COUNTRY REPORTS

EM

Qatar

General data

POPULATION, 2024
2,857,822

PHYSICIANS/1000 INH, 2020-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2023
43

GDP PER CAPITA (US$), 2023
80,195.87

HEALTH EXPENDITURE, 2021
1,934.08

UNIVERSAL HEALTH COVERAGE, 2021
76

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

LEVEL OF DEVELOPMENT

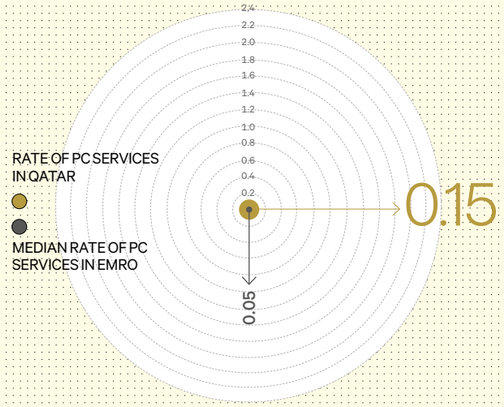
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

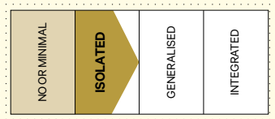
Total number of Specialized PC services **4**

Rate of PC services per 100,000 inhabitants **0.15**

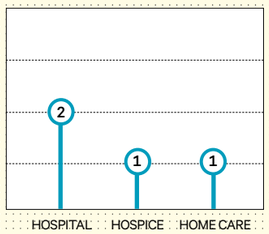
Qatar in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 1

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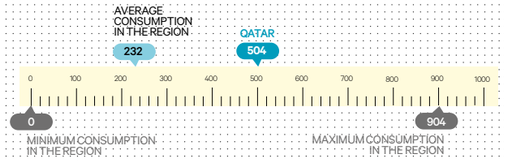
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **504** S-DDD/MILL INHABITANTS/DAY

Qatar in the context of EMRO



Overall availability of essential medicines for pain and PC at the primary level

General availability of immediate-release oral morphine at the primary level

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 3

National Association: No.

Consultants: Amrita Sarpal; Ayman Saleh.

Data collected: January-June 2025.

Report validated by consultants: No

Endorsed by National PC Association: N/A.

Reviewed by Ministry of Health: No

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching **0/2**

Nursing schools with mandatory PC teaching **0/1**

Recognition of PC specialty: 4

Ⓑ Policies

National PC plan or strategy: 1

Responsible authority for PC in the Ministry of Health: 1

Inclusion of PC in the basic health package at the primary care level: 1

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1

Advanced care planning-related policies: 1

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1 ○ ○ ○

Only isolated activity can be detected.

As of now, there are no formal groups in Qatar dedicated to advocating for the rights of palliative care patients, their caregivers, or disease survivors. Although a declaration to expand palliative care beyond oncology—covering areas such as geriatrics and dementia—was signed in November 2021 by Hamad Medical Corporation, with support from the World Innovation Summit for Health (WISH) and Alzheimer's Disease International, no advocacy groups have been established. An informal group, the Palliative Care Network – Qatar, was formed two years ago but faced significant challenges, including limited stakeholder engagement, and was ultimately unsuccessful. National laws restrict the formation of associations, particularly those involved in advocacy, hindering such efforts. Existing patient support is confined to social media-based grief support, which remains limited in scope.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

1 ○ ○ ○

There is no national policy or guideline on advance care planning.

Qatar does not have a national policy or guidelines on advance care planning, living wills, or the use of life-sustaining treatment at the end of life. However, individual health institutions may implement their own internal policies. Sidra Medicine has established guidelines addressing palliative care, end-of-life care, withdrawal and withholding of life support, Do Not Attempt Resuscitation (DNAR), and brain stem death. Hamad Medical Corporation (HMC) is also reported to have similar internal policies, though these are not publicly accessible. Institutional differences exist; for example, DNAR patients are admitted to the Palliative Intensive Care Unit at Sidra Medicine but not at HMC.

Policies

Ind 3

3.1. There is a current national PC plan, program, policy, or strategy.

1 ○ ○ ○

Do not know or does not exist.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

1 ○ ○ ○

A national palliative care plan is in preparation.

Qatar currently lacks a specific national palliative care plan, program, policy, or strategy with a defined implementation framework. Palliative care is not addressed by any dedicated national law or integrated meaningfully into broader health strategies. The National Qatar Cancer Plan 2023–2026 includes only a brief mention of palliative care without treating it as a core component. Similarly, the National Health Strategy 2022–2024 includes only a minor reference to enhancing end-of-life services among its objectives. The upcoming National Health Strategy 2024–2030 does not prioritise palliative care or allocate a dedicated section to it.

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1 ○ ○ ○

Do not know or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1 ○ ○ ○

Not at all.

Palliative care is not included in the basic package of health services provided at the primary care level in Qatar, nor is it supported by specific or general legislation. The healthcare system is predominantly private, with palliative care mainly covered under Hamad Medical Corporation's insurance. Access to community-based services is influenced by nationality; Qatari nationals may receive private in-home nursing, while expatriates generally require private insurance for similar care. Current legal frameworks do not support home-based end-of-life care or access to essential palliative medications in outpatient settings. Additionally, the country lacks a strong primary care system, with no designated family physicians or pediatricians, resulting in palliative care being primarily delivered by specialized teams in tertiary care facilities.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1 ○ ○ ○

There is no authority defined.

There is no designated unit, branch, or department within the MoH in Qatar specifically responsible for palliative care. However, the MoH plays a broader role in overseeing healthcare services and policy formulation, including matters related to palliative care. Collaborative efforts have occurred sporadically between the Ministry, Hamad Medical Corporation (HMC), and other stakeholders, as reflected in initiatives such as the Doha Declaration on the Development of Palliative Care in Qatar, indicating some level of involvement in advancing palliative care services.

5.2. The national authority has concrete functions, budget and staff.

1 ○ ○ ○

Does not have concrete functions or resources (budget, staff, etc.).

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Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

3

At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years (and no national conference specifically dedicated toPC).

Qatar does not host dedicated or periodic national conferences specifically focused on palliative care. However, the World Innovation Summit for Health (WISH) Congress, held biennially, has included discussions on palliative care among its broader health topics. In addition, a limited number of dedicated talks on palliative care have taken place over the past two years.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

2

Reflects a limited number of articles published.

Palliative care research in Qatar is limited, with most peer-reviewed academic work led by Dr Azza Adel Hassan and her colleagues at the National Center for Cancer Care and Research (NCCCR). Although not a Qatari national, Dr Hassan has resided and worked in Qatar for several years and was instrumental in establishing the adult palliative care service for cancer patients in 2008.

Medicines

Ind 8

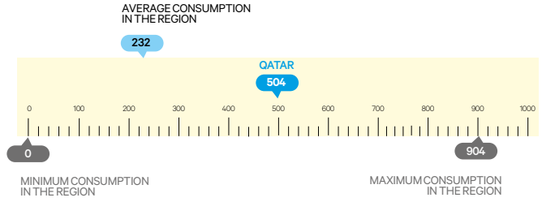
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.

504

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



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Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The availability of essential medications for pain and palliative care in Qatar is generally good in urban health centers, particularly in Doha, where most facilities are located. However, in rural areas, access may be limited due to the scarcity of primary health centers and the concentration of the population in major cities. The prescription of controlled medications, including opioids, is strictly regulated, while other essential medications are typically accessible.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

The availability of essential medications in Qatar appears to be generally good in urban health centers, particularly in Doha, where most facilities are located. However, in rural areas, availability may be limited due to a lack of primary health centers and the concentration of the population in major cities. The prescription of controlled medications, such as opioids, including oral morphine, is strictly regulated, while other essential medications are generally available.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)

0/2

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

1/2

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

0/1

11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

0/1

In Qatar, there are two medical schools: Weill Cornell Medicine–Qatar (WCM-Q) and Qatar University College of Medicine. WCM-Q provides an elective clinical course in palliative care, focusing on pain management, symptom palliation, and opioid prescribing, with evaluation based on participation and presentations. Qatar University College of Medicine, though offering a comprehensive MD curriculum, does not include a dedicated palliative care subject in its published study plans. The University of Calgary in Qatar (UCQ) is the primary institution offering undergraduate and postgraduate nursing education. However, research indicates that nursing curricula in Qatar do not typically include dedicated or elective palliative care courses; instead, palliative care content is integrated into broader nursing education modules.

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

Palliative care is officially recognized as a sub-specialty in Qatar, with a postgraduate training program for adult palliative care. This program, designed as a fellowship sub-specialty, offers advanced training for physicians in pain management, symptom control, and holistic care for patients with life-limiting illnesses. The process of official specialization in palliative medicine for physicians was recognized by the competent authority in Qatar as of 2021. The recognition of palliative care as a sub-specialty is supported by the MoH and reflected in national health strategies and policy documents. Currently, there are an estimated 50 palliative medicine specialists practicing in the country.

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Provision of PC / Specialized Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.

2

Isolated provision: Exists but only in some geographic areas.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

2

Ad hoc/ in some parts of the country.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).

1

Not at all.

13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

1

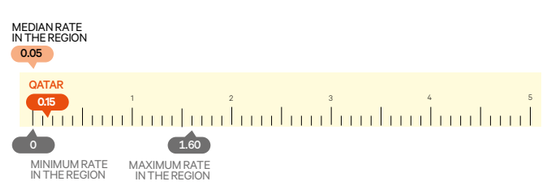
Not at all.

13.5. Total number of specialized PC services or teams in the country.

4

In Qatar, specialized palliative care services are primarily provided by the Hamad Medical Corporation (HMC), particularly through the National Center for Cancer Care and Research (NCCCR). The NCCCR offers comprehensive palliative care as part of its oncology program, utilising a multidisciplinary team and operating a 10-bed unit since 2008, which has since been expanded. Private providers, such as Clear Diamond Care, also offer palliative care focused on symptom management and emotional support. The current focus is primarily on oncology-related palliative care, with ongoing efforts to gradually extend services to address non-oncologic needs.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.

1

No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric specialized PC services or teams in the country.

1

PPC TEAMS

In Qatar, the only specialized palliative care service for children is limited to inpatient care, with a primary focus on end-of-life care. The service consists of a small team, typically including a nurse and a physician. The physician primarily serves as a liaison and administrative director, rather than providing direct patient care. This service is constrained in both scope and resources, with no broader pediatric palliative care provisions currently available.