achieved) 2.5.2 Strategy developed 2.5.3 Strategy implemented 2.5.4 Strategy reviewed
Baseline and target to 2011-2016 (NDS)	• Supreme Council of Health to identify priority areas for private sector involvement for 2016, by July 2013
Key Assumptions	• That the health insurance program is implemented as expected in Qatar and so opens the healthcare market up to significant additional private sector investment • That the private sector involvement strategy can be developed simultaneously with the healthcare infrastructure master plan
Estimated completion	2016

Project Name	2.5 Private Sector Involvement	
Risk and Mitigation actions	Risks	Mitigation
	Key stakeholders are not engaged in the development of the involvement strategy	Formal engagement to take place through a contract let to support the development of the involvement strategy
	That interdependent projects are delayed impacting delivery of the project	Progress of interdependent projects to be monitored through the PMO and direct engagement
Key Stakeholders and cross-sectoral linkages	• Existing and potential private sector healthcare providers • Public sector providers of healthcare • Ministry of Business and Trade	
Inter-project Dependencies	2.1 Healthcare Quality Improvement 5.3 Healthcare Facilities Regulation 6.3 Social Health Insurance Establishment 6.4 Healthcare Infrastructure Master Plan 6.5 Capital Expenditure Committee Estalblishment	
Governance		
Quality Assurance	• Quality assurance will be carried out through; • regular discussions with the SRO • monthly reporting on performance to the NHS Steering group and Minister through the Ministerial report (facilitated by the NHS PMO) • quarterly reporting to the Ministerial Group (facilitated by the NHS PMO)	
Estimated Cost	<10 Million QAR	

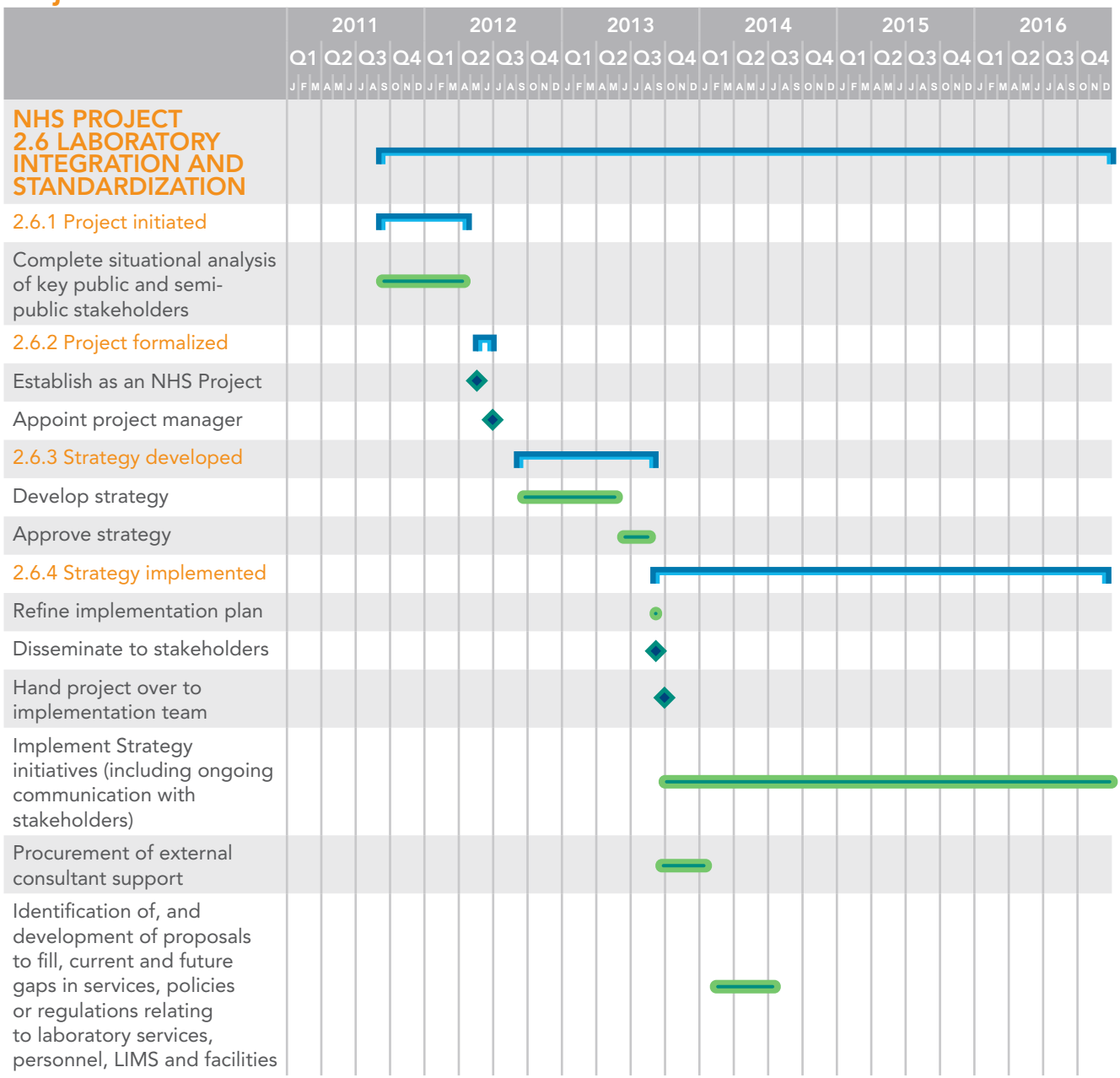
Project Plan



Project Name	2.6 Laboratory Integration and Standardization
Related NHS Goal: An integrated system of healthcare offering high-quality services through public and private institutions	
Lead organization	Supreme Council of Health
SRO	
Project Manager	Manager, Policy Coordination and Innovation Unit
Background and Justification	• Integrated and standardized testing and research laboratory services are crucial to disease prevention and treatment. For instance, it is estimated that up to 70 percent of medical decisions are based on clinical laboratory results • Lack of integration and standardization is observed across Qatar's clinical, non-clinical and biomedical research laboratories. Duplication and gaps exist in present, planned and needed services, personnel, information and regulations. These issues are prevalent across the public, semi-public and private sectors • In September 2011, the SCH put together a 31-member panel of experts, representing 50 clinical, non-clinical and biomedical research laboratories, from 14 public and semi-public organizations. Following meeting recommendations, a situational analysis form was constructed between October and November 2011. A situational analysis of represented laboratories was conducted between December 2011 and February 2012. A draft National Laboratory Standardization and Integration Strategy has been formulated
Objectives	• 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
Outcomes	• A more integrated laboratory system in Qatar with fewer unnecessary duplications of or gaps in the services provided • Improved education and training, recruitment and retention and regulation of laboratory personnel resulting in laboratory personnel certification courses, appropriate licensing and registration of certain categories, fewer vacancies etc. • Improved data management and sharing • Mandated, appropriate quality management processes • Mandated, appropriate licensing and accreditation for all facilities
Outputs	2.6.1 Project initiated (achieved) 2.6.2 Project formalized (achieved) 2.6.3 Strategy developed 2.6.4 Gap analysis and plan to bridge gaps in laboratory services (taking account of the Infrastructure Master Plan (6.4) and National Workforce Plan (4.1))
Baseline and target to 2011-2016 (NDS)	• Laboratories Integration and Standardization strategy adopted by the Supreme Council of Health by July 2013 • The completion of policy-relevant service mapping and projections to guide the development of additional services by April 2014 • Establishment of a non-clinical national reference laboratory and referral procedures by the end of 2016 • Official decision and agreement on the need and plans for a clinical national reference laboratory, and associated reference procedures by the end of 2016
Key Assumptions	• None
Estimated completion	2016

Project Name	2.6 Laboratory Integration and Standardization	
Risk and Mitigation actions	Risks	Mitigation
	Difficulty or inability to engage appropriately, all relevant stakeholders, at all required times, due to: • wide cross-sectoral linkages (public, semi-public, private) • multi-thematic subjects (clinical, non-clinical and biomedical research laboratories) • numerous laboratory and regulatory stakeholders • parallel efforts in many of the different areas	Discuss and review responsibilities, and consider handing over relevant parts to other stakeholders
Key Stakeholders and cross-sectoral linkages	• Public providers of testing and research laboratory services in Qatar • Semi-public providers of testing and research laboratory services in Qatar • Private providers of testing and research laboratory services in Qatar • Qatar Biomedical Research Institute • Ministry of Environment • Qatar Council for Healthcare Professionals	
Inter-project Dependencies	1.2.3 Access to central facilities such as select high tech laboratories and those for pathology 4.1 Workforce Planning 4.2 Recruitment and Retention of Healthcare Professionals 4.3 Professional Education and Training 5.2 Qatar Council for Healthcare Practitioners 5.3 Healthcare Facilities Regulation 5.4 Healthcare Products Regulation 6.4 Healthcare Infrastructure Master Plan	
Governance		
Quality Assurance	• Quality assurance will be carried out through; • regular discussions with the SRO • monthly reporting on performance to the NHS Steering group and Minister through the Ministerial report (facilitated by the NHS PMO) • quarterly reporting to the Ministerial Group (facilitated by the NHS PMO)	
Estimated Cost	< 10 million QAR	

Project Plan



CONNECT

Goal 3: Preventive Healthcare

Embed Prevention –
Focus on the High-Risk Priorities

Project Name	3.1 Preventive Health Governance

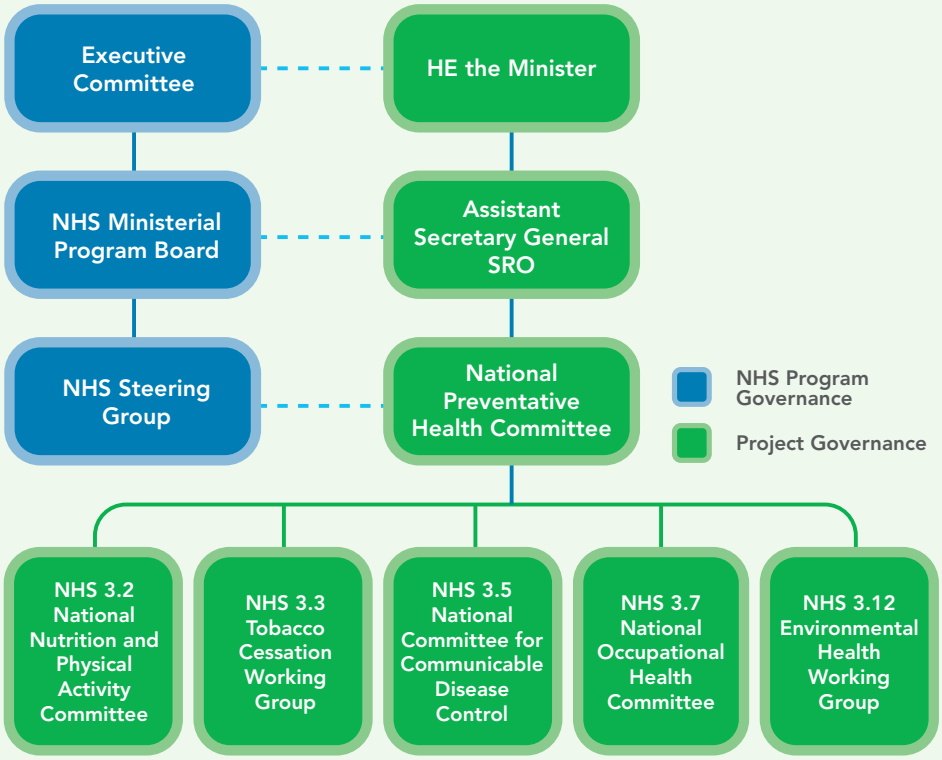
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children

Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs Directorate
Project Manager	Director of Public Health

Background and Justification	• Qatar's prevention efforts need to address four key strategic imperatives:
	  • The existing curative orientation — Qatar's healthcare system is characterised by a curative approach. Transitioning to a preventive mindset will entail a significant change management effort
	  • Multiple-stakeholder efforts — Preventive efforts will require significant cooperation from multiple stakeholders across the government and elsewhere
	  • Numerous initiatives that are required — chronic diseases are a multifactorial phenomenon, and a myriad of interventions is possible and could be considered
	  • Integrated priority risk reduction programs that include behaviour change promotions, policy initiatives, and so forth
	• Additionally effectiveness of most interventions in Qatar is not known. Interventions that have been effective in other parts of the world may not result in comparable success in Qatar, given the country's unique culture and institutional context
	To address these strategic imperatives, a robust preventive health governance system, working with the public health department in the SCH, is required

Objectives	• Enhanced prevention strategy enabled by a robust governance system • Enhanced data collection, sharing and monitoring through an effective public health evaluation system
Outcomes	• Implementation of NDS-recommended public health programs on time • Reduction in prevalence of key risk factors
Outputs	3.1.1 Prevention champion and establish a National Preventive Health committee (Achieved) 3.1.2 Public health evaluation system that can measure the overall status and effectiveness of individual initiatives 3.1.3 Produce and update National Prevention Strategy
Baseline and target to 2011-2016 (NDS)	• Establish a monitoring and evaluation system for public health by 2015 • Produce a National Prevention Strategy by 2015
Key Assumptions	• The preventive health governance project is built on the assumption that all healthcare sectors are committed to preventive health
Estimated Completion	2016

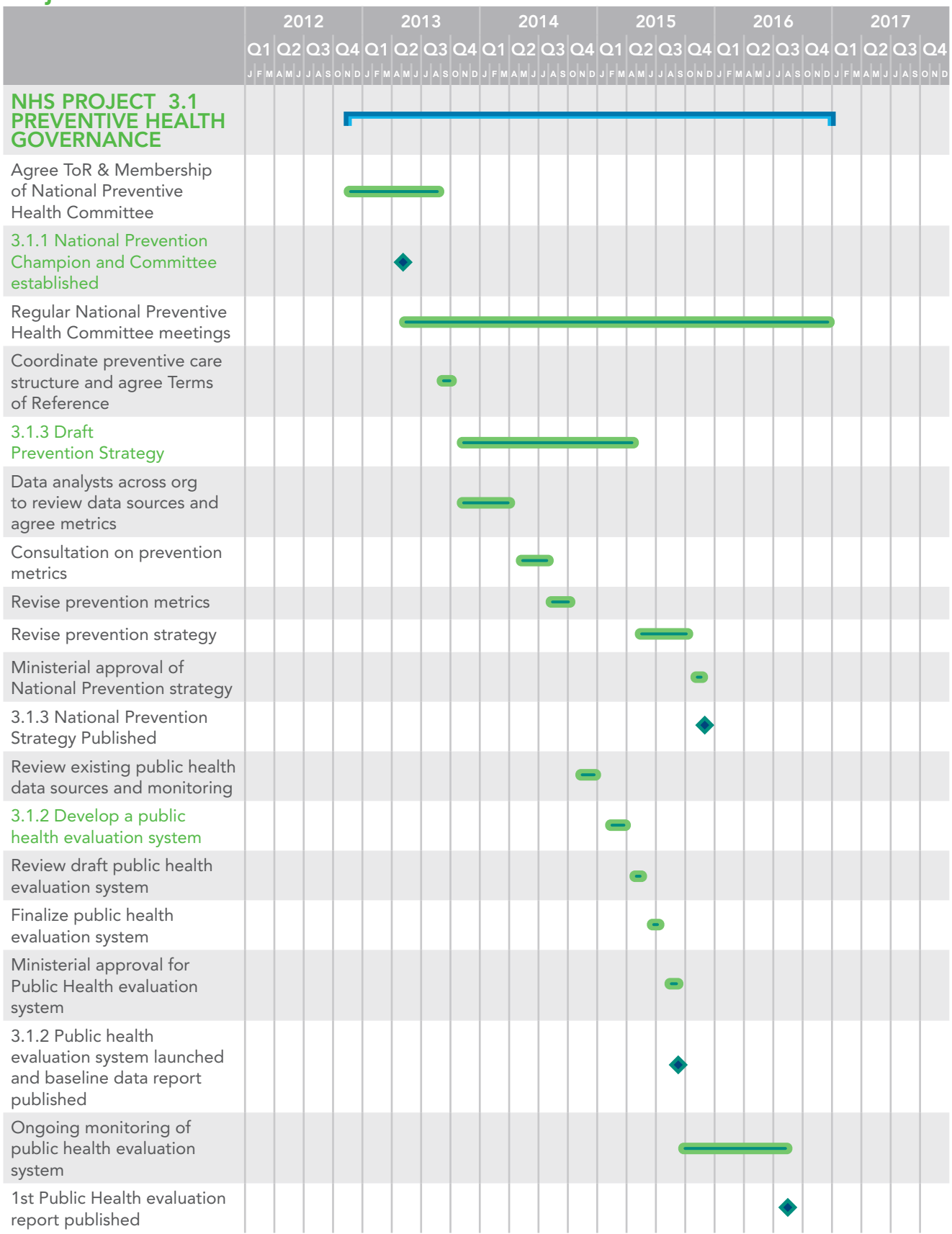
Risk and Mitigation actions	Risks	Mitigation
	Lack of cooperation from various healthcare stakeholders in delivering a national prevention strategy	Establish a National Preventive Health Committee with cross-sectoral membership has been submitted for approval
	Insufficient capacity within SCH a number of preventive health initiatives are unable to be preformed	Institutes such as WCMC-Q have been approached to provide training programs on preventive health initiatives
	Insufficient manpower in some fields like monitoring and evaluation of different preventive health programs will result in SCH not being able to understand and identify where preventive health programs are working effectively	A preventive health evaluation system will be established
	There is a risk that the National Preventive Health Committee will not deliver on their proposed objectives	Resourcing to be identified to support the Committee in delivering to plan

Project Name	3.1 Preventive Health Governance
Key Stakeholders and cross-sectoral linkages	• Hamad Medical Corporation • Primary Health Care Corporation • Supreme Education Council • Ministry of Interior • Qatar Petroleum • Weill Cornell Medical College in Qatar • Police
Inter-project Dependencies	1.1.7 Implement Primary Care Strategy 2.3.4 National data quality and collection governance 3.2 Nutrition and Physical Activity 3.3.4 Tobacco Cessation – surveillance and evaluation 3.5.1 Communicable Diseases – Early Warning surveillance and tracking system 3.5.3 Develop Communicable Disease Framework 6.3 Social Health Insurance Establishment
Governance	 Committees mentioned above may change or be added to over the course of the NHS projects

Quality Assurance	• The project will be assured through the National Preventive Health Committee meetings and also by the NHS Steering group on a monthly basis
	  • NHS Steering Group monitors overall project delivery and effectiveness of implementation
	  • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Steering Group

Estimated Cost	< 10 million QAR

Project Plan



Project Name	3.2 Nutrition and Physical Activity
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Deputy Director, Health Promotion and Non-Communicable Disease, Public Health

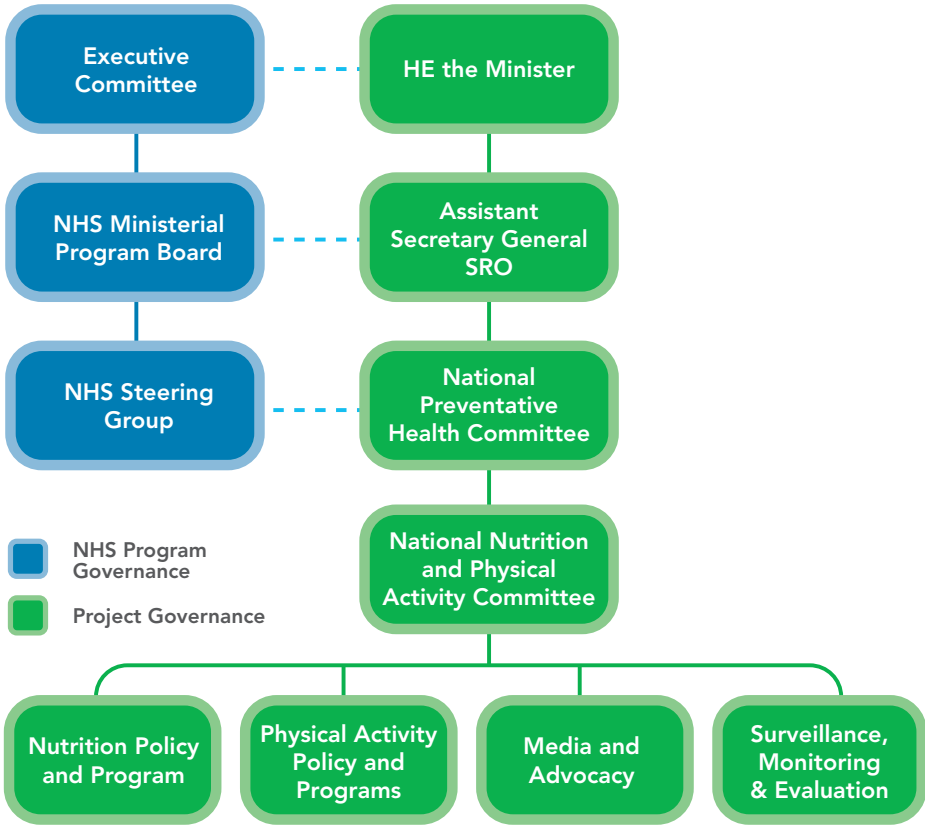
Background and Justification	• Qatar has the highest prevalence of overweight and obesity in the GCC region- considerably higher than most OECD countries. This trend toward obesity is observed in childhood:
	  • 71 per cent of all residents are overweight (among Qataris, 75 per cent)
	  • 32 per cent of all residents are obese or morbidly obese (among Qataris, 40 per cent)
	• 50 per cent of Qatari males and 60 per cent of Qatari females do not undertake regular physical activity
	• This is a key project that targets the most prevalent risk factors in the country
	• It is also recommended that when implementing awareness campaigns Qatar invest resources in creating high-impact campaigns that include expensive media options like TV, internet, billboard, and print. These campaigns should be part of a continuous nutrition and physical activity program
	The objective of this program is to induce behaviour change, which will typically have a significant lag period before effects are observed

Objectives	• Set up a comprehensive nutrition and physical activity scheme with initiatives targeted at various stakeholders and with an impact on the rate of obesity
Outcomes	• Reduction in prevalence of obesity and overweight • The rate of obesity and overweight are reduced by 1% yearly (i.e. 5% within 5 years) • Increase in the rate of physical activity • The rates of physical activities are increases by 1% yearly (i.e. 5% within 5 years) • The proportion of the population consuming five servings of fruits and vegetables daily is increased by 10% in 5 years • The proportion of the population suffering from high blood pressure levels is decreased in both men and women by 2.5% in 5 years • The proportion of the population suffering from high blood cholesterol levels is decreased by 2.5% in men and 0.5% in women in 5 years • The level of public awareness on nutrition and physical activity is increased by 25% in 5 years • Enhanced nutritional status, which can be measured by validated dietary diversity measures

Project Name	3.2 Nutrition and Physical Activity
Outputs	3.2.1 Produce and promote dietary policies and legislation including: • Food Labelling laws – Nutrition facts box • Policy guidelines for healthy school snacks • Marketing guidelines for food and beverages for children 3.2.2 Establish robust governance to oversee and agree the nutrition and physical activity action plan, including multi sectoral subgroups 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' 3.2.4 Review existing national guidelines for health-enhancing physical activities in: • schools • workplaces • community 3.2.5 Deliver public awareness campaigns on the benefits of good nutrition and physical activity 3.2.6 Develop an evaluation and monitoring system for nutrition and physical activity 3.2.7 Build capacity through: • Training of healthcare workers • Recruitment of nutritionists for Primary Healthcare Centres 3.2.8 Collaborate on research with the academic and private sectors
Baseline and target to 2011- 2016 (NDS)	• Decrease the prevalence of obesity by 3 percentage points, from 32% (in 2006) to 29% for all adult residents and from 40% to 37% for Qataris by 2016
Key Assumptions	• The project has been aligned with the Qatar National Nutrition and Physical Activity Action plan which was produced by the National Nutrition and Physical Activity Committee • The projects initiatives and deliverables have been based on the World Health Survey Data from 2006. Subsequent survey data, such as the STEPwise survey, has become available to the project and will be used to enhance the projects deliverables
Estimated completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Lack of cooperation from other Ministries and key healthcare stakeholders	The National Nutrition and Physical Activity Committee oversees the relationships and delivery of the program
	Lack of availability of public health expertise	SCH capacity building development program will address this
	Awareness campaigns are not sufficiently targeted to specific population groups therefore limiting the impact	Awareness campaigns are agreed by SCH and the National Committee before commencement

Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health • Supreme Education Council • Hamad Medical Corporation • Primary Healthcare Corporation • Ministry of Labor • Ministry of Municipality and Urban Planning • Ministry of Agriculture • Ministry of Business and Trade • Food Safety Authority (once established) • Qatar Olympic Committee (QOC)

Project Name	3.2 Nutrition and Physical Activity
Inter-project Dependencies	1.1.7 Implement Primary Care Strategy 2.3.4 National data quality and collection governance 3.1.3 Produce and update national prevention strategy 3.6.2 Evidence based screening guidelines for providers 3.8.1 Exclusive breastfeeding and complementary feeding education program 3.10.3 New law for establishing the Food Safety Authority 6.3 Social Health Insurance Establishment NDS – Program for Sports (Healthy and active lifestyle interventions)
Governance	
Quality Assurance	• The project will be assured through the National Nutrition and Physical Activity Committee on a quarterly basis and monthly through team meetings and the NHS Steering Group • NHS Steering Group monitors overall project delivery and effectiveness of implementation
Estimated Cost	>50 million QAR

Project Plan

		2011				2012				2013				2014				2015				2016			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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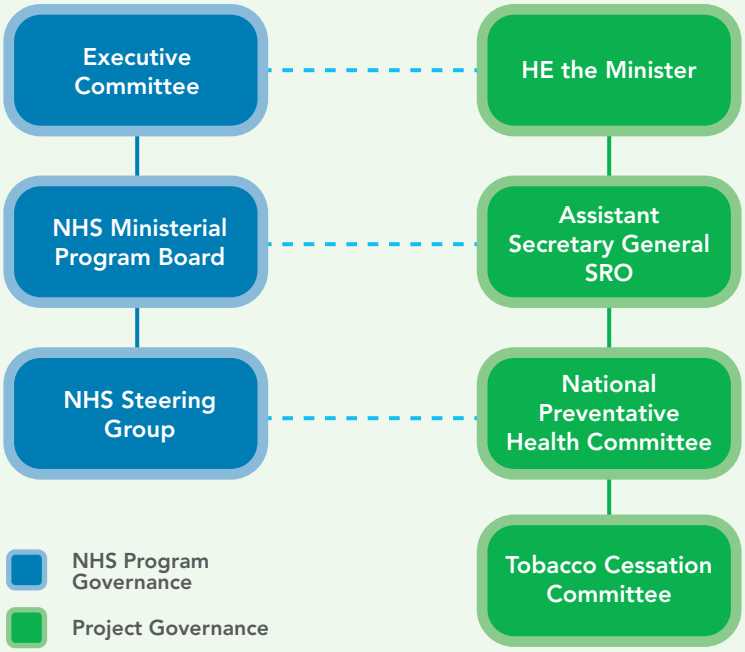
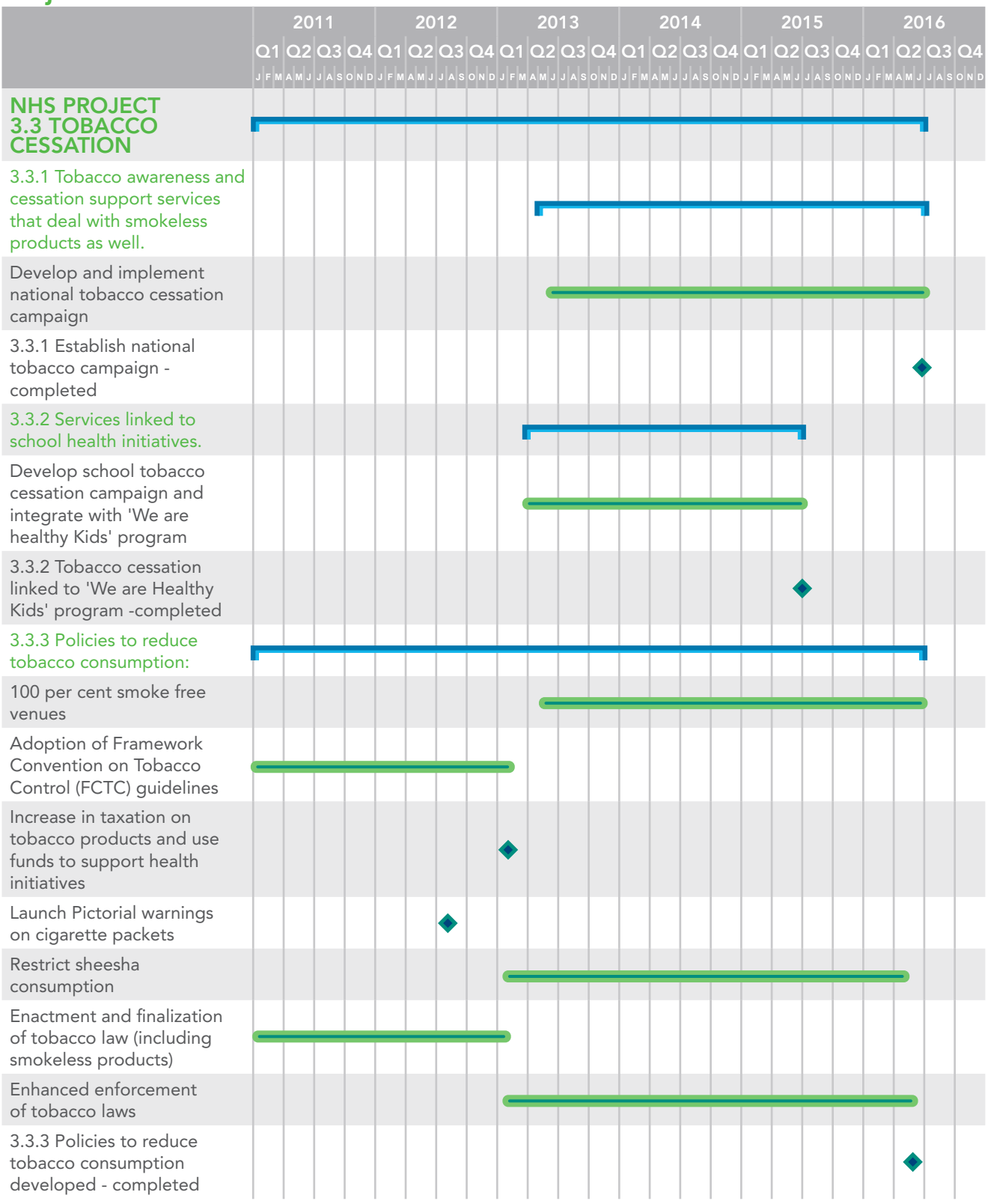
19	3.2.5 Promotion and advocacy																								
20	Develop guidelines for physical activity in the workplace (Phased delivery)																								
21	Develop nutrition education and social marketing through media																								
22	Evaluation of media awareness campaign																								
23	3.2.6 Surveillance, Monitoring and Evaluation																								
24	Launch the first national STEPwise Survey																								
25	Publish STEPwise survey result																								
26	3.2.7 Capacity Building																								
27	Develop training for healthcare workers on growth monitoring																								
28	Commence recruitment of nutritionists for primary healthcare centers (PHCC dependent)																								
29	Develop training for school nurses on data collection methods and results based management																								
30	Develop training of nutritionists and nurses on screening and counseling of people at risk of overweight and obesity at primary healthcare centers																								
31	3.2.8 Partnership with Academic Institutions and the Private Sector																								
32	Establish collaboration with academic institutes focusing on prevention interventions for nutrition and physical activity.																								
33	Develop and implement National Nutrition survey																								
34	Plan physical activity survey (QOC dependent)																								
35	Implement physical activity survey (QOC dependent)																								

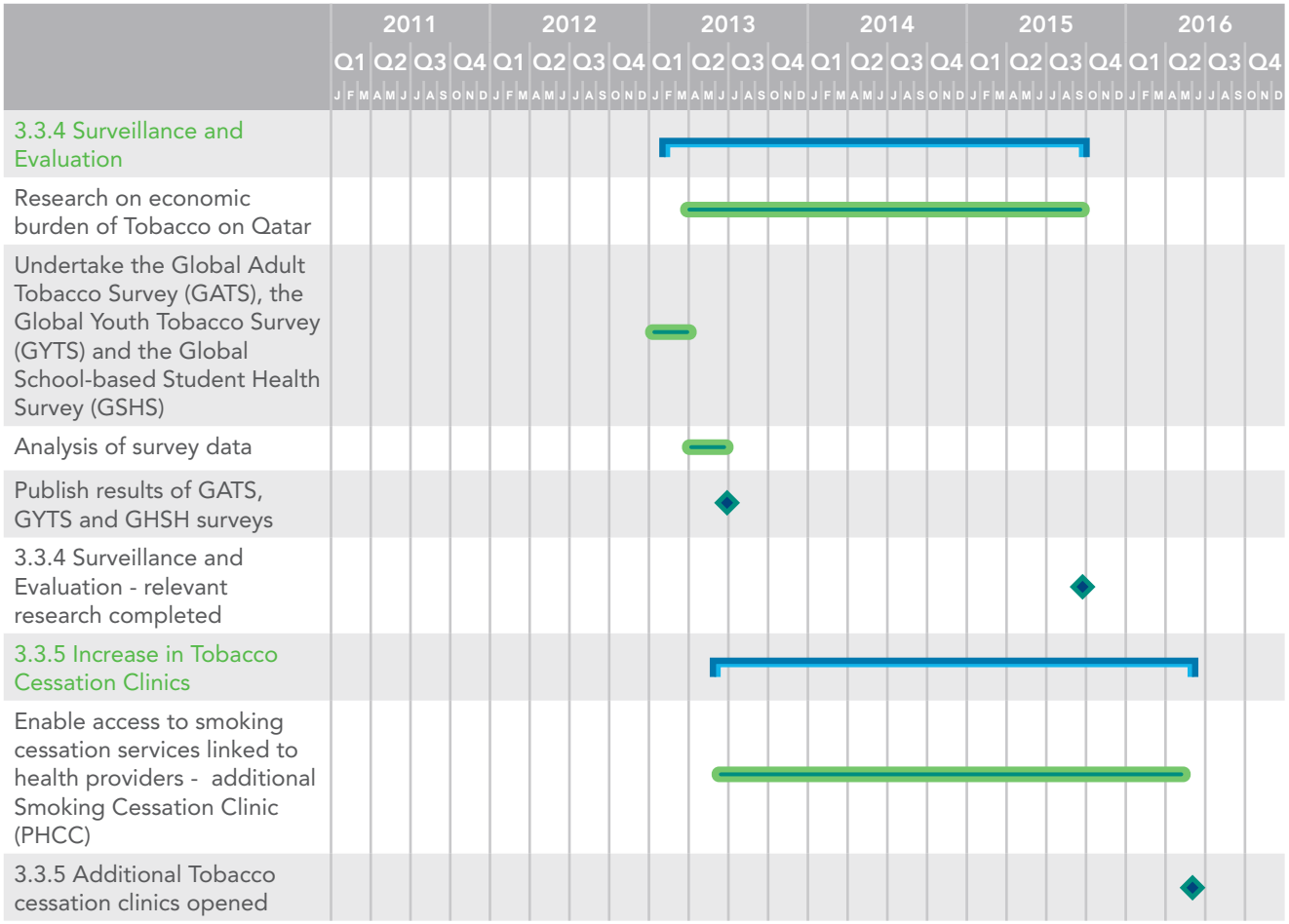
Project Name	3.3 Tobacco Cessation
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Manager, Non Communicable Diseases, Public Health
Background and Justification	• Smoking has significant detrimental effects on society. Every year hundreds of thousands of people around the world die from diseases caused by smoking cigarettes. One in two lifetime smokers will die from the habit. Half of these deaths will occur in middle age. Tobacco smoke also contributes to a number of cancers, and is strongly linked to causing cardiovascular diseases (e.g. heart attacks, strokes, and ischemic limbs) • The prevalence of smoking in adult Qatari males is 31.9% per cent (in 2012). Anecdotal evidence suggests there is increasing consumption of sheesha among both sexes
Objectives	• Reduction of mortality due to non communicable disease which is attributed to tobacco • Set up a comprehensive project to reduce tobacco consumption, including sheesha and smokeless products • Ensure all Health aspects adaptation of the tobacco law
Outcomes	• Reduced tobacco consumption
Outputs	3.3.1 Tobacco awareness and cessation support services that deal with smokeless products as well 3.3.2 Services linked to school health initiatives 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 (Achieved) • Pictorial warnings (Achieved) • Restrict sheesha consumption • Enactment and finalization of tobacco law (including smokeless products) • Enhanced enforcement of tobacco laws 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) 3.3.5 Increase access to Tobacco Cessation Clinics
Baseline and target to 2011- 2016 (NDS)	Reduce the percentage of adult Qatari male smokers from 31.9% to 28.9% in 2016 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
Key Assumptions	• There will be an increase in numbers of inspectors to fulfill the enforcement of the new Tobacco Law • The project's campaigns are aligned with wider health campaigns including the National Cancer Strategy and project NHS Project 3.2 Nutrition and Physical Activity
Estimated completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Lack of cooperation from the Ministry of Interior to enforce the policy initiatives	Escalate risk to SCH Executive Committee requesting resolution
	Insufficient availability of public health expertise	Other measures addressed in the SCH capacity development program

Project Name	3.3 Tobacco Cessation
Key Stakeholders and cross-sectoral linkages	• Hamad Medical Corporation • Primary Health Care Corporation • Ministry of Interior • Ministry of Business and Trade • Customs & Ports General Authority • Supreme Council of Education • Civil Aviation Authority - Department of Meteorology • Ministry of Municipality and Urban Planning
Inter-project Dependencies	1.1.8 Health Center improvement 2.3.4 National data quality and collection governance process 5.1.1 Recruitment of SCH Staff 6.3 Social Health Insurance Establishment National Cancer Strategy - Prevention
Governance	
Quality Assurance	• The project will be assured through the Tobacco Cessation Committee meetings and also by the NHS Steering group on a monthly basis • NHS Steering Group monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Steering Group
Estimated Cost	<10 million QAR

Project Plan




2011
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17 3.3.4 Surveillance and Evaluation
18 Research on economic burden of Tobacco on Qatar
19 Undertake the Global Adult Tobacco Survey (GATS), the Global Youth Tobacco Survey (GYTS) and the Global School-based Student Health Survey (GSHS)
20 Analysis of survey data
21 Publish results of GATS, GYTS and GHSH surveys
22 3.3.4 Surveillance and Evaluation - relevant research completed
23 3.3.5 Increase in Tobacco Cessation Clinics
24 Enable access to smoking cessation services linked to health providers - additional Smoking Cessation Clinic (PHCC)
25 3.3.5 Additional Tobacco cessation clinics opened

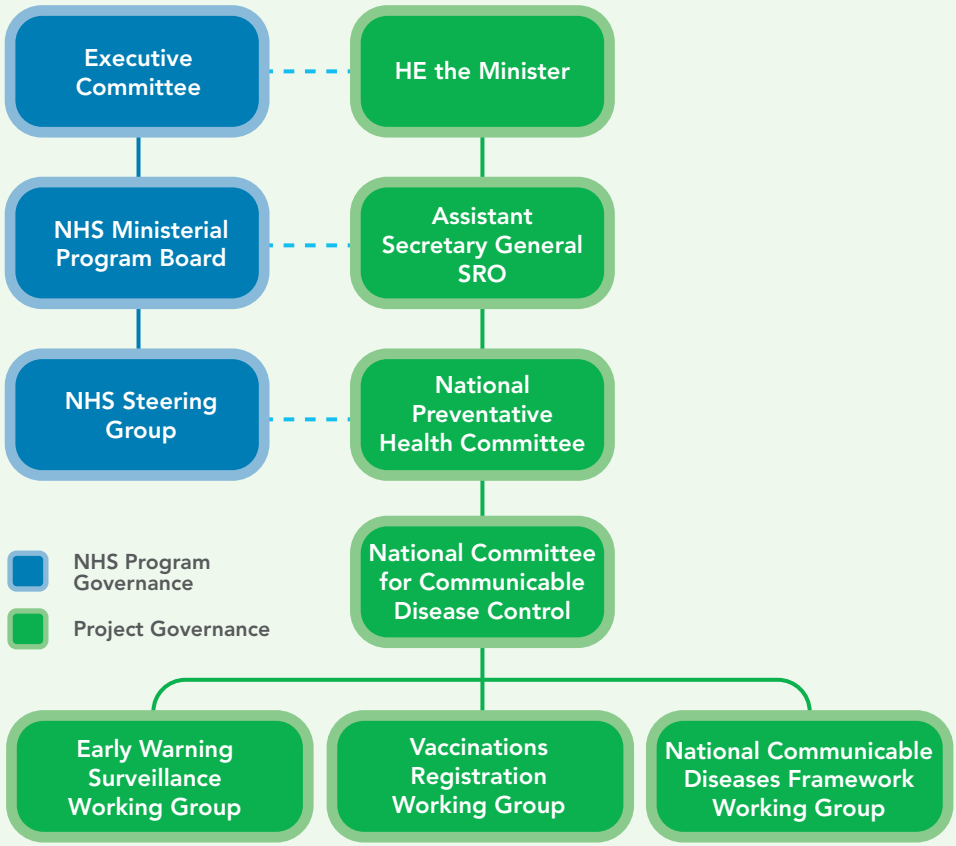
Project Name:	3.4 Consanguinity Risk Reduction [CLOSED]

Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children

Lead organization	Primary Health Care Corporation
Background and Justification	• Prevalence of consanguineous marriages is high in Qatar. The 2010 rate of consanguinity was 54 per cent, the most common type being among first cousins (34.8 per cent). The consanguinity rate has increased from 41.8 per cent to 54.5 per cent in one generation • The focus of consanguinity risk reduction programmes will be to make target groups aware of the health risks of consanguineous marriages • The programmes and communication campaigns should be conducted in a culturally sensitive manner
Objectives	• Fewer congenital defects due to consanguinity, through a comprehensive consanguinity risk reduction project, with interventions targeted at high-risk groups
Outcomes	• Reduction in congenital defects due to consanguinity • Complete coverage of premarital screening for all Qatari couples by 2016
Outputs	3.4.1 Educational campaigns on consanguinity 3.4.2 Counselling to support mandatory premarital screening
Following successful completion of the project outputs, this project has been formally closed. Ongoing monitoring of the project outcomes and objectives have transitioned to PHCC	

Project Name	3.5 Communicable Disease Prevention
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Supreme Council of Heath (SCH)
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Manager, Health Protection and Communicable Disease, Public Health
Background and Justification	• Although the prevalence of communicable diseases in Qatar is low among Qataris, the threat of communicable illnesses (e.g. TB, Food borne Diseases) is prominent. This is due to the large migrant male worker population as well as their associated living conditions. Qatar's existing process of screening all incoming workers for communicable diseases helps prevent outbreaks. However, Qatar needs to be vigilant about this threat and implement a comprehensive communicable disease prevention and control programs • The SCH Health Protection and Communicable Disease Control Section (HP&CDC) will focus on building up the core public health functions (surveillance, scientific advice, preparedness and response, health communication) to communicable disease-specific work • To facilitate the development of each of the disease-specific programs (DSP), HP&CDC disease-specific programs (DSP) coordinators and their teams will work intensively to develop their long term vision; specifically, where they want to be with their specific programs by the end of 2015 • This process will be facilitated by a National Committee for communicable disease prevention and control and it is Taskforces helping the different programs to find a common, acceptable level of detail for strategy, also it will advises on the quality of the scientific work undertaken by HP&CDC
Objectives	• 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
Outcomes	• The Identification of a prioritized work program for communicable disease prevention and control for Qatar • The scientific knowledge base of communicable diseases and their health consequences, their underlying determinants, the methods for their prevention and control, and the design characteristics that enhance effectiveness and efficacy of their prevention and control programs • To reduce the prevalence of specific communicable diseases for example measles and tuberculosis by 2016 (see target)
Outputs	3.5.1 Early-warning surveillance and tracking system to enable improved data collection, reporting and prioritization 3.5.2 Process to update the existing vaccination registration program for children and adults 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)
Baseline and target to 2011-2016 (NDS)	• Reduce the threat of communicable diseases by implementing an integrated early warning surveillance system by the end of 2015 • Reduce measles incidence from 58 per 1,000,000 resident population in 2011 to <5 per 1,000,000 by 2016

Project Name	3.5 Communicable Disease Prevention	
Key Assumptions	• The Communicable Diseases project will be adequately resourced and supported across the healthcare sector • Communicable Diseases prevention and control framework (CDF) - The SCH will work to scale up the existing communicable diseases teams, policies and procedures to form a robust communicable disease framework which will inform national policies and standard operating procedures. This framework will set out the strategic priorities for the disease-specific programs (DSP); also will serves as a roadmap for all of SCH's infectious disease prevention and control Future work. This framework will incorporate existing national programs such as the National Tuberculosis Program and Qatar National Measles Elimination Strategic Plan 2011-2015 • Communicable Disease-specific programs (CDSP) – Based on the framework the SCH will focus its future work on building up the core public health functions of the communicable diseases specific programs which include (surveillance, scientific advice, preparedness and response, health communication, follow up screening of high risk groups. The disease specific programs will embrace existing programs and not look to duplicate work • Early warning surveillance system – The SCH will work with stakeholders such as Hamad Medical Corporation (HMC) and Primary Healthcare Corporation (PHCC) and Qatar Petroleum (QP) and the private sectors to develop an early warning surveillance system which integrates with key IT systems, where necessary, across the healthcare sector • Vaccination registration system – The SCH will work with PHCC to ensure integrated vaccinations registration system is rolled out to all healthcare centers which informs the SCH on statistics for monitoring purposes	
Estimated Completion	2016	
Risk and Mitigation actions	**Risks**	**Mitigation**
	There is a risk that there will be a lack of coordination across the healthcare sector, resulting in confused national approach to specific diseases	Ensure the project governance is robust through the establishment of a National Committee for Communicable Disease Control with membership from across the Healthcare sector
	There is a risk that the Communicable Diseases prevention and control framework (CDF) and Communicable Disease-specific programs (CDSP) – will have technical support implications which may affect it is quality and the overall performance and outcomes	Use the National Committee to discuss and agree all CDSPs before implementing across the health sector
	There is a risk that the favored IT solutions will not integrate with existing or future systems	Ensure purpose, integration and future requirements are discussed across the health sector before purchasing systems
	There is a risk that the vaccinations registration system will have resource implications which may affect capacity within healthcare centers	Ensure robust implementation plans are in place and are aligned with PHCC plans for IT changes
Key Stakeholders and cross-sectoral linkages	• Hamad Medical Corporation • Primary Health Care Corporation • Ministry of Labor • Qatar Petroleum • Qatar Foundation institutions • NGOs such as Red Crescent Society • Academic institutions such Qatar University, W.C, CNA-Qatar. • Ministry of Municipalities and Urban Planning • Ministry of Environment	

Project Name	3.5 Communicable Disease Prevention
Inter-project Dependencies	1.1.8 Health Center Improvement 2.3.4 National data quality and collection governance processes 3.6.2 Evidence based screening guidelines for providers 3.10 Establishment the Food Safety Authority 3.11.1 National Health Emergency Preparedness plan and role of healthcare 5.1.1 Recruitment of SCH staff 6.3 Social Health Insurance Establishment 7.1.2 National coordination of health research activity through a centralized body led by the SCH
Governance	 • National Committee for communicable disease prevention and control will be composed of senior representatives of national public health and communicable disease concerned agencies, and bodies nominated on the basis of their scientific competence. It will work as an Advisory Forum to advise on the quality of the scientific work undertaken by HP&CDC • The National Committee will mainly focus on the development of the Communicable Diseases Framework however the group will also act as an advisory board for the Early Warning Surveillance System and the Vaccinations Registration program. The Early Warning Surveillance System and the Vaccinations Registration program will support the delivery of the communicable disease framework • The communicable diseases framework will require additional support from the National Committee and will have sub-groups/Task forces formed to focus on Disease-specific programs (CDSP) as the communicable disease priorities of Qatar are determined
Quality Assurance	The project will be assured through the National Committee for Communicable Disease Prevention and Control meetings and also by the NHS Steering group on a monthly basis • NHS Steering Group monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team and committee meetings
Estimated Cost	10-50 million QAR

Project Plan

		2012				2013				2014				2015				2016				2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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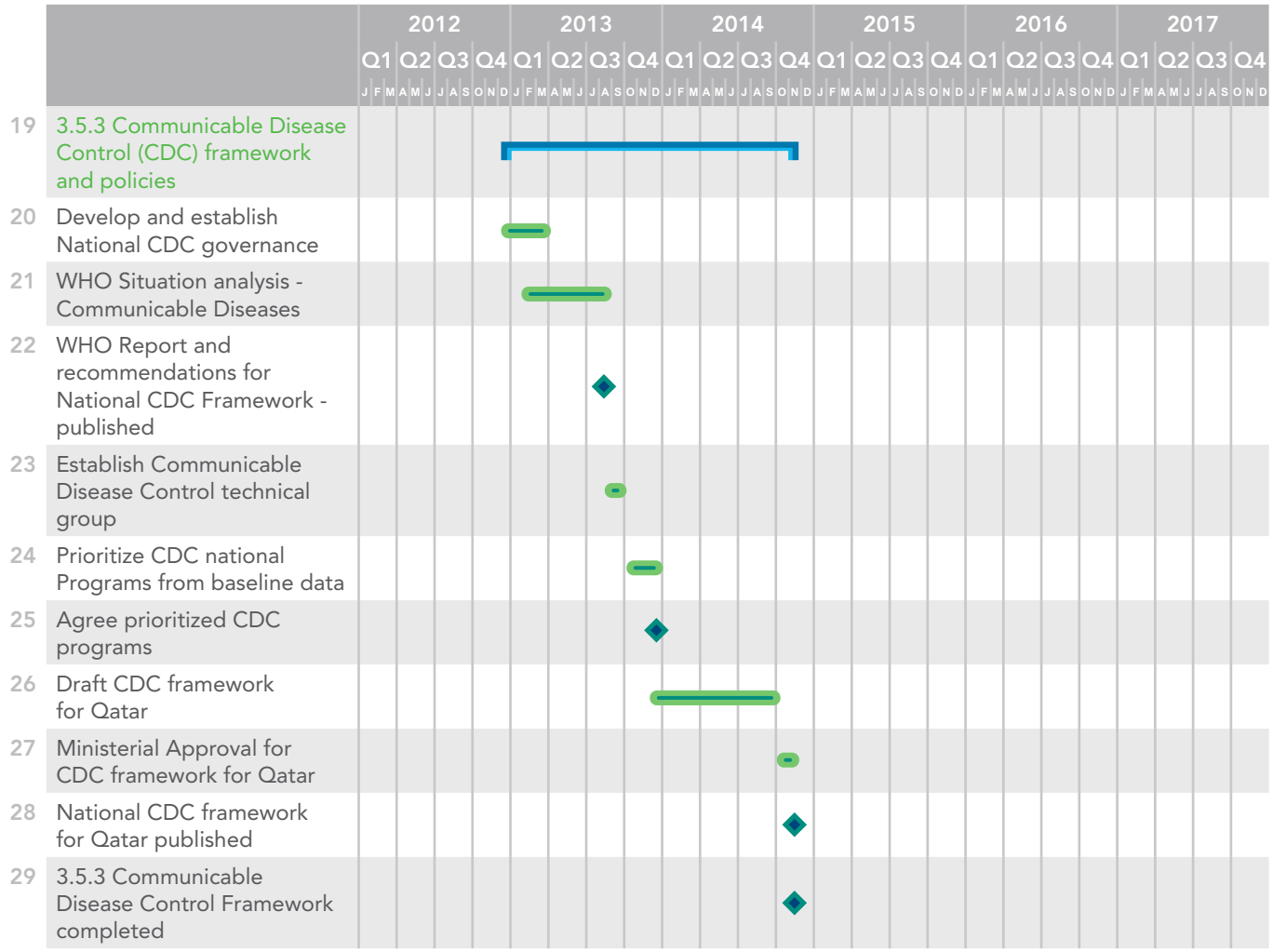
1	**NHS PROJECT 3.5 COMMUNICABLE DISEASE PREVENTION**																								
2	3.5.1 Early Warning Surveillance system																								
3	Situation analysis of current IT system																								
4	Stakeholder engagement and collaboration - alignment of IT systems																								
5	Agree Early Warning Surveillance system																								
6	Purchase and installation of IT system																								
7	Training and development of staff																								
8	Roll out system across relevant stakeholders																								
9	Use system for reporting to WHO																								
10	3.5.1 Early Warning Surveillance System completed																								
11	3.5.2 Vaccinations Registration system																								
12	Discuss IT requirements with key stakeholders																								
13	Agree IT solution for Vaccinations Registration system																								
14	Review PHCC IT roll out and align system with plan. Develop training.																								
15	Deploy system across PHCC and SCH																								
16	Staff training																								
17	Use system for reporting to SCH across all of PHCC																								
18	3.5.2 Vaccinations Registration system completed																								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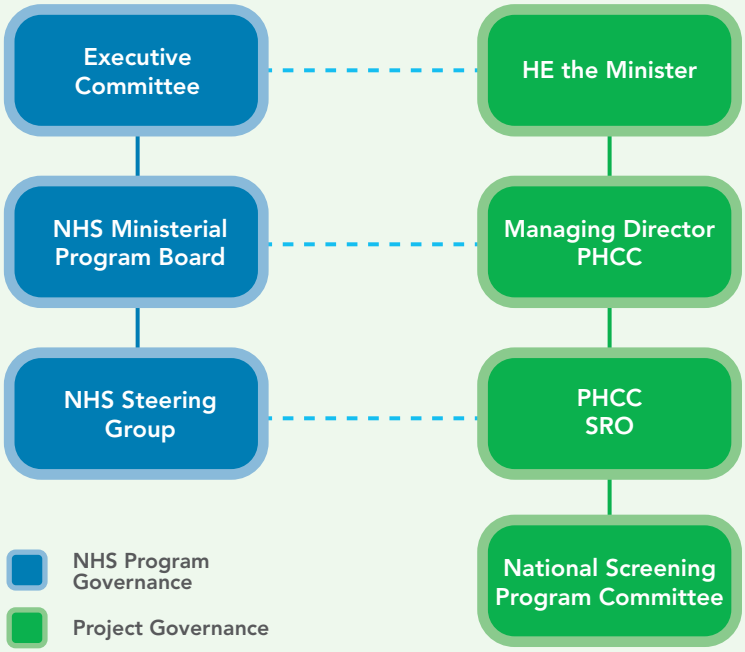
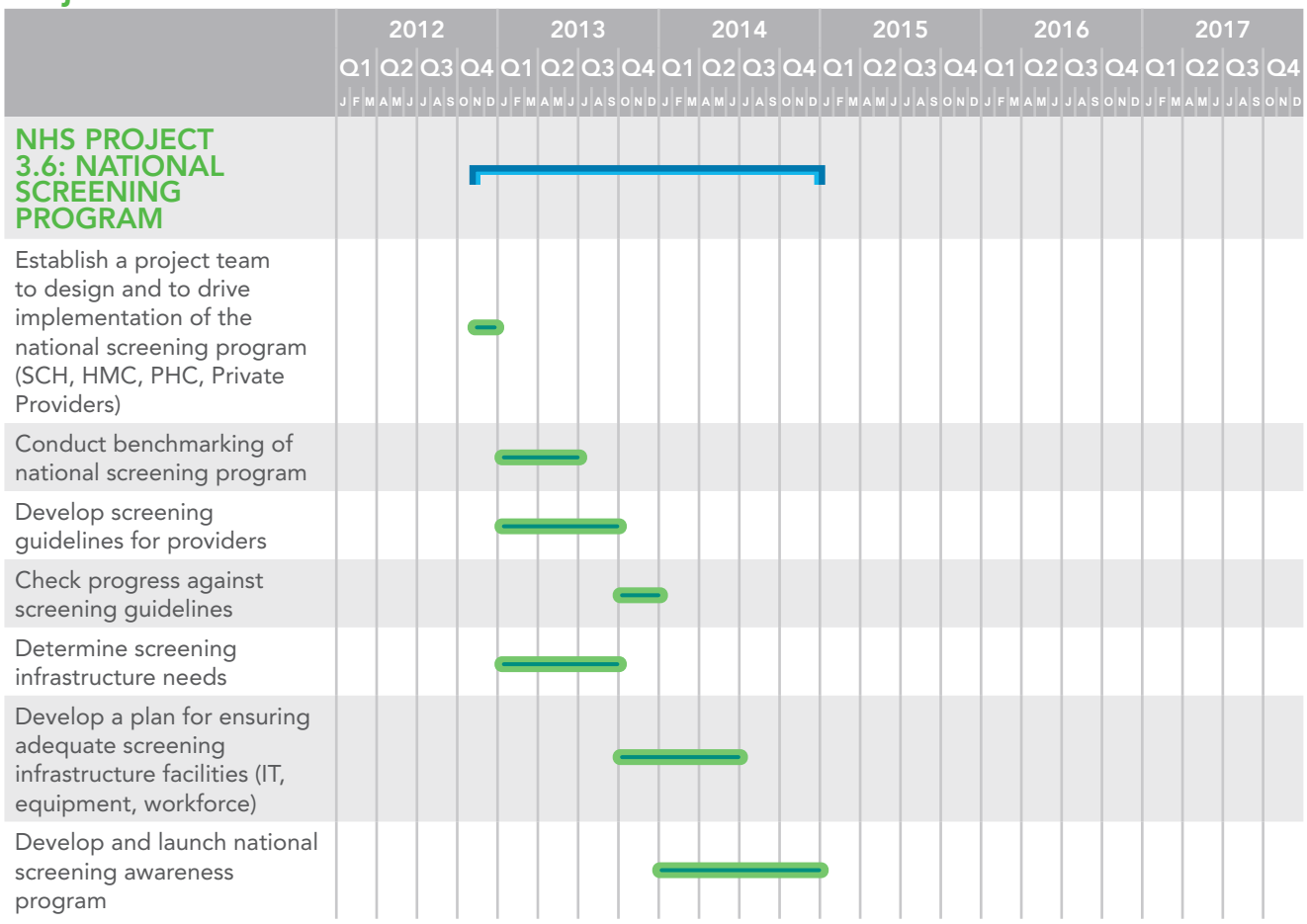
19 3.5.3 Communicable Disease Control (CDC) framework and policies
20 Develop and establish National CDC governance
21 WHO Situation analysis - Communicable Diseases
22 WHO Report and recommendations for National CDC Framework - published
23 Establish Communicable Disease Control technical group
24 Prioritize CDC national Programs from baseline data
25 Agree prioritized CDC programs
26 Draft CDC framework for Qatar
27 Ministerial Approval for CDC framework for Qatar
28 National CDC framework for Qatar published
29 3.5.3 Communicable Disease Control Framework completed

Project Name	3.6 National Screening Program
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Primary Health Care Corporation
SRO	Assistant Managing Director, Strategy and Organizational Development
Project Manager	Project Manager, Strategy and Organizational Development
Background and Justification	• "Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition" (UK National Screening Committee, 2012) • A sizeable body of evidence shows that appropriate screening has a marked effect on clinical outcomes, as it allows for early detection of diseases and therefore the opportunity of early treatment • Chronic diseases typically are characterized by a long preclinical phase as well as the potential for an improved outcome with early treatment. The early treatment of diseases results not only in improved outcomes but also in lower healthcare costs • A targeted screening process for key chronic diseases is therefore recommended
Objectives	• Improve early detection of priority chronic diseases through a national screening program
Outcomes	• A greater focus on preventive healthcare • Higher percentage of people in target groups screened • Increased early detection (e.g. for stage 1 breast cancer)
Outputs	3.6.1 National Screening Program and infrastructure (facilities, IT, equipment, workforce) 3.6.2 Evidence based Screening guidelines for providers (guidelines, KPIs, performance agreements)
Baseline and target to 2011-2016 (NDS)	• Establish baseline for screening activity and targets for percentage of individuals to be covered by screening programs, by October 2013
Key Assumptions	• A National Screening Committee will be convened involving stakeholders from across the care spectrum including SCH, Acute sector, Primary Care and Private Providers to discuss National Screening requirements for Qatar per se. • Screening Guidelines for Breast and Colo-rectal screening will be provided by December 2012 under the auspices of the Cancer Screening program • SCH will identify a budget for screening which will then determine scope of the national screening program • That a minimum data set for screening will be identified which will enable private providers to submit screening data to SCH. • A Scientific and Clinical Working Sub Group will inform the screening program guidelines
Estimated completion	2014

Risk and Mitigation actions	Risks	Mitigation
	Lack of co-ordination and communication between key stakeholders	Improve governance of National Screening Program
	Lack of data sharing leading to delays in improving screening effectiveness	Discuss and improve data sharing across sectors with SCH taking lead role with QSA and health Observatory

Project Name	3.6 National Screening Program	
	Lack of clarity over roles and responsibilities for enforcing screening recommendations in primary care	Clearly define the roles between Stakeholders build in penalties where recommendations are not implemented
	Inability to obtain resources to implement national screening program	Escalate issue to SCH executive committee requesting allocation of appropriate resources to the screening program over the period of the program
Key Stakeholders and cross-sectoral linkages	• Supreme Education Council • Primary Health Care Corporation • Hamad Medical Corporation • Private Providers	
Inter-project Dependencies	2.2 Disease Management Programs Definition 2.3 Improving Healthcare Data 3.2 Nutrition and Physical Activity 3.3 Tobacco Cessation 3.5 Communicable Disease Prevention 3.8 Maternal and Newborn Health 6.3 Social Health Insurance Establishment	
Governance		
Quality Assurance	• The project will be assured through the National Screening Program Committee and also by the NHS Program Steering Group on a monthly basis • NHS Program Steering Group monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Program Steering Group	
Estimated Cost	< 10 million QAR	

Project Plan



Project Name	3.7 Occupational Health

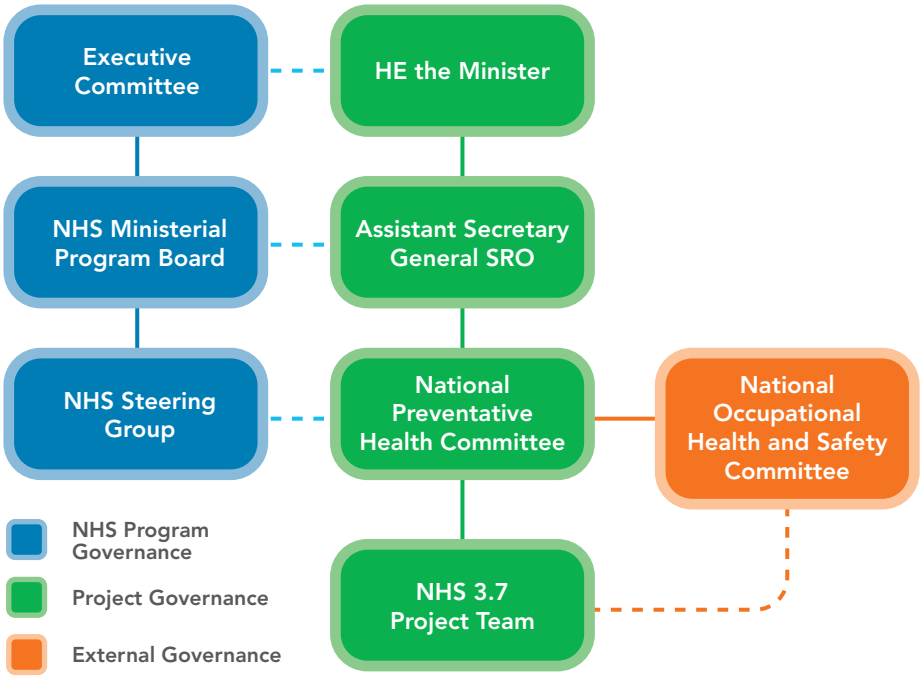
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children

Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Head of Occupational Health, Public Health

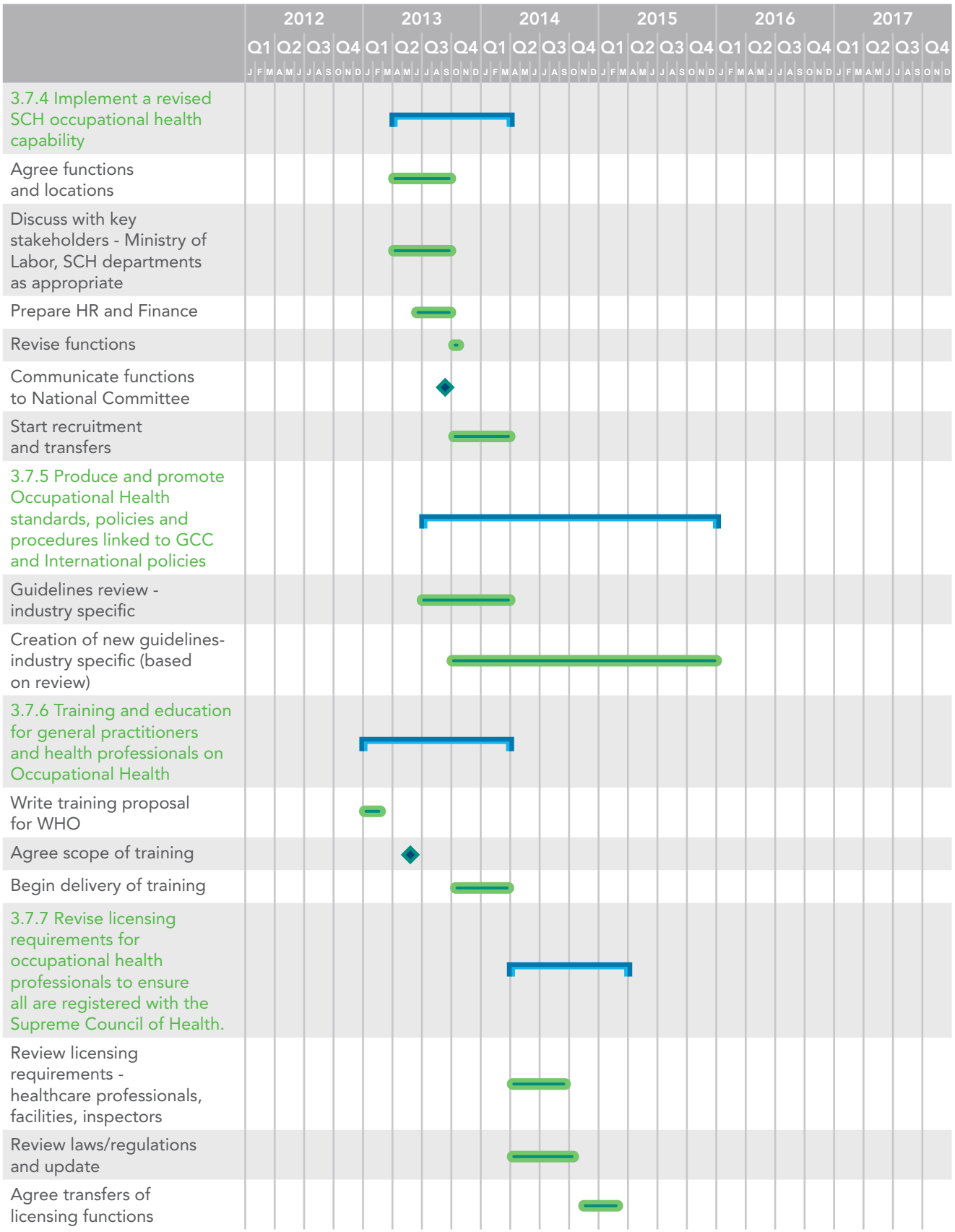
Background and Justification	• Qatar faces three key occupational health challenges:
	  • Providing and enforcing occupational health standards for all working environments. More focus is required on wellness in the workplace from office and retail environments to industries such as construction, oil and gas
	  • Safeguarding the health of the large population of expatriate male laborers, primarily in the construction industry, who have limited access to healthcare services and may operate in hazardous environments
	  • The expatriate labor population is expected to significantly increase in support of infrastructure projects ahead of Qatar hosting the Football World Cup in 2022
	• The Permanent Qatari Constitution (Act 23) states that Qatar is concerned with public health practices for the prevention and treatment of diseases (e.g. occupational diseases) and epidemics
	• Qatar does not currently have comprehensive national occupational health standards and guidelines. The SCH will contribute to safeguarding the occupational health of residents in partnership with the Ministry of Labor

Objectives	• To minimise 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
Outcomes	• A reduction in workplace diseases, injuries and death • Increased adherence to occupational health and safety laws and standards, including those mandating access to healthcare services • Strengthened SCH Occupational Health section capability • Routine collection, monitoring and reporting of occupational health data
Outputs	3.7.1 Establish data sets for injury, periodic tests, inspection and toxicology 3.7.2 Establish routine collection and monitoring and reporting to inform policies 3.7.3 Produce and maintain the list of occupational diseases and produce guidance based on priority diseases, injuries and causes of death 3.7.4 Implement a revised SCH occupational health capability 3.7.5 Produce and promote Occupational Health standards, policies and procedures linked to GCC and International policies 3.7.6 Training and education for general practitioners and health professionals on Occupational Health 3.7.7 Revise licensing requirements for occupational health professionals to ensure all are registered with the Supreme Council of Health
Baseline and target to 2011- 2016 (NDS)	• To have implemented the strengthened SCH Occupational Health capability by April 2014 • To have begun national routine data collection and monitoring of injuries by end December 2015

Project Name	3.7 Occupational Health	
Key Assumptions	• The revised SCH occupational health capability will be resources and supported across the health sector and other government agencies • The successful delivery of this project is reliant on the relationship between the Supreme Council of Health and the Ministry of Labor. An occupational health taskforce will be created between the two Ministries to ensure alignment of laws, policies, health and safety promotion and data collection. This will foster stronger occupational health and safety functions across the country and the GCC • The project will take significant direction from the National Occupational Health Committee led by the Ministry of Labor and will also create solid evidence based through data collection which will inform future policies • The revised capability will carry out a significant education and training program. They will look to establish a workplace wellness program for implementation within the private, government and industrial work settings. The first part of the training will be to refresh the training for employers and employees in the workplace, paying specific attention to training in industry	
Estimated Completion	2016	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Lack of integration and collaboration between Ministries	Develop a governance structure coordinated with the Ministry of Labor
	Data collection and data sharing becomes fragmented due to lack of mandate within the law	Revise the law with Ministry of Labor to require data collection Establish shared reporting of data to the National committee
	Lack of collaboration between stakeholders across the health sector in terms of data collection	Establish an occupational health working group to develop a data monitoring and collection system.
Key Stakeholders and cross-sectoral linkages	• Ministry of Labor • Hamad Medical Corporation • Primary Health Care Corporation • Other Government Agencies • Private Providers • Private Industries • Qatar Petroleum	
Inter-project Dependencies	NDS – Public protection for a stable society: "A national occupational safety and health governance system" – Ministry of Labor 1.3 Continuing Care Design 1.5.1 National standards, and operating protocols for emergency and trauma care services 2.3.4 National data quality and collection governance process 2.4.5 E-Health strategy 3.12.1 Air Quality monitoring in coordination with the Ministry of Environment 6.3 Social Health Insurance Establishment	

Project Name	3.7 Occupational Health
Governance	
Quality Assurance	This project will be assured through the Occupational Health working group, the National Health Prevention Committee (NHS Project 3.1) meetings, and also by the NHS Steering group on a monthly basis. The project will also report into the National Occupational Health and Safety Committee • NHS Program Steering Group monitors overall project delivery and effectiveness of implementation • The project will also inform the National Occupational Health and Safety Committee
Estimated Cost	30 million QAR

Project Plan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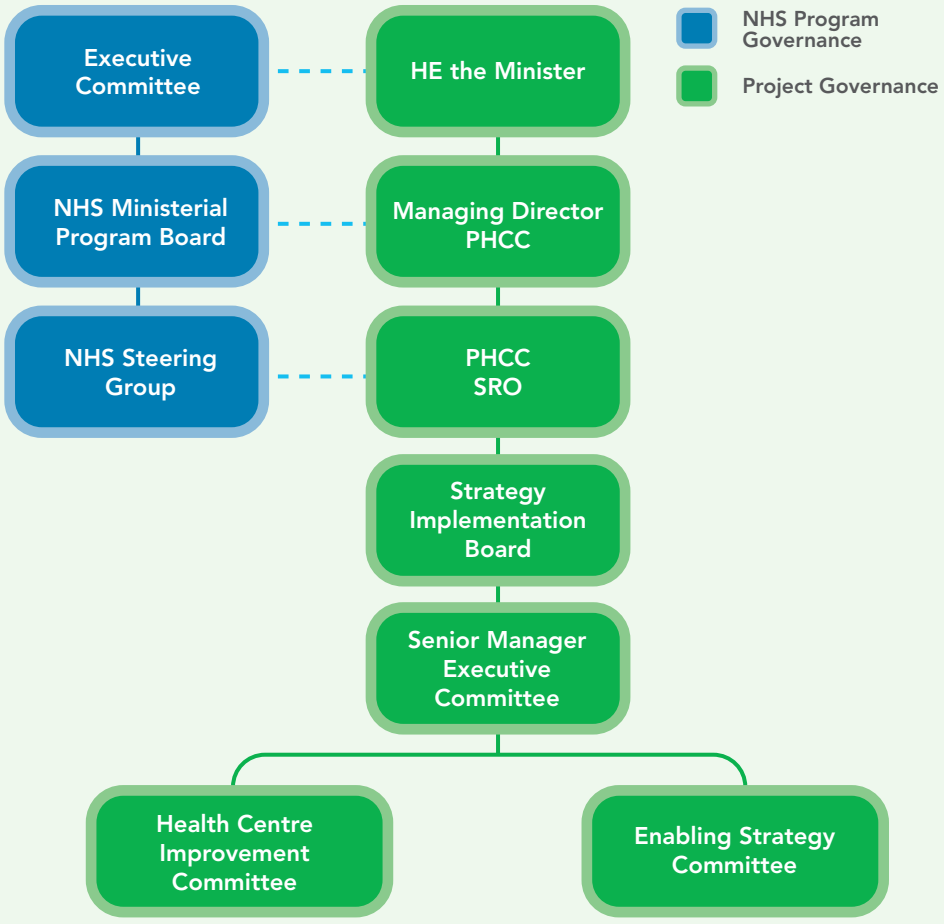
19 3.7.4 Implement a revised SCH occupational health capability
20 Agree functions and locations
21 Discuss with key stakeholders - Ministry of Labor, SCH departments as appropriate
22 Prepare HR and Finance
23 Revise functions
24 Communicate functions to National Committee
25 Start recruitment and transfers
26 3.7.5 Produce and promote Occupational Health standards, policies and procedures linked to GCC and International policies
27 Guidelines review - industry specific
28 Creation of new guidelines- industry specific (based on review)
29 3.7.6 Training and education for general practitioners and health professionals on Occupational Health
30 Write training proposal for WHO
31 Agree scope of training
32 Begin delivery of training
33 3.7.7 Revise licensing requirements for occupational health professionals to ensure all are registered with the Supreme Council of Health.
34 Review licensing requirements - healthcare professionals, facilities, inspectors
35 Review laws/regulations and update
36 Agree transfers of licensing functions

Project Name	3.8 Maternal and Newborn Health
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Primary Health Care Corporation
SRO	Assistant Managing Director, Strategy and Organizational Development
Project Manager	Project Manager, Service Development and Health Promotion
Background and Justification	• In Qatar there is no comprehensive study on the status of maternal and newborn health. Qatar needs an overarching strategic framework to determine priority areas in maternal and newborn health e.g. postpartum depression, screening for gender-specific diseases • Qatar also needs to promote Exclusive Breastfeeding, enhance prenatal care services and improve childhood vaccination to continue to make progress on child health indicators • The Primary Health Care Strategy (2013 – 2018), approved by the Supreme Council of Health on the 24 February 2013, includes a specific workstreams and recommendations related to this area
Objectives	• Improved health of newborn, infants and children • Improved health of women, with a focus on targeted areas of need
Outcomes	• A higher percentage of infants exclusively breast-fed for first six months • An enhanced prenatal care system focusing on appropriate prenatal care and guidance • Enhanced postpartum care services • Nutrition guidelines for newborns, infants and children • Implementation of updated child immunization programme. • Appropriate policy to support maternal and child health initiatives • Implement screening programmes for women and child health
Outputs	3.8.1 Exclusive Breastfeeding and complementary feeding education program 3.8.2 Enhancement of prenatal care services 3.8.3 Improved postpartum services 3.8.4 Maintained childhood vaccination coverage 3.8.5 Women's health screening program
Baseline and target to 2011- 2016 (NDS)	• Formulation and Development of National Primary Care Policy on Women and Child Health (WCH) by April 2015 • Development of National Primary Care Guideline for each key thematic group (Women Health-Maternal Health, Child Health, Baby Friendly Initiatives) by the April 2016 • Development of National two-way Referral System for Women and Child Health by the October 2014 • Development of WCH Key Primary Care Health Indicators and Targets for service quality monitoring by December 2014
Key Assumptions	• The work in 3.8 will be managed by PHCC • Project management resources will be available
Estimated Completion	2016

Risk and Mitigation actions	Key Risks	Mitigation
	Lack of buy-in from key stakeholders	Escalate issue to SCH executive committee requesting resolution
	Delays from interdependent projects	Close working between NHS project teams

Project Name	3.8 Maternal and Newborn Health

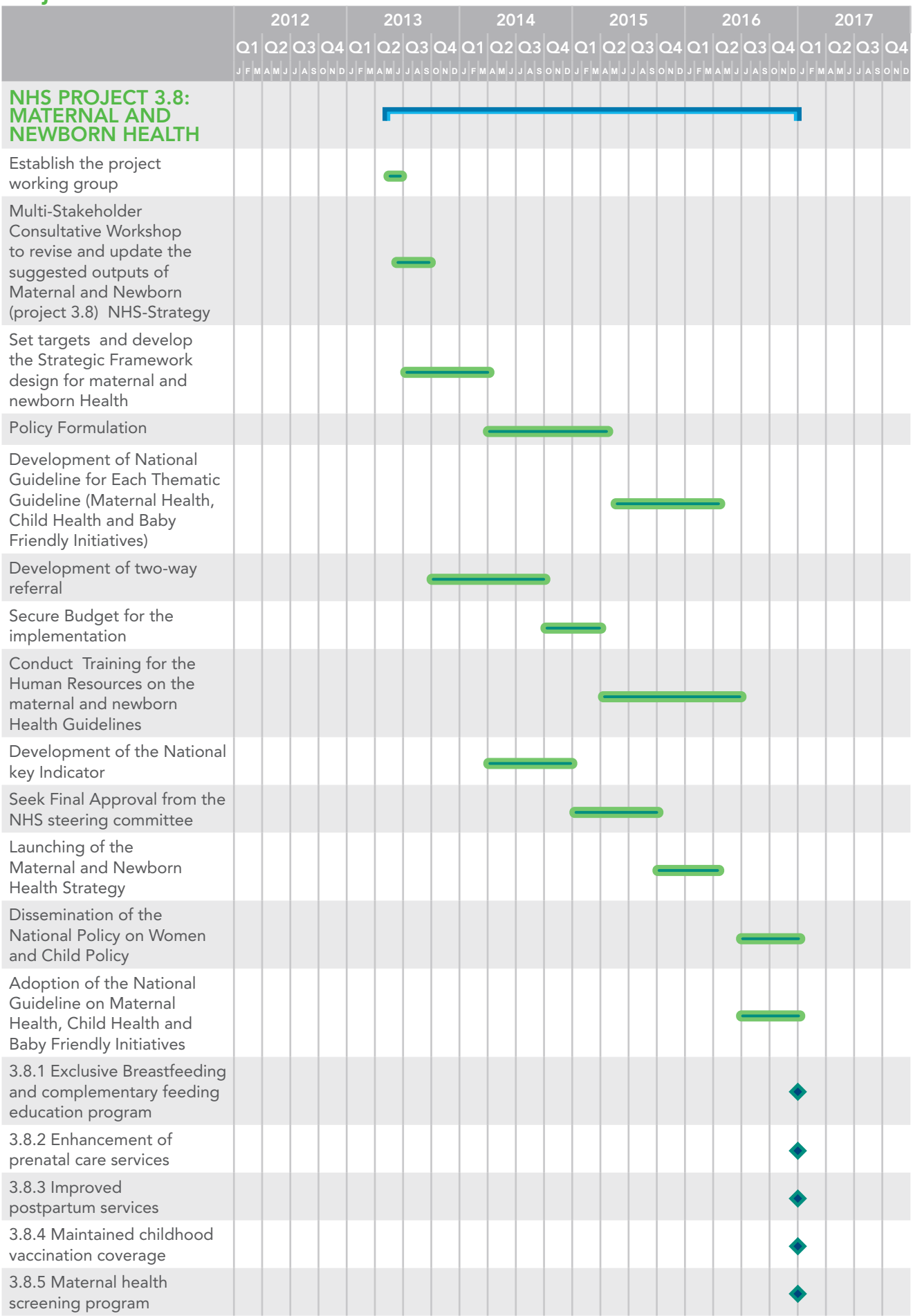
Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health
	• Primary Health Care Corporation
	• Hamad Medical Corporation
	• Supreme Council of Family Affairs
	• SIDRA
	• Private Sector
	• Universities
	  • Weill Cornell Medical College - Qatar
	  • University of Calgary - Qatar
	• Police Clinic
	• QP Clinic

Inter-project Dependencies	1.1 Primary Care as the Foundation 1.4 Mental Health Design 2.1 Healthcare Quality Improvement 2.2 Disease Management Programs Definition 2.3 Improving Healthcare Data 3.2 Nutrition and Physical Activity 3.5 Communicable Disease Prevention 3.6 National Screening Program 6.3 Social Health Insurance Establishment
Governance	

Quality Assurance	• The project will be assured through the NHS Program Steering group on a monthly basis
	  • NHS Program Steering Group monitors overall project delivery and effectiveness of implementation
	  • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Program Steering Group

Estimated Cost	< 50 million QAR

Project Plan

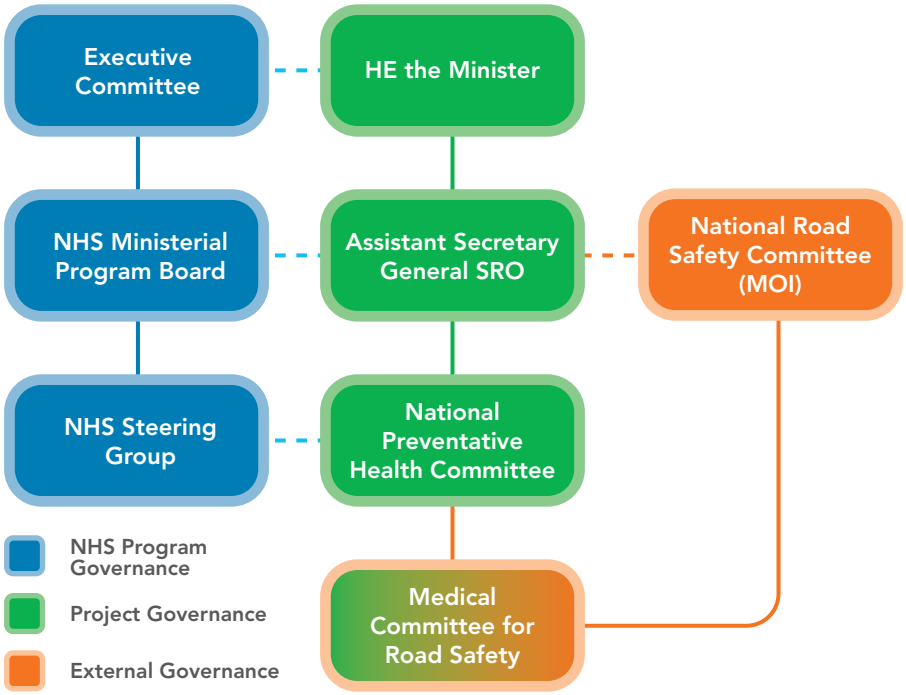


Project Name	3.9 Implementing the National Road Safety Strategy (Health)
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Manager, Non-Communicable Diseases, Public Health
Background and Justification	• The Human Development pillar of the QNV 2030 recognizes that people are a country's most valuable asset, and revolves around investing in and developing all of Qatar's people, enabling them to participate fully in economic, social, and political life and contribute to sustaining a prosperous society, this is affected by the high rate of Road Traffic Accidents (RTA) Which is significantly higher in Qatar than in other nations about 23.9 per cent of RTA deaths are among Qataris and 67.4% of these RTAs among 11- 30 years age group at 2011 • In accordance with international best practice, the Qatar National Development Strategy 2011-2016 promotes the safe system approach to road safety and provides causality reduction targets which their achievement is the key objective of the road safety strategy that provides a focus for a common and shared vision among stakeholders • In alignment with the NHS; the SCH, as one of the main stakeholders in National Road Safety System aims for people to have the right care at the right place and right time in order to reduce the burden of road traffic accidents on health
Objectives	• Implementation of the recommendations of the World report on road traffic injury prevention • To share the commitment of NRSS 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
Outcomes	• Reductions in mortality and morbidity due to road accidents • Have effective post crash response that minimizes the severity of outcome from injuries received • Improvement of access to health and emergency services to ensure the timely and effective delivery to those in need • Improve drivers medical assessment after accidents, having a chronic diseases or elderly • More and better Physical and psychological rehabilitation services
Outputs	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 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 3.9.3 Establish a seatbelt, baby seat and child restraint Campaigns to raise Awareness and knowledge of community about road safety measures 3.9.4 Advanced training for A & E staff to safely locate, stabilize, treat and rescue casualties from crashed vehicles 3.9.5 Introduce a Basic Life Support (BLS) training for police and civil defense 3.9.6 Develop community-based initiatives to take healthcare to the patient following hospital stays 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 (Achieved) 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 behaviours of high risk groups 3.9.9 To establish updated map for the emergency hubs all over the country and their capacity

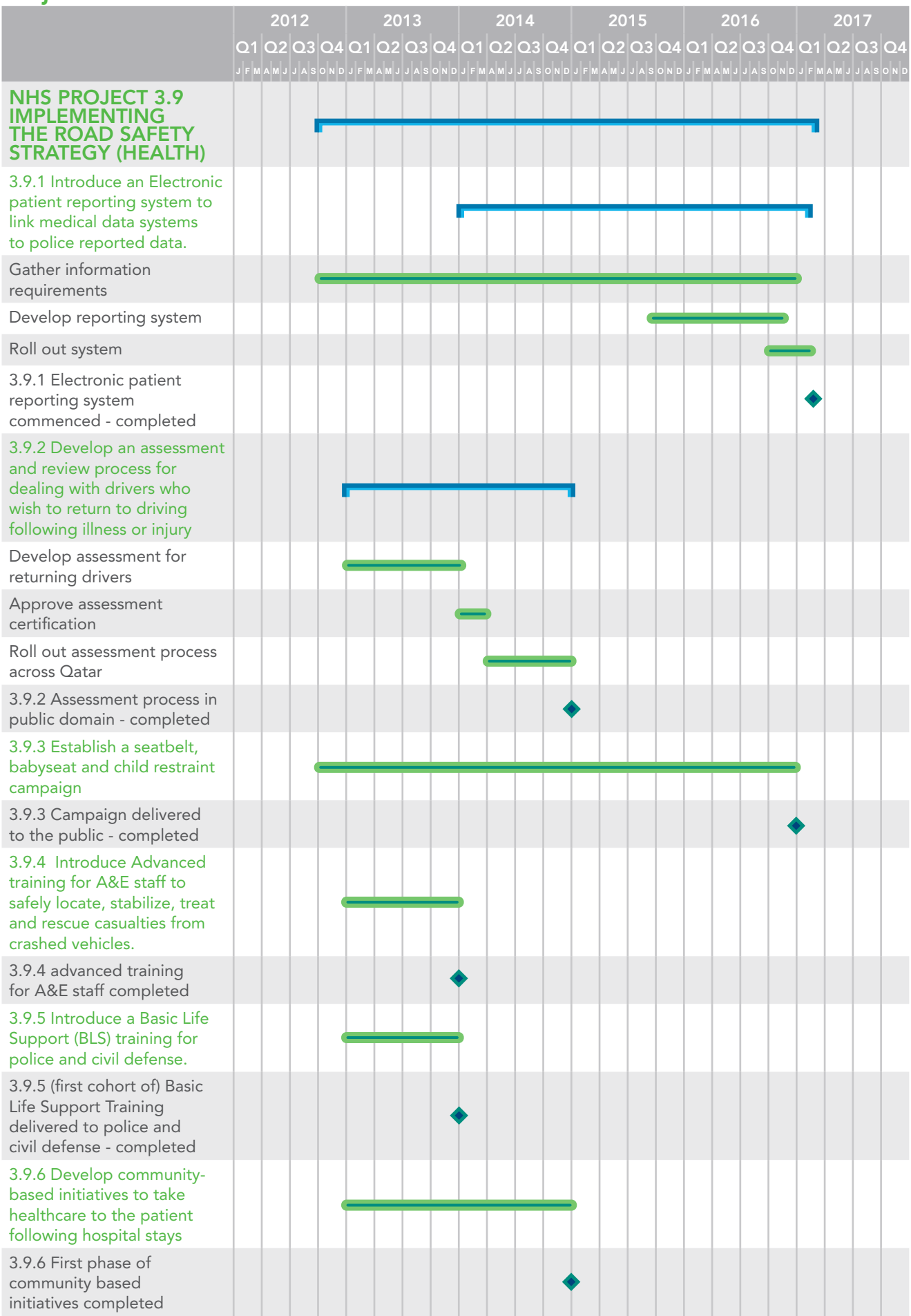
Project Name	3.9 Implementing the National Road Safety Strategy (Health)	

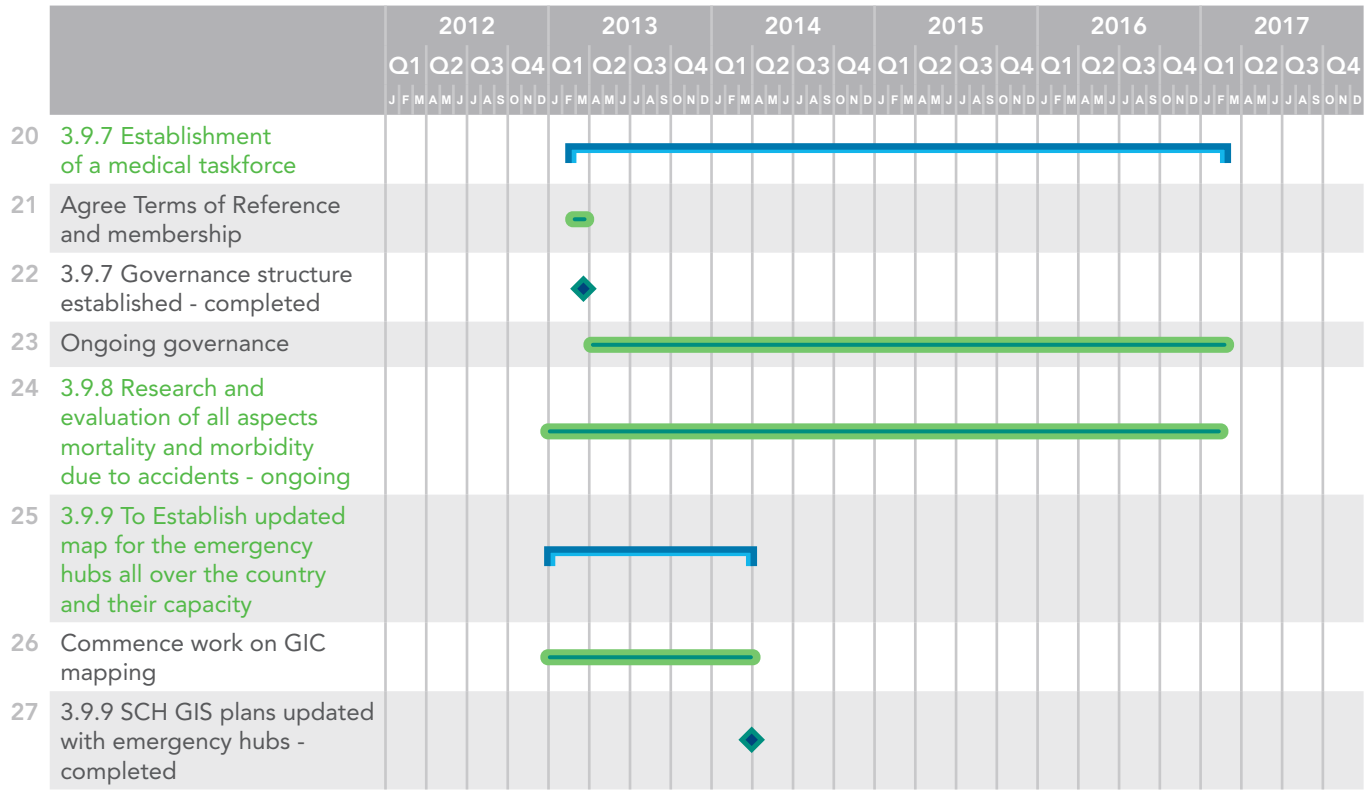
Baseline and target to 2011-2016 (NDS)	• Linked to Ministry of Interior's (MoI) National Development Strategy (NDS) – Public protection for a stable society:
	  • Reduce the annual number of road accidents from 300 per 100,000 to 250 and related mortality from 14 per 100,000 to 10 per 100,000
	  • Reduce the annual number of seriously injured people from 33 to 15 per 100,000 people
	The health sector will:
	• Promote post crash response and have faster access to emergency services (linked to NHS Project 1.5 Emergency and Urgent Care Services targets)
	• Increase the national hospital rehabilitation capacity for injured people to 160 beds by 2016
	• 100% 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	

Key Assumptions	• The delivery of this project is led by the MOI's NDS project' A safe-system approach to road traffic safety'. The MOI project is overseen by the National Road Safety Committee • The project will take direction from the National Committee and the SCH will deliver the health outputs as set out in the Road Safety Strategy • Electronic patient records will be in place in A&E services by 2016	
Estimated Completion	2016	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Lack of integration and collaboration on shared project outputs between key stakeholders	Develop a robust governance structure through establishing a National Committee and sub committees which have strong reporting and communication channels
	Lack of collaboration between various health organizations involved in the RTA till 2012	Establishment of a medical taskforce
	Data transfer between Police and Health IT Systems is not compatible	Discuss and agree an integrated IT solution which is able to record and report sufficient information to suit both organizations
Key Stakeholders and cross-sectoral linkages	• Hamad Medical Corporation • Primary Health Care Corporation • Ministry of Interior - Traffic department for Road Safety • Ashgal • Supreme Council of Education • NGOs • Private Sector • Insurance Companies • Public Transportation • Police	

Project Name	3.9 Implementing the National Road Safety Strategy (Health)
Inter-project Dependencies	1.3.1 Model of continuing care and identification of international best practice 1.5.1 National standards, and operating protocols for emergency and trauma care services 2.3.4 National data quality and collection governance process 2.4.4 E-Health strategy Ministry of Interior National Development Strategy (NDS) – Public protection for a stable society – Road Safety project
Governance	
Quality Assurance	• The project will be assured through the medical taskforce meetings and also by the NHS Steering group on a monthly basis. The Project will also report into the National Road Safety Committee • NHS Steering Group monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through regular Public Health Department reporting, the medical task force and the NHS Steering group
Estimated Cost	30 million QAR

Project Plan

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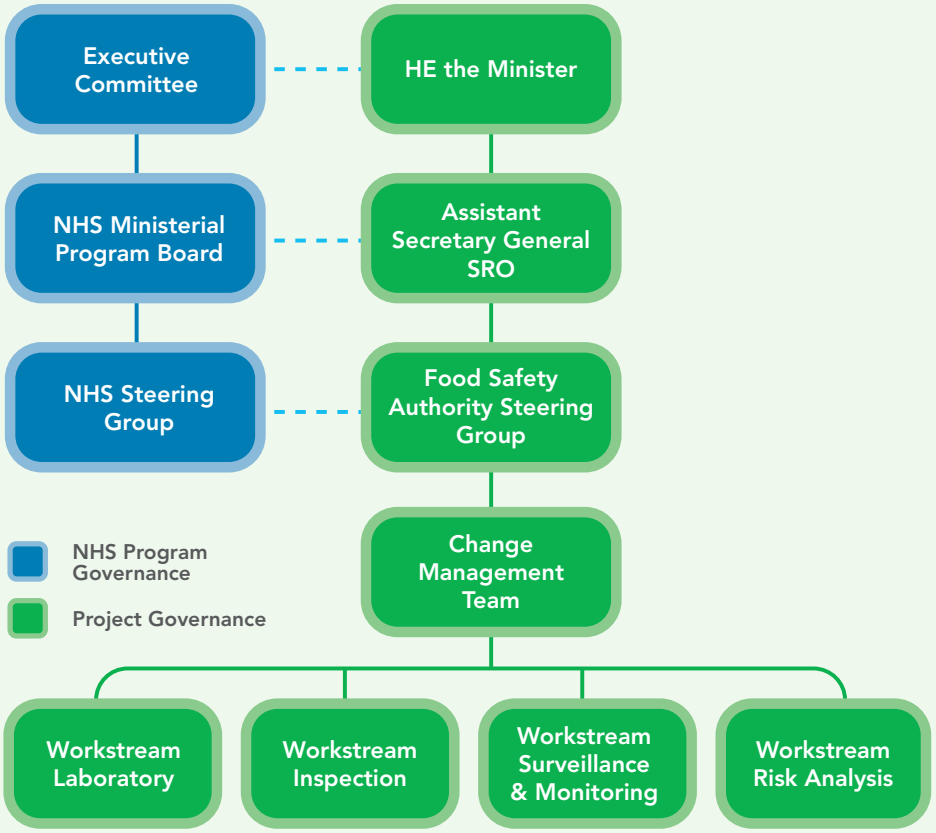
20 3.9.7 Establishment of a medical taskforce
21 Agree Terms of Reference and membership
22 3.9.7 Governance structure established - completed
23 Ongoing governance
24 3.9.8 Research and evaluation of all aspects mortality and morbidity due to accidents - ongoing
25 3.9.9 To Establish updated map for the emergency hubs all over the country and their capacity
26 Commence work on GIC mapping
27 3.9.9 SCH GIS plans updated with emergency hubs - completed

Project Name	3.10 Establishment of the Food Safety Authority
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Supreme Council of Health Supported by the Qatar National Food Security Program (QNFSP)
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Deputy Director, Food Safety and Environmental Health, Public Health
Background and Justification	• Presently there is a multi-agency management system for food safety resulting in overlapping activities between various government agencies and a lack of an integrated 'farm to table' and risk-based approach to food safety management. Further, regulatory and institutional capacity gaps exist to manage food safety to world-class standards • The formation of a single well integrated authority to manage food safety across the entire food chain has been strongly promoted by the inter-governmental agencies (WHO, FAO, OIE) globally responsible for food safety, animal health and plant health. Most of the developed economics have, over the last decade, transformed their food safety and biosecurity management systems in accordance with these recommendations • Adoption of a well-integrated risk based approach to food safety management requires a well-designed policy and legislative framework in accordance with international best practice and an appropriate organizational structure and institutional capabilities to function effectively in a number of domains including capacities for planning, technical standard setting, risk analysis, diagnostic services, inspection activities, surveillance and monitoring, emergency response, compliance and enforcement • Project related activities described under this section relate to improving the regulatory framework, governance and organizational capabilities for providing effective and efficient food safety services to the consumers
Objectives	• Improve the regulatory, governance and organizational capabilities to provide effective, efficient, well-integrated food safety services to world-class standards
Outcomes	• Establishment of an Integrated Food Safety Authority which will provide: • Consumers have a high level of protection against unsafe food being sold and consumed in the State
Outputs/Deliverables	3.10.1 Situation Analysis of Management Systems for Food Safety, Animal Health and Plant Health (Achieved) 3.10.2 Policy framework for food safety management aligned with the recommendations inter-governmental agencies and international best practice 3.10.3 Drafting of new law for establishment of a Food Safety Authority (FSA) (Achieved) 3.10.4 Enactment of the law – Emiri Decree 3.10.5 Design and approval of organizational structure 3.10.6 Design specifications for establishment of all operational and support divisions of FSA. Deliverable: FSA Establishment Blueprint 3.10.7 Change Management Plan for Transition Phase 3.10.8 Implement Phase 1 of the Transition Process by the end of 2015 3.10.9 Implement Phase 2 of the Transition Process by the end of 2016
Baseline and target to 2011-2016 (NDS)	Food Safety Agency legally established by October 2014

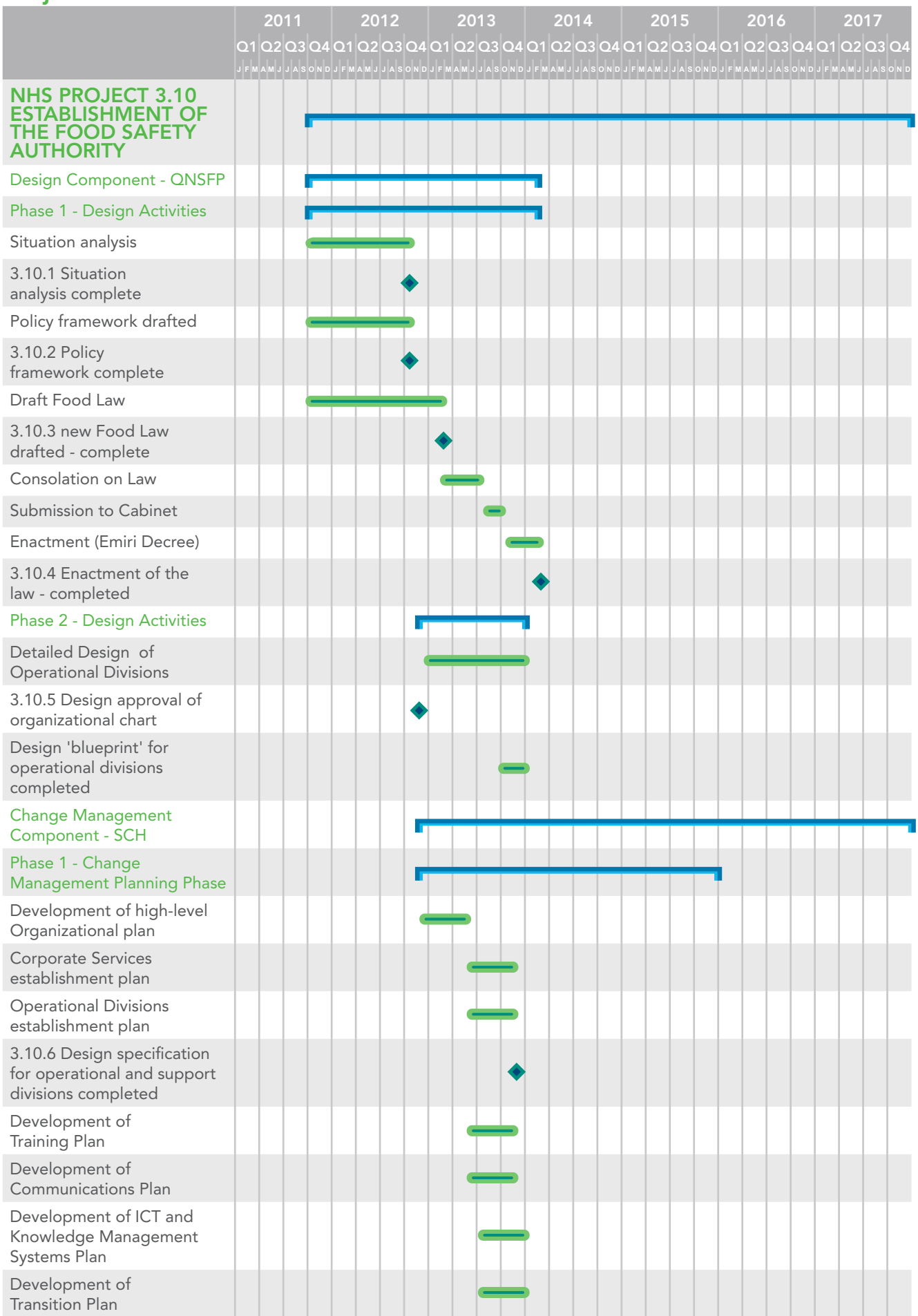
Project Name	3.10 Establishment of the Food Safety Authority	
Key Assumptions	• Highest level (Emiri Diwan and Cabinet) support will be provided to expedite the enactment of the law • Timely and sufficient budget will be provided for the establishment of the FSA to prevent slippages and for the design and change management activities • Special provisions provided for fast-tracking resource allocation within SCH – recruitment of consultants or companies, employment of personnel, procurement of hardware or software etc., • QNFSP will continue to support the design aspects for the FSA under the QNFSP initiative until the QNFSP program is terminated • Stakeholders engage constructively in the organizational transformation process. The key partners for the SCH from the government sector are: MMUP and MoE • The food industry fully supports the initiative to strengthen food safety and accept responsibility for food safety management through the entire food supply chain • Staff transferred from the current institutions to the FSA do not resist the change or cause disruptions to the food safety service being offered to the public	
Estimated completion	2016 (full implementation by 2018)	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Funding not provided in a timely manner for all planning, design, transitioning and implementation activities	Establish an effective governance mechanism with adequate change management and project management capabilities which has the authority to ensure appropriate budgets are allocated in a timely manner
	Stakeholders not committed or willing to work collaboratively to achieve the outputs and outcomes given in the various plans during the transition phases of the project	Establish mechanisms to keep all relevant stakeholders well informed on project related activities
	Lack of awareness by all parties involved in the food business that food safety management is a shared responsibility	Development of an effective communication mechanism to ensure that the food industry is aware that food safety management is a shared responsibility and all parties have a role to play in minimizing food safety risks. This includes all parties involved in the food business including local food producers, processors, importers, operators of food premises, distributors and retailers
	Unexpectedly high level of resistance from existing staff	A robust change management plan in which effective measures are put in place to effectively manage staff resistance. Effective communication and training programs will be critical components of the change management plan to mitigate or minimize such risks
Key Stakeholders and cross-sectoral linkages	• Ministry of Municipalities and Urban Planning • Ministry of Environment • Customs and Ports General Authority • Ministry of Economy and Finance • Ashghal • Food producers and processors • Food business operators	
Inter-project dependencies	2.6.3 Laboratories Integration and Standardization strategy 3.1 Preventive Health Governance 3.2.1 Produce and promote dietary policies and legislation - Food labeling laws	

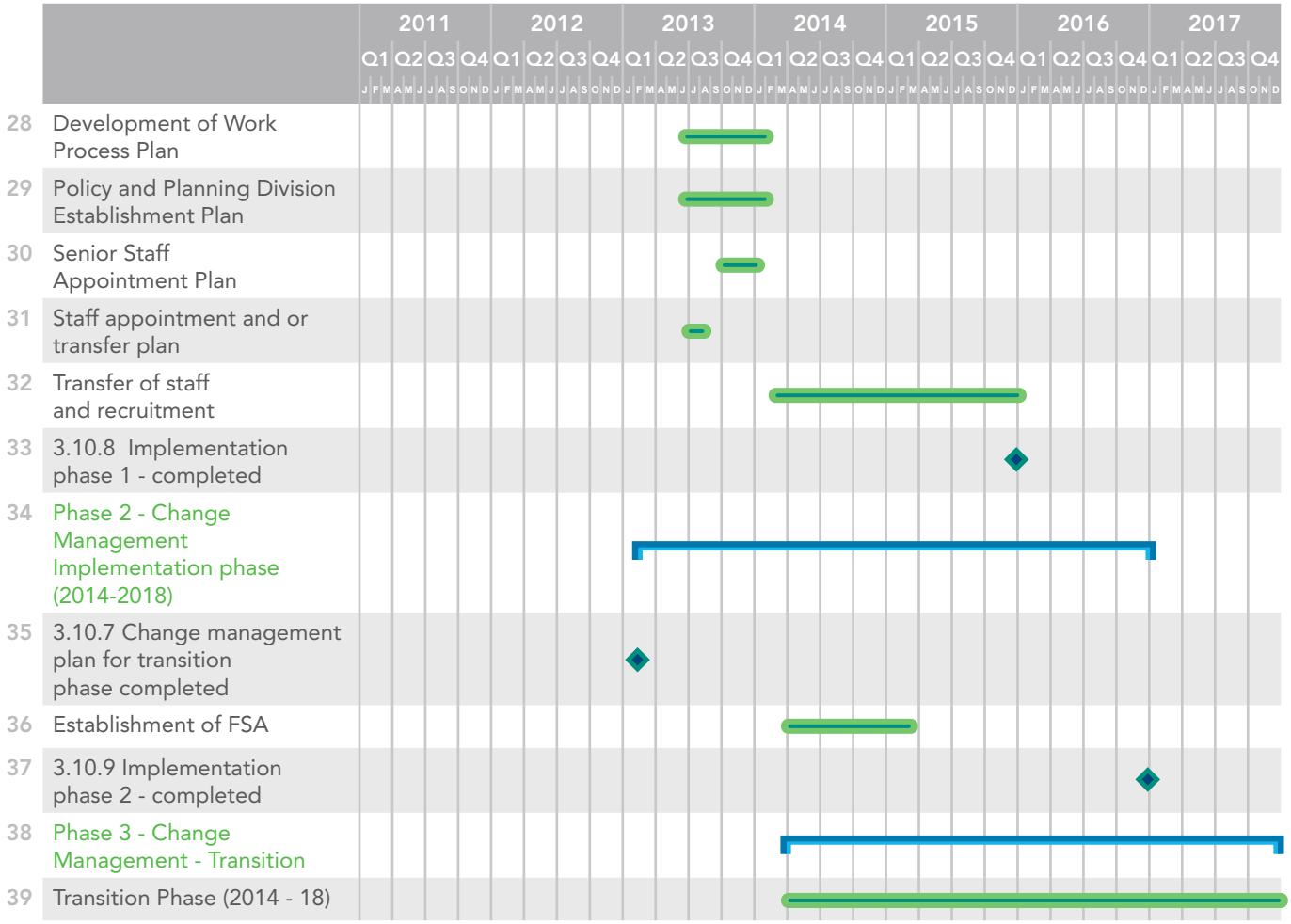
Project Name	3.10 Establishment of the Food Safety Authority
Governance	 **Roles and Responsibilities** • Project Sponsor: Ultimate responsibility for change process, oversee Steering Committee's work and approval of budget • Steering Committee: Overall oversight of the change process, setting direction, providing leadership and ensuring alignment with NHS • Change Management Team: responsible for planning, managing day-to-day change management process and implementation including coordination with all work streams. The Change Management Team will include external change management experts (consultants/company), stakeholders (MMUP, MOE) and domain specialists • Work Streams: responsible for ensuring all activities allocated for each work stream is delivered in accordance with workplan. The work steams will include stakeholders (MMUP, MOE) and external domain specialists

Quality Assurance	• The project will be assured through the Food Safety Authority Steering group meetings and also by the NHS Steering group on a monthly basis
	  • NHS Steering Group monitors overall project delivery and effectiveness of implementation
	  • Project performance is monitored on a monthly basis through PH/Food Safety section, Food Safety Authority Steering group and the NHS Steering Group

Estimated Cost	>100 million QAR

Project Plan

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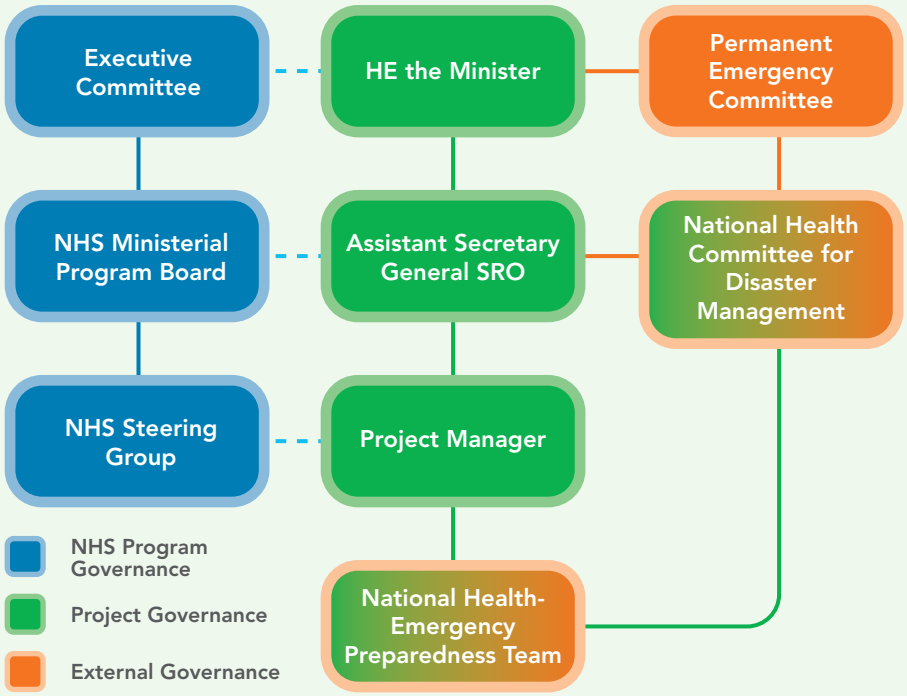
28 Development of Work Process Plan
29 Policy and Planning Division Establishment Plan
30 Senior Staff Appointment Plan
31 Staff appointment and or transfer plan
32 Transfer of staff and recruitment
33 3.10.8 Implementation phase 1 - completed
34 Phase 2 - Change Management Implementation phase (2014-2018)
35 3.10.7 Change management plan for transition phase completed
36 Establishment of FSA
37 3.10.9 Implementation phase 2 - completed
38 Phase 3 - Change Management - Transition
39 Transition Phase (2014 - 18)

Project Name	3.11 Emergency Preparedness - National Health
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs Directorate
Project Manager	Manager, Health Protection & Communicable Diseases, Public Health
Background and Justification	• In order to ensure Qatar, at a national level, is ready for any disasters or crisis Qatar requires robust emergency preparedness plans which span not just health but the entire spectrum of government • To enable the health system to work together on emergency preparedness and disaster response, HE the Minister of Health approved the formation of the National Health Committee for Disaster Management (NHCDM) by Ministerial Decree no (13) 2012 the Supreme Council of Health (SCH). The membership of the committee is comprehensive with representatives from across Qatar's health sector • SCH, HMC, PHCC and the broader private sector (for example Sidra, Aspetar, QP etc) must provide seamless and coordinated responses to the challenge of natural hazards, accidents, and unpredictable social unrest. By using the NHCDM committee as a decision making forum Health can build a robust, integrated system that enables health sector organizations to play their part in the protection of the health of local communities and the nation during emergencies, through coordinated preparation and response across the whole sector. An integrated plan linked to other government ministries is required to ensure Health is at the heart of the nation's disaster management • In addition, Qatar is due to host the FIFA World Cup in 2022. On the run up to the World Cup Qatar will be under international scrutiny to demonstrate the countries 'state of readiness' to which detailed emergency preparedness and disaster response plans play a significant role. These plans will need to take into account the growing population and industry, where the expatriate labor population is set to significantly increase in support of infrastructure projects ahead of Qatar hosting the Football World Cup in 2022. During the games the country will need to demonstrate adequate health provision and crowd control plans which will form part of the national emergency preparedness plans • In emergency preparedness - national health, there are areas where services currently overlap among stakeholders and responsibility is unclear in other areas. The SCH needs to work actively to improve coordination with other government, non governmental and private bodies and ensure there are no gaps in services and to ensure the role of healthcare is clear on preparedness, response, recovery and mitigation
Objectives	• To improve coordination among appropriate stakeholders and ensure there are no gaps or unnecessary duplication of services

Outcomes	• To enhance coordination among stakeholders and ensure communication and awareness of emergency preparedness - national health plans
	• To ensure that a consolidated national plan exists for health emergencies and includes the following components:
	  • Appropriate risk assessment (research)
	  • Clear disaster preparedness & response management framework
	  • Appropriate scenario planning utilizing a command centre
	  • Expanded healthcare capabilities
	  • Cross-sector participation
	  • Public warning systems
	  • Fit for health purpose emergency shelters
	  • Strategic health related stockpiles

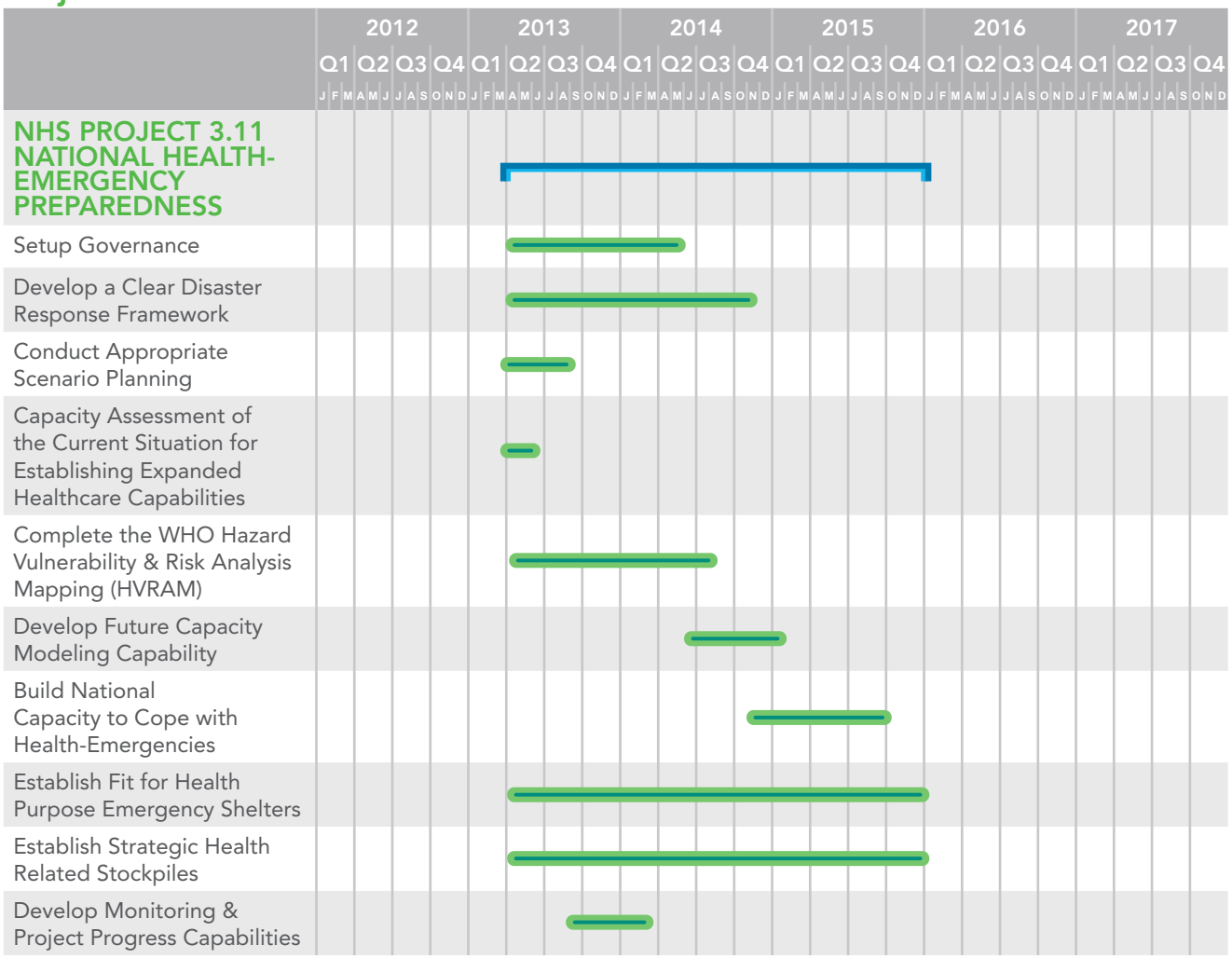
Outputs	3.11.1 Emergency Preparedness and response plan for the role of healthcare 3.11.2 Synchronization among stakeholders and increased enforcement
Baseline and target to 2011-2016 (NDS)	Complete an emergency preparedness and response plan for the role of healthcare by end of 2015

Project Name	3.11 Emergency Preparedness - National Health	
Key Assumptions	• All relevant stakeholders will collaborate • A budget and appropriately qualified project team are in place to deliver	
Estimated Completion	2015	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Lack of co-ordination and communication between key stakeholders	Establish the proposed governance. Establish regular stakeholder engagement exercises
	Lack of data sharing leading to delays in improving emergency preparedness -national health	Discuss and improve data sharing across sectors
Key Stakeholders and cross-sectoral linkages	• Ministry of Interior • Hamad Medical Corporation • Primary Health Care Corporation • Qatar Petroleum • Private Providers • Qatar Red Crescent	
Inter-project Dependencies	• The project is heavily dependent on the National Permanent Emergency Committee for ultimate direction • An interdependency also exists with NHS Project 1.5 Emergency and Urgent Care Services	
Governance		

Quality Assurance	• The project will be assured through the National Health Committee for Disaster Management and also by the NHS Program Steering Group on a monthly basis
	  • NHS Program Steering Group monitors overall project delivery and effectiveness of implementation
	  • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Program Steering Group	

Estimated Cost	5 – 7 million QAR	

Project Plan



1	**NHS PROJECT 3.11 NATIONAL HEALTH-EMERGENCY PREPAREDNESS**
2	Setup Governance
3	Develop a Clear Disaster Response Framework
4	Conduct Appropriate Scenario Planning
5	Capacity Assessment of the Current Situation for Establishing Expanded Healthcare Capabilities
6	Complete the WHO Hazard Vulnerability & Risk Analysis Mapping (HVRAM)
7	Develop Future Capacity Modeling Capability
8	Build National Capacity to Cope with Health-Emergencies
9	Establish Fit for Health Purpose Emergency Shelters
10	Establish Strategic Health Related Stockpiles
11	Develop Monitoring & Project Progress Capabilities

Project Name	3.12 Environmental Health

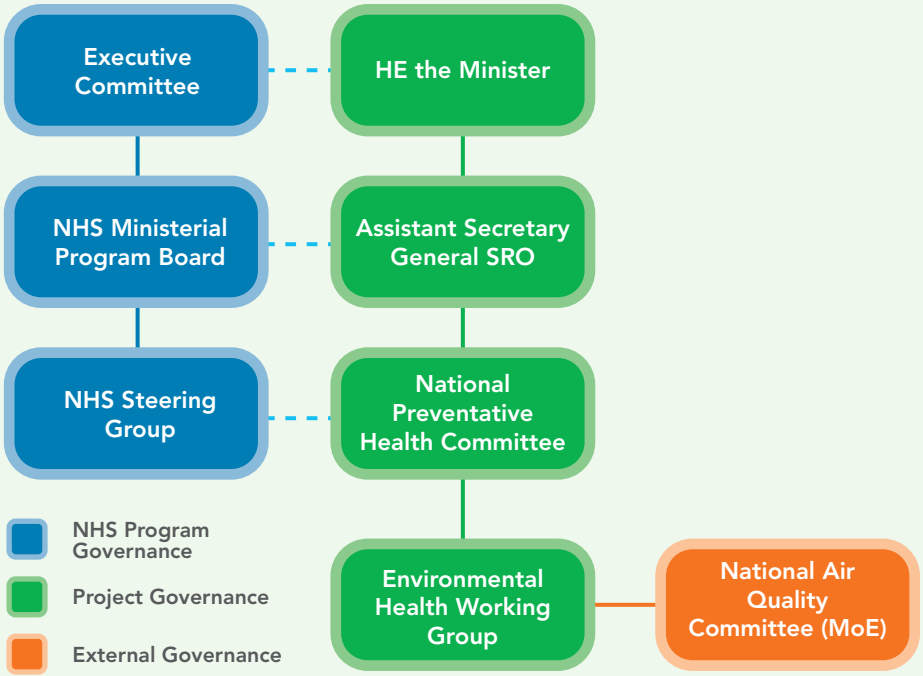
Related NHS Goal: Coverage of preventive and curative healthcare, both physical and mental, taking into account the differing needs of men, women and children

Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Head of Section for Environmental Health, Public Health
Background and Justification	• In environmental health there are areas where services currently overlap among stakeholders, the SCH needs to work actively to improve coordination with other government bodies and ensure there are no gaps in services • Due to the international focus on climate change, Qatar is required to monitor air quality in terms of environmental risks to the populations' health. By reducing air quality pollution levels Qatar can help the population reduce the burden of disease from respiratory infections, heart disease and lung cancer • The lower the levels of air pollution in a city, the better respiratory (both long- and short-term), and cardiovascular health of the population will be • In terms of exposure in Qatar to air pollutants this is largely beyond the control of individuals and requires action by public authorities at the national, regional and even international levels to address the issues
Objectives	• Improve monitoring of environmental health indicators and impact assessments
Outcomes	• Data on Environmental health available for planning
Outputs	3.12.1 Air Quality monitoring in coordination with the Ministry of Environment (MoE) 3.12.2 Process to conduct environmental health impact assessments of projects 3.12.3 Clarify the functions of the Environmental Health Section in terms of Air Quality and Environmental Impact Assessments
Baseline and target to 2011-2016 (NDS)	• Integrated routine air quality monitoring system developed in collaboration with MoE and implemented by end of 2016 • Environmental Health Impact Assessment to be mandated through the new Environmental Law by end of 2016 • Clarify the functions of the Environmental Health Section in terms of Air Quality and Environmental Impact Assessments by April 2014

Key Assumptions	• This project is divided into two sub-projects:
	• Air Quality (ambient)
	  • Joint sub-project with Ministry of Environment. The sharing of data is required across ministries and sectors so that health improvements and recommendations can be addressed. The assumption is that this project only focuses on ambient air quality monitoring
	• Environmental health impact assessments
	  • Joint sub-project with Ministry of Environment. In order for Environmental Impact assessments to be completed they need to become mandatory and therefore should be written into environmental law

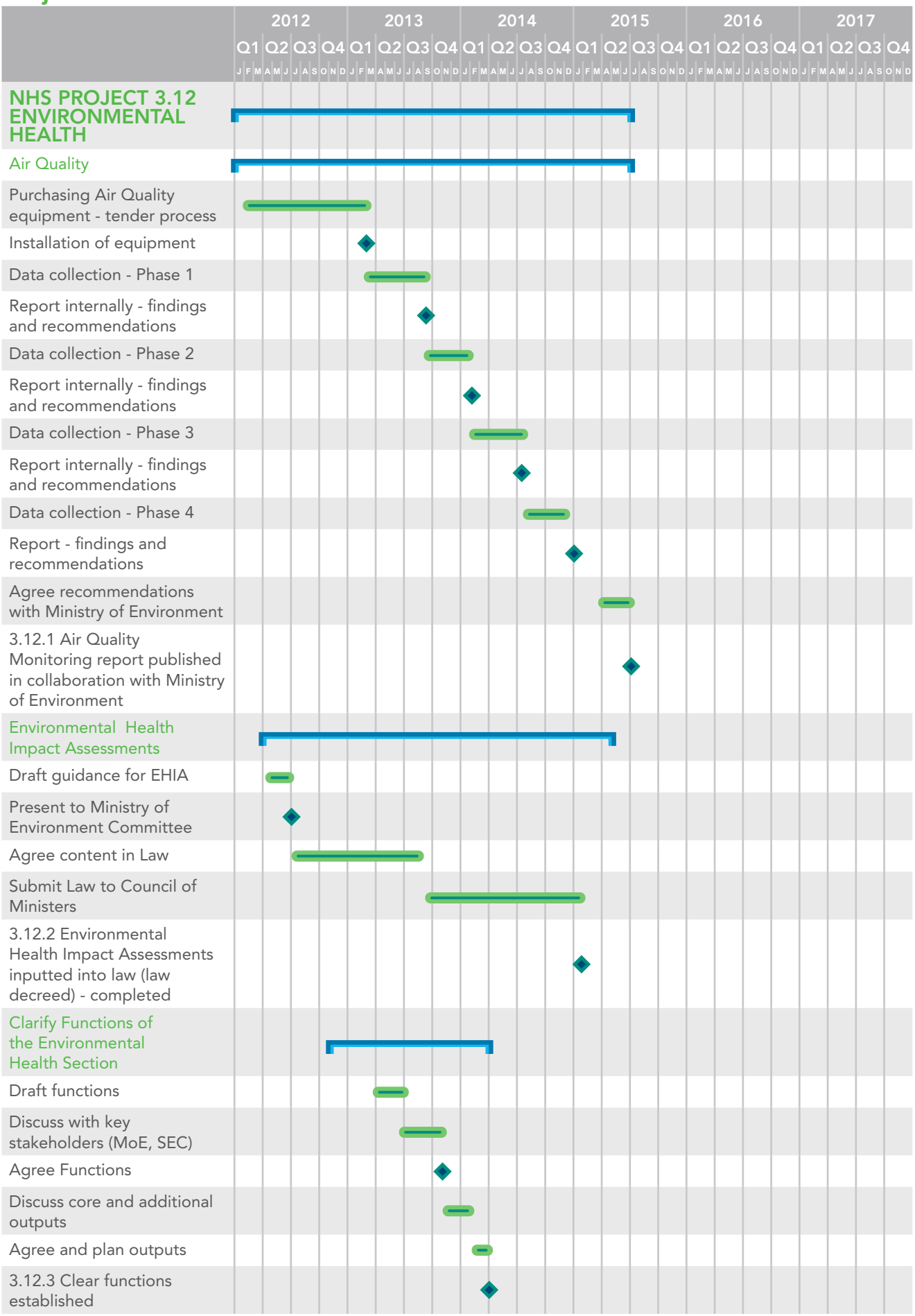
Estimated completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Lack of co-ordination and communication between key stakeholders	Improve governance of environmental health via a working group with stakeholders Members of the National Air Quality Monitoring Committee, chaired by Ministry of Environment
	Lack of data sharing leading to delays in improving air quality	Discuss and improve data sharing across sectors

Project Name	3.12 Environmental Health
Key Stakeholders and cross-sectoral linkages	• Ministry of Environment • Qatar University • Qatar Foundation • Private Providers • Qatar Petroleum • Civil Aviation Authority – Department of Meteorology
Inter-project dependencies	3.7 Occupational Health NDS - Ministry of Environment – Improve Air Quality Management
Governance	
Quality Assurance	• The project will be assured through the Environmental Health working group meetings and also by the NHS Steering group on a monthly basis • NHS Steering Group monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team and working group meetings and the NHS Steering Group
Estimated Cost	<5 million QAR

WELLBEING

Project Plan



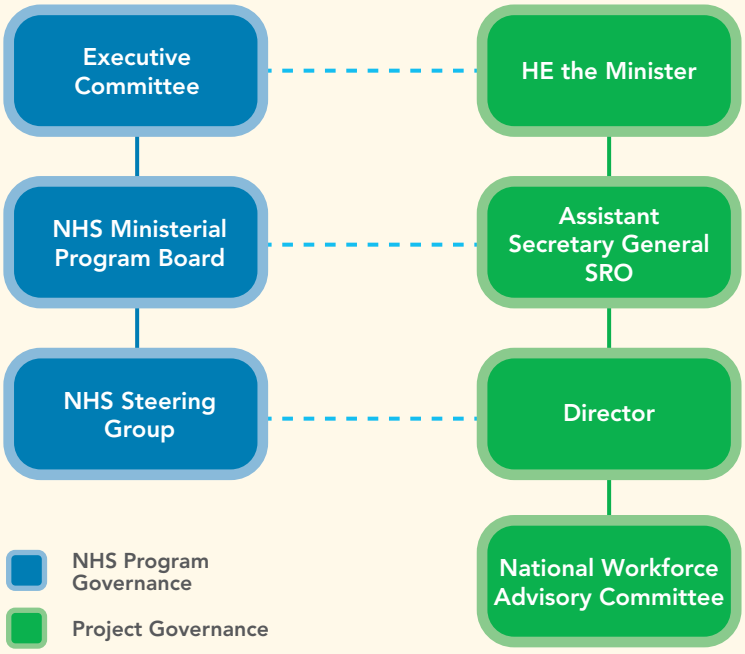
Goal 4: A Skilled National Workforce

Recruiting, Retaining, and Educating a High-Quality Workforce – a Modern, Learning, and Supported Workforce

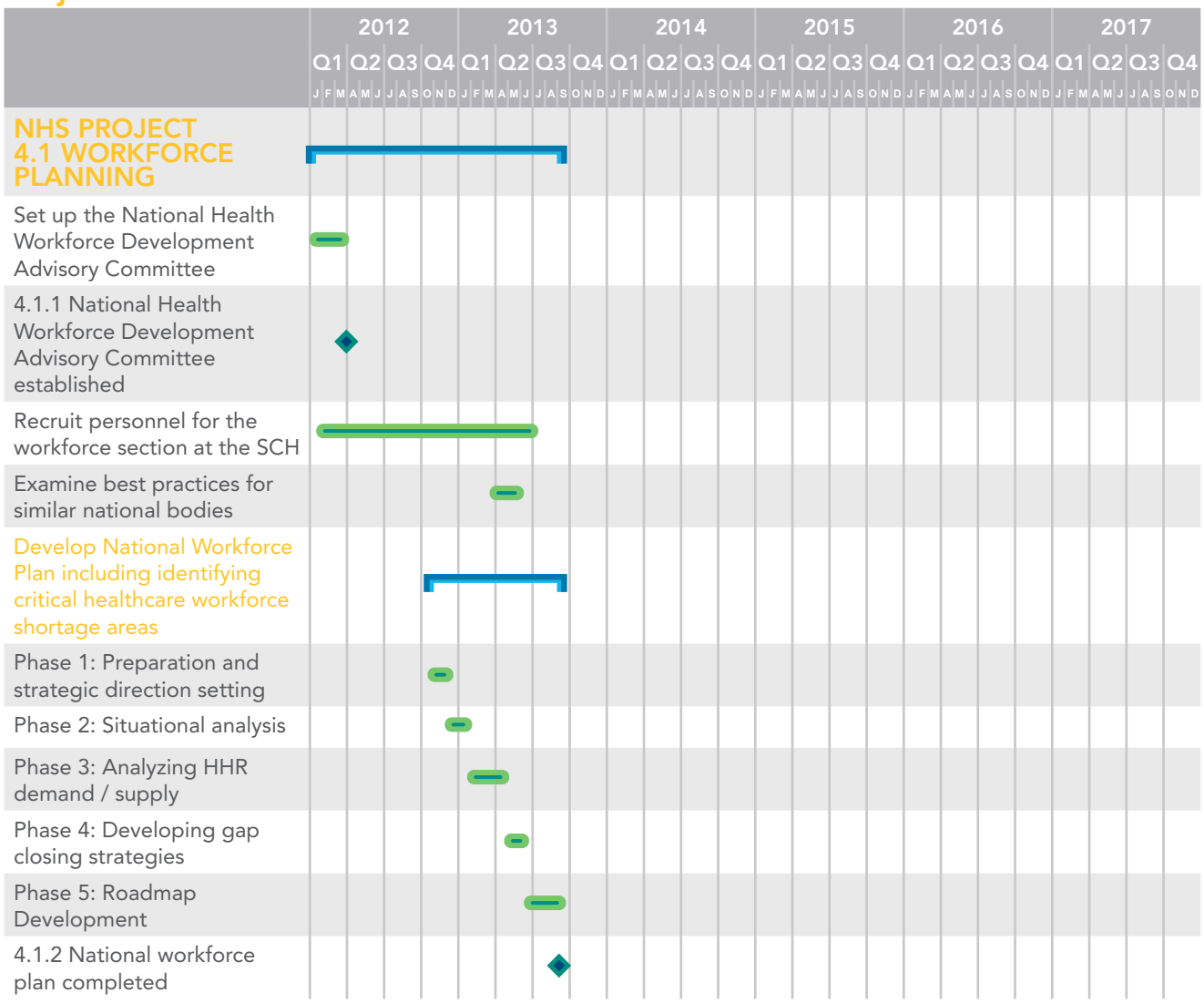
Project Name	4.1 Workforce Planning
Related NHS Goal: A skilled national workforce capable of providing high-quality health services	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General of Policy Affairs
Project Manager	Manager, Medical Manpower, Healthcare Planning and Assessment
Background and Justification	• To ensure sustainability of the healthcare system, Qatar must focus on enhancing national capacity, while at the same time recognizing the value of the expatriate healthcare workforce. Given global shortages of healthcare professionals, Qatar's current recruitment and retention strategies and its medical education capacity are a potential constraint for future requirements. With global competition to attract healthcare professionals likely to intensify further and a relative lack of attractiveness of the healthcare professions among Qataris workforce strategy must be a key component of future healthcare strategy
Objectives	• To develop a national strategy on workforce planning and implement workforce-related national policies and programs
Outcomes	• National workforce plan and strategy • Implementation of initiatives outlines in 4.2 (Recruitment and retention). 4.3 (Professional education and training) • The completion of the National Workforce Strategy is expected to include most of the outputs and activities required to support optimizing skill mix of healthcare professionals. Once the strategy is completed a decision will be taken on what, if any, further action is required to meet the NHS goals in this area
Outputs	4.1.1 National Health Workforce Development Advisory Committee established to advise on the strategic direction for workforce planning (achieved) 4.1.2. National workforce plan consistent with the Clinical Services Framework (CSF), Health Infrastructure Master Plan and Private Sector Involvement strategy
Baseline and target to 2011- 2016 (NDS)	Supreme Council of Health to adopt a national healthcare workforce plan by October 2013
Key Assumptions	That the contactors appointed deliver the National workforce plan as agreed
Estimated completion	2013

Risk and Mitigation actions	Risks	Mitigation
	That a lack of staff in the Health Workforce Development section limits the progress that can be made	Work with HR to recruit staff
	That the workforce plan is not properly linked with other strategic work in Qatar – e.g. the Healthcare Infrastructure Master Plan, Private Sector Involvement strategy or healthcare providers workforce planning	Close working between contractors and project managers within Policy Affairs and health care providers

Key Stakeholders and cross-sectoral linkages	Stakeholders and linkages made through the National Health Workforce Development Advisory Committee, including: • Hamad Medical Corporation • Primary Healthcare Corporation • Supreme Education Council • Sidra • Aspetar • Weill Cornell Medical College, Qatar • Qatar University • College of the North Atlantic, Qatar • University of Calgary • Private Healthcare Providers • Civil Aviation Authority - Department of Meteorology
Inter-project Dependencies	6.4. Healthcare Infrastructure Master Plan

Project Name	4.1 Workforce Planning
Governance	 Governance will be provided by the Project Manager and Senior Responsible Owner (SRO). The project will be advised by the National Health Workforce Development Advisory Committee
Quality Assurance	• Quality assurance will be carried out through: • Oversight of the project by the National Health Workforce Development Advisory Committee • Management of the contractor appointed to produce the national workforce plan through a the Health Workforce Development Manager • Regular discussions with the SRO • Monthly reporting on performance to the NHS Steering group and Minister through the Ministerial report (facilitated by the NHS PMO) • Quarterly reporting to the Ministerial Group (facilitated by the NHS PMO)
Estimated Cost	<10 million QAR

Project Plan



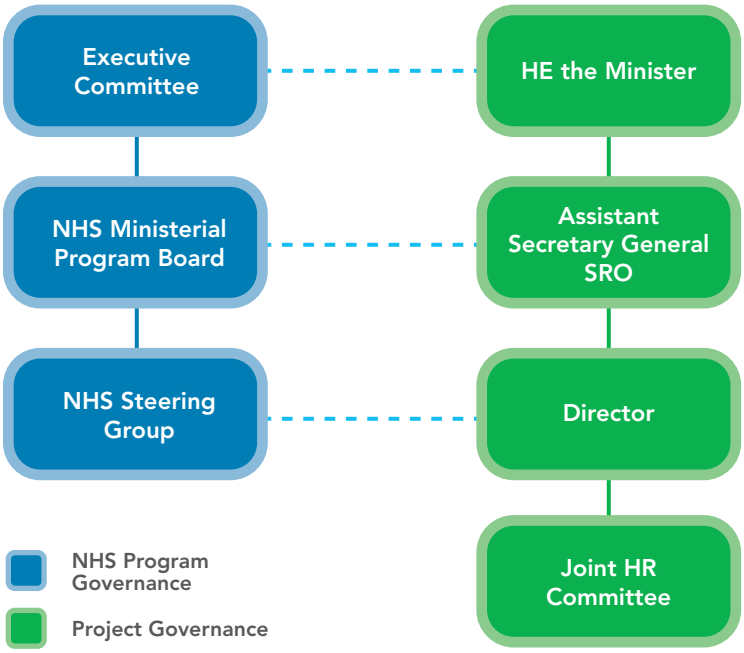
Project Name	4.2 Recruitment and Retention of Healthcare Professionals	
Related NHS Goal: A skilled national workforce capable of providing high-quality health services		
Lead organization	Supreme Council of Health	
SRO	Assistant Secretary General for Administrative Affairs	
Project Manager	Director of Human Resources	

Background and Justification	• Qatar needs to enhance recruitment and retention of both Qataris and non- Qataris for its healthcare workforce. Major challenges are:
	  • Limited appeal of the healthcare sector to Qataris
	  • Relatively low levels of compensation in healthcare when compared to other sectors (e.g., finance, oil and gas)
	• Issues related to the working environment pose additional challenges (for example, for expatriates, minimal career progression, benefits, training, and professional development). This project will seek to address these issues and foster organizational cultures that support teaching and learning in the workforce
	• Since 2011, the SCH, HMC and PHCC have developed a new health sector human resources law, which will unify the salary packages across the three organizations for both administrative and clinical staff. More attractive salaries and benefits packages will help make it easier to attract students to healthcare careers, and recruit and retain high-quality staff. The new law is awaiting approval	

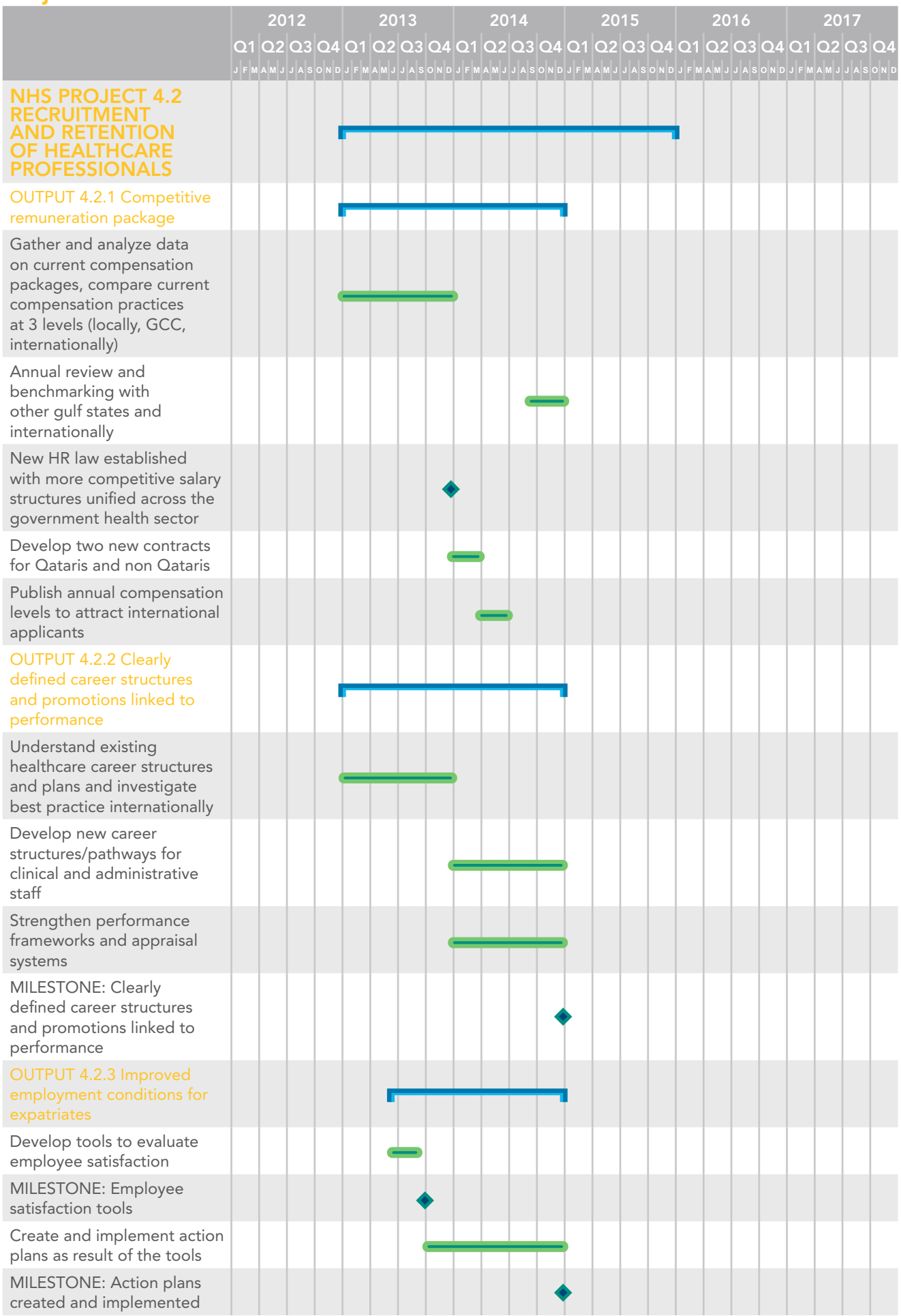
Objectives	• Enhance recruitment and retention to ensure:
	  • sufficient size of workforce
	  • appropriate (best-skilled) people for the job
	  • retention of quality staff	

Outcomes	• Recruitment
	  • Higher number of applications per vacant post
	  • Lower vacancy rate
	• Retention
	  • Increased staff satisfaction
	  • A reduced turnover rate
	A monitoring system will be put in place for these outcomes and other measures	

Outputs	4.2.1 Competitive remuneration package 4.2.2 Clearly defined career structures and promotions linked to performance 4.2.3 Improved employment conditions for expatriates 4.2.4 Initiating structured professional development programs 4.2.5 Establishing experienced staff exchange programs with international partners	
Baseline and target 2011-2016 (NDS)	• Ensure a voluntary annual turnover rate of less than 8% by the end of 2016	
Key Assumptions	• Declaration of the new HR law in 2013 • The focus of the work will be public sector recruitment and retention	
Estimated Completion	2015	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Lack of collaboration by key stakeholders	Escalate risk to SCH Executive Committee
	Insufficient resourcing and legislation power	
	Insufficiently competitive market when compared to GCC	Institute regular benchmarking with GCC and internationally
Key Stakeholders and cross-sectoral linkages	• Leading Public and Private Providers • Supreme Education Council • Ministry of Labor • Healthcare Professionals • Professional Education Providers	

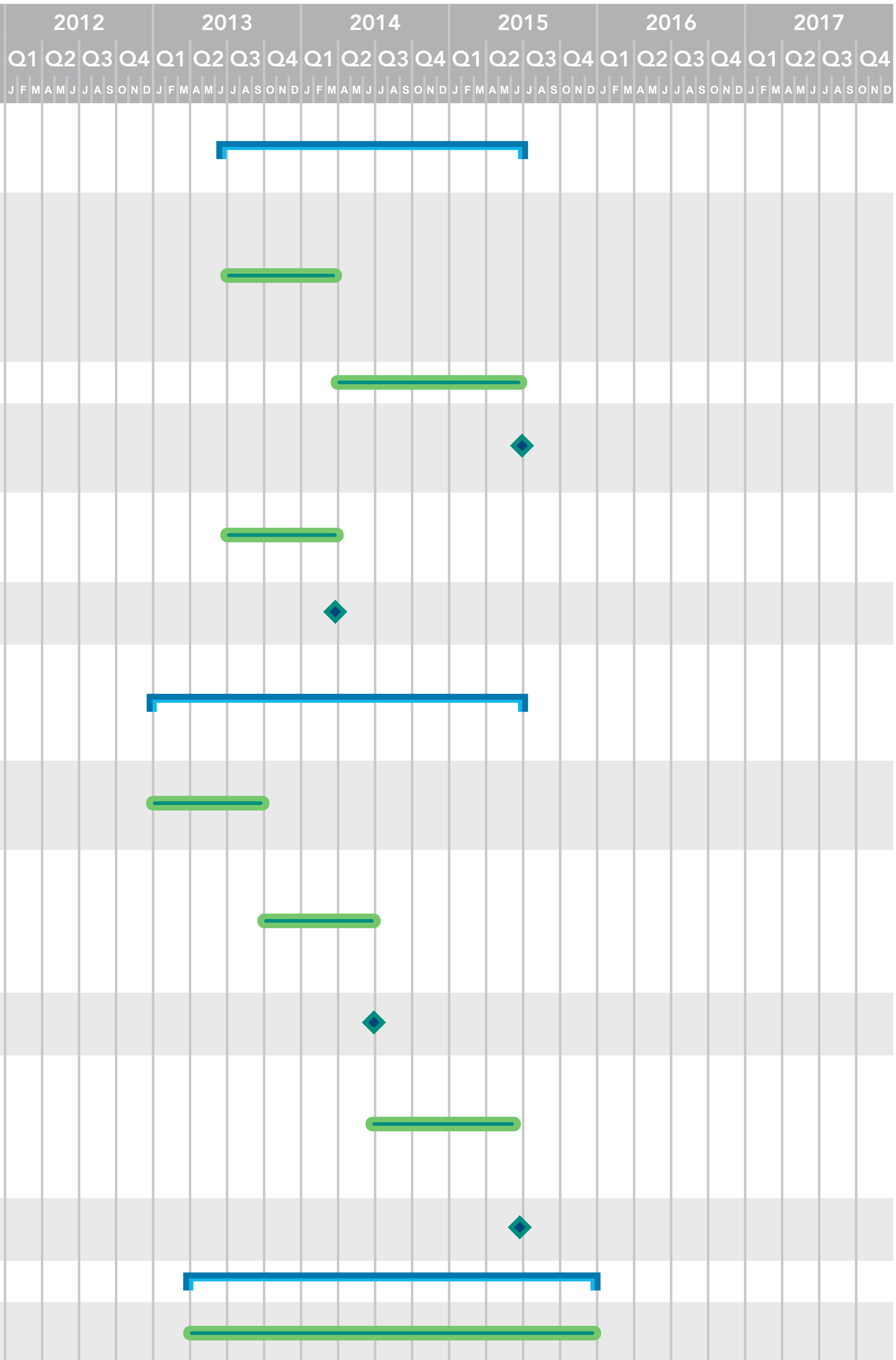
Project Name	4.2 Recruitment and Retention of Healthcare Professionals
Inter-project Dependencies	4.1.2 National workforce plan 4.3 Professional Education and Training 5.1 SCH Capacity Build-Up 5.2.7 Framework to enable the accreditation of professional training programs and CPD/CME activities
Governance	
Quality Assurance	• The Joint HR Committee involving members of HMC and PHCC monitors overall project delivery and effectiveness of implementation • Regular discussions with the SRO • Monthly reporting on performance to the NHS Steering group and Minister through the Ministerial report (facilitated by the NHS PMO) • Quarterly reporting to the Ministerial Group (facilitated by the NHS PMO)
Estimated Cost	10 - 50 million QAR, excluding increased compensation

Project Plan



1	**NHS PROJECT 4.2 RECRUITMENT AND RETENTION OF HEALTHCARE PROFESSIONALS**
2	OUTPUT 4.2.1 Competitive remuneration package
3	Gather and analyze data on current compensation packages, compare current compensation practices at 3 levels (locally, GCC, internationally)
4	Annual review and benchmarking with other gulf states and internationally
5	New HR law established with more competitive salary structures unified across the government health sector
6	Develop two new contracts for Qataris and non Qataris
7	Publish annual compensation levels to attract international applicants
8	OUTPUT 4.2.2 Clearly defined career structures and promotions linked to performance
9	Understand existing healthcare career structures and plans and investigate best practice internationally
10	Develop new career structures/pathways for clinical and administrative staff
11	Strengthen performance frameworks and appraisal systems
12	MILESTONE: Clearly defined career structures and promotions linked to performance
13	OUTPUT 4.2.3 Improved employment conditions for expatriates
14	Develop tools to evaluate employee satisfaction
15	MILESTONE: Employee satisfaction tools
16	Create and implement action plans as result of the tools
17	MILESTONE: Action plans created and implemented

#	Activity
18	OUTPUT 4.2.4 Initiating structured professional development programs
19	Research continuing professional development (CPD) programs for different types of healthcare professionals and set priorities
20	Develop CPD programs
21	MILESTONE: Begin implementation of CPD programs
22	Institute regular training needs analysis across the organizations
23	MILESTONE: Regular training needs analysis held
24	OUTPUT 4.2.5 Establishing experienced staff exchange programs with international partners
25	Examine the process of experienced staff exchange arrangements internationally
26	Identify the key international and local organizations for experienced staff exchange and decide the new policies/ direction
27	MILESTONE: Decide the new policies and direction
28	Prepare necessary agreements, contracts, guidance or law and ensure the systems and processes are in place to support staff
29	MILESTONE: Implement new experienced staff exchanges
30	ACROSS ALL OUTPUTS
31	Develop and implement a communications plan



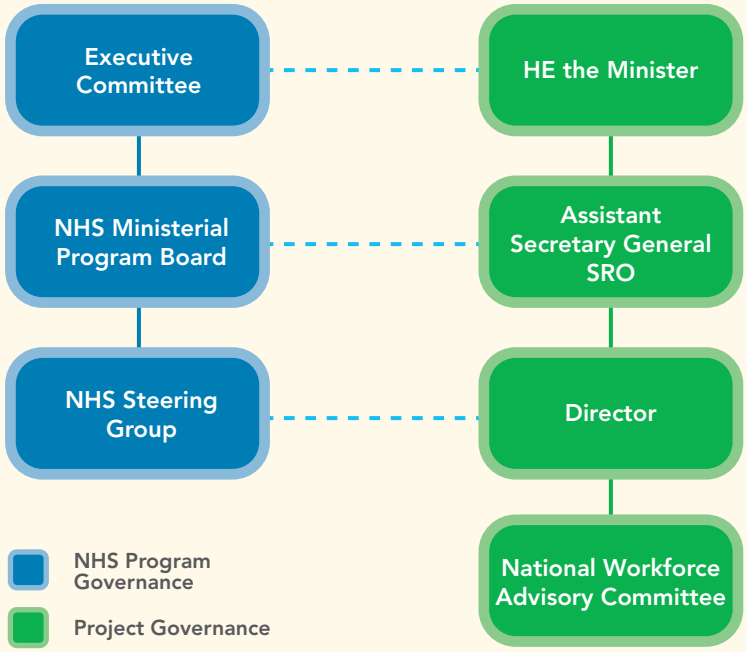
Project Name	4.3 Professional Education and Training
Related NHS Goal: A skilled national workforce capable of providing high-quality health services	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General of Policy Affairs
Project Manager	Manager Medical, Manpower, Healthcare Planning and Assessment

Background and Justification	• Qatar is investing in education related to healthcare. However, it will take time for the local healthcare institutes to contribute significantly to the healthcare workforce
	• Current healthcare education institutes are not able to attract, admit, and graduate sufficient numbers of candidates:
	  • Healthcare is not viewed as an attractive profession by Qataris
	  • Primary and secondary education and language standards do not meet the requirements for preparing candidates for the world class healthcare institutes
	• Hence Qatar needs to create awareness or the profession and refinement of educational opportunities (e.g. diversification of institutions, a greater variety of courses)
	• Long-term residents are a valuable resource that could form a significant portion of a future high-quality, stable workforce, and therefore should be supported in pursuing healthcare education

Objectives	• To ensure that education of health professionals within Qatar contributes to Qatar's future healthcare needs
Outcomes	• A higher number of people entering professional healthcare education in Qatar • A higher number of healthcare professional graduates • A higher number of Qataris, specifically, opting for healthcare education More precise desired outcomes will be developed in partnership with the development of the national workforce plan as part of project 4.1
Outputs	4.3.1 Evaluation of diversification of healthcare education institutes, both locally and internationally 4.3.2 Enhanced sponsorship opportunities 4.3.3 Alignment with Supreme Education Council on initiatives to meet healthcare professional education requirements
Baseline and target to 2011-2016 (NDS)	• Initiate routine data reporting to the Supreme Council of Health and monitoring of healthcare training and education in Qatar by July 2013 • Identify national key performance indicators and targets for healthcare education and training aligned with the national healthcare workforce plan by October 2013
Key Assumptions	• That the national health workforce plan is completed on-schedule (in 2013) and provides interim data or information that can be used to develop more specific outcomes during its development • That stakeholders are able to respond to any significant additional education and training capacity required within a reasonable timeframe • That the Supreme Education Council is able to align investment to meet professional educational requirements • Individual stakeholders will pay for their own awareness raising campaigns
Estimated completion	2014* *Some elements of the project will be on-going (the implementation of awareness campaigns on healthcare as a profession and sponsorship programs for residents and nationals). These will need to be transferred to business as usual at the end of the project

Project Name	4.3 Professional Education and Training	
Risk and Mitigation actions	Risks	Mitigation
	No collaboration by key stakeholders	Work through the National Health Workforce Development Advisory Committee to bring stakeholders together
	Lack of data and baseline on current or desired future professional education capacity	Complete workforce national plan and work with providers to create baseline for capacity

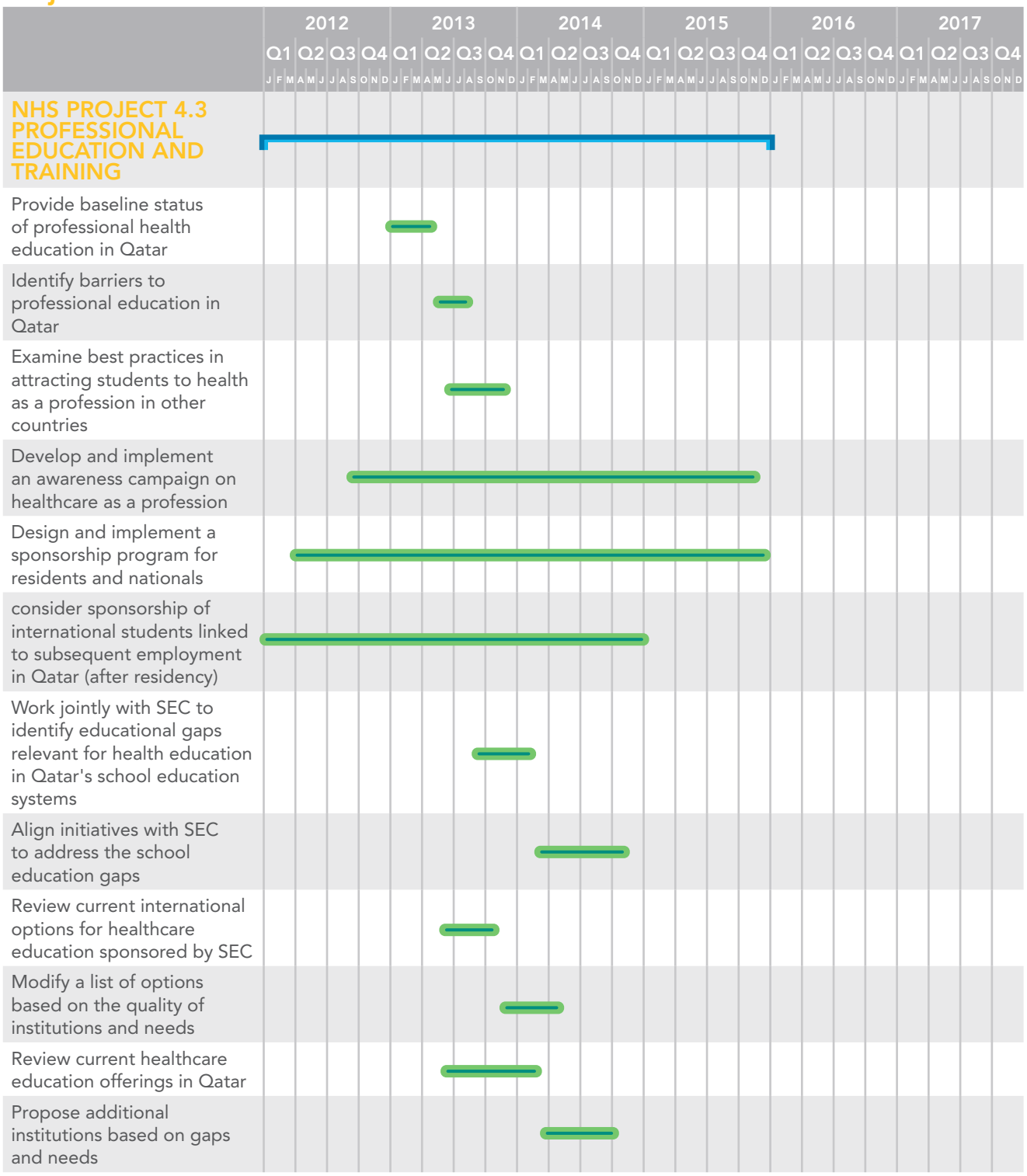
Key Stakeholders and cross-sectoral linkages	• Existing providers of professional education and training in Qatar including:
	  • Hamad Medical Corporation
	  • The Primary Health Care Corporation
	  • Weill Cornell Medical College, Qatar
	  • University of Calgary, Qatar
	  • The College of the North Atlantic
	  • Qatar University
	  • Aspetar
	  • Sidra
	• The Supreme Education Council	

Inter-project Dependencies	4.1 Workforce Planning	
Governance	 The project is working through the National Health Workforce Development Advisory Committee	

Quality Assurance	• Quality assurance will be carried out through:
	  • oversight of the project by the National Health Workforce Development Advisory Committee
	  • management of the contractor appointed to produce the national workforce plan through a the Health Workforce Development Manager
	  • regular discussions with the SRO
	  • monthly reporting on performance to the NHS Program Steering Group and the Minister of Health through the Ministerial report
	  • quarterly reporting to the NHS Program Ministerial Board	

Estimated Cost	10 - 50 million QAR, excluding the cost of setting up professional education institutes	

Project Plan



1	**NHS PROJECT 4.3 PROFESSIONAL EDUCATION AND TRAINING**
2	Provide baseline status of professional health education in Qatar
3	Identify barriers to professional education in Qatar
4	Examine best practices in attracting students to health as a profession in other countries
5	Develop and implement an awareness campaign on healthcare as a profession
6	Design and implement a sponsorship program for residents and nationals
7	consider sponsorship of international students linked to subsequent employment in Qatar (after residency)
8	Work jointly with SEC to identify educational gaps relevant for health education in Qatar's school education systems
9	Align initiatives with SEC to address the school education gaps
10	Review current international options for healthcare education sponsored by SEC
11	Modify a list of options based on the quality of institutions and needs
12	Review current healthcare education offerings in Qatar
13	Propose additional institutions based on gaps and needs

PEOPLE

Goal 5: A National Health Policy

Robust Regulation and Framework –
Strengthening SCH Capacity and Providing Full Coverage

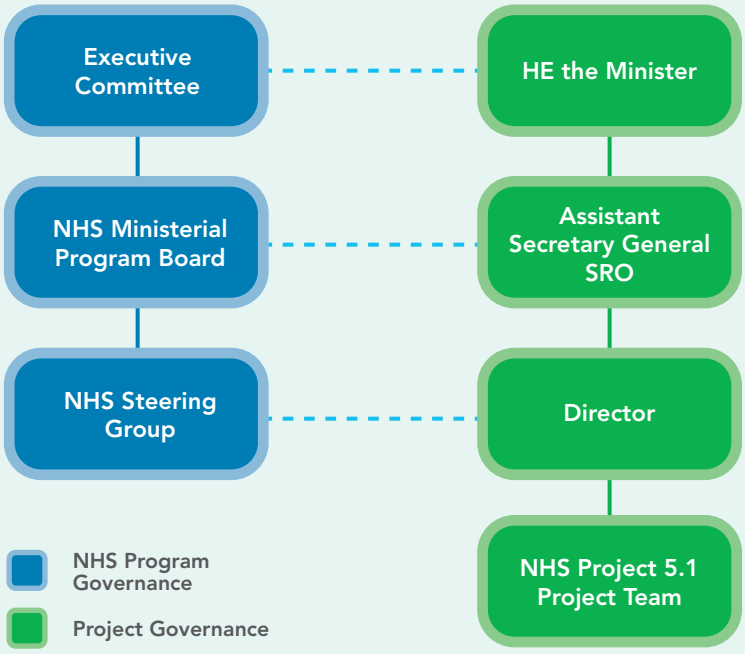
Project Name	5.1 SCH Capacity Build-Up
Related NHS Goal: A national health policy that sets and monitors standards for social, economic, administrative, and technical aspects of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Administrative Affairs
Project Manager	Director of Human Resources

Background and Justification	• The SCH's capacity must be strengthened in order to ensure a robust health care regulatory system. In 2011, about 30 per cent of the positions were vacant, including several in critical departments like HR, quality, and planning
	• In 2011, the foremost challenges to recruiting were:
	  • A non-competitive compensation and salary structure
	  • Limited capacity in HR department at SCH
	  • The HR law which was applied to SCH administrative staff and the HMC regulations which were applied to SCH medical staff
	  • Lengthy and unclear approval process for new hires
	• Steps have now been taken to address many of the issues:
	  • A draft new HR law for the healthcare sector has been produced which covers both administrative and medical staff
	  • Capacity build-up of the HR Department is underway
	  • HR policies and processes are being continuously enhanced

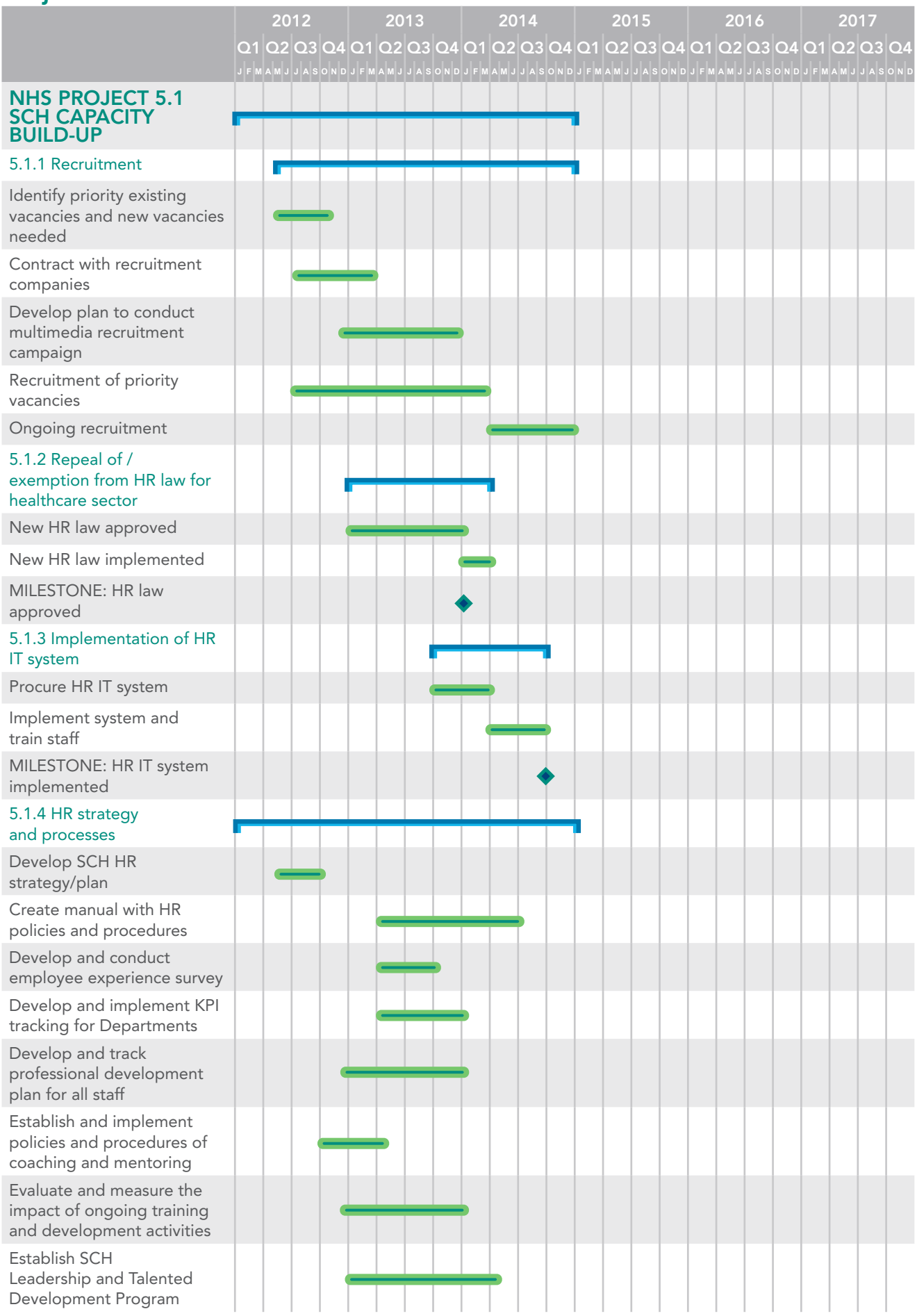
Objectives	• Increase SCH internal capacity (quality and quantity)
Outcomes	• Recruitment—reduced percentage of vacant positions at the SCH • Retention—less staff turnover at the SCH
Outputs	5.1.1 Recruitment of SCH staff 5.1.2 Repeal of / exemption from HR law for healthcare sector 5.1.3 Implementation of an HR IT system 5.1.4 HR strategy and processes (e.g. performance evaluation and assessment framework)
Baseline and target to 2011- 2016 (NDS)	• Reduce the vacancy rate of the Supreme Council of Health from approximately 30% to 15% by the end of 2016
Key Assumptions	• Declaration of the new HR law in 2013
Estimated completion	2014

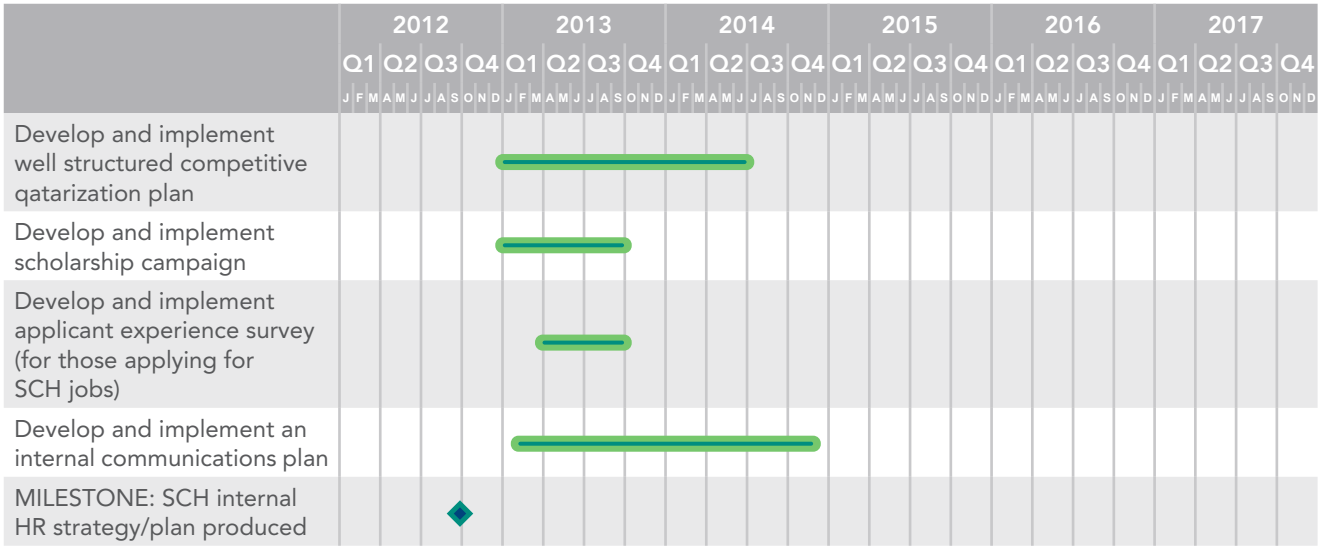
Risk and Mitigation actions	Risks	Mitigation
	Delays in approval of HR Law	Seek SCH Executive Committee support
	Impact on staff of new HR law and new HR strategy and processes	Comprehensive internal communication strategy

Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health and its employees • Health Providers • Ministry of Interior • Ministry of Labor
Inter-project Dependencies	4.2 Recruitment and Retention of Healthcare Professionals

Project Name	5.1 SCH Capacity Build-Up
Governance	
Quality Assurance	• A working group (comprised of members of the project team) monitors overall project delivery and effectiveness of implementation • Regular discussions and direction from the SRO; • Monthly reporting on performance to the NHS Steering Group and Minister through the NHS Monthly Ministerial report • Quarterly reporting to the NHS Ministerial Board
Estimated Cost	<10 million QAR, including costs of recruitment agencies

Project Plan




2012
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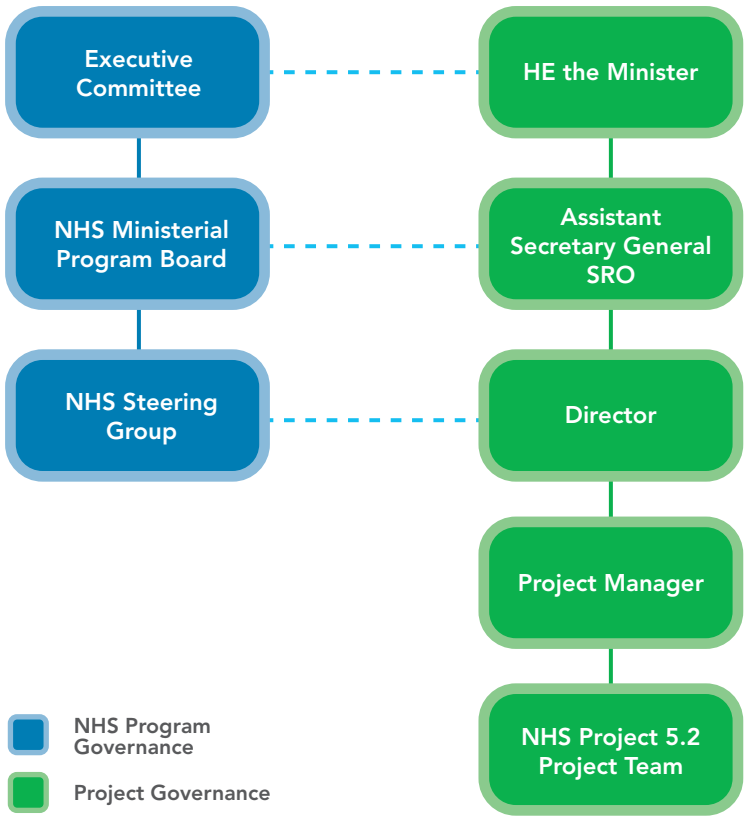
25 Develop and implement well structured competitive qatarization plan
26 Develop and implement scholarship campaign
27 Develop and implement applicant experience survey (for those applying for SCH jobs)
28 Develop and implement an internal communications plan
29 MILESTONE: SCH internal HR strategy/plan produced

Project Name	5.2 Qatar Council for Healthcare Practitioners
Related QNV 2030 Goal: A national health policy	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Supervisor, Healthcare Professionals Registration, Qatar Council for Healthcare Practitioners
Background and Justification	• Qatar relies on an expatriate healthcare workforce from a wide range of countries. Consequently, there is a continual challenge of ensuring that the workforce is appropriately qualified and supported to provide a consistently high quality of patient care across public and private sector. Accordingly, this project aims to establish a central body with three main functions delivered over two phases: • Phase 1: In preparation for the establishment of the Qatar Council for Healthcare Practitioners (QCHP), the provisional QCHP team has delivered a procedure for enabling virtual registration applications, verifying the integrity of documentation and dealing with complaints against healthcare practitioners. A significant increase in the demand for employees within the healthcare sector either on a short or longer term basis, coupled with the ability to seek virtual registration has lead to a marked increase in a number of practitioners seeking registration from a wide range of countries. Phase 1 included the following outputs: 5.2.1 Health practitioner registration and licensing system 5.2.2 Strategic international partnerships (e.g. IAMRA) 5.2.3 Licensing examinations for select practitioner groups 5.2.4 Objective primary source verification and credentialing 5.2.5 Framework to enable effective management of complaints and proactive identification of poorly performing and impaired practitioners • All these outputs have been delivered and phase 1 has been completed • Phase 2: The QCHP (having been established in March 2013) now faces a major challenge to meet its ongoing and new responsibilities. The second phase of this project will focus on: • Governance: Establishment of QCHP body • Education: Development of an accreditation system for continuous professional development (CPD/CME) programs
Objectives	• To improve the quality of healthcare and establish QCHP as the regulator for healthcare in Qatar
Outcomes	• Registration—Detection and rejection of fraudulent applications • Licensing—All healthcare practitioners are engaged in the registration/ licensing process • Fitness to Practice – Management of complaints and proactive identification of poorly performing and impaired practitioners • Accreditation— CPD /CME accreditation system is established and ready to function in order to implement the mandatory CPD/CME participation policy for healthcare practitioners • Governance – An effectively structured organisation
Outputs	• The following outputs have been identified for phase 2 of the project: • 5.2.6 Effective process for engagement of healthcare practitioners in all health sectors in the registration and licensing system (i.e. including public bodies) • 5.2.7 Framework for CPD/CME program accreditation – approved framework and orientated stakeholders • 5.2.8 Corporate Governance Structure - board terms of reference and organizational code of conduct finalized and approved

Project Name	5.2 Qatar Council for Healthcare Practitioners	
Baseline and target to 2011-2016 (NDS)	• 100% of private healthcare practitioners are licensed by QCHP by the end of 2014 • 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 • 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 • 100% of CPD/CME providers are educated about CPD/CME accreditation policies through the QCHP by the end of 2014 • 100% of healthcare practitioners are oriented about the new mandatory CPD/CME policy through the QCHP by the end of 2015	
Key Assumptions	• That interdependency with other projects is effectively managed • That outputs from Phase 1 (5.2.1-5) operate as expected	
Estimated Completion	2014	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Limited organizational capacity and capability to deliver the project	Revise the existing QCHP organizational chart and ensure targeted recruitment exercise where necessary
	Lack of stakeholder engagement limiting the effectiveness of the QCHP	Effective communication strategy and regular engagement with stakeholders Top management/leadership support
	Public sector healthcare does not seek registration and licensing through QCHP	Involve key public sector healthcare provider representatives in the steering committee Seek compliance through encouragement in the first instance and where appropriate rely on legislative powers
	Stakeholder tendency to slower adaptability and change	Change management plan Top management/leadership support
	Delays in interdependent NHS projects negatively impact the delivery of project 5.2	Liaise closely with the relevant NHS Project Managers to ascertain their progress otherwise report to the NHS steering committee
	The transition of responsibilities and staff from SCH to QCHP causes disruption to the activity of the organization	Appropriate planning, preparation and execution stages Train, educate and enhance staff awareness continually Top management/leadership support
	Limited IT capabilities and support	To revise the existing IT capability Outsource IT related needs

Project Name	5.2 Qatar Council for Healthcare Practitioners

Key Stakeholders and cross-sectoral linkages	• Internal
	  • Departmental Staff
	  • Supreme Council of Health Departments
	  • Permanent Licensing Committee (as interim governing body)
	• External
	  • Private Sector Providers e.g. hospitals, poly & solo clinics and pharmacies
	  • Public Sector Providers e.g. Hamad Medical Corporation and Primary Health Care Corporation
	  • Academic Community e.g. Universities delivering healthcare professionals courses
	  • Media
	  • Other Government and private entities who employ healthcare professionals

Inter-project Dependencies	2.4.7 Education & Training Programs 2.5 Private Sector Involvement 4.1 Workforce Planning 4.3.3 Alignment with Supreme Council for Education on initiatives to meet healthcare professional education requirements 5.1.1 SCH Recruitment 5.1.4 SCH Strategy 5.3 Healthcare Facilities Regulation 5.5 Patient Advocacy Framework
Governance	

Quality Assurance	• Quality will be assured by:
	  • Project Manager and Director monitor overall project delivery and effectiveness of implementation
	  • Project performance is monitored on a monthly basis through team meetings and the NHS Program Steering Group
	  • An internal quality assurance process conducted by the core project management team and the project manager to review the deliverables and its adherence to quality criteria

Estimated Cost	20 – 30 million QAR

Project Plan

1	**NHS PROJECT 5.2 QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS**
2	Establish QCHP
3	QCHP Governance Structure is approved and implemented including Board terms of reference and organizational code of conduct
4	QCHP implementation plan approved and implemented
5	Public sector practitioners phased licensing plan approved and implemented
6	Establish accreditation standards for CPD/CME programs
7	Develop and deliver CPD / CME accreditation program
8	Phased approach for registration and licensing of all public healthcare providers is approved and implemented
9	Registration and Licensing of PHCC staff initiated
10	Registration and licensing of HMC staff initiated
11	Board to agree timetable for licensing and registration of all HMC and PHCC healthcare practitioners

Project Name	5.3 Healthcare Facilities Regulation
Related NHS Goal: A national health policy that sets and monitors standards for social, economic, administrative and technical aspects of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Manager, Healthcare Facilities Accreditation, Healthcare Quality and Patient Safety Department

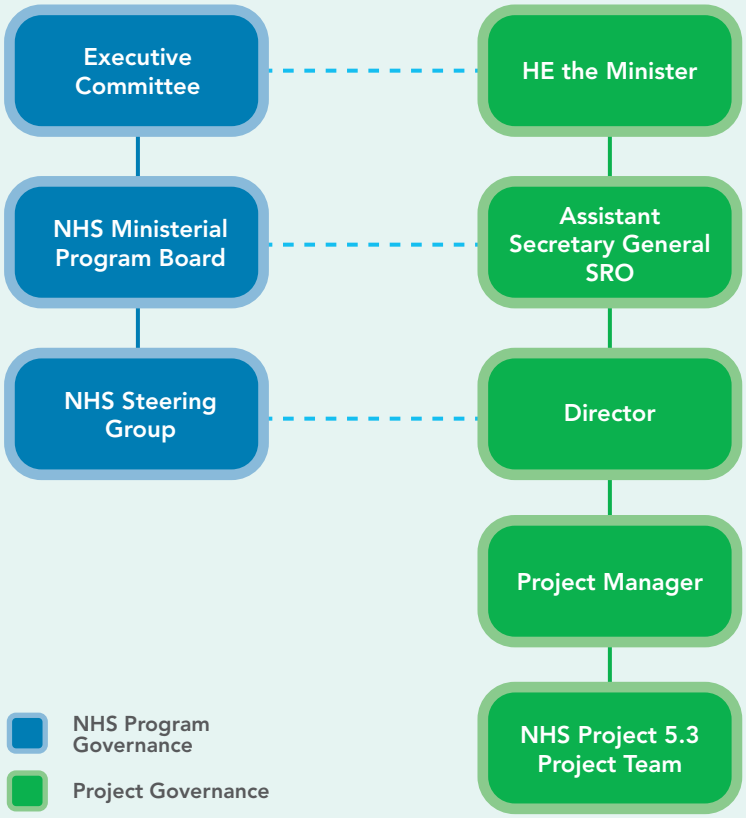
Background and Justification	• Currently the Supreme Council of Health (SCH) regulates the sector through approving and licensing private healthcare providers and responding to concerns raised by members of the public
	• The SCH has identified the need to introduce a National Licensing and Accreditation Program. The resulting program will be an evidenced based, best practice approach, ensuring transparency, fairness and consistency. The purpose of the program is to:
	  • Respond to increasing demand and rapid expansion within the health sector
	  • To provide an environment within healthcare facilities which ensures and assures the safety of patients, staff and members of the public within a framework of continuously improving quality and safety
	  • To ensure a greater degree of consistency in healthcare delivery through the promotion of quality improvement and patient safety
	  • To ensure alignment with international standards and the attainment of best practice
	• The SCH will adopt a risk based approach to accreditation and regulation with particular attention being given to those providers who are deemed to pose the greater risk

Objectives	• To enhance the delivery of healthcare quality and patient safety within healthcare facilities through standardization
Outcomes	• To strengthen and refine the healthcare facility regulatory framework • To ensure that all healthcare facilities are licensed in a consistent manner according to international best practice • To increase the number of healthcare facilities whose procedures meet national or international accreditation standards within five years • To increase healthcare staff's understanding and application of facility safety best practice

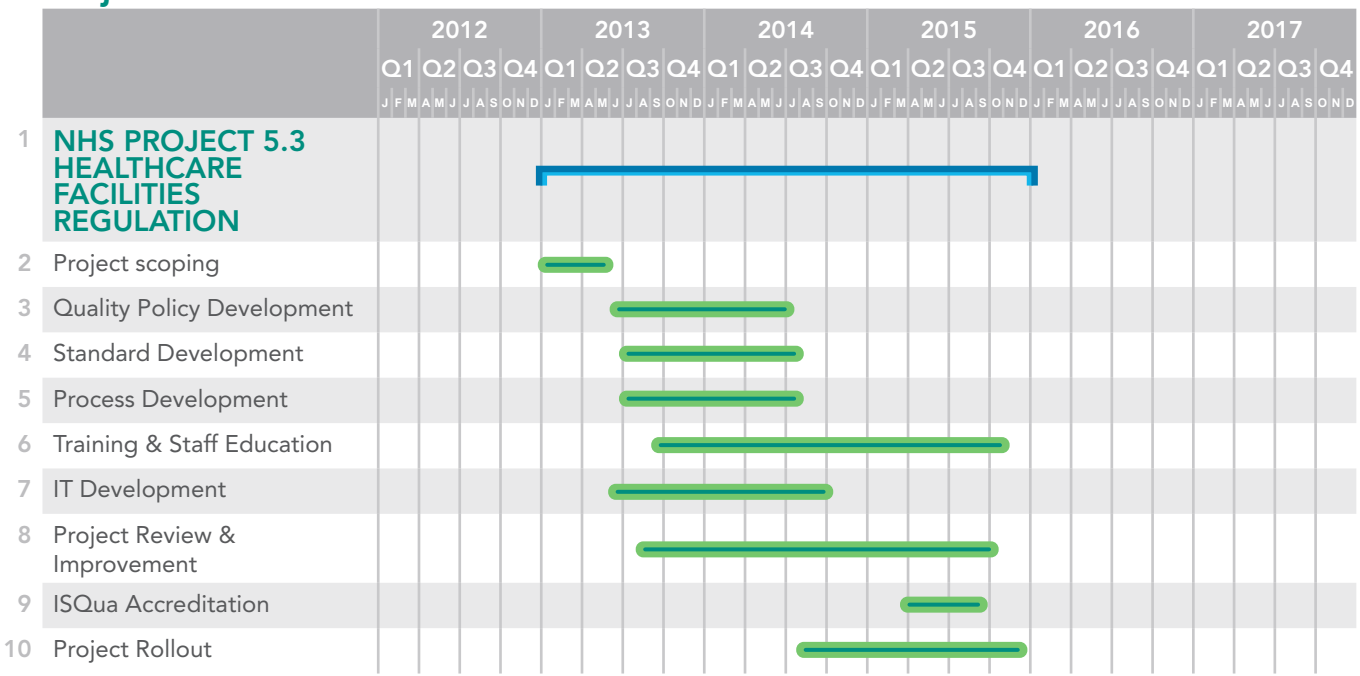
Outputs	5.3.1 Facilities licensing standards based on objective international standards
	  • Develop a National Licensing and Accreditation program based on best practice, and implement a supporting information management system which is supported by appropriate information technology
	  • Obtain the International Society for Quality in Healthcare accreditation for the national accreditation program
	  • Develop a procedure for ensuring that all healthcare providers are compliant with a National Licensing and Accreditation program
	  • Establish a national healthcare quality policy and conceptual framework
	5.3.2 National accreditation standards for facilities
	  • Establish a healthcare facility regulatory framework promoting appropriate care
	5.3.3 Education programs for facilities on safety
	  • Roll out a SCH endorsed healthcare facilities safety training curriculum

Baseline and target to 2011-2016 (NDS)	• Introduce a new licensing and accreditation system by the end of 2015 • 100% of healthcare facilities are licensed by SCH by the end of 2015 • 100% of hospitals are actively progressing through the accreditation process and 30% of other healthcare facilities are actively engaged with a recognized accreditation program by the end of 2016

Project Name	5.3 Healthcare Facilities Regulation	
Key Assumptions	• Healthcare providers will need to engage and ultimately apply the developed process • There will be a need to ensure that interdependencies with other projects can be managed, especially with those which have a direct bearing on how this project will be delivered • An appropriate legal framework will be in place	
Estimated Completion	2015	
Risk and Mitigation actions	**Risks**	**Mitigation**
	The interdependent NHS projects may not be implemented and managed in a timely manner	Liaise closely with the NHS Project Managers to track progress of relevant projects
	Ensuring full endorsement and commitment from stakeholders	Need to ensure stakeholders engagement and communication throughout the project
	Seeking to obtain complete and accurate data in a timely manner in order to improve the process	Need to ensure stakeholders engagement and communication throughout the project
	Experience in developing National Accreditation Program and lessons learnt	Ensure that external input provides a lasting legacy. Engage with others who have provided a similar service
Key Stakeholders and cross-sectoral linkages	• Hamad Medical Corporation • Primary Health Care Corporation • Ministry of Labor • Ministry of Interior • Ministry of Environment • Ministry of Municipality and Urban Planning • Ministry of Commerce and Business • Private Healthcare Sector	
Inter-project Dependencies	2.1 Healthcare Quality Improvement 2.3 Improving Healthcare Data 2.4 E-health Establishment 2.6 Laboratory Integration and Standardization 5.2 Qatar Council for Healthcare Practitioners 5.5 Patient Advocacy Framework 6.3 Social Health Insurance Establishment 6.4 Healthcare Infrastructure Master Plan	

Project Name	5.3 Healthcare Facilities Regulation
Governance	
Quality Assurance	• Project Director monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Steering Group • An internal quality assurance process conducted by the core PM team and the project lead which entails a review of all deliverables produced to ensure adherence to quality criteria, to ensure consistency and to avoid duplication
Estimated Cost	30 – 50 million QAR

Project Plan

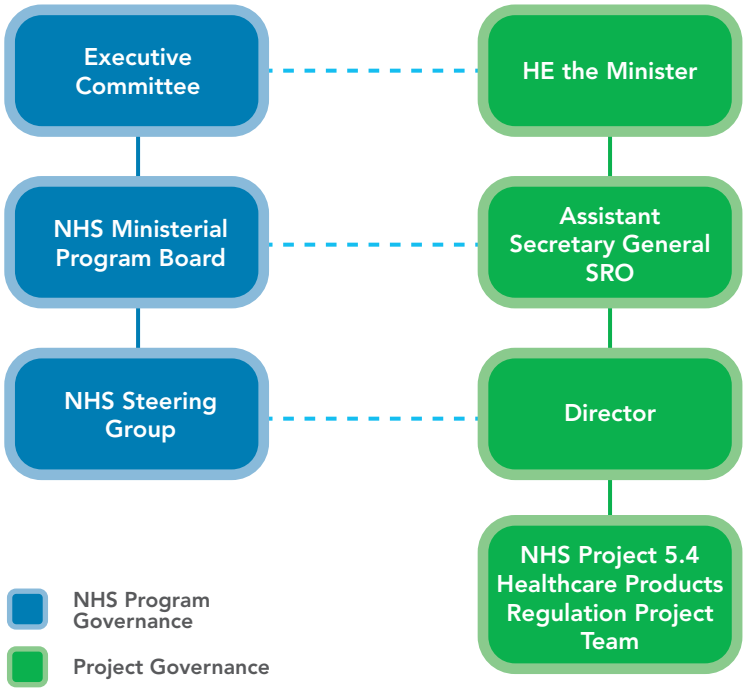


Project Name	5.4 Healthcare Products Regulation
Related NHS Goal: A national health policy that sets and monitors standards for social, economic, administrative and technical aspects of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Head of Drug Registration and Pricing
Background and Justification	• The NHS 2011-2016 identified the need to establish a Qatar National Formulary (QNF). This is a comprehensive reference tool, which is required to manage the ever escalating medicines availability in the state of Qatar, as part of the overall economic and social expansion of the country. This comprehensive reference is to be used by all healthcare professionals in the state of Qatar • Qatar does not currently have an effective system to regulate the introduction and continued use of medical devices within the State • One of the related consequences of the current system is an inability to educate healthcare professionals about the use of narcotics. This in turn could lead to inadequate pain control and increased lengths of stay, as pain control is almost always administered on an inpatient basis, this could potentially impact the move toward community based care • Use of generic drugs is low because of cultural pressures felt by both clinicians and patients to use high cost products. It is important to establish Bioequivalence for generic and branded drugs, to establish that the cheaper generic alternative is of the same quality and efficacy. If bioequivalence can be shown, then there is no reason not to choose the more cost effective generic alternative • Qatar, like every other country, relies on the use of medical devices which require a comprehensive regulatory framework. The World Health Organization defines medical devices as "any product used specifically for health care purposes which is neither a medicine nor a biological product…A medical device is an instrument, apparatus, or machine used to diagnose, treat, monitor, or alleviate disease or injury. It is also used to prevent disease and compensate for injury" • There is a need to ensure that Qatar can effectively regulate the use of medical devices; this includes regulations for new devices, and existing products. There are many international examples of regulatory systems for medical devices and pharmaceuticals that can be used, working cooperatively with international partners, to help develop similar systems in Qatar. The project will implement an appropriate regulatory framework for medical devices
Objectives	• To ensure effective use, safety, and quality of healthcare products by enhancing healthcare products regulation
Outcomes	• To ensure that all healthcare devices are approved prior to use and that there is a comprehensive list of all approved medical devices and suppliers • To ensure that information is available to practitioners to enable medical devices to be used in the most appropriate and safe manner • To provide relevant information about pharmaceuticals to both healthcare professionals and members of the public through a national formulary • Healthcare professionals will make appropriate use of narcotics and greater use of generic pharmaceuticals • To establish an education program for healthcare professionals regarding the use of narcotics and generic pharmaceuticals

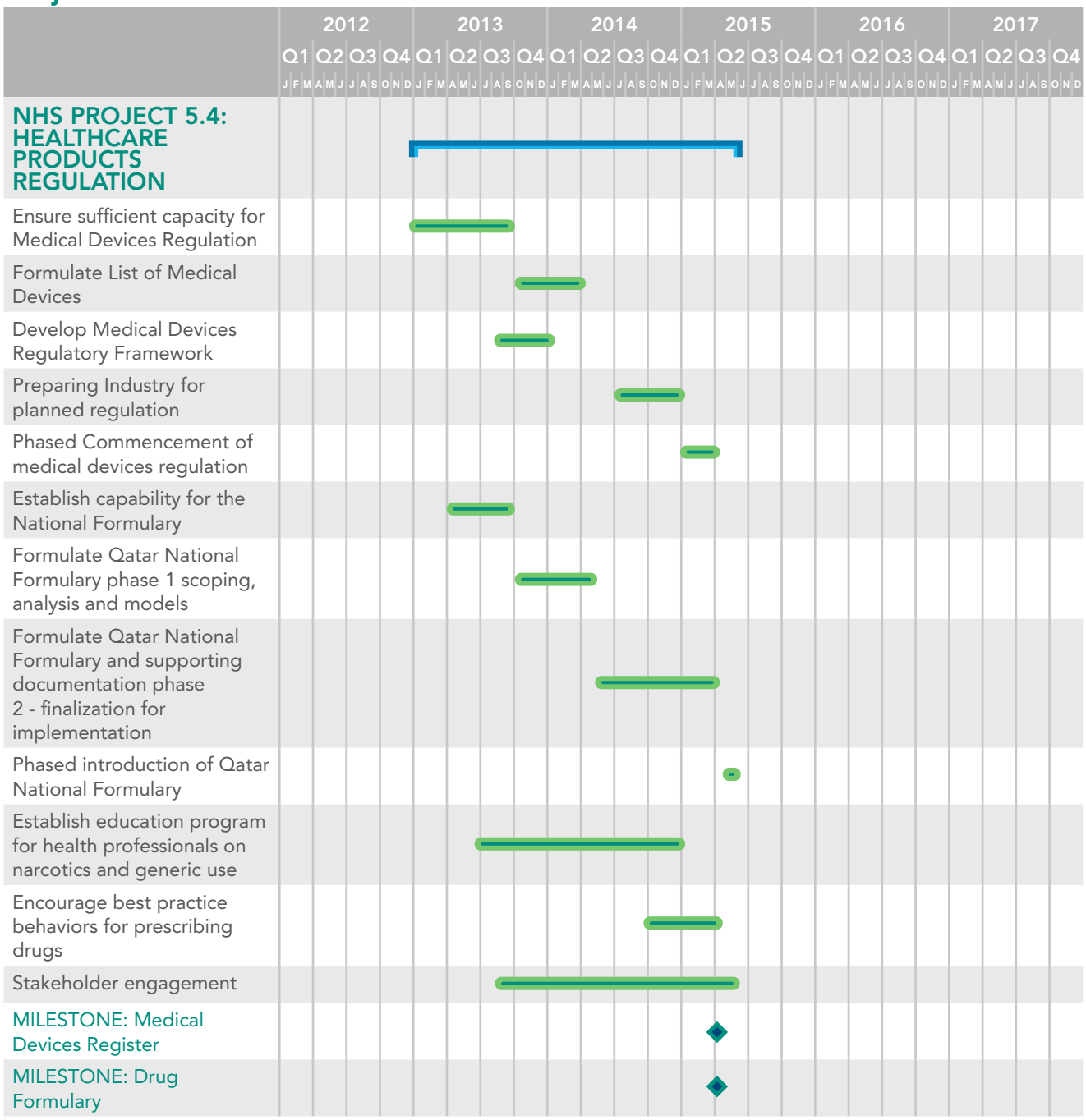
Project Name	5.4 Healthcare Products Regulation	
Outputs	5.4.1 Expanded scope to include medical devices 5.4.2 Medical device registration unit 5.4.3 National formulary & drug coding system 5.4.4 Education program for health professionals on narcotics and generic pharmaceutical use	
Baseline and target to 2011- 2016 (NDS)	• National Formulary to be introduced by the end of 2015 • 100% of new medical devices to be regulated by end of 2015	
Key Assumptions	• The healthcare sector will engage with the project so that only licensed medical devices are used • Healthcare Professionals and members of the public will make use of the National Formulary • All interdependent projects are managed, especially those which have a direct bearing on how healthcare is to be delivered	
Estimated Completion	2015	
Risk and Mitigation actions	**Risks**	**Mitigation**
	Challenge to SCH's legal competence to require compliance	Evaluate and enact relevant legislation where necessary
	Insufficient support from external stakeholders	Engage with stakeholders and seek assistance from NHS governance to ensure engagement
	Lack of human resource capacity to progress project delivery	Consider the use of external resource as and when appropriate

Key Stakeholders and cross-sectoral linkages	• Government Healthcare Facility:
	  • Hamad Medical Corporation
	  • Primary Healthcare Corporation
	• Regulatory Health Authority:
	  • Supreme Council of Health
	• Academic Institutions:
	  • Qatar University, College of Pharmacy
	  • College of the North Atlantic - Qatar, school of health sciences
	• Medical Professional Associations:
	  • Physicians, pharmacists, dentists and other medical professions associations in the state of Qatar
	• Private Healthcare Facilities
	• Pharmaceutical and Medical Devices Industry with a vested interest in Qatar's healthcare industry
	• Service User Groups	

Inter-project Dependencies	1.2 Configuration of Hospital Services 1.6 Community Pharmacies Strategy 2.1 Healthcare Quality Improvement 2.4 E-Health Establishment 4.3 Professional Education and Training 5.2 Qatar Council for Healthcare Practitioners 6.3 Social Health Insurance Establishment 7.1 Health Research Governance	

Project Name	5.4 Healthcare Products Regulation
Governance	
Quality Assurance	• Project Board monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Steering Group
Estimated Cost	10 - 50 million QAR

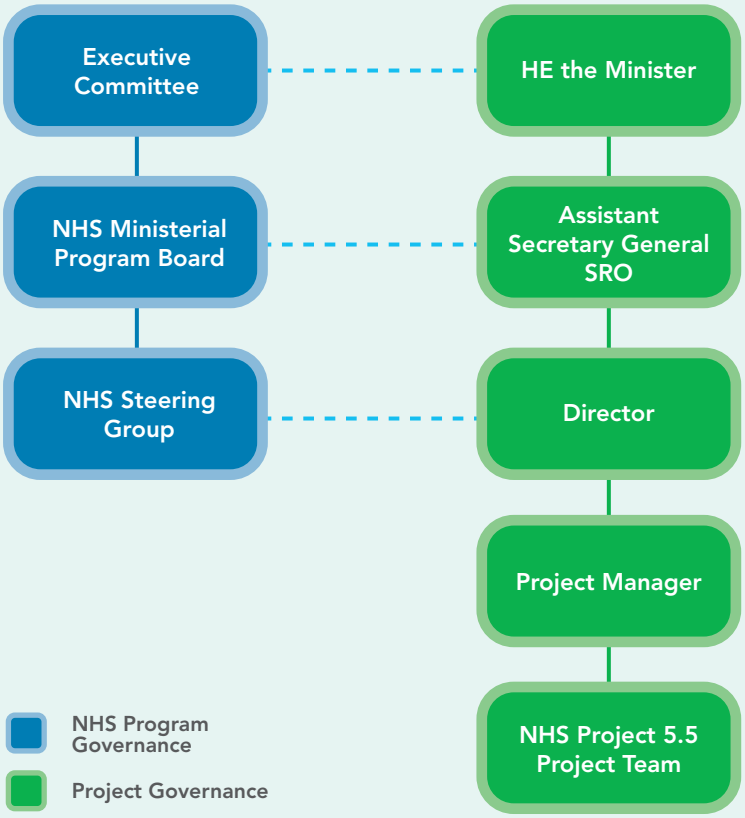
Project Plan



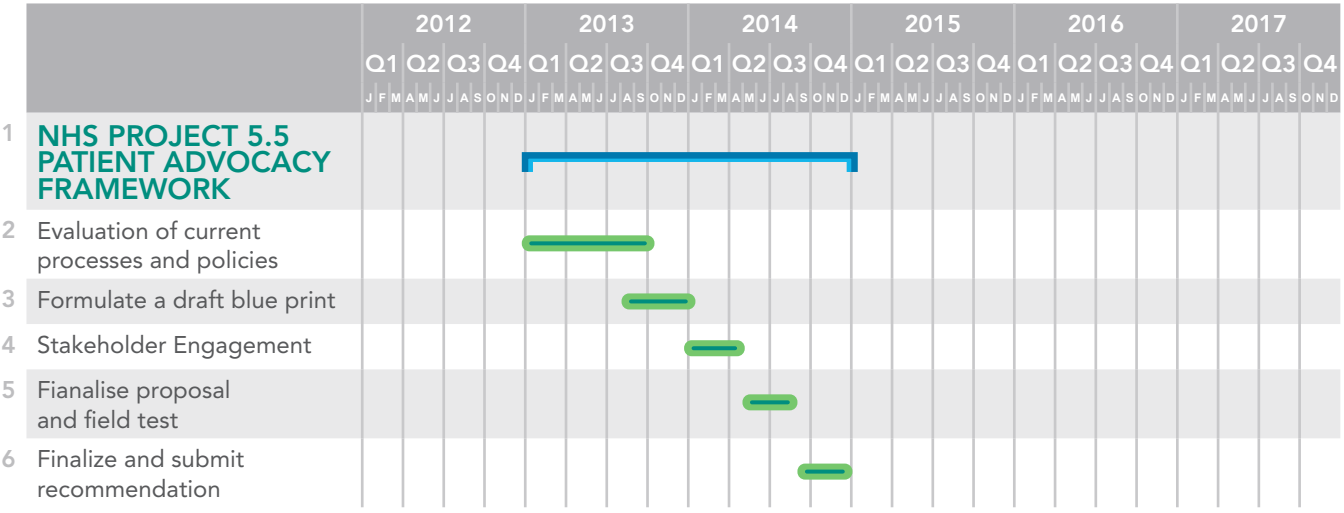
Project Name:	5.5 Patient Advocacy Framework
Related NHS Goal: A national health policy that sets and monitors standards for social, economic, administrative and technical aspects of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Manager, Fitness to Practice, Qatar Council for Healthcare Practitioners
Background and Justification	• A patient centered focus forms a fundamental part of Qatar's desire to ensure a world class and responsive healthcare system. Occasionally the system will not reach the expected standard and in such circumstances there needs to be a procedure to enable patients to express their views. Enabling such engagement ultimately enables the service in question to reflect and improve • At present there is no system to assist the patient in such circumstances or to act as a patient's champion. The project will address this issue and identify the most appropriate framework within which a patient advocacy service could operate in Qatar
Objectives	• To identify the most appropriate framework which would enable the establishment of a neutral, confidential, and independent process to support patients and protect patient rights
Outcomes	• A framework which will enable the creation of an appropriate patient advocacy service which is aligned with health service developments and changes to healthcare regulation.
Outputs	5.5 Patient advocacy framework: • A framework which will enable the establishment of an effective patient advocacy service
Baseline and target to 2011-2016 (NDS)	• Develop a framework by end of 2014 which will enable the subsequent introduction of a patient advocacy service
Key Assumptions	• Patients and other stakeholders will engage with this process of identifying the most appropriate and effective means of ensuring patient advocacy • Interdependencies with other projects can be managed, especially with those which have a direct bearing on how the project will be delivered, including: 2.1.5 /.6 Educated Public and performance agreements 2.5 Private Sector Involvement 5.1.4 SCH Recruitment 5.3 Healthcare Facilities Regulation 6.3 Social Health Insurance Establishment
Estimated Completion	2014

Risk and Mitigation actions	Risks	Mitigation
	Delays in implementation of NHS project dependencies	Liaise closely with the NHS Project Managers to track progress of relevant projects
	Getting full endorsement and commitment from stakeholders	Escalate issues via the NHS Goverance framework, and where necessary formulating relevant legislation

Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health • QCHP (Qatar Council of Health Care Professionals) • Public providers such as Hamad Medical Corporation and Primary Health Care Corporation • Private providers such as hospitals, clinics and pharmacies • Ministry of Interior • Ministry of Labor • Gas & Energy Sector • General public

Project Name:	5.5 Patient Advocacy Framework
Inter-project Dependencies	2.1.5 Educated public and patient community informed by transparent publication of health service performance results and quality measures 2.1.6 Performance agreements between SCH and all providers 2.5 Private Sector Involvement 5.1.4 HR strategy and processes (e.g. performance evaluation and assessment framework) 6.3.1 Social Health Insurance Establishment
Governance	
Quality Assurance	• Project performance is monitored on a monthly basis through team meetings and NHS Program reporting • An internal quality assurance process conducted by the core Project Management Team, which entails review of all deliverables produced to ensure adherence to quality criteria, to ensure consistency and to avoid duplication
Estimated Cost	2 million QAR

Project Plan

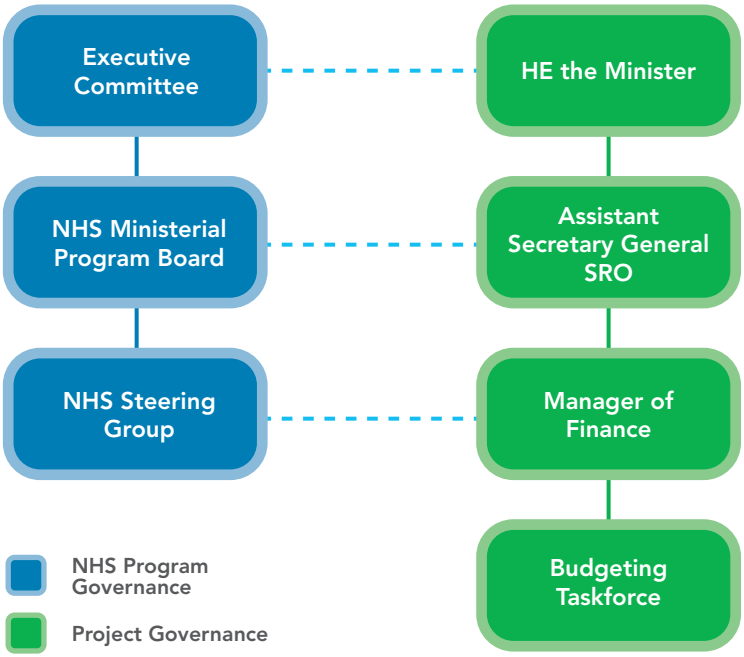


Goal 6: Effective and Affordable Services, Partnership in the Bearing of Costs

Coordinated Planning and Control in Healthcare Infrastructure and Finance – Affordable Healthcare

Project Name	6.1 Budgeting Process for Public Health Sector
Related NHS Goal: Effective and affordable services in accordance with the principles of partnership in bearing the costs of healthcare.	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Administrative Affairs
Project Manager	Manager of Finance
Background and Justification	• In Qatar, public expenditures for healthcare provision have increased over the past five years. This increase in healthcare costs is due to a large infrastructure, technology and work force build-up. Healthcare expenditure per capita has also grown rapidly with a compound annual growth rate of more than 15 per cent. The real growth is likely to be higher since the figures do not include certain areas of expenditure (e.g. Qatar Foundation's health expenditure). Hence, it is important to set up meaningful control mechanisms, and the first step toward this is establishing a budgeting process • Prior to the financial year 2012/13, health budgets were developed using linear extrapolation based on historical spending. Individual budgets were typically estimated lump sum amounts. Alternate budgeting practices like program based budgeting, multiyear budgeting, and activity based budgeting are now being considered • Since 2011, a multiyear (5-year) budget has been developed for SCH, PHCC and HMC. Work is also ongoing to implement supporting financial and clinical IT systems. Program based budgeting has been introduced in SCH, however further work is need to create a co-ordinated approach across the public healthcare sector
Objectives	• Develop a transparent budgeting process that enables monitoring and control of costs and supports the delivery of effective clinical and other healthcare related services
Outcomes	• Revised budgeting process • Multiple-year budgets to ensure long-term planning for dedicated projects
Outputs	6.1.1 Situational analysis, needs analysis and gap analysis 6.1.2 Budgeting process and a transition plan 6.1.3 Institutional requirements for implementing budgeting process 6.1.4 Multi-year budgeting program for public health sector spending
Baseline and target to 2011- 2016 (NDS)	• Multiyear activity based budgeting system implemented by the end of 2016
Key Assumptions	• Accounting standards will be considered as part of this project
Estimated Completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Lack of cooperation from other Ministries and key healthcare stakeholders	Escalate risk to the SCH executive committee
	Inadequate staffing capacity	Identify capacity requirements and include as necessary in transition plan
	Missing common IT platform or information exchange standards	Consider IT as part of the gap analysis
Key Stakeholders and cross-sectoral linkages	• Supreme Council of Health to lead the development of healthcare budget requirements and processes • Ministry of Economy and Finance • Hamad Medical Corporation • Primary Health Care Corporation • Other public health sector stakeholders	
Inter-project Dependencies	6.3 Social Health Insurance Establishment	

Project Name	6.1 Budgeting Process for Public Health Sector
Governance	
Quality Assurance	• The Budgeting Task Force monitors overall project delivery and effectiveness of implementation • Regular discussions with the SRO • Monthly reporting on performance to the NHS Steering group and Minister through the Ministerial report (facilitated by the NHS PMO) • Quarterly reporting to the Ministerial Group (facilitated by the NHS PMO)
Estimated Cost	<10 million QAR

Project Plan

		2012				2013				2014				2015				2016				2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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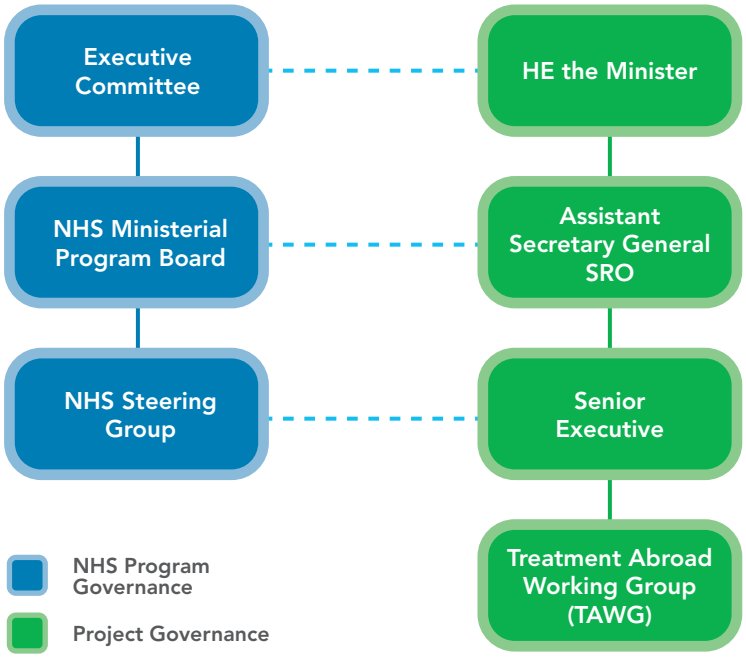
1	**NHS PROJECT 6.1 BUDGETING PROCESS FOR PUBLIC HEALTH SECTOR SPENDING**																								
2	Establish a project team/ taskforce (multiple-stakeholder)																								
3	Recruit healthcare budgeting experts to support the taskforce																								
4	Determine Ministry of Economy and Finance program budgeting requirements																								
5	Situational analysis, best practice, gap analysis																								
6	Define a healthcare-specific budgeting process and nomenclature																								
7	Classify existing spending into programs																								
8	Develop transition plans																								
9	Develop and implement a pilot budgeting process for the SCH and other public healthcare institutions																								
10	ONGOING: Review budgeting process and modify																								
11	MILESTONE: Establish budgeting taskforce																								
12	MILESTONE: Report on new budgeting process																								
13	MILESTONE: Transition plan delivered																								
14	MILESTONE: Pilot completed																								
15	MILESTONE: Multi-year budgeting program for public health sector spending																								

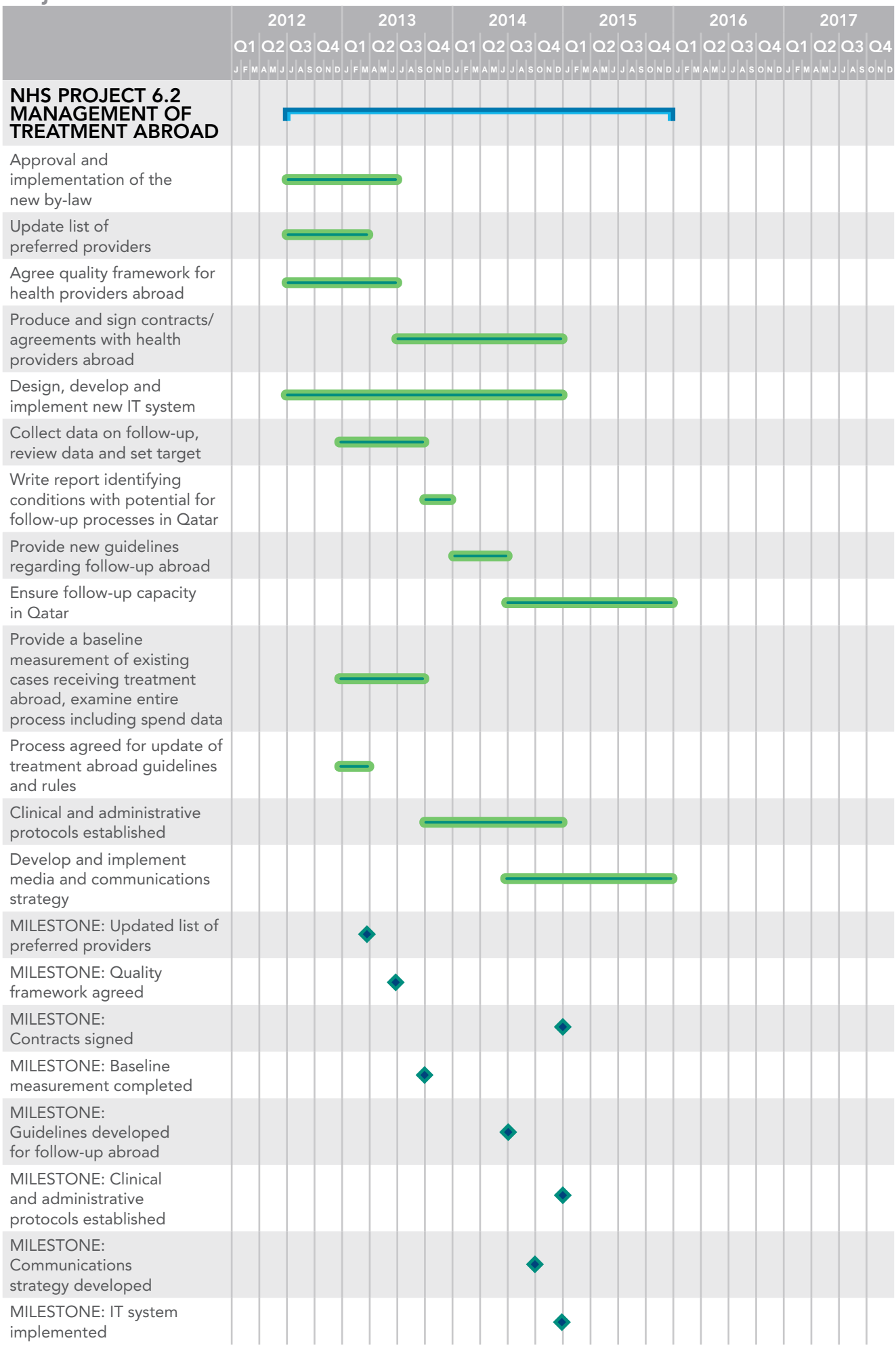
Project Name	6.2 Management of Treatment Abroad
Related NHS Goal: Effective and affordable services in accordance with the principle of partnership in bearing the costs of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Medical Affairs
Project Manager	Senior Executive of Medical Relations and Treatment Abroad
Background and Justification	• Because certain specialty services are not available in Qatar, some citizens have been sent abroad for treatment. Every year increasing sums are spent on treatment abroad • Anecdotal evidence gathered prior to the publication of the NHS, suggested that spending on treatment abroad topped 0.5 billion QAR for approximately 950 patients, and that the cost per procedure was approximately 600 000 QAR. Since that time, costs have continued to increase • The treatment abroad process has room for improvement through cost efficiency and management. This can be done without limiting access to care. There is a potential to enhance quality through the standardization of processes • In 2012, a new by-law for treatment abroad was enacted. This gave HMC responsibility for taking clinical decisions for treatment abroad
Objectives	• Examine treatment abroad and standardize processes to optimize expenditures and enhance quality of care
Outcomes	• Effective use of spending on treatment abroad • Increased utilization of services in Qatar
Outputs	6.2.1 List of preferred providers based on quality, and volume contracts negotiated with these providers 6.2.2 Follow-up care to take place in Qatar as appropriate 6.2.3 Definition of indications that are eligible for treatment abroad, and transparent application and approval process
Baseline and target to 2011- 2016 (NDS)	• 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)
Key Assumptions	• This project will examine the process for patients referred by HMC's Committee for Treatment Abroad and the SCH's Committee for Treatment Abroad
Estimated Completion	2015

Risk and Mitigation actions	Risks	Mitigation
	High expectation from patients	Clear communication strategy
	Lack of capacity to implement and monitor the process	Develop appropriate capacity
	Limited compliance from international partners	Devise clear performance agreements and Service Level Agreements (SLAs) with international providers. SLAs should include consequences for nonperformance

Key Stakeholders and cross-sectoral linkages	• Public • Hamad Medical Corporation and other providers within Qatar • Higher Authorities • Providers Abroad • SCH Internal Stakeholders
Inter-project Dependencies	2.1.6 Performance agreements between SCH and all providers (public and private) 2.3 Improving Healthcare Data 2.4 E-Health Establishment

Project Name	6.2 Management of Treatment Abroad
Governance	
Quality Assurance	• The project will be assured through the Treatment Abroad Working Group which includes representatives of HMC • The SRO monitors project delivery and effectiveness of implementation • The NHS Program Ministerial Board oversees project delivery at a high level • Project performance is monitored on a monthly basis through meetings with the project team, monthly reports and reports to the NHS Program Steering Group
Estimated Cost	<10 million QAR (excluding the IT system and activities to build up follow-up capacity within Qatar)

Project Plan

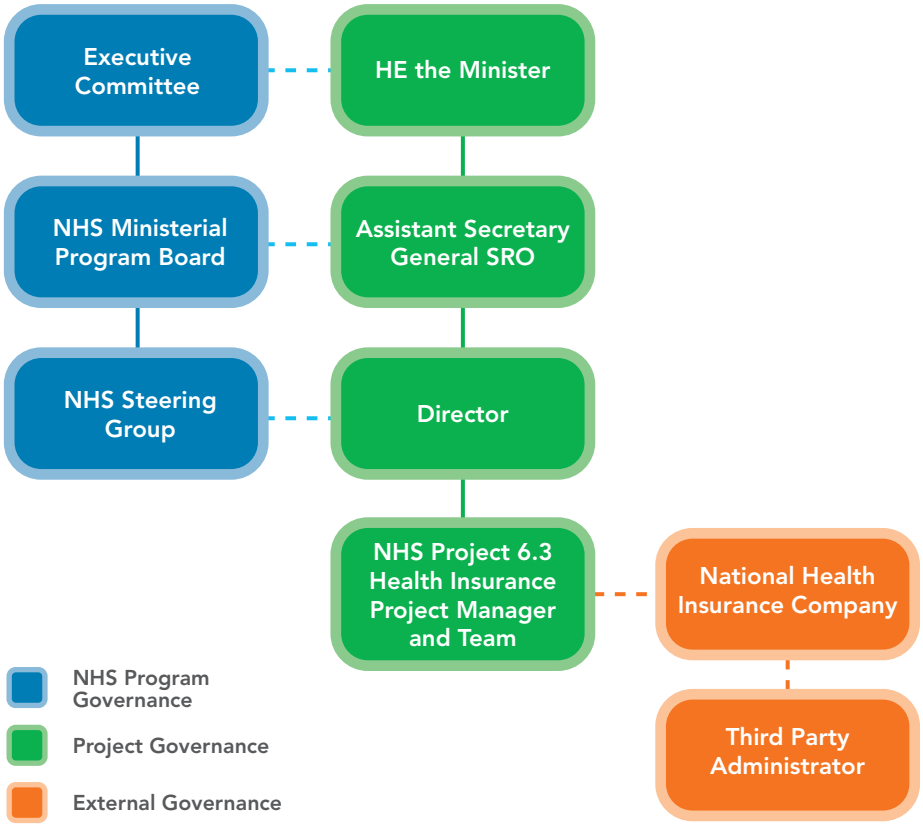


Project Name	6.3 Social Health Insurance Establishment
Related NHS Goal: Effective and affordable services in accordance with the principle of partnership in bearing the costs of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Manager of Health Insurance

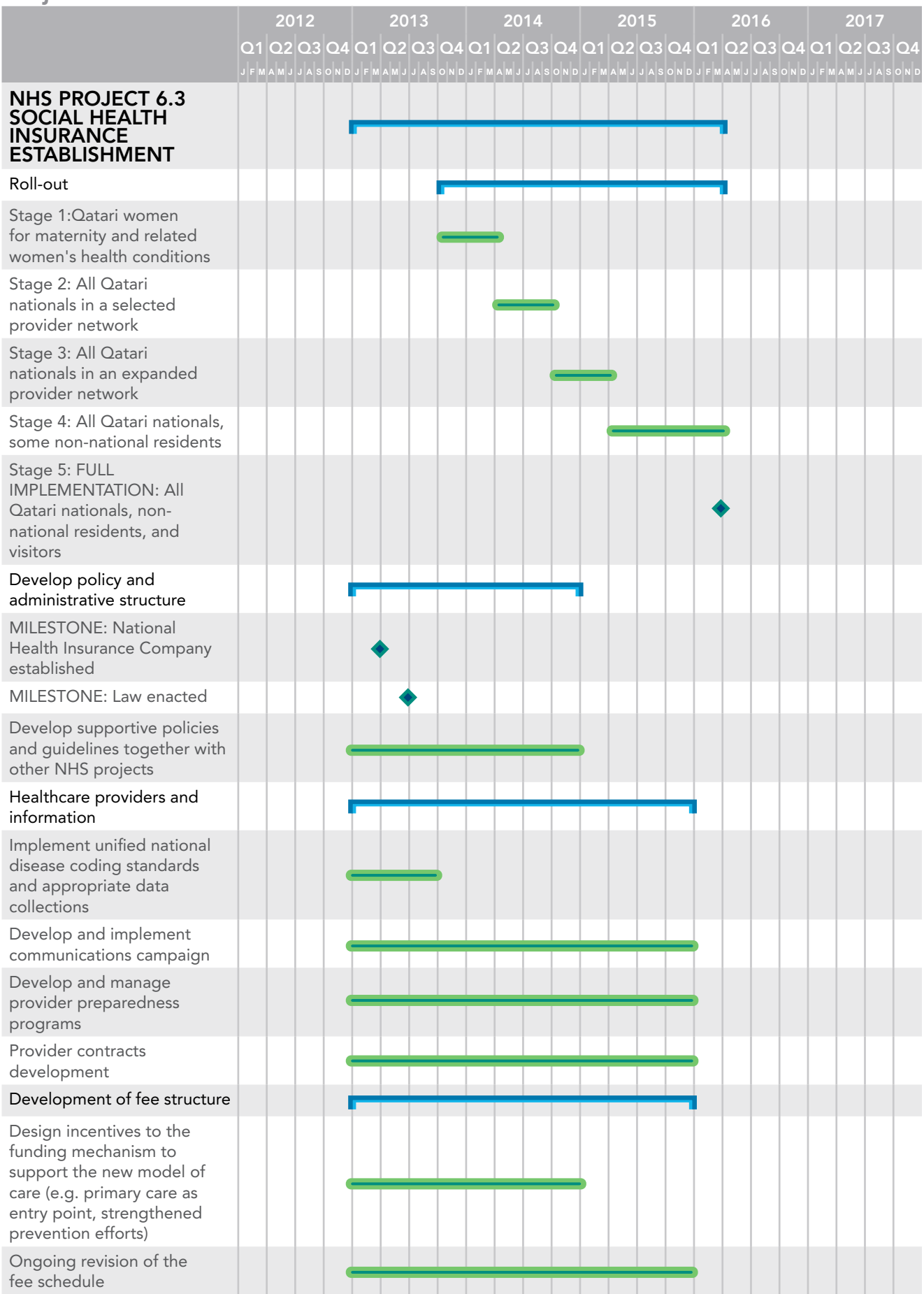
Background and Justification	• Implementation of a social health insurance (SHI) scheme is one of the key components to achieving a world class healthcare system because of its role in integrating the health care system (e.g. it will enable and endorse the new model of care)
	• Qatar is introducing a SHI scheme, which has been marketed in the country as National Health Insurance. Qatar is benefiting from knowledge gained by its neighboring countries that have already implemented similar systems. The first stage of roll-out of the scheme is expected to start in Q3, 2013
	• Since the NHS was first published, the SHI Establishment Project has been working to ensure that prerequisites necessary for a successful launch are in place. Achievements to date include:
	  • Undertaking a benchmarking study of different global health insurance systems and their governing bodies
	  • Developing a law and regulations to support the SHI scheme
	  • Establishing a National Health Insurance Company (NHIC) to manage the scheme and recruiting the senior management team for the NHIC
	  • Appointing a Third Party Administrator for the scheme
	  • Defining a unified system of coding health care interventions and supporting 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
	  • Developing best practice costing standards

Objectives	• Introduce SHI as a tool to ensure a sustainable quality health care system
Outcomes	• 100 per cent SHI coverage of the Qatari population expected by Q4, 2014 • 100 per cent SHI coverage of the full resident population expected by Q4, 2016 • Access to public and private health care facilities under SHI and regulation of the use of healthcare services • Quality enhancement incentives for providers incorporated in the SHI scheme • Incentives for consumers to encourage healthy behaviors • Better information about the health sector and greater transparency
Outputs	6.3.1 Regulatory and policy framework 6.3.2 Develop and implement provider standards 6.3.3. Establish National Health Insurance Company (NHIC) (achieved) 6.3.4. Fee schedule 6.3.5 Transparent communication campaign
Baseline and target to 2011- 2016 (NDS)	• Achieve 100% health insurance coverage of resident population by end 2016
Key Assumptions	• Providers are sufficiently prepared • Enabling law is enacted Q2, 2013 • NHIC established and budget secured by Q2, 2013 • Single male laborer facilities in place by Q4, 2015
Estimated completion	2016

Risk and Mitigation actions	Risks	Mitigation
	Excess or insufficient private sector investment in healthcare infrastructure	Develop equitable policies that incentivise efficient market based health infrastructure investment decisions
	Capacity shortages on skills and workforce numbers for NHIC	Plan for NHIC workforce capacity

Project Name	6.3 Social Health Insurance Establishment	
	Inconsistent quality of reporting from providers	Development of standardized reporting and audit processes
Key Stakeholders and cross-sectoral linkages	• Public/Patients (Beneficiaries) • Health Care Providers (Hamad Medical Corporation, Primary Healthcare Corporation, SIDRA, Private Providers) • Employers/Businesses • Council of Ministers • Ministry of Economy and Finance • Ministries and other entities on the NHIC Board of Directors	
Inter-project Dependencies	1.1 Primary Care as the Foundation 2.1 Health Care Quality Improvement 2.3 Improving Healthcare Data 2.5 Private Sector Involvement 2.4 E-health Establishment 5.2 Qatar Council for Healthcare Practitioners 5.3 Healthcare Facilities Regulation 5.4 Healthcare Products Regulation 6.1 Budgeting Process for Public Health Sector Spending	
Governance		
Quality Assurance	• The SRO monitors project delivery and effectiveness of implementation • The NHS Ministerial Board also oversees project delivery at a high level • Project performance is monitored on a monthly basis through meetings with the project team, monthly reports and reports to the NHS Steering Group	
Estimated Cost	50-100 million QAR excluding costs incurred by the NHIC	

Project Plan



Project Name	6.4 Healthcare Infrastructure Master Plan
Related NHS Goal: Effective and affordable services in accordance with the principle of bearing the costs of healthcare.	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General of Policy Affairs
Project Manager	Manager, Healthcare Facility Planning, Planning and Assessment

Background and Justification	• Currently the majority of healthcare services in Qatar are provided within a hospital setting. Qatar is expected to continue to significantly increase hospital bed capacity in the next few years to meet rising demand for services. The expansion requires significant additional coordination to ensure Qatar develops the right services in the right locations. This is likely to become further complicated because of the private sector's increasing involvement. Additionally, there will be a strong focus on developing community-based services, including planning for primary care and continuing care projects
	• To address these problems, Qatar is developing an infrastructure master plan linked to the model of care that determines the size, scope and geographic distribution of facilities and large-scale technical equipment (e.g. equipment costing more than 10M QAR) required in Qatar
	• The healthcare infrastructure master plan will be developed to:
	  • avoid the unnecessary duplication of services if those services are not aligned with patient volumes
	  • ensure infrastructure plans take into account key determinants, such as workforce
	  • allow for sound and efficient use of financial resources
	  • control for supply-induced demand due to misalignment of incentives
	• This project is linked to the Capital Expenditure Committee, which will enforce the infrastructure master plan

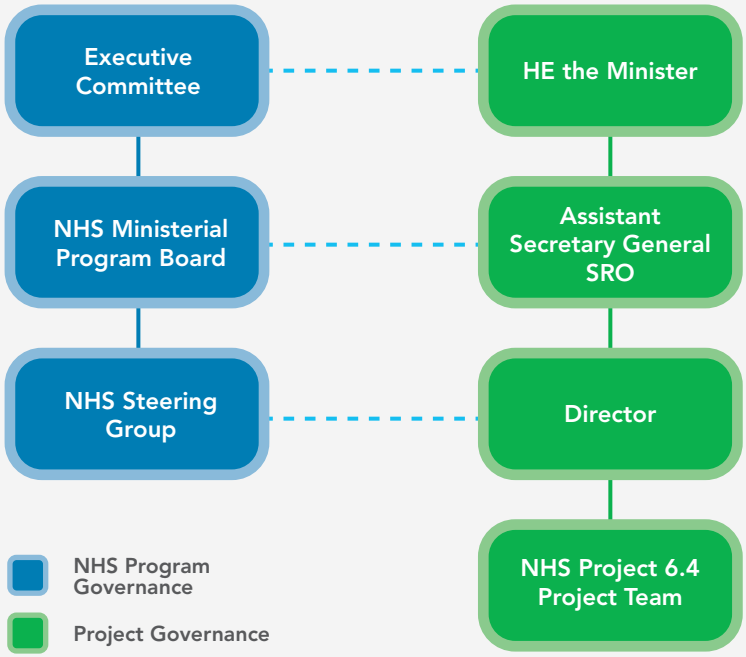
Objectives	• To ensure integrated and coordinated healthcare infrastructure based on population needs
Outcomes	• Effective Project Management of the development of the Infrastructure Master Plan (from Work stream 1: Project Management) • More effective Demand and Capacity planning for healthcare in Qatar (from Work stream 2: Demand and Service Planning) • An estimation of the future healthcare facilities required for Qatar (from Work stream 3: Facilities Planning) • A conceptual project brief for the future facilities requirements, including major equipment requirements (from Work stream 4: Facilities Analysis, Projections and Urban Planning) • An estimate of the revenue and capital implications of delivering the overall Master Plan (from Work stream 5: Financial Considerations) • A definition of the organizational capability, and the regulatory authority required of the SCH, to promulgate the QHFMP and manage the implementation of the QHFMP (from Work stream 6: Legal/Regulatory) • A 20 year Strategic Plan and the 5 year Action Plan (from Work stream 7: Report writing) • IT Solutions, including GIS applications and data, to support development and implementation of the Infrastructure Master Plan (from Work stream 8: IT Solutions)
Outputs	6.4.1 A Qatar Health Facilities 20 year Strategic Master Plan 6.4.2 A Qatar Health Facilities 5 year Action Plan 6.4.3 Recommendation for regular updates of the plan 6.4.4 Design, development and handover of GIS system and applications
Baseline and target to 2011-2016 (NDS)	• The Supreme Council of Health adopts a national healthcare infrastructure master plan and action plan by November 2013

Project Name	6.4 Healthcare Infrastructure Master Plan	
Key Assumptions	• The key assumption for this project is that interdependencies with other projects can be managed, particularly those defining and implementing desired models of care within Qatar, including: 1.1 Primary Care as the Foundation 1.2 Configuration of hospital services 1.3 Continuing care design 1.4 Mental health design 1.5 Emergency and urgent care services 1.6 Community pharmacies 2.5 Private sector involvement 4.1 Workforce planning	
Estimated completion	2013	
Risk and Mitigation actions	**Risks**	**Mitigation**
	The interdependent NHS projects will not be implemented and managed in a timely manner	Liaise closely with the NHS Programme Managers to track progress of relevant projects
	Getting full endorsement and commitment from stakeholders	Applying pressure from higher authorities in the SCH on stakeholders to ensure timely cooperation
	Obtaining complete and accurate data in a timely manner in order to affect the analysis	Applying pressure from higher authorities in the SCH to ensure timely data collection
	Agreeing on assumptions in the demand and capacity analysis	Working closely with the SCH to ensure agreement from the beginning of the process
	Agreeing preferred options for the Model of Care and Operating Model	Working closely with the SCH to ensure agreement from the beginning of the process
	Validating the input data and assumptions used in the financial model	Working closely with the SCH to ensure agreement from the beginning of the process
	Obtaining access to the national GIS system	Working closely with the MMUP to ensure access
	Successfully completing the hand-over phase which will enable SCH staff to use and update the GIS system going forward	Working up to that point and ensuring that SCH staff are in the loop and aware of the process well in advance

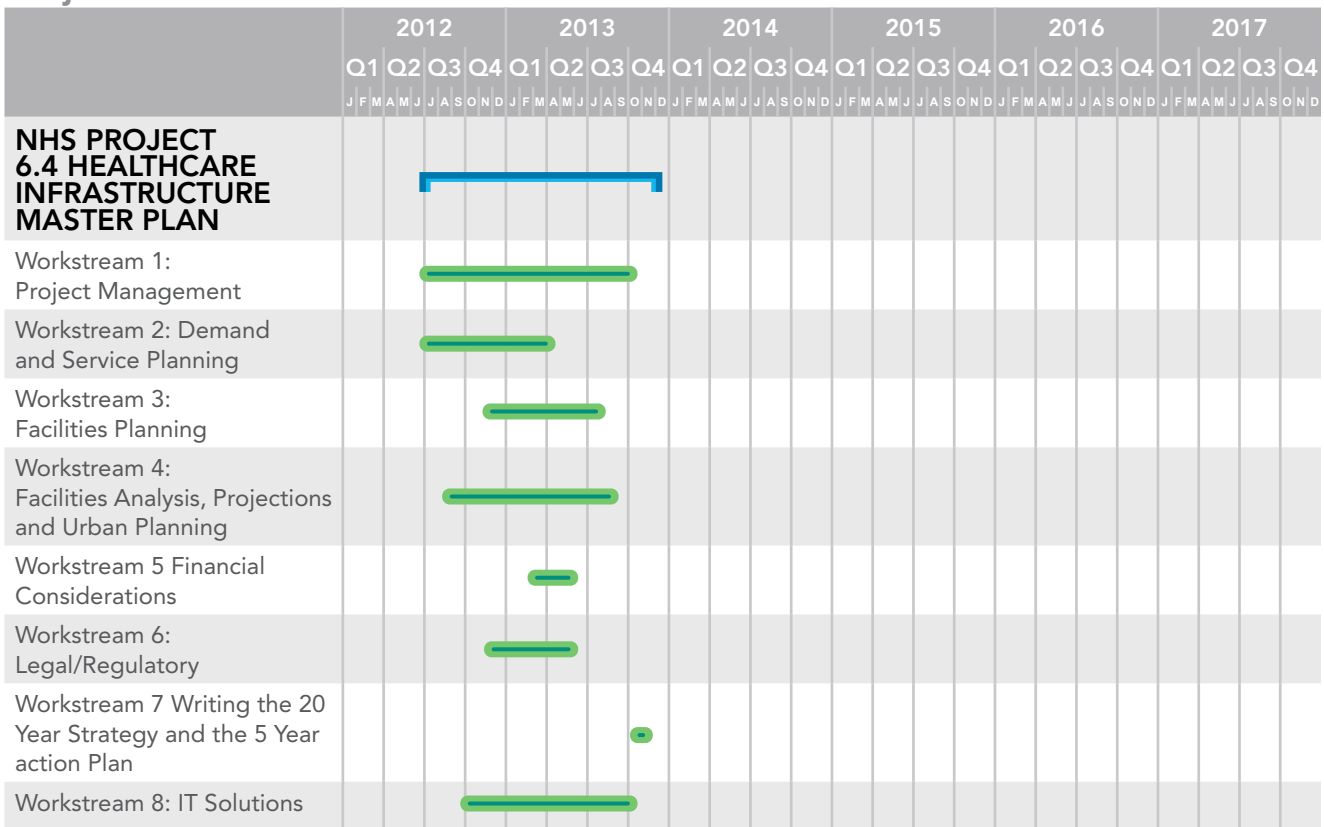
Project Name	6.4 Healthcare Infrastructure Master Plan

Key Stakeholders and cross-sectoral linkages	• Regulatory Health Authority:
	  • Supreme Council of Health
	• Public Providers
	  • Hamad Medical Corporation
	  • Primary Health Care Corporation
	• Private Providers:
	  • Sidra
	  • Al Ahli Hospital
	  • Doha Clinic Hospital
	  • American Hospital
	  • Al Emadi Hospital
	  • Al Hayat Polyclinic
	  • Apollo Polyclinic
	  • Aspetar
	  • Naufar
	  • Al Shafalah Centre
	  • Al Noor Institute for the Visually Impaired
	• Ministries
	  • Ministry of Interior
	  • Ministry of Labor
	  • Ministry of Municipality and Urban Planning
	• Developers
	  • Barwa
	  • Qatari Diar (Lusail, QFZ)
	  • Musheireb
	  • Urban Development Corporation
	• Other Authorities and Stakeholders
	  • General Secretariat for Development Planning
	  • Qatar Red Crescent Society
	  • Qatar Statistics Authority
	  • Qatar 2022 Supreme Committee
	  • Qatar Tourism Authority
	  • GIS Authority
	  • Qatar Rail
	  • Qatar Petroleum

Inter-project Dependencies	1.1 Primary Care as the Foundation 1.2 Configuration of Hospital Services 1.3 Continuing Care Design 1.4 Mental Health Design 1.5 Emergency and Urgent Care Services 1.6 Community Pharmacies Strategy 2.5 Private Sector Involvement 4.1 Workforce Planning

Project Name	6.4 Healthcare Infrastructure Master Plan
Governance	
Quality Assurance	• Project quality will be assured by: • Project Board monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Program Steering Group • An internal quality assurance process conducted by the core PMO team and the project lead, which entails review of all deliverables produced to ensure adherence to quality criteria, to ensure consistency and to avoid duplication
Estimated Cost	10 - 20 million QAR

Project Plan

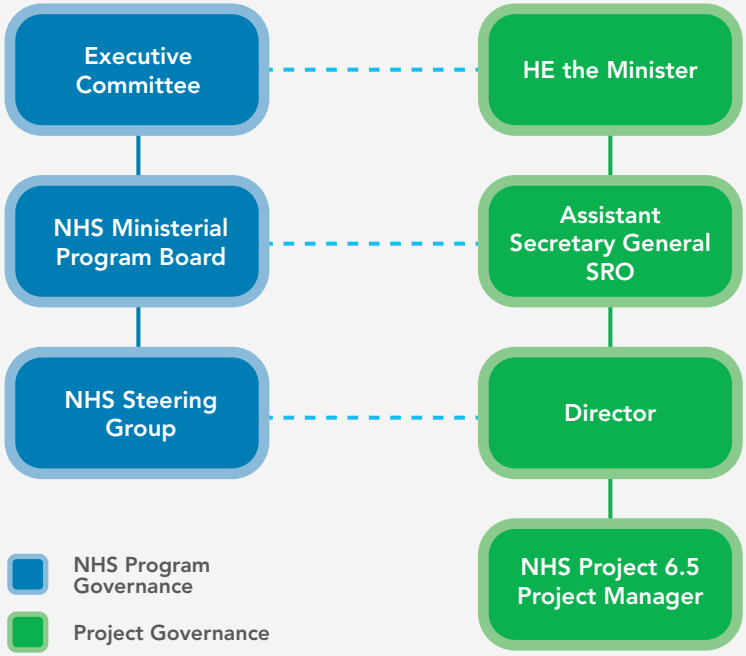


Project Name	6.5 Capital Expenditure Committee Establishment
Related NHS Goal: Effective and affordable services in accordance with the principle of bearing the costs of healthcare.	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Manager, Healthcare Facility Planning, Health Planning and Assessment

Background and Justification	• Infrastructure building activities are a major driver of annual healthcare costs in Qatar
	• There has been a general lack of coordination and governance regarding infrastructure planning in Qatar. With the development of a master plan, a body will be needed to oversee stewardship of the plan and to:
	  • facilitate consistent decision making
	  • foster integration among all key providers, including private providers
	  • ensure that infrastructure spending is linked to needs and aligned to the model of care
	• The capital expenditure committee must be given legislative power to enforce its decisions
	• Private providers requiring any public funding will need approval from the capital expenditure committee

Objectives	• To ensure that infrastructure development is based on needs and aligned to the model of care • To develop a Certificate of Need (CoN) process for significant capital expenditure projects with the Qatar health sector • To provide a mechanism for the effective scrutiny of the CoN in accordance with the Qatar Infrastructure Master Plan and approved SCH policies and standards
Outcomes	• Creation of an effective and evidence based capital expenditure CoN review mechanism • Contribute to the efficient use of public expenditure for facilities and large-scale technical equipment projects
Outputs	6.5.1 Establishment of the capital expenditure committee according to the agreed terms of reference 6.5.2 Defining the certificate-of-need process for Qatar
Baseline and target to 2011-2016 (NDS)	• 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 • The Supreme Council of Health to establish mandated certificate of need process by end of 2013 • 100% of new eligible capital expenditure projects to be compliant with the certificate of need process by end of 2013
Key Assumptions	• That the Healthcare Infrastructure Master Plan will be delivered as set out in project 6.4 • That the Capital Expenditure Committee will not meet until the Healthcare Infrastructure Master Plan has been approved
Estimated completion	2013

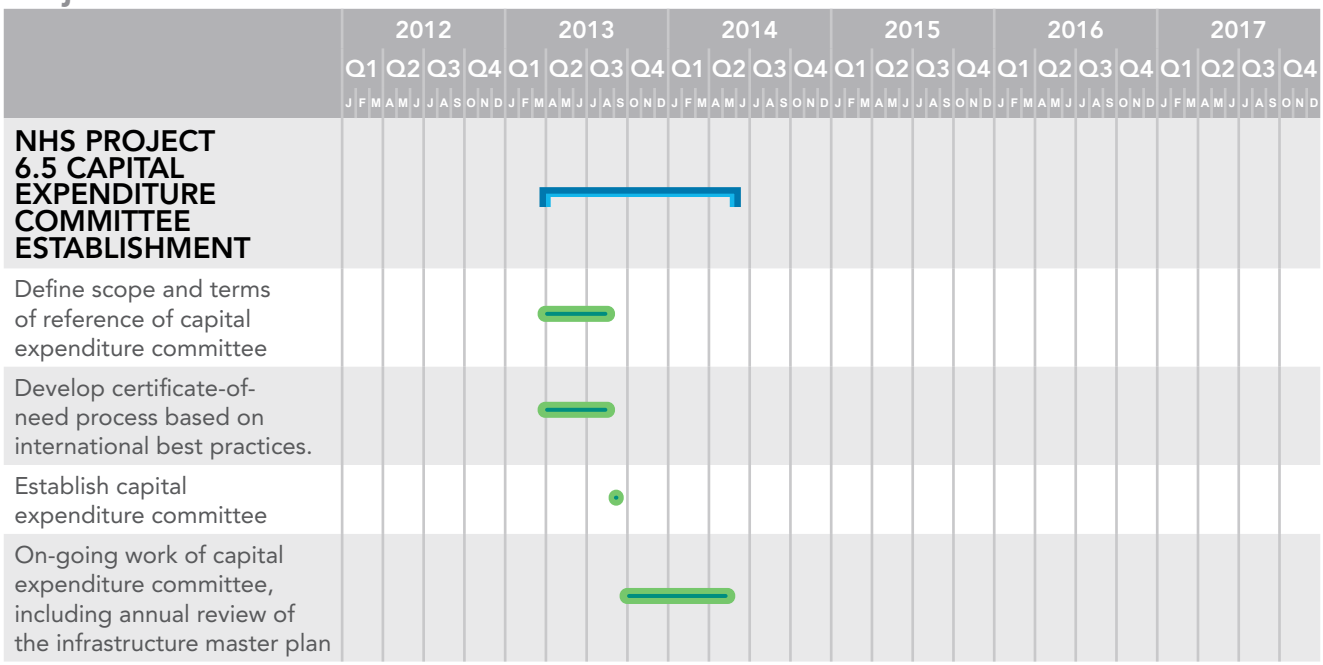
Risk and Mitigation actions	Risks	Mitigation
	That the development of the capital expenditure committee and processes is not aligned with the Project 1.2 Configuration of Hospital Services or Project 6.5 Healthcare Infrastructure Master Plan	Close working between projects teams involved with each project
	Lack of cooperation from other Ministries and key healthcare stakeholders	Utilize project governance with stepped escalation of the risk until stakeholder alignment is achieved

Project Name	6.5 Capital Expenditure Committee Establishment
Key Stakeholders and cross-sectoral linkages	• All providers of healthcare in Qatar – including all public and private providers and the entire spectrum of care from primary care to continuing care. • Ministry of Municipality and Urban Planning • Ministry of Economy and Finance • Developers (including Barwa, Qatari Diar (Lusail, QFZ), Musheireb, Urban Development Corporation) • Qatar 2022 Supreme Committee
Inter-project Dependencies	1.1 Primary Care as the Foundation 1.2 Configuration of Hospital Services 1.3 Continuing Care Design 1.4 Mental Health Design 1.5 Emergency and Urgent Care Services 1.6 Community Pharmacies Strategy 2.5 Private Sector Involvement 4.1 Workforce Planning 6.4 Healthcare Infrastructure Master Plan
Governance	The project manager is responsible for the delivery of the project and reports on progress through the NHS PMO on a monthly basis. The project manager also reports on a regular basis to the SRO 

Quality Assurance	• Project quality will be assured by:
	  • project Board monitors overall project delivery and effectiveness of implementation
	  • project performance is monitored on a monthly basis through team meetings and the NHS Program Steering Group

Estimated Cost	< 10 million QAR

Project Plan



PARTNERSHIP

Goal 7: High-Quality Research

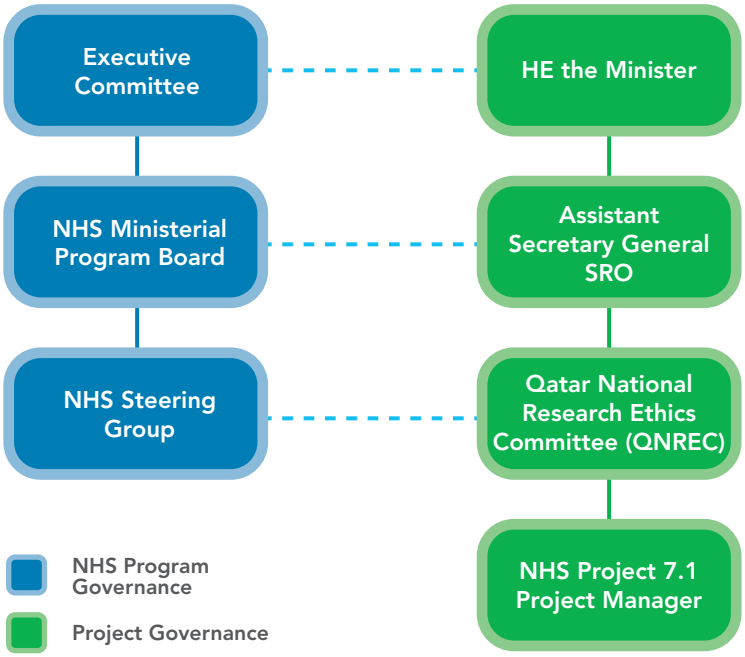
Knowledge-Led Continuous Improvement, Innovation, and Research – Regulatory Framework and Coordination

Project Name	7.1 Health Research Governance
Related NHS Goal: High quality research directed at improving the effectiveness and quality of healthcare	
Lead organization	Supreme Council of Health
SRO	Assistant Secretary General for Policy Affairs
Project Manager	Manager, Research, Healthcare Quality and Patient Safety
Background and Justification	• Qatar has embarked on an ambitious research program, but thus far there has been limited national coordination • Healthcare research activities in Qatar are currently almost exclusively focused on biomedical topics, with public health and policy projects missing • To meet the QNV goals on quality and effectiveness of research, there has to be national alignment on all research activities and appropriate utilization of resources, as well as a need to embed research in all aspects of healthcare, including clinical effectiveness, quality improvement, primary care, policy, etc.,
Objectives	• High quality research directed at improving the effectiveness and quality of healthcare
Outcomes	• Ensure coordination and sufficient funding for different types of healthcare research priorities, including biomedical, public health, clinical effectiveness, and health policy
Outputs	7.1.1 Governance structure and legal framework for safe and innovative research 7.1.2 National coordination of health research activity through a committee led by the SCH (including specialized equipment purchasing) 7.1.3 Guidance on performing research according to international standards 7.1.4 Funding support for all national healthcare research priorities 7.1.5 New research models 7.1.6 Cross-stakeholder exchange mechanisms 7.1.7 Patient consent forms at institutions that perform research
Baseline and target to 2011-2016 (NDS)	• Establish a national research governance framework led by the Supreme Council of Health, by the end of 2014 • A national health research strategy to be adopted for Qatar by October 2014
Key Assumptions	• All stakeholders know about this project and are willing to participate in a cross-stakeholder exchange mechanism and agree transparent tracking of project implementation progress and benefit realization
Estimated completion	2016

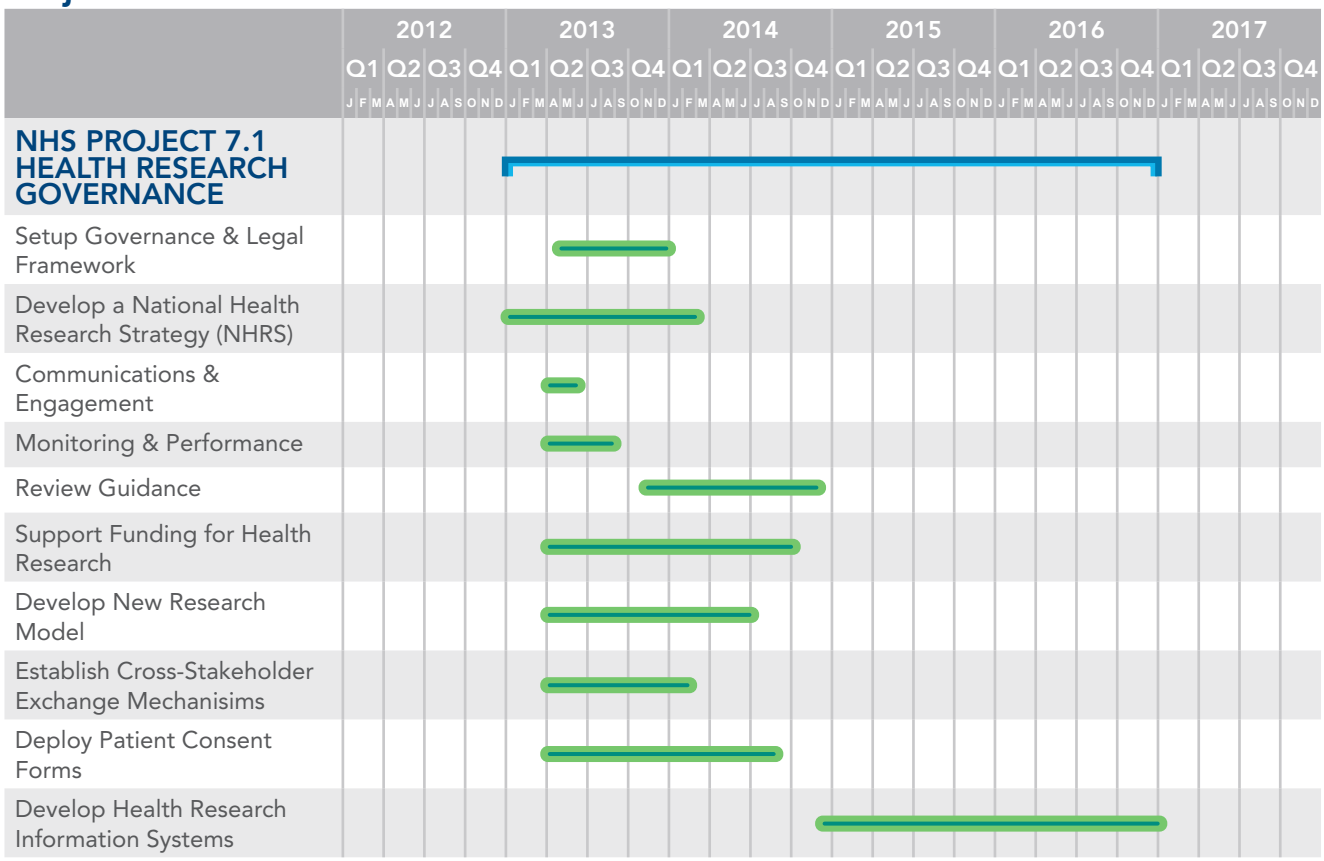
Risk and Mitigation actions	Risks	Mitigation
	Lack of human resource capacity to progress project delivery	Appropriately evaluate resource requirements and fill the posts via recruitment
	Adequate funding to ensure the project is successful on an ongoing basis	Bid for funding put forward through the Business Planning Process at SCH
	Lack of alignment with other research driven strategies in Qatar (i.e. QNRS)	Perform a stakeholder mapping exercise and engage with the appropriate parties

Project Name	7.1 Health Research Governance

Key Stakeholders and cross-sectoral linkages	• Qatar Foundation
	• Qatar Research Institutes:
	  • Qatar Biomedical Research Institute
	  • Qatar Environment and Energy Research Institute
	  • Qatar Computing Research Institute
	  • Qatar Cardiovascular Research Center
	• RAND - Qatar Policy Institute
	• Qatar National Research Fund
	• Sidra Medical and Research Center
	• Qatar Science and Technology Park
	• Weill Cornell Medical College - Qatar
	• Qatar University
	• Shafallah Medical Genetics Center
	• Aspetar: Research & Education Center
	• Virgin Health Bank
	• College of North Atlantic - Qatar
	• Hamad Medical Corporation
	• Primary Health Care Corporation

Inter-project Dependencies	1.1 Primary Care as the Foundation 1.3 Continuing Care Design 1.4 Mental Health Design 2.1 Healthcare Quality Improvement 2.2 Disease Management Programs Definition 3.2 Nutrition and Physical Activity 3.6 National Screening Program 3.8 Maternal and Newborn Health
Governance	
Quality Assurance	• Qatar National Research Ethics Committee monitors overall project delivery and effectiveness of implementation • Project performance is monitored on a monthly basis through team meetings and the NHS Steering Group • An internal quality assurance process conducted by the project team and the project lead, which entails review of all deliverables produced to ensure adherence to quality criteria, to ensure consistency and to avoid duplication
Estimated Cost	<10 million QAR

Project Plan



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المجلس الأعلى للصحة
Supreme Council Of Health

دولة قطر
State Of Qatar