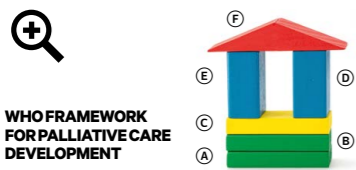


General data

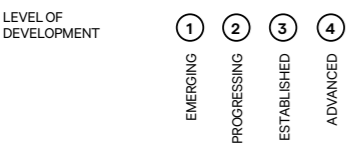
POPULATION, 2024
2,857,822
PHYSICIANS/1000 INH. 2020-2022
N/A

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



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

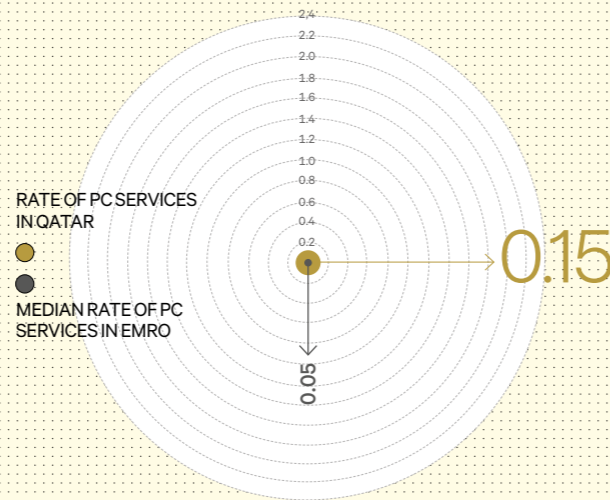


Qatar

(F) Provision of PC (Specialized Services)

Total number of Specialized PC services **4**
Rate of PC services per 100,000 inhabitants **0.15**

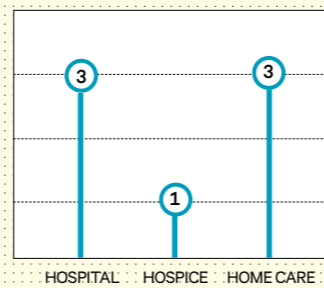
Qatar in the context of EMRO



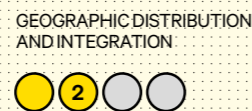
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER
1

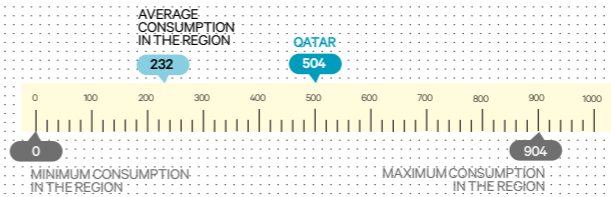


Qatar

(D) Use of essential medicines

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

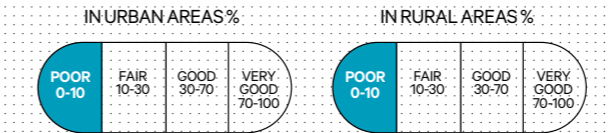
Qatar in the context of EMRO



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



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



(C) Research

PC-related research articles **3**

Existence of PC congresses or scientific meetings **3**

National Association: No.
Consultants: Azza Hassan.

Data collected: January-June 2025.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A.
Reviewed by Ministry of Health: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

(E) Education & Training

Medical schools with mandatory PC teaching **1/2**

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

Recognition of PC specialty **4**

(B) Policies

National PC plan or strategy **4**





Responsible authority for PC in the Ministry of Health **3**




Inclusion of PC in the basic health package at the primary care level **2**

(A) Empowerment of people and communities

Groups promoting the rights of PC patients **2**

Advanced care planning-related policies **2**

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>Despite efforts to expand palliative care beyond oncology patients since 2021 (to geriatrics and dementia, for example), and a signed declaration (issued in November 2021), between Hamad Medical Corporation (HMC) with support from the World Innovation Summit for Health (WISH) and Alzheimer's Disease International, no groups advocate for palliative care in Qatar. Two years ago an informal group known as Palliative Care Network - Qatar, met numerous challenges including the lack of engagement from different stakeholders. The group and associated works did not succeed as a consequence. Additionally, local national laws prevent associations/groups particularly if they are involved in advocacy work since their establishment. No patient groups exist outside of social media and these are rather limited to grief support. In collaboration with Hamad Medical Corporation (HMC) and Sidra Medicine, HMC also works closely with the Qatar Cancer Society and the Quality of Life team to enhance the patient experience within palliative care and to promote patients' rights. We are committed to being champions and advocates for palliative care.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>There is no formal national policy, but institutional frameworks support palliative care practices. Hamad Medical Corporation (HMC) implements DNAR policies with ethical oversight, end-of-life care guidelines, and advance care planning within multidisciplinary teams. Sidra Medicine and the NCCCR integrate palliative care with regular goals-of-care discussions. The National Cancer Framework (2023) promotes early palliative care integration and communication on care goals, reinforcing advance care planning. Evidence therefore shows strong institutional commitment despite the absence of a unified national policy.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p></p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p></p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>The National Qatar Cancer Plan 2023–2026 includes several sections about PC in chapter 3 (section 3.2), and chapter 4 (holistic support). 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.</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The indicators to monitor and evaluate progress are currently implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care is officially recognized as a priority service under Qatar's UHC agenda. Although service delivery at the primary care level is still expanding, foundational policy documents and institutional collaborations affirm its inclusion within the national health system. 4.1. The National Health Strategy 2018–2022 explicitly identifies PC as a core element of UHC. It emphasizes the importance of integrated, person-centered care, including home-based and end-of-life services. 4.2. The Primary Health Care Corporation (PHCC) Strategic Plan 2019–2023 acknowledges the need for future integration of PC into primary care. While PHCC does not yet offer these services directly, it collaborates with Hamad Medical Corporation (HMC) and NCCCR to support community-based and home care services. 4.3. The Qatar National Cancer Framework 2023–2026 emphasizes the role of palliative and survivorship care at all stages of the cancer care continuum. This aligns with UHC values and reinforces the importance of accessible and quality PC. 4.4. The newly established WHO Country Office in Qatar supports MoPH in integrating PC within the essential health services package, further aligning national goals with WHO–EMRO's regional roadmap.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p> <p></p> <p>There are concrete functions and staff, but do not have a budget.</p>	<p>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.</p>

Ind6

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



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 to PC).

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.

Ind7

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.



Represents a considerable amount of articles published.

Palliative care research in Qatar is high 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.

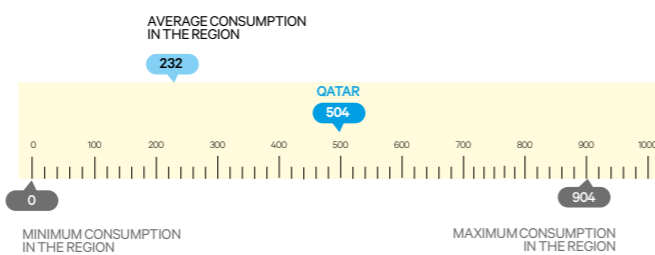
Ind8

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.



COUNTRY VS REGION



Ind9

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.



Very good: Between 70% to 100%.

The availability of essential medications for pain and palliative care in Qatar is generally very 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.

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.



Poor: Between 0% to 10%.

Ind10

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



Poor: Between 0% to 10%.

The availability of immediate-release oral morphine 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 more limited due to a lack of primary health centers and the concentration of the population in major cities.

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



Poor: Between 0% to 10%.

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

1/2

1/2

0/1

0/1



In Qatar, there are two medical schools: Weill Cornell Medicine-Qatar (WCM-Q) and Qatar University College of Medicine. WCM-Q provides 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. 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.

Ind12

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



Palliative medicine is a speciality 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.

Ind13

- 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.
- 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.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 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.
- 13.5. Total number of specialized PC services or teams in the country.



Generalized provision: Exists in many parts of the country but with some gaps.



In a growing number of private hospitals.



Not at all.



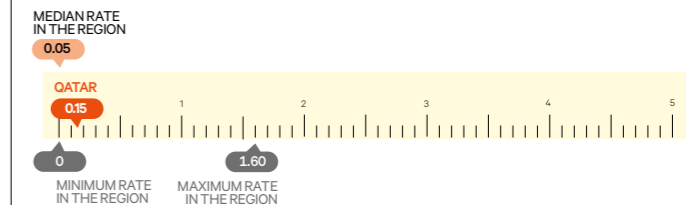
Found in many parts of the country.

1

PPC TEAMS

In Qatar, specialized PC 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 PC 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 PC focused on symptom management and emotional support. The current focus is primarily on oncology-related PC, with ongoing efforts to gradually extend services to address non-oncologic needs. The extension of PC to non-cancer patients in Qatar began in 2018 as part of the National Health Strategy and the Healthy Ageing Agenda 2018-2022, strengthening the country's commitment to holistic care for older adults. Qatar already has the systems needed to support these strategies: geriatric services at Rumailah Hospital—recognized as the region's first Age-Friendly Health System—the national ICOPE model, and HMC's home-based and Hospital-at-Home programmes are all well established.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



4 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

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



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

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.