



MEDICAL AND FERTILITY CENTERS

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The healthcare sector has grown significantly in the past few years, as bed capacity almost grew two-fold from ~1,600 in 2010 to ~ 3,313 in 2019 and number of hospitals grew from 5 to 14 for the same period.

This growth was supported from investments from both public and private sectors. The government makes significant allocation within its annual national budget to the medical sector (last few years, this sum has been in excess of QAR 22 billion on average annually). Moreover, the private sector added significant investments such as the Turkish hospital in 2017 and Al Emadi hospital in 2019 and plans to add more with the opening of the View hospital in 2022.

1. CEO'S MESSAGE

// The bed capacity almost doubled between 2010 and 2019, growing from ~1,600 to ~3,313 indicating a significant growth in the healthcare sector.

As part of Qatar's initiative to promote private sectors' entrepreneurship (particularly the small and medium-sized enterprises), which are vital tributaries to the country's aspired, diversified and sustainable economy. Qatar Development Bank (QDB) plays a vital role in this domain where it puts a great deal of time and effort into promoting local entrepreneurship and facilitating the formation of new ventures on a sound and viable business basis.

QDB's role is not limited to financing enterprises, as it provides SMEs and entrepreneurs with non-financial support services throughout all the phases of their businesses to achieve its vision "to develop and empower Qatari entrepreneurs and innovators to contribute in the diversification of the Qatari economy."

This report covers medical and fertility centers in Qatar. The medical centres segment further covers the detailed overview of top therapeutic segments -dentistry, dermatology, orthopedics & physiotherapy, obstetrics & gynecology; and pediatrics.

I invite readers to go through the report to gain in-depth knowledge about this sector's prospects.

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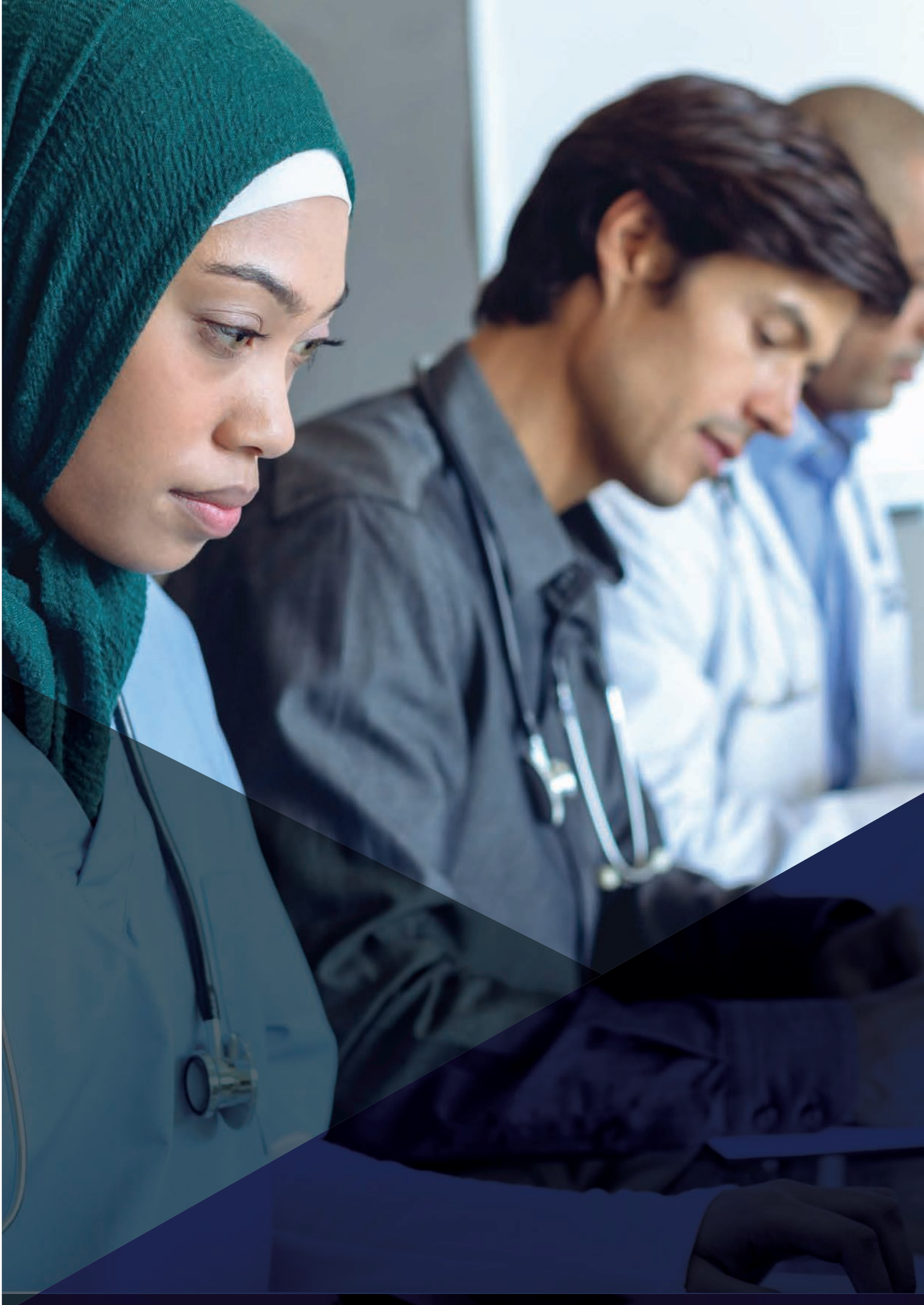
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ACRONYMS & ABBREVIATIONS

ART	Assisted reproductive technology
BMI	Business Monitor International
BUA	Build up area
CAGR	Compounded Annual Growth Rate
CHE	Current Health Expenditure
FIFA	Fédération Internationale de Football Association
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GDP per capita	Ratio of the Gross Domestic Product and the total population
HH	Household (defined by MDPS as “a person or a group of persons, related or unrelated, living together and making common provision for food, accommodation and other essentials for living”)
HMC	Hamad Medical Corporation
Int’l	International
IPD	In Patient Department
IUI	Intrauterine Insemination
IVF	In vitro fertilization
MDPS	Ministry of Development Planning and Statistics, State of Qatar (previously called Qatar Statistics Authority)
Mn	Millions
MOPH	Ministry of Public Health
NCD	Non-communicable disease
NHS	National Health Strategy
OPD	Outpatient Department
QAR	Qatari Riyal
QDB	Qatar Development Bank
QHFMP	Qatar Healthcare Facility Master Plan



1. INTRODUCTION

- QATAR'S HEALTHCARE SECTOR



1.1. Sector Overview

Despite being relatively smaller in size compared to regional markets, Qatar's health care sector has emerged as the 3rd highest-ranked system¹ in the MENA region, based on basic physical and mental health, infrastructure, and preventive care. This has been attributed to increased investment in new healthcare facilities, services, and technologies to meet the demands of a growing population. Qatar's per capita health spending is also amongst the highest in the Middle East.

Continuing its progress, Qatar launched the second phase of its ambitious National Health Strategy (NHS) covering the 2018-22 period. The strategy focuses on preventive healthcare in hopes of addressing the rising prevalence of non-communicable diseases (NCDs) in the country. The addition of new healthcare facilities is set to continue in the coming years, with a range of new developments (hospitals and clinics) already underway to meet the growing demand for medical services. In the next few years, a key focus will be on the national health insurance scheme and a new insurance framework bill is already under process and at a draft stage which shall provide health care services in the State of Qatar to all residents and visitors through this new system. The new law foresees the role of private sector operators to be a factor in growth potential and investment, particularly as pressure on the public sector continues to rise with the increasing demand for healthcare services.

As the rising prevalence of NCDs continues to exert increased pressure on the public sector, private healthcare operators have taken on a more important role in keeping up with the country's growing demand for services. Qatar has the highest per capita income in the world, which affords Qataris the opportunity to seek private specialist treatments.

As of 2019, there are six private hospitals in the country and more than 100 private polyclinics, as well as a range of clinics, laboratories, pharmacies, and other medical centers. MoPH is looking to expand the role of private healthcare providers to achieve its ambitious expansion plans of increasing the number of private hospital beds by 25% by 2022¹.

1.1.1 Categorization

As defined by the Ministry of Public Health's Medical Licensing Committee, Qatar Healthcare Facilities Master Plan 2013-2033 (QHFMP) has distributed healthcare facilities into 9 new broad classifications depending on their size, function, and service composition. To understand how each facility should translate into the design and area requirements, these nine classifications have been supplemented with necessary Facilities Guidelines.

The following table defines the core functions of each of the nine Facility Classifications developed by the QHFMP for facilities planning purposes, and mentions some typical inclusions under each type:

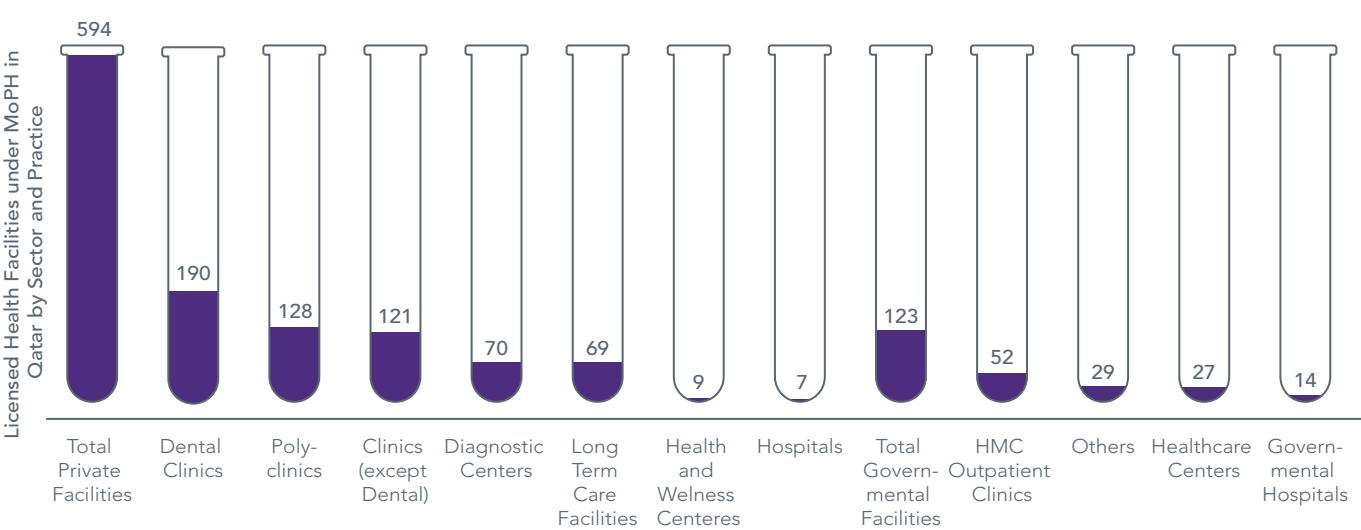
Table 1. Classification of Healthcare Centers / Facilities in Qatar

Type	Description of healthcare services	Inclusions
General Hospital	<ul style="list-style-type: none">A general hospital is a facility comprised of outpatient clinics and inpatient services that may deliver all levels of care in numerous specialties. It includes 24-hour availability of a comprehensive set of subspecialties to provide extensive, ongoing care for patients with complex conditions. A general hospital also provides post-acute rehabilitative care on both an inpatient and outpatient basis.This facility has a higher level of healthcare management in different fields of medicine and surgery and has ancillary services such as clinical laboratory (simple and complex), diagnostic imaging (basic and advanced) and pharmacy services. A general hospital also provides critical services such as accident and emergency department, adult intensive care and a fully equipped ambulance service.	<ul style="list-style-type: none">E.g. (Hamad general Hospital, Al Wakrah Hospital, Al Khor Hospital, Al Ahli Hospital, etc.)
Specialized Hospital	<ul style="list-style-type: none">A specialized hospital is a facility comprised of all services of a general hospital, but which provides these services in only one or two clinical specialties (e.g. cancer, women's and children's services).A specialized hospital does not typically include an accident and emergency department.	<ul style="list-style-type: none">E.g. (Women's Hospital, NCCCR, Heart Hospital)
Long Term Care Facility	<ul style="list-style-type: none">A long-term care facility provides services on an inpatient basis but may also provide rehabilitative and chronic care on an outpatient basis.A long-term care facility provides post-acute skilled nursing care and/or skilled rehabilitation services and other related health services that cannot be provided on an outpatient basis.A long-term care facility provides medical, nursing or custodial care for patients requiring rehabilitation following acute medical or surgical treatment, as well as those who are increasingly unable to function independently due to chronic disease and/or physical frailty.	<ul style="list-style-type: none">Rehabilitation FacilitiesSkilled Nursing FacilitiesMental Health FacilitiesSubstance Misuse FacilitiesGeriatric Facilities
Diagnostic Centre	<ul style="list-style-type: none">A diagnostic centre is a facility that provides a range of diagnostic procedures and/or diagnostic imaging services. These services will be supervised by an appropriate pathologist or radiologist and may not always require the presence of a healthcare professional licensed by the Ministry of Public Health's Medical Licensing Committee	<ul style="list-style-type: none">Stand-alone LaboratoriesStand-alone Imaging facilities
Diagnostic and Treatment Centre	<ul style="list-style-type: none">A diagnostic and treatment centre is a facility that provides ambulatory care services, focusing on day case procedures and day case surgeries, whereby the patient is discharged within the same day. A diagnostic and treatment centre may provide urgent care but would not provide emergency surgery services.A diagnostic and treatment centre will necessarily have the functional ability and necessary facilities to transport patients to the nearest hospital in the case of an emergency.Diagnostic and treatment centers should provide the necessary support services, which may include basic diagnostic imaging and physiologic testing, simple laboratory services and a pharmacy.	<ul style="list-style-type: none">Outpatient PharmaciesInpatient PharmaciesCommunity PharmaciesDrug Stores (Medical Stores)Drug Manufactures (Medical Factories)

¹ Source¹ - the Legatum Prosperity Index 2019

Type	Description of healthcare services	Inclusions
Clinic	<ul style="list-style-type: none"> A clinic is a facility that provides services in one healthcare specialty regardless of the number of healthcare professionals licensed by the Ministry of Public Health's Medical Licensing Committee operating from it. The main function of a clinic is to provide ambulatory primary and/or secondary care services in its designated healthcare specialty, such as consultations, simple treatments, minor procedures and point of care testing, ensuring adequate access to medical and preventive services for local communities. A clinic is not intended to provide emergency services. Clinics may provide basic diagnostic imaging and physiologic testing that does not require a radiology assistant such as a dental panoramic x-ray or an ultrasound. 	<ul style="list-style-type: none"> General Clinics General Dental Clinics Specialized Clinics Specialized Dental Clinics Dialysis Centres Allied Health Professional Clinics
Health Centre	<ul style="list-style-type: none"> A health centre is a facility comprised of two or more clinics, i.e. providing two or more healthcare specialties. A health centre usually provides urgent care services as well as ancillary services such as simple laboratory services, basic diagnostic imaging and physiologic testing and a pharmacy. A health centre does not provide emergency services. 	<ul style="list-style-type: none"> PHCC Health Centres without a wellness component Private polyclinics Medical Commissions
Health and Wellness Centre	<ul style="list-style-type: none"> A health and wellness centre is a health centre that additionally includes wellness services such as gymnasium, spa, swimming pool, pre-natal classes, well-man clinics, healthy cooking classes, podiatry, weight management, etc. 	<ul style="list-style-type: none"> PHCC Health Centres with a wellness component Private polyclinics with wellness facilities
Pharmacy	<ul style="list-style-type: none"> A pharmacy is a facility where prescription drugs are filled and dispensed by a qualified pharmacist. The facility may also be the place where the preparation, composition, separation, bottling, packing or selling of any medicine for prevention or treatment takes place. Pharmacy subtypes include: <ul style="list-style-type: none"> Non Hospital-Based Pharmacy: Any pharmacy that practices the pharmaceutical science outside a hospital. Hospital-Based Pharmacy: Any pharmacy that practices the pharmaceutical science in a hospital. Drug Store (Medical Store): Any facility or establishment inside the country which imports, stores, and distributes any medication as a wholesaler. Drug Manufacture (Medical Factory): A business entity engaged in making, assembling, processing, modifying devices, or mixing, producing or preparing drugs in dosage 	<ul style="list-style-type: none"> Outpatient Pharmacies Inpatient Pharmacies Community Pharmacies Drug Stores (Medical Stores) Drug Manufactures (Medical Factories)

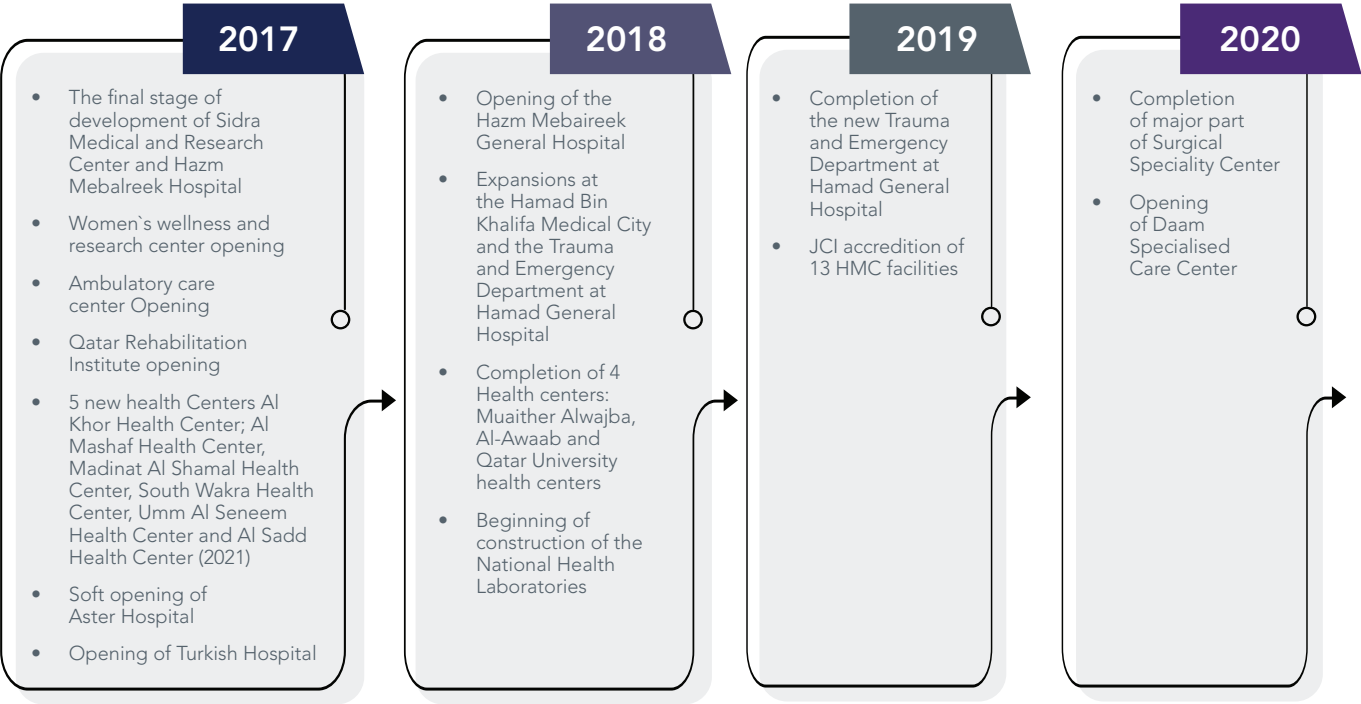
Chart 1: Licensed Health Facilities under MoPH in Qatar²



1.1.2 Public and private sector contribution

The Government is the primary healthcare provider and all residents of Qatar have the right to the highly affordable healthcare system. Although the government provides state of the art facilities, significant waiting time exists for both consultation as well as procedures. Private sector facilities are less accessible for inpatients/surgeries due to high cost and low medical insurance penetration, resulting in a stressed public healthcare system. However, Government intends to increase private sector participation in healthcare with reintroduction of a national insurance scheme in the years to come.

1.1.3 Key trends and growth patterns



² Source: MoPH, QCHP, 2019

In the year 2017 Qatar accomplished the development of 4 important health centers (Muaither, Al Waab, Al Wajbah, and Qatar University health centers). This contributed in alleviating crowds on health centers in these areas. A number of health projects have also been completed, the most important of which was the completion of construction and equipment works for the three hospitals in the Hamad Bin Khalifa Medical City Hospital project. It includes the daily medical care building (One Day Operations Hospital), the Qatar Rehabilitation Center and the Women's Health and Research Center (Gynecology and Obstetrics Hospital) at a cost of QAR 3.7 billion.

The year 2018 witnessed the opening of the Hazm Mebaireek General Hospital for male expat workers, expansions at the Hamad Bin Khalifa Medical City, and the expansion of the Trauma and Emergency Department at Hamad General Hospital, which was scheduled for completion in 2019. This is in addition to constructing the National Health Laboratories building, bringing the total value of the six projects to approximately QAR 1 billion. The new projects come as part of achieving the Qatar National Vision 2030.

In 2019, Ashghal (Public Works Authority) completed construction of the new Trauma and Emergency Department at Hamad General Hospital. HMC's 13 facilities and services were accredited by the US-based Joint Commission International (JCI) by achieving the "Gold Seal" of approval in recognition of their quality of care. Of the 13 facilities, eight, including the Hamad Dental Center and the Mental Health Service, received the accreditation for the first time.

In 2020, HMC completed a major part of renovation and upgrade works at the Surgical Specialty Center, located in the former Women's Hospital and aims to make it fully operational by early 2021.

In the beginning of 2020, the Daam Specialized Care Center was officially opened. The new specialist facility provides round-the-clock care to elderly Qatari patients who no longer need to be in hospital but require long-term, inpatient medical care. The Daam Specialized Care Center joins HMC's existing Enaya Specialized Care Centers, which have been caring for patients since 2010.

1.1.4 New facilities

A. Public Sector

The government makes significant allocation within its annual national budget to the medical sector (last few years, this sum has been in excess of QAR 22 billion on average annually) aimed at capital investments in the health sector as well as other healthcare related expenditures.

In 2020, the key public sector developments that are underway comprise the extension of HMC facilities and the development of a number of new Health Centers. In addition, the national budget includes plans in progress to build new laboratories and establishing 5 new Health centers in Al Wakrah, Al Mashaf, Al Saad, Al Khor and Ain Khaled. These developments are worth approximately QAR 9.83 billion. Al Ruwais Health Center was also finished in the first half of 2020. Nevertheless, the development of a few projects has been paused as due to the drop-in oil prices in the first half of year 2020.

Looking at the healthcare demand in future, Ashghal has announced plans to build 60-70 healthcare centers over the span of next 10 years.

Table 2: Non-exhaustive list of the healthcare related projects under planning or execution

Project Name	City/Town	Net Project Value (QAR m)	Award Year	Expected Completion Year	Current Status
ASHGHAL - Health Center (Madinat Khalifa South)	Doha	109	2019	2022	Design
Private Developer – Umm Lekhba Hospital	Umm Lekhba	182	2019	2022	Study
Hamad Medical Corporation - Al Wakrah Psychiatric Hospital	Al Wakrah	583	2020	2023	On Hold

Project Name	City/Town	Net Project Value (QAR m)	Award Year	Expected Completion Year	Current Status
Qatar Ministry of Public Health - Al Wakra Hospital Expansion	Al Wakrah	765	2019	2022	Study
Qatar Ministry of Defense - Military Medical Complex	Doha	437	2019	2021	Execution
HMC - Building Renovation and Extension at Dukhan Hospital	Dukhan	146	2019	2022	Execution
Ashghal/HMC - HBKMC: Tertiary Hospital on RH Campus	Doha	1,820	2019	2022	On Hold
Qatar Foundation - Invitro Fertilization Clinic	Doha	163	2020	2022	Study
ASHGHAL - Health Center (Umm Ghuwailina)	Doha	109	2020	2022	Design stage
NPP - Hamad Port: Medical Centre Building (Fit-Out Works)	Mesaieed	146	2019	2022	Bid evaluation
MOI - Internal Security Forces Hospital	Doha	364	2020	2022	Main Contract PQ
Ashghal/HMC - HBKMC: CSSD & RAILS	Doha	728	2019	2022	On Hold
Ashghal/HMC - HBKMC: Specialist Diagnostic Centre	Doha	728	2019	2022	On Hold
HMC - Tarsheed Hospital Near Qatar University	Doha	1,507	2020	2022	Design
ASHGHAL – New Health Centres	Across Qatar	291	2020	2023	Study
PEO - Barzan Military Hospital	Doha	575	2020	2022	On Hold
Qatar Ministry of Public Health - Community General Hospitals (3 nos.)	Doha	1,092	2019	2022	On Hold

Additionally, the healthcare facilities that are proposed to be operational by 2030 are:

- Expanded and renovated facilities within Hamad General Hospital, Women’s Hospital, Heart Hospital and Al Khor Hospital
- Al Shamal Hospital
- New School of Clinical Sciences
- New Tertiary Hospital
- New Cancer Hospital
- Ambulatory Specialty Center
- Al Wakra Master Plan
- New Al Wakra Psychiatric Unit
- Al Maha Children’s Development Center, Al Wakra New Ambulance Service Headquarters and expanded Ambulance Services
- New Blood Donor Unit and expansion of Blood Bank services
- Increased car parking facilities
- Breast Triple Assessment Clinic at the National Center for Cancer Care and Research
- New Diagnostic and Treatment Centers

Source: Hamad Medical Corporation (Upgraded Facilities and New Projects, In Planning; 2019)

B. Private Sector

Most notable major healthcare facility additions in the private sector has been the Turkish Hospital in 2017 and the Al Emadi Hospital expansion’s in 2019.

Additionally, major private projects which are in the pipeline are Al Ahli Hospital expansion and an American Hospital in Lusail. Al Ahli Hospital expansion (project value of QAR 291 million) is expected to get completed by late 2022 or early 2023. It will include a new pediatric and adult emergency department, physiotherapy and orthopedic, dental and head neck unit and a plastic surgery unit. In the Marina District of Doha, construction of the private QAR 182 million Lusail Hospital began in 2018 and is scheduled for completion in 2021. The 200-bed hospital will be operated by the American Hospital Management Company.

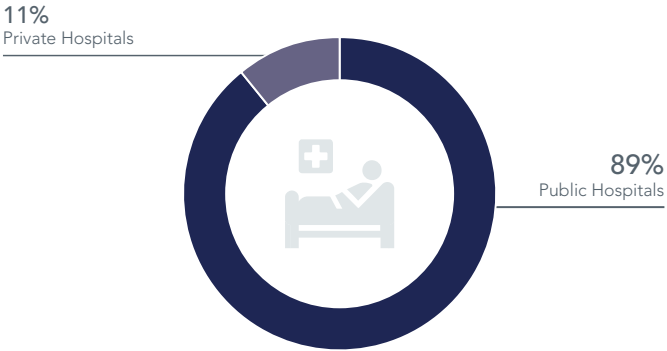
Additionally, in Q1 2021, Elegancia Healthcare signed an agreement with Cedars-Sinai Los Angeles for developing a luxurious 250 bed general hospital spanning 95,000 sqm in Al Qutaifiya.



Source: KPMG research

1.1.5 Bed capacity in public and private sector

Chart 2: Bed Capacity by Sector



Qatar healthcare system has grown considerably in terms of its bed capacity. Between 2010 and 2019, the government increased the number of its hospitals from 5 to 14. Bed capacity almost grew two-fold from around 1,600 to ~3,130. Plans envisage a further expansion of public bed capacity to about 4,500 by 2030.

In the private sector, the number of beds currently is just over 350 beds and only holds 11% of the total share of the Qatar market. However, by 2022, MoPH aims to increase the number of private hospital beds by 25%.

Source: MoPH, 2019

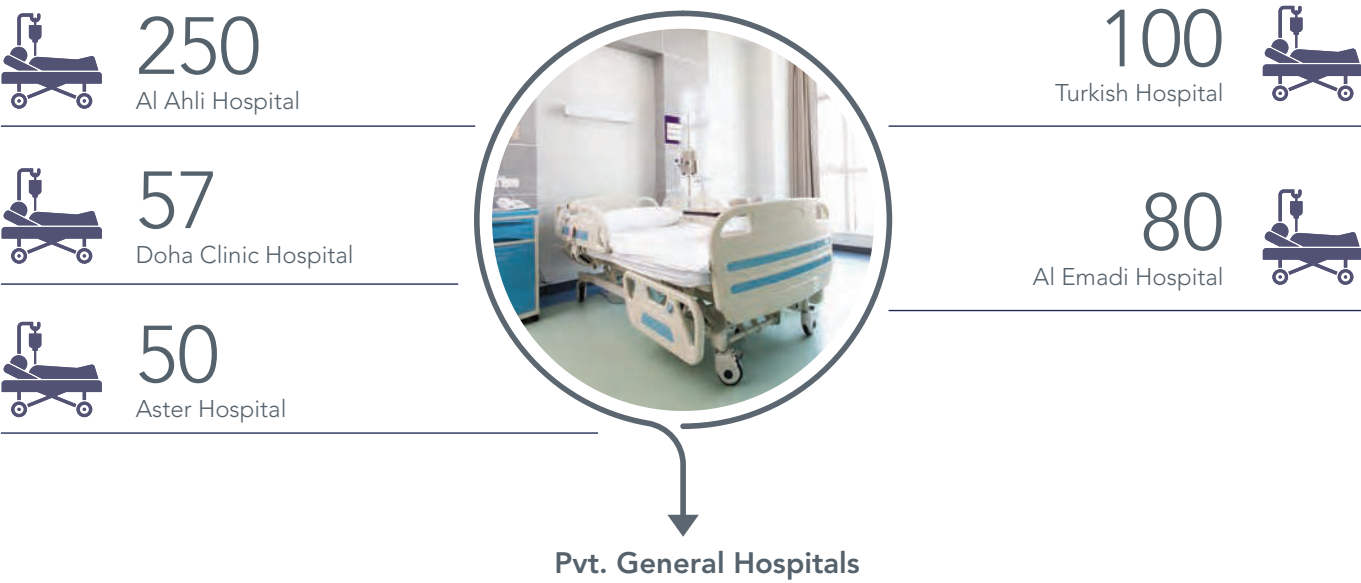
Table 3: Distribution of Bed Capacity in Qatar by Sector

HS Code	2014	2015	2016	2017	2018	2019
Public Hospitals	2,034	2,208	2,373	2,223	2,498	2,778
Private Hospitals	351	254	254	327	358	356
Total	2,385	2,462	2,627	2,550	2,856	3,134

Source: MoPH, (2014-2019)

However, currently the bed capacity of the major private general hospitals is mentioned below:

Table 4: Bed capacity of the major private general hospitals



The following table lists out the list of foreseen developments in the coming period:

Table 5: List of foreseen developments in the coming period

Project Name	City/Town	Net Project Value (\$m)	Award Year	Completion Year
Al Mal Holding - Marina District: Lusail Hospital (American Hospital)	Lusail	50	2018	2022
Al Emadi Group - 200 Bed Hospital near Doha Festival City	Doha	240	2017	2021
Medicare Group - Al Ahli Hospital Extension: Phase 2 (from 250 beds to 350 beds)	Doha	80	2019	2021

1.1.6 Population per bed

The number of beds per population has improved significantly in the last 3 years. The ratio has improved by 24%, going from more than 1,000 persons per bed to 893 persons per bed.

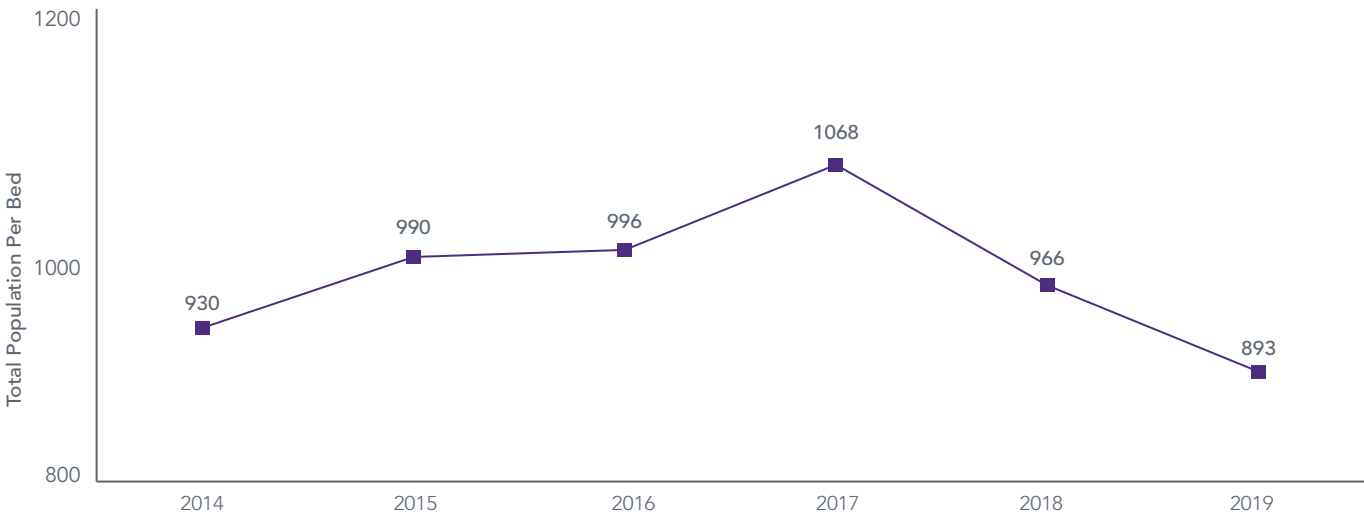
Table 6: Distribution of Population per Bed ratio in Qatar by Sector

	2014	2015	2016	2017	2018	2019
Public	1,090	1,104	1,103	1,226	1,105	1,008
Private	6,314	9,598	10,306	8,332	7,710	7,863
Total*	930	990	996	1,068	966	893

Source: MoPH, 2014-2019

*The total bed ratio: Population distributed by total number of public and private beds.

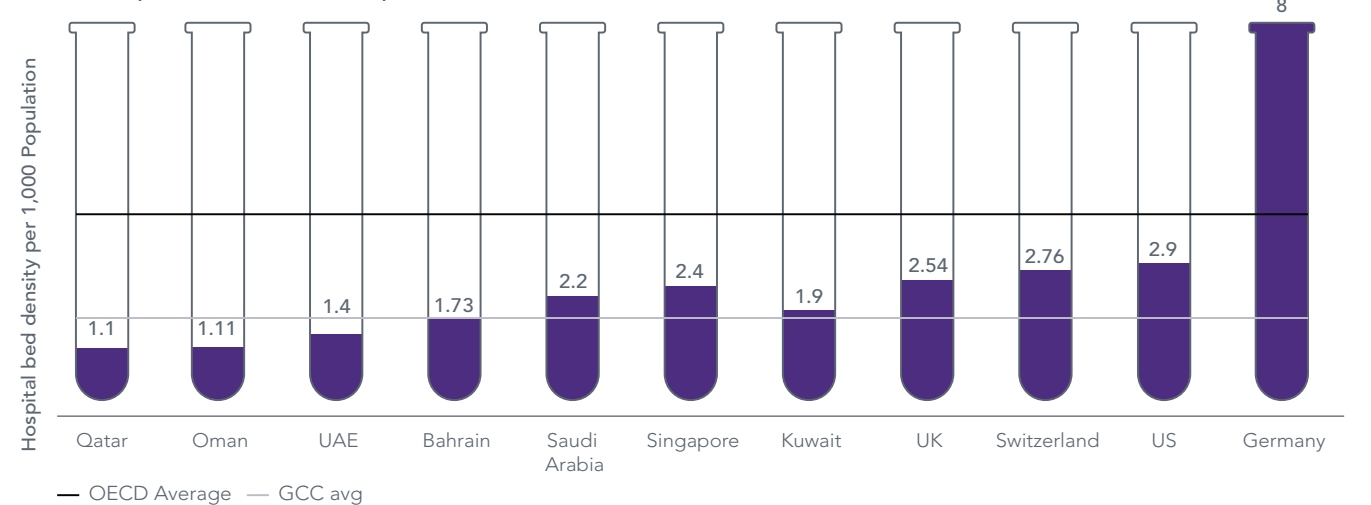
Chart 3: Annual Distribution of Population per Bed ratio in Qatar



Source: MoPH, 2014-2019

In a bid to achieve better hospital bed-density in the coming years, Qatar is expected to increase its number of hospital beds to 4,500 by 2030, according to Oxford Business Group (The Report, Qatar, 2015)

Chart 4: Hospital Bed Density Comparison



Source: Health Ministries of Bahrain, Oman, Qatar and Saudi Arabia, MDPS, Health Planning & Assessment Department of Qatar, Department of Statistics Singapore, OECD, 2017 values

As at 2017, the Qatari bed density is considered the lowest in the GCC region and is below the GCC average (1.7 beds per 1,000 population). The country's current average hospital beds of 1.1 per 1,000 population is also lower than Organization for Economic Co-operation and Development (OECD) countries' average of 4.58 beds per 1,000 population.

However, with the major developments in the health sector and the rising number of beds in the coming years, Qatar is expected to catch up with the rest of the GCC countries regionally as the future public and private developments are expected to increase bed density to at least 1.75 bed per 1,000 population by 2030.

1.2. Current Health Expenditure (CHE) and its Growth in Qatar

1.2.1. Per Capita Healthcare Spend in Qatar

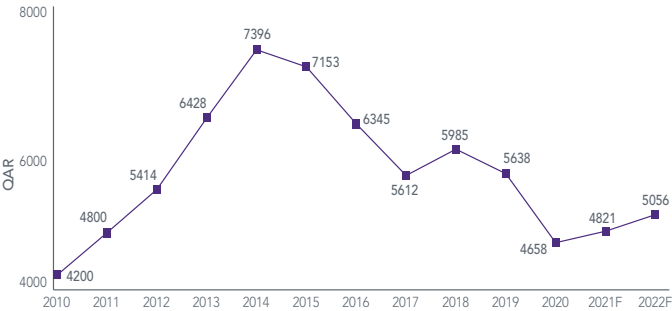
By definition, "healthcare spending measures the final consumption of healthcare goods and services (i.e. current health expenditure) including personal healthcare (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration) but excludes spending on investments."

Healthcare spending is channeled via a combination of government expenditure and obligatory health insurance and elective health insurance and private resources i.e., households' out-of-pocket payments and private corporations.

Although Qatar's allocation of GDP to healthcare expenditure slightly improved from 2.6% in 2017 to 3.1% in 2018, it still remains below the global average of 6.5%. Qatar has the highest health expenditure per capita in the GCC (\$1,827),

comfortably ahead of UAE (\$1,323), Saudi Arabia (\$1,147), Bahrain (\$1,099) and Kuwait (\$1,068).

Chart 5: Annual Current Healthcare Expenditure per capita in Qatar



Source: World Bank, IMF, United Nations Department of Economic and Social Affairs, Population Dynamics, KPMG Calculation

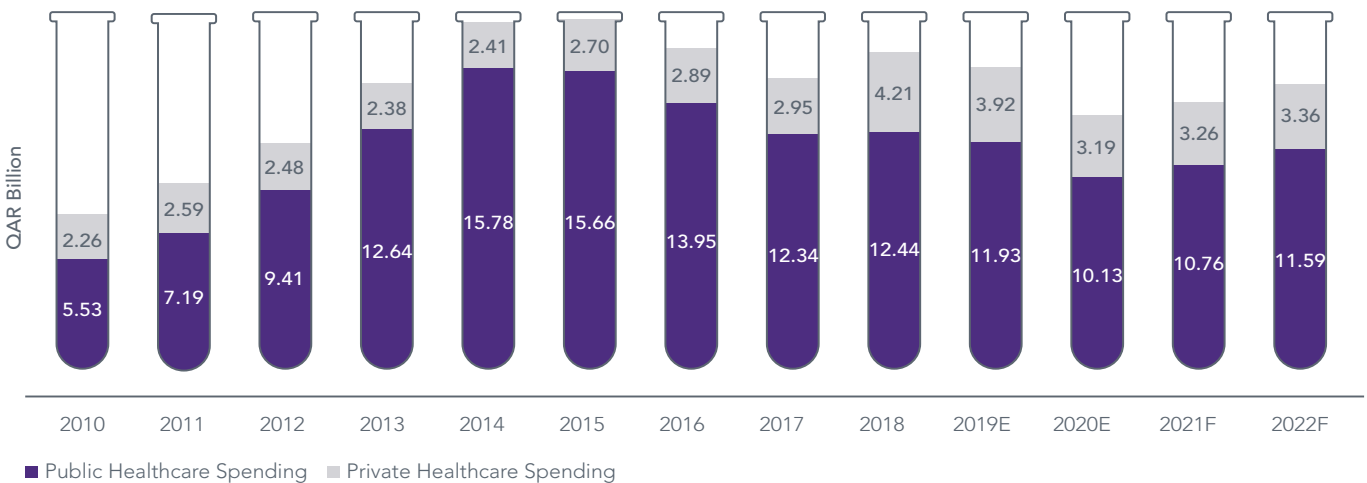
Note- E: Estimated, F: Forecast)

Overall, current health expenditure per capita follows a slightly upward sloping curve over the years. In the last 10 years, it moved from QAR 4,200 per capita in 2010 to an estimated QAR 4,658 in 2020. As the graph above indicates, the 10-year period is divided into two sub-periods: From 2010 to 2015, the CHE increased at a CAGR of 11% to reach a peak in 2014 with an approximate value of QAR 7,400 per capita. Between 2015 and 2020, the CHE decreased from QAR 7,153 in 2015 to QAR 4,658 in 2020. This is mainly because the CHE per capita follows the growth of income per capita (the main determinant of health expenditure according to WHO). According to World Bank, between 2010 and 2015, the average GDP per capita was approximately QAR 272,480 while between 2015 and 2020 the average GDP per capita is QAR 229,320.

Although Qatar has an average health spending per capita that is higher than the global average, (QAR 6,007 against QAR 3,860 in 2017 according to WHO), it still has a long way to catch up with the other high-income countries where the average spending per capita is QAR 19,287.

In the coming years, assuming that health expenditure will represent 2.5% of the GDP, the current health expenditure per capita in Qatar is expected to from QAR 4,658 per capita in 2020 to QAR 5,056 in 2022 (the forecast does not account for the effect of covid-19 pandemic and oil prices fluctuations), due to a forecasted increase in the GDP from QAR 536 Billion to QAR 603 Billion (according to IMF).

Chart 6: Annual Distribution of Current Healthcare Expenditure in Qatar by Sector



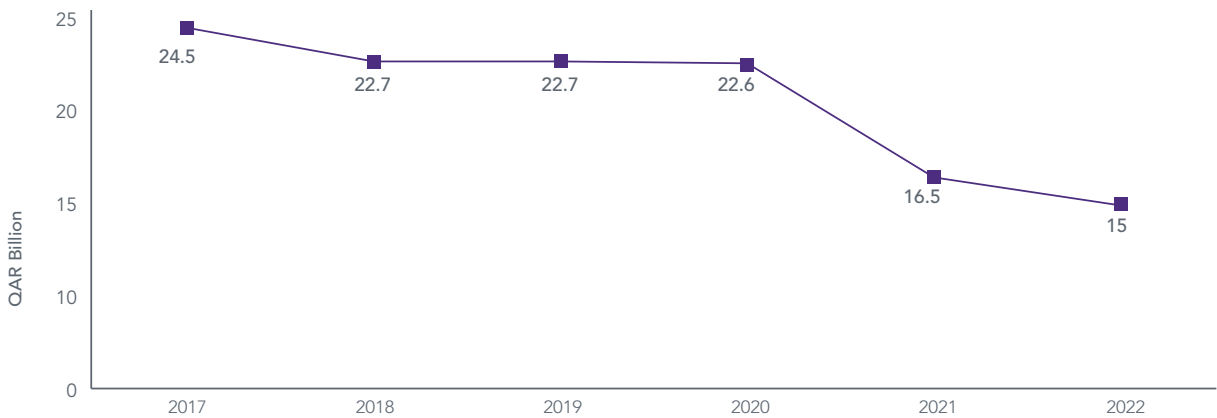
Source: World Bank, Domestic general government health expenditure, KPMG Research & Analysis
E: Estimated, F: Forecast

The global pattern of rising real per capita health spending appears to be dominated by government resources. According to World Bank, Government spending represented 74% of global spending on health in 2018, up from 70% in 2010. Currently, Qatar's public share of health spending lies above the world average (60% in 2017 according to WHO), and high-income countries (63% in 2017). The private sector accounted for a proportion of 20% of healthcare expenditures in the last decade. The distribution of healthcare expenditure are expected to be maintained at almost 75% and 25% for public and private sources respectively.

1.2.2. Gross Govt Healthcare Expenditure

Besides goods and services, the gross government healthcare expenditure includes capital health expenditures such as buildings, machinery, etc.

Chart 7: Annual Growth of Govt. Healthcare Expenditure in Qatar



Source: Ministry of Finance, Allocated Budget for Health sector, 2017- 2021, KPMG Forecast

The government expenditure is profoundly related to the heavy investments for the development of healthcare infrastructure. Hence the necessary allocations for the completion of major approved projects (according to the government's health strategy) considerably affect the government expenditure on health on a year-to-year basis.

Between 2017 and 2018, the allocation towards major projects had seen a 7% decline to QAR 22.7 billion due to the completion of some major infrastructure projects such as Sidra Medical and Research Center, ending Phase 1 of QAR 28.76 Qatar healthcare project. By the end of 2017, there was almost 500 newly built hospital beds in new facilities across Qatar.

Between 2018 and 2020, the allocated budget for health has remained at the same levels at QAR 22.7 Billion. The projects for this period include five new health centres, namely Al-Khor Health Centre, Al-Wakra South Health Centre, Al-Sadd Health Centre, Al-Mashaf Health Centre, and Ain Khalid Health Centre. This is in addition to constructing the National Health Laboratories building, bringing the total value of the six projects to approximately QAR 1 Billion.

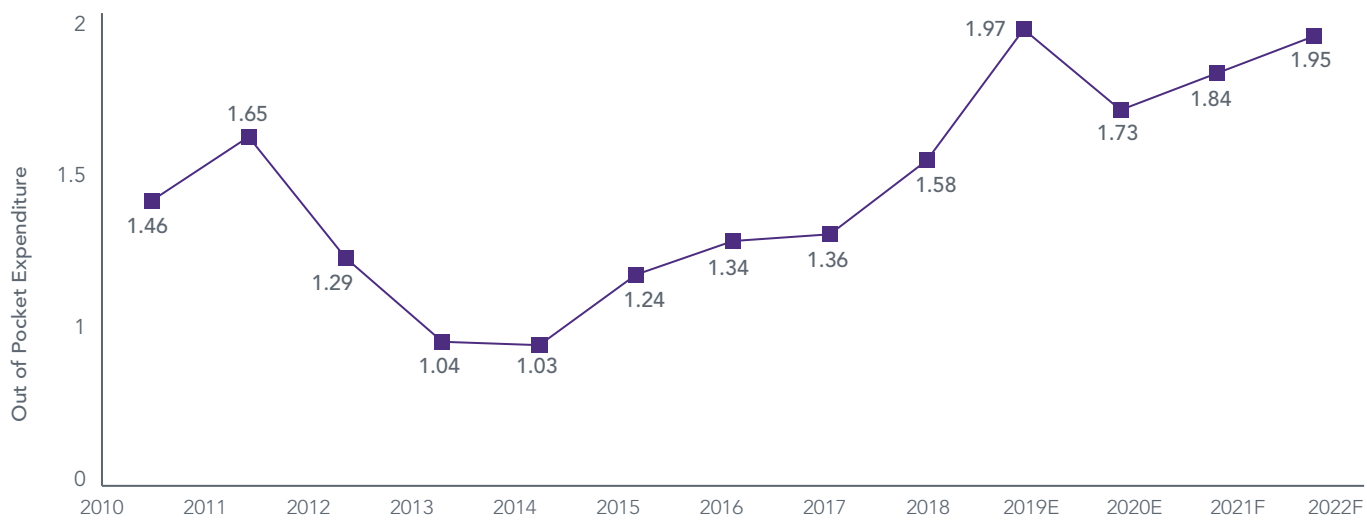
According to the recently released State Budget of 2021, the allocated budget for Qatar's health spending had decreased to QAR 16.5 Billion (the figures do not reflect Covid-19 related expenditures). The allocations however are projected to increase gradually during the coming few years as more projects are planned.

1.2.3. Out of Pocket Expenses

According to the definition of the World Bank, Out-of-pocket payments are spending on health directly out-of-pocket by households. In terms of health insurance, out-of-pocket expenses are the household's share of covered healthcare costs, including the money paid for deductibles, copays, and coinsurance. In other terms, the OOP health expenses represent the burden of health expenditure borne by the households. It shows how much the health system relies on households' out-of-pocket spending to finance it.

The share of OOP healthcare expenditure in Qatar is 9.5% in 2018. This rate is half the global average where more than 18% of health spending per country comes from out-of-pocket expenses and is lower than high-income countries average which is at 13.6% in 2018, according to World Bank.

Chart 8: Out of Pocket Expenditure



Source: World Bank, KPMG Analysis
E: Estimated, F: Forecast

According to the World Bank, the Out of pocket health spending in Qatar has decreased significantly between 2010 and 2014, moving from QAR 1.46 to 1.03 Billion and representing 18.7% to 5.7% of the current health expenditure. This share had hit its lowest points in 2013 and 2014 where it represented around 6% of the overall current health expenditure. This is mainly a result of the policies set to protect individuals from hardship arising from the continuing increase in real OOP per capita that have been sufficiently effective, and to the big share of spending that the government bears.

However, the OOP share has been increasing in percentage between 2015 and 2019, going from 8% to 12%, and in absolute values, going from QAR 1.24 to 1.97 Billion. This share is expected to stabilize at 12% until 2022, since the government intends to relaunch a compulsory medical insurance scheme, aiming to reduce the pressure on health services provided by the public sector.

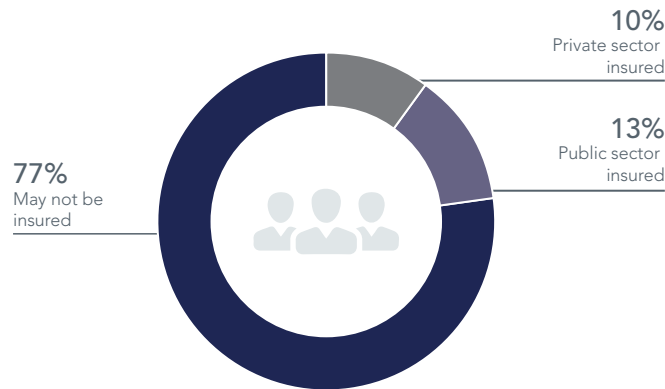
1.2.4. Voluntary health insurance, aid and others

Currently, there is no national health insurance scheme in Qatar. In 2013 Qatar introduced Seha (a public national health insurance scheme), but it was discontinued in 2015 due to the scheme's several shortcomings. Since then, the government has relied on private sector insurers to fill the gap while efforts to develop a new national insurance law continue.

Currently, significant population remains uninsured. Qatari citizens constitute to ~13% of total population and are insured by the public sector, while the private healthcare insurance sector penetration stands at approximately 10% of the total expat population in Qatar. Remaining 77% of the expat population, which significantly consists of the blue collared workers, does not have a mandatory insurance.

Private insurance utilization comes largely from employers who offer private health insurance as part of the employee benefits package. There are some Qatari companies, however, that currently do not insure their expatriate workers. Private insurance is comprehensive and covers a large proportion of most medical services not only in Qatar, but also with options to avail benefits overseas.

Chart 9: Percentage of Population by Insurance



Major Private Insurers in Qatar

- Aetna Global Benefits
- Allianz Worldwide Care Ltd.
- AXA Insurance (Gulf) B.S.C.
- Alico Gulf
- Bupa International
- Cigna International
- Daman National Health Insurance Company - Qatar
- Globemed
- GMC Services
- Interglobal International Co. (GEN)
- International Claims Services - TieCare
- InterGlobal Limited
- MedNet
- MSH International
- NAS - Nas Administration Services
- Oman Insurance Company (P.S.C.)
- Qatar General Insurance & Reinsurance Company (QGIR)
- Qatar Insurance Company
- Saudi Arabian Insurance Co. (SAICO) & SAICO-CIGNA
- Tiecare International
- Van Breda International
- Wapmed

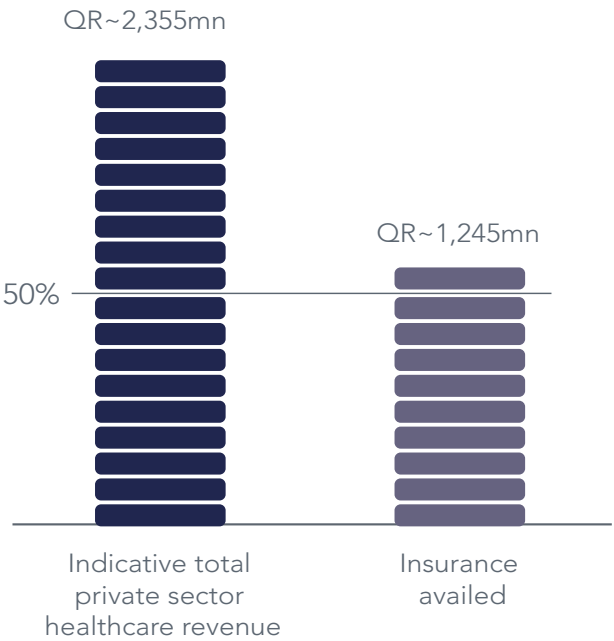
Healthcare insurance revenue in Qatar is estimated to be in excess of QAR1,000 million. On an average ~53% of total private healthcare payout is through insurance, while in premium clinics the percentage of such payouts is as high as 70%. Rejection in insurance claims have been in the range of 4 - 5% on an average. And as per current trends, insurance providers insist on seeking multiple opinions before approving surgical procedures.

Government intends to increase private sector participation in healthcare with reintroduction of national insurance scheme in the years to come.

The Ministry of Public Health announced in 2019 about the possible launch of a new health insurance system soon, but few details were made public about the draft law. The government is planning to reintroduce citizens' health insurance and perception is that the private sector might be permitted to participate in its implementation.

Growth in health expenditure, the higher use of medical services at private facilities, and significant business and investment opportunities could be few of the many advantages in implementing mandatory universal insurance coverage. However, a cooperation between a range of sector stakeholders would be required which could be a complex task ahead.

Estimated healthcare insurance revenue



1.3. Healthcare Industry Structure

The roles and responsibility of each healthcare institution is shown below briefly:

I. Ministry of Public Health (MOPH)

MOPH overlooks most of the healthcare functions in the country in terms of licensing, monitoring and operations:

- Licensing of medical facilities.
- Registration of doctors and other medical staff.
- Implementation of Qatar Healthcare Vision.
- Reports to formulation of strategic initiatives for healthcare industry.
- Continuous monitoring of various healthcare facilities to ensure proper services are being provided.

II. Hamad Medical Corporation (HMC)

- Operate government financed hospitals.
- Coordinate with MOPH in implementation of various policies and procedures.
- Operate all public hospitals and emergency centers.

III. Primary Healthcare Corporation (PHCC)

- Operate government financed health centers.
- Coordinate with MOPH in implementation of various policies and procedures.
- Operate various primary healthcare facilities.

IV. Private Healthcare Providers

- Private healthcare providers are private clinics/ polyclinics/ hospitals that run on a for-profit basis.
- Qatar Healthcare Master plan establishes standards for private facilities in regard to the area required for the different structures.

V. QP Medical

- QP-Medical primary operates only QP managed clinics.
- These are usually primary medical centers which provide basic care, consultations and first aid.
- These clinics are operated by QP's medical staff; however, all staff are required to be registered with MOPH.

1.4. Qatar National Healthcare Strategy 2018-2022 (National Targets)

The selected parameter measures the contribution of the different therapeutic segments to the National Health Strategy (NHS) of Qatar.



Healthy Children and Adolescents

- 25% reduction in the prevalence of dental caries(tooth decay) among children less than 5 years old
- 5% increase in the level of exclusive breast-feeding of children at 6 months of age
- 25% increase in the proportion of adolescents who meet recommended levels of physical activity



Healthy Women Leading to Healthy Pregnancies

A 10% improvement in score of a compound index (including assessment of prenatal, perinatal and post-natal care) used to measure healthy women and healthy pregnancies



Healthy and Safe Employees

80% of government and semi-government employees will have access to an occupational health-based workplace wellness program



Mental Health and Well-being

Improved access to mental health services, with 20% of care being delivered in the primary community sector by 2020



Improved Health for People with Multiple Conditions

25% decrease in the 30-day readmission rate for chronic conditions



Health and Wellbeing for People with Special Needs

Every healthcare facility will have a system in place to meet the needs of this population



Healthy Aging

One-year increase in Healthy life-years (HLYs) for the over 65 years old population

1.5 Key Health Indicators

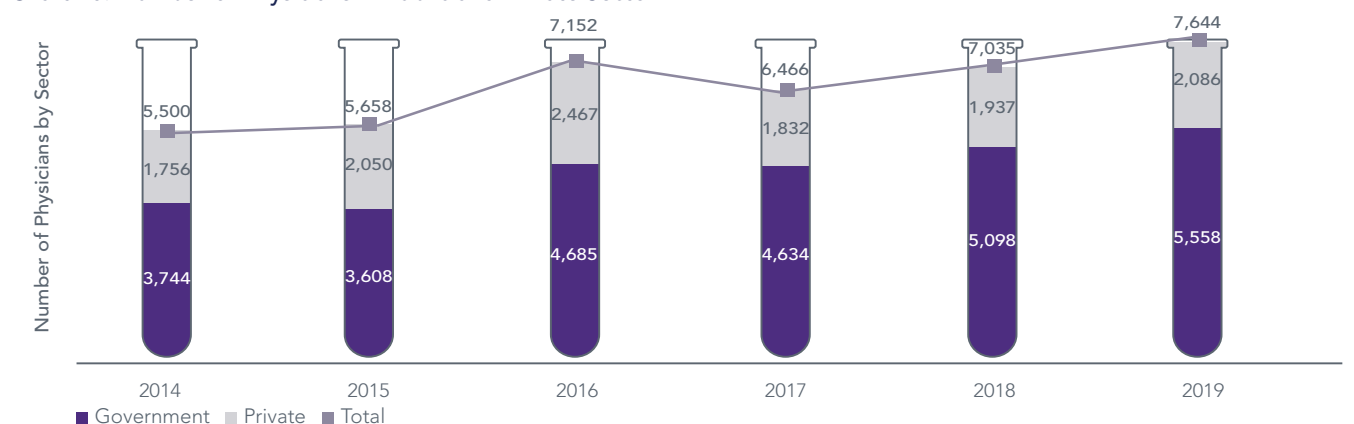
1.5.1 Total Physicians in Qatar

The number of physicians include medical doctors, generalist and specialist medical practitioners, according to WHO definition.

In 2008, the population per physician in Qatar was 444 and the population per general practitioner (GP) was 949. During the last decade, the population of Qatar has more than doubled, which has resulted in a similar increase in the number of healthcare providers. The number of physicians has more than tripled, going from 2,155 in 2009 to 7,644 in 2019.

On average, more than half of the physicians work in the governmental sector, this share seems to be increasing in the last three years. By 2019, over ~70% of physicians were working in the public sector healthcare facilities.

Chart 10. Number of Physicians in Public and Private Sector³



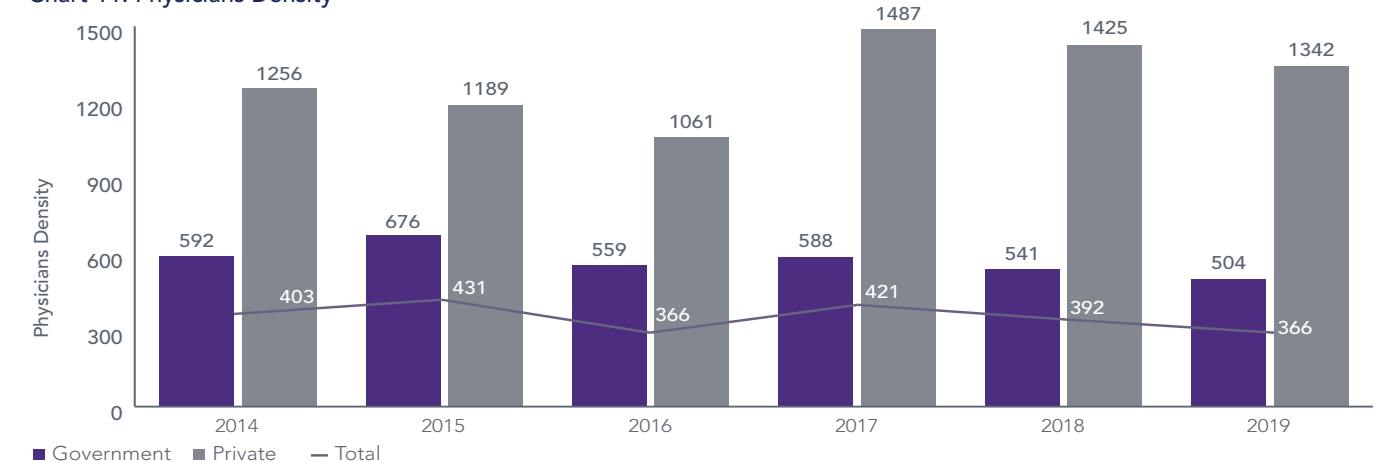
Over the last 6 years, the total number of physicians has increased by approximately 40%. This is mainly related to the expansion of the health facilities in Qatar, which are mostly public, explaining the large share of doctors who are practicing in governmental hospitals and health centers (70% in public facilities against 30% in private facilities).

The majority of the physicians in Qatar are sourced from abroad. In 2020, approximately 69% of doctors in the public and private sectors are not local. In the public sector, several hospitals, such as the Cuban Hospital, are operated wholly by foreign nationals.

1.5.2 Population per physician

In the last 5 years, the physician's density in Qatar has increased, owing mainly to the increase in the number of physicians in the public sector. The population per physician ratio has gone from 404 population per doctor to 366 population per doctor.

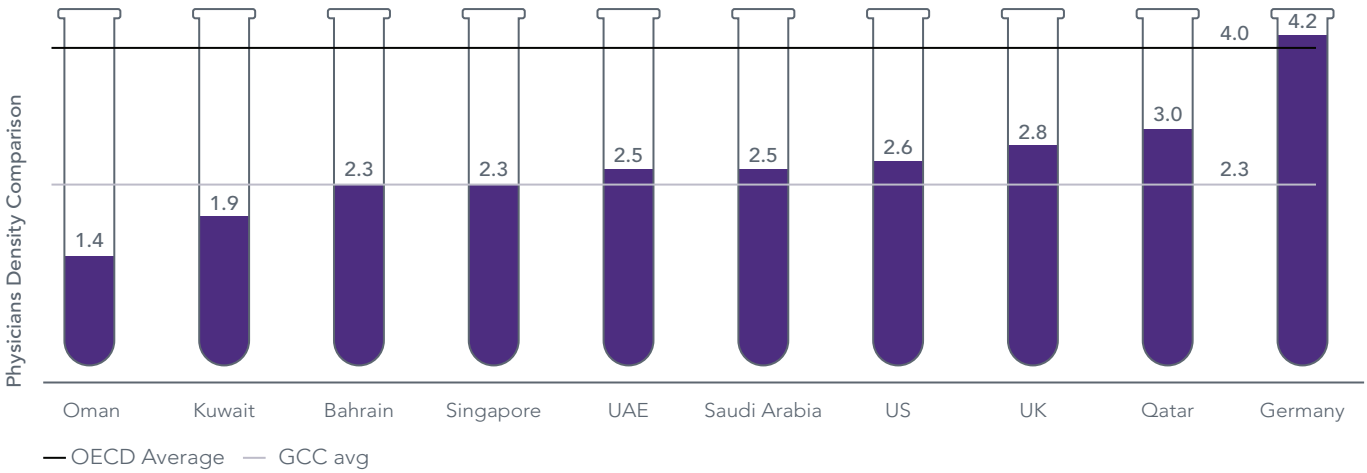
Chart 11. Physicians Density⁴



3, 4 Source: MoPH, 2019

With approximately 3 physicians per 1,000 people, Qatar has one of the highest health workforce densities, the physician's density is higher than both GCC but lower than OECD average. During the last 5 years, physician density in Qatar has increased specially in the private sector.

Chart 12. Physicians Density Comparison⁵

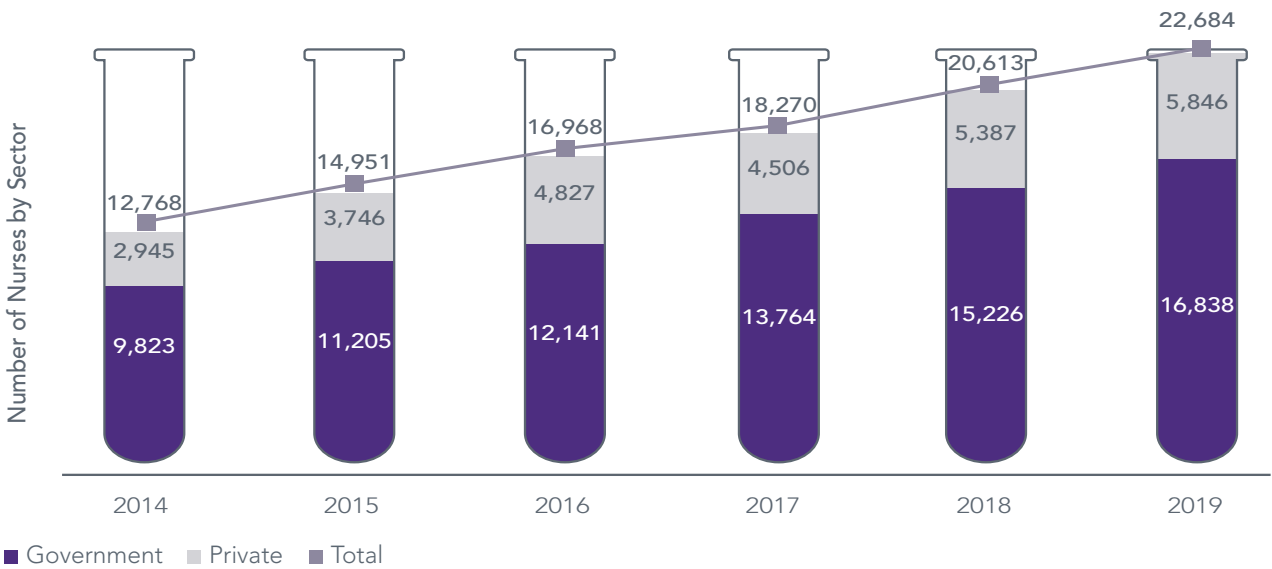


1.5.3 No. of nurses

Between 2014 and 2018, the total number of nurses in Qatar has increased by 63%, going from 12,768 to 22,684. Majority of the nurses in Qatar work in the government sector (75%).

Currently, there are ~16,800 nurses and midwives working across HMC's hospitals, clinics, homecare, and residential services (2019). There has been a 12% increase in nursing staff from 2016-2019, and this has enabled HMC to meet increased demand for healthcare services (for instance, this has facilitated a 17% increase in HMC's outpatient activity).

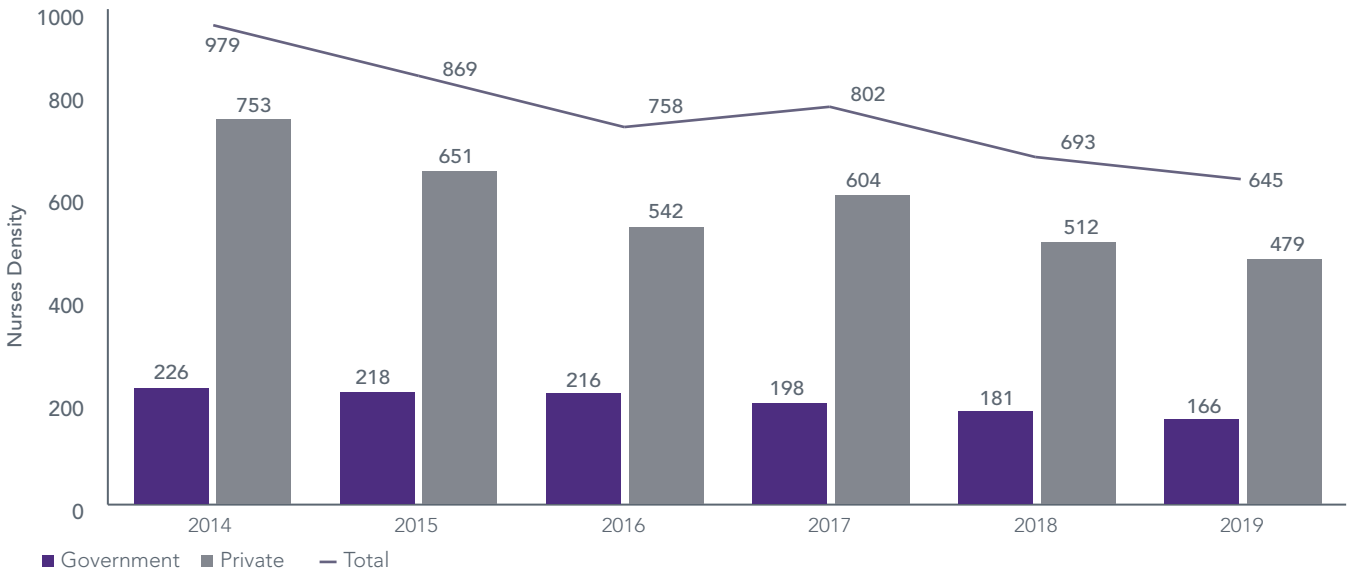
Chart 13. Number of Nurses by Sector⁶



5 Source: Health Ministries of Bahrain, Oman, Qatar and Saudi Arabia, MDPS, Health Planning & Assessment Department of Qatar, Department of Statistics Singapore, KPMG Research & Analysis, 2017

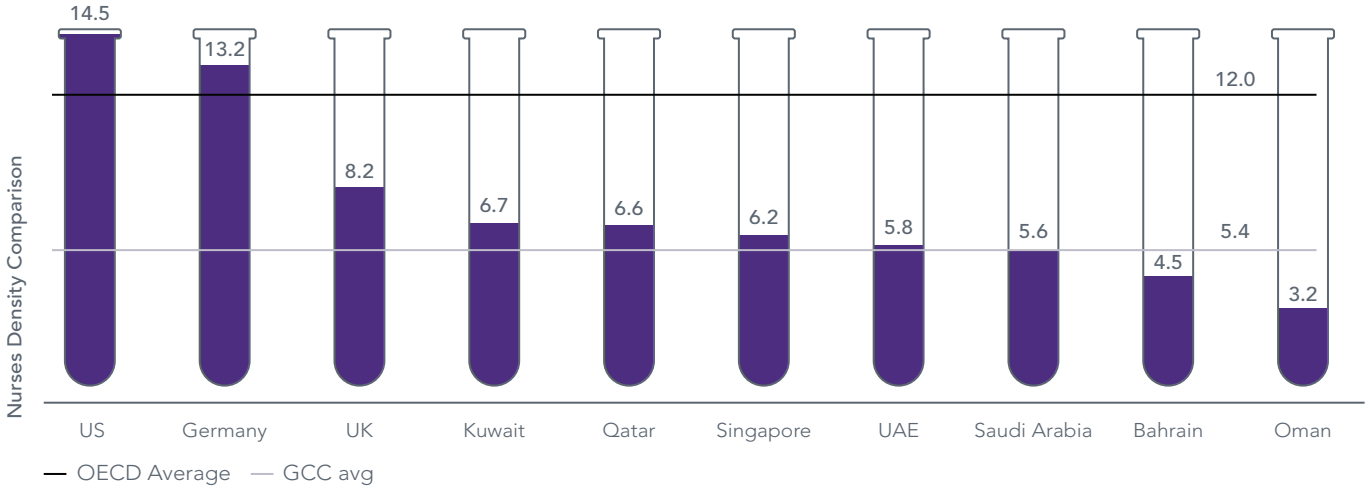
6 Source: MoPH, 2014- 2019

Chart 14. Nurses Density⁷



The nurse per 1,000 population has exhibited considerable growth at 5.72% CAGR from 2014 to 2018.

Chart 15. Nurses Density Comparison⁸

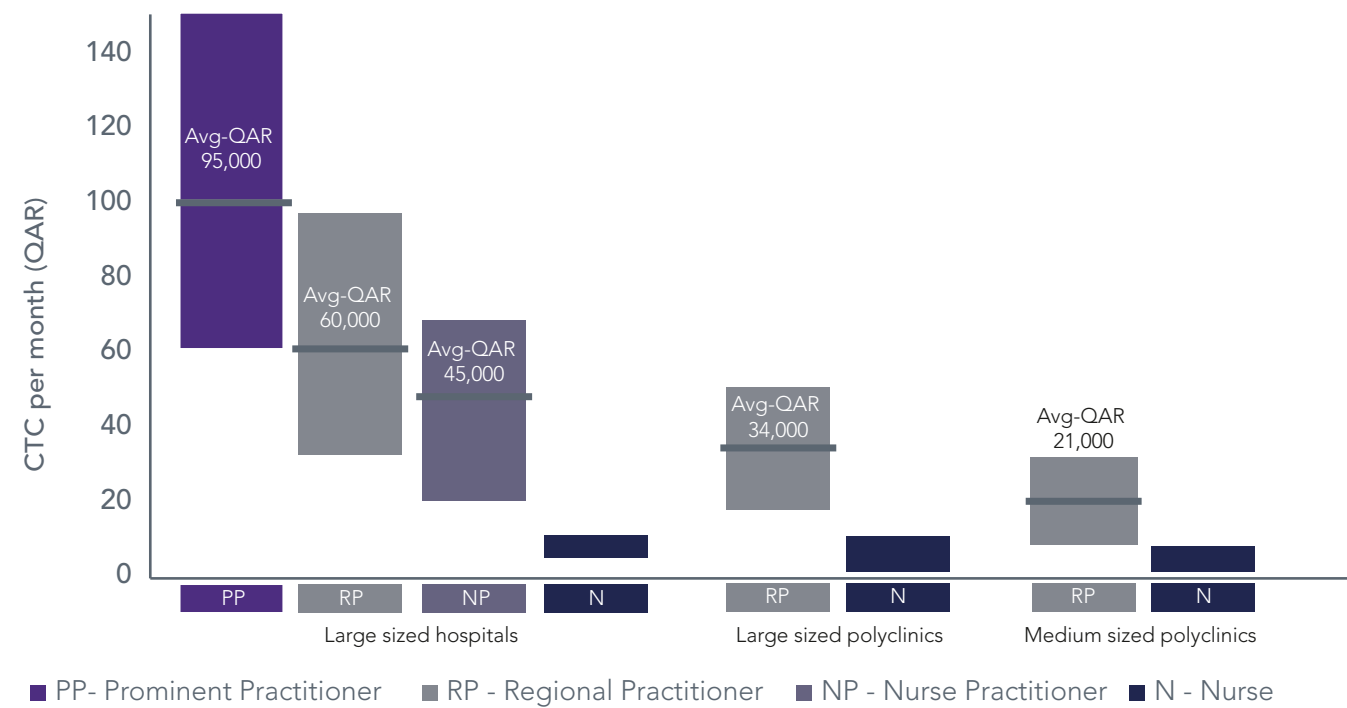


In terms of nurse's density, Qatar holds a higher ratio compared to other GCC countries. The nurse's density in Qatar is above both, the GCC and global averages. However, this ratio is almost half in comparison to the nurse density of OECD average. For purpose of comparison, all data has been taken for the same year, i.e., 2017 (the most recent data available for some countries). However, Qatar has improved its Nurses Density from 6.7 in 2017 to 8.1 in 2019, which clearly shows the growth trajectory being in line to reach the OECD average of 12.0 in coming years.

7 Source: MoPH, 2014-2019

8 Source: Health Ministries of Bahrain, Oman, Qatar and Saudi Arabia, MDPS, Health Planning & Assessment Department of Qatar, Department of Statistics Singapore, KPMG Research & Analysis, 2017

1.6 Typical CTC Range for Doctors, Nurses, Nurse Practitioners in Qatar⁹



The physician salary in Qatar varies according to clinic size and experience. For instance, doctors in large size hospitals earn on average 76% more than those who work in large sized polyclinics and almost as three times as those who work in medium and small clinic.

According to our research, doctors with 3 to 5 years' experience usually earn 30%-40% more than those with 0 to 2 years' experience; those with 5-10 years' experience earn 30%-40% more than doctors with experience of 3 to 5 and those with 11 to 15 years earn 20%-35% more than doctors with 5 to 10 years of experience.



⁹ Source: KPMG Research & Analysis

1.7 Distribution of Healthcare Centers by Location and Type



2. FERTILITY TREATMENT MARKET IN QATAR

2.1 Introduction to Fertility

Fertility rates in Qatar have been constantly decreasing due to increased female education levels and their participation in labor force leading to delayed births, preference to work over family, lifestyle changes of men and women across the region. The same factors, as well as other health related factors such as obesity and diabetes, are driving up demand for infertility treatment in Qatar.

The infertility treatment market is consolidated, with only a few players providing Assisted Reproductive Technology i.e. IVF, ICSI and IUI treatments.

In Qatar, there are only three private specialized centers which hold the lion's share of the market. Because this kind of treatment is costly, the highest number of infertility treatment procedures is provided by the public sector. The private sector service providers prioritize Qataris and HNIs as the average waiting period in public institutions is around 5-6 months, and these people can afford to pay and not wait for that long.

Globally, the market for infertility treatment market is expected to grow from QAR 5.46 billion in 2018 to QAR 8 billion by 2023, at a compound annual growth rate (CAGR) of 8.0%, according to Markets & Markets (2018). Factors such as a growing population and a rising awareness about infertility causes are predicted to boost demand. In order to accommodate the increasing demand, more public facilities are scheduled to open, posing more competition to the private sector. Hence, effective strategies such as offering higher success rates, affordable package prices and installment payment (considering most insurance plans do not cover infertility treatment) can draw more demand for the private sector services.

2.2 Overview of Female and Male Fertility Causes and Risk Factors

2.2.1 Female Infertility Causes

a) Ovarian Function

Potential causes of anovulation include the following:

- Polycystic Ovary Syndrome (PCOS): a hormonal imbalance issue that can affect ovulation. PCOS is the most common cause of female infertility.
- Functional hypothalamic amenorrhea (FHA): FHA can be the result of extreme physical or emotional tension which causes amenorrhea (absent periods).
- Diminished ovarian reserve (DOR): It is a reduction in the ovaries' production of female eggs. The ovarian reserves decreases by aging.
- Premature ovarian insufficiency (POI): Can be described as early menopause, where the female's ovaries cease the production of eggs before the age of forty.
- Menopause: It is a decline in ovarian function due to aging and normally happens for females in their fifties.

b) Tubal Patency

Tubal evaluation may be performed using an X-ray which is called a hysterosalpingogram (HSG) or by chromopertubation (CP) in the operating room at time of laparoscopy, a surgical procedure in which a small incision is made, and a viewing tube called a laparoscope is inserted.

c) Uterine contour

A female's infertility can be caused by an abnormality in the uterine environment. The uterus may be examined for transvaginal issues such as fibroids or other anatomic abnormalities.

2.2.2 Female infertility risk factors:

Female fertility is known to decline with:

a) Age

Many women are waiting until their 30s and 40s to have children. About one third of couples in which the woman is older than 35 years have fertility problems. Ageing not only reduces the possibility of impregnation but also increases the possibility of miscarriage or having a child with a genetic abnormality.

b) Smoking

c) Excessive Alcohol use

d) Extreme weight gain or loss

e) Excessive physical or emotional stress that results in amenorrhea (absent periods)

2.2.3 Male Infertility causes:

Male infertility can be caused due to an abnormality in the semen factors i.e., number of sperm, motility and morphology.

Potential causes of male infertility include the following:

- a) **Varicoceles:** an abnormality in the number or shape of the sperm caused by overheat resulted to veins large size.
- b) **Medical conditions or exposures** such as diabetes, cystic fibrosis, trauma, infection, testicular failure, or treatment with chemotherapy or radiation.
- c) **Unhealthy habits** such as alcohol use, testosterone supplementation, smoking, anabolic steroid use, and illicit drug use
- d) **Environmental toxins** including exposure to pesticides and lead

2.3 Types of Infertility Treatments or Service Offerings - ART and IUI¹⁰

Infertility treatments comprise with medication, surgery, intra-uterine insemination (IUI) and assisted reproductive technology (ART). Doctors usually use a mix of these treatments.

The recommendation of each treatment is based on these factors:

- The cause of the infertility
- The duration of the infertility
- The age of the patient
- The couple's treatment preference

10 Extendfertility website

Table 7: Types of Infertility Treatments or Service Offerings

Project Name	Award Year	Completion Year
Description	This procedure involves the insertion of prepared sperm into the female uterus. It may also include medication treatment to stimulate ovaries production.	Involves egg fertilization in a laboratory dish and the transfer of the resulting embryo into the uterus. The procedure usually includes fertility medications to enhance the implantation of the embryo into the uterus lining.
Conditions	IUI is often used to treat: <ul style="list-style-type: none">Minor male infertilityUnexplained infertility.	IVF is usually used for damaged or absent fallopian tubes.
Risks	<ul style="list-style-type: none">Infection in the uterus due to complications in the insertion process.Spotting and bleeding due to catheter placementMultiple pregnancy when the procedure is accompanied with ovulation-inducing medications.	<ul style="list-style-type: none">Multiple births if more than one embryo is placedPremature delivery and low birth weightOvarian hyperstimulation syndrome when injectable fertility drugsEctopic pregnancy which is the implantation of the embryo outside the uterus.
Success Rates	Female age <ul style="list-style-type: none">under 35: 13%35 to 37: 10%38 to 40: 7%Over 40: 4%	Female age <ul style="list-style-type: none">under 35: 13%35 to 37: 10%38 to 40: 7%Over 40: 4%

2.4 Qatar Market - Industry Trends in Qatar w.r.t Historical Growth and Growth Factors

Table 8: Historical Growth of Fertility sector in Qatar



2.5 Growth Factors

a) National acts

i. Qatar National Development Strategy 2011-2016

In support of the multidimensional characteristics of the social protection system, a multi-stakeholder committee was set up to coordinate the implementation of the National Development Strategy 2011–2016 social protection projects. Its tasks included providing policy guidance, making key decisions related to social protection issues and conducting monitoring and evaluation. This included supporting fertility treatment by the Social Development Center, funded by Qatar Foundation and other philanthropists.

ii. Qatar's Fourth National Human Development Report

The human development report addressed women's social and cultural implications of lifetime singleness and declining fertility and indicated that fertility need to be a central focus for family policy.

iii. The National Health Strategy (Childcare and Mother care)

The National Health Strategy 2017-2022 provides a practical guide to development involving extensive changes to intermediate outcomes, focusing on priority population groups. Among these are healthy children and adolescents and healthy women leading to healthy pregnancy and delivery. The national health strategy also supports higher fertility rates since "delayed age of marriage (and consequently a high child-bearing age), and low fertility, threaten family cohesion." It encourages a **Pro-natal policy**: as higher fertility rate for Qatari women, general (total number of live births per 1,000 women of reproductive age, typically aged 16-55 in a population) in accordance with Qatari Population Policy 2009 [10], which promotes higher fertility rates among its citizens.

b) International events and accreditation

i. HMC hosts advanced workshop on Male Fertility and in Vitro Fertilization in 2015

Hamad Medical Corporation (HMC) and the Cleveland Clinic Foundation organized a conference, which included an advanced workshop on male fertility laboratory and in vitro fertilization (IVF). The event convened more than 300 IVF prominent experts from 30 countries around the world.

ii. Accreditation of HMC's Andrology Center in 2020

Hamad Medical Corporation's (HMC) Andrology Center, which is affiliated with the Urology Department, has been recognized as a Center of Excellence for Penile Implants by the US-based Institute for Urological Excellence.

c) Role of private sector

i. Launch of Fakhri IVF center, the largest fertility clinic in capacity opened in 2019

NMC Healthcare's Fakhri IVF, a leading fertility services provider in the Middle East, has opened its new Fertility Center in Doha in 2019. The opening of the center has expanded significantly the private sector services to cater the requirements of patients in Qatar. The Center has the capacity to perform over 100 IVF cycles monthly, undertaken by a panel of board-certified, highly specialized IVF experts and medical staff.

Fakhri IVF provides the most comprehensive range of male and female infertility treatments available in the private sector, including IVF-ICSI, IUI, genetic testing, fertility preservation, family balancing, etc.

b) Role of Public sector

The vision of the Assisted Conception Unit within Hamad Medical Corporation is to provide the highest standards of individualized care to help and support all patients' trying to have a child. The unit also is aspiring to becoming a regional center of excellence in ART providing superior quality care and outcomes to infertile patients, and conducting robust ethical research aiming to transmit the changes in the IVF lab to clinical care.

HMC is planning to open a new infertility center which will be located on the second floor of the QRI with a total area of 2,289 m². The center will contain standard components to comply with details described in the International Health Facility Guidelines. The new center is expected accommodate up to 3,000 IVF cycles per year.

2.6 Qatar Market Demand

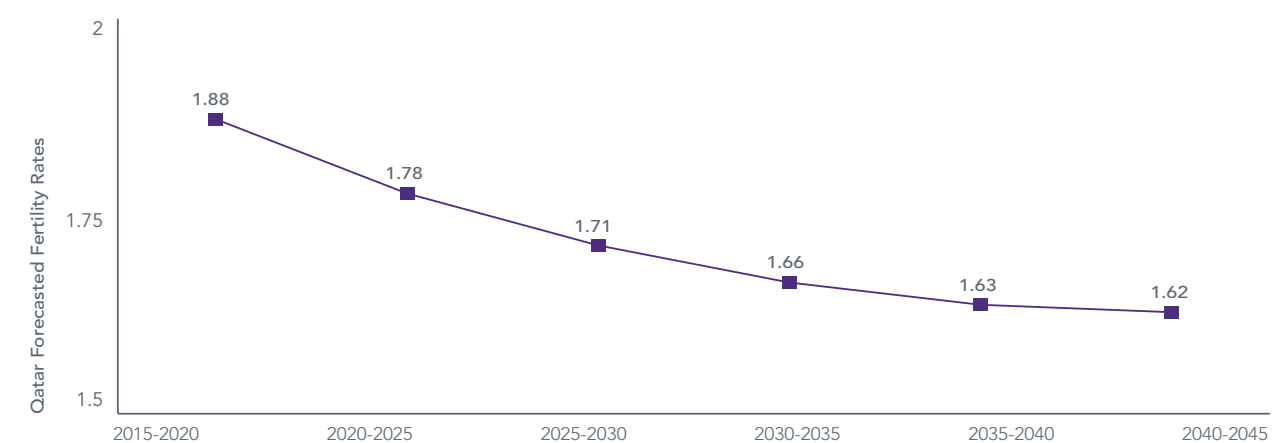
2.6.1 Overview of demand drivers for fertility centers

Macroeconomic factors are expected to affect the level of demand and consequently level of revenues as well as services costs such as:

i. Decrease in female fertility

Fertility rates in Qatar was estimated at 4.40 during the period of 1985-1990 and has reduced by 55% to 2.0 during the year 2010-2015. The Fertility rates in Qatar with medium fertility variant is forecasted to be 1.88 during the period 2015-2020 and is further expected to reduce by 16% to 1.62 by the period of 2040-2045. Fertility rates have been constantly decreasing due to more women opting for higher education and increased work-life leading to delayed births, preference to work over family, lifestyle changes of men and women across the region and across all major countries.

Chart 16. Qatar Forecasted Fertility Rates¹¹



ii. Lower male fertility rates

The Gulf region in general has higher rates of infertility among men unlike in Europe and other countries of the world. While infertility incidents are 50% for men and women in the Gulf, the countries of Europe range between 60% for women and 40% for men.

iii. Overall economic situation in Qatar¹²

Qatar is overall a politically stable country with the highest per-capita income in the world. (it has the highest income per capita in the world in 2018¹). Also, unemployment is almost null, representing 0.14% of the total labor force in 2019. Qatar's own Planning and Statistics Authority (PSA) estimated a 0.1% unemployment rate by the third quarter of 2019, the lowest in the world.

iv. Coverage by third party payers

Private insurance utilization comes largely from employers who offer private health insurance as part of the employee benefits package. Private insurance is comprehensive and covers a large proportion of most medical services not only in Qatar, but also with options to avail benefits overseas.

v. Inflow of expatriates into the country

The non-nationals account for 85.7% of the population in Qatar. The rise in inflow of expatriates into Qatar in the coming years will drive future demand for fertility services.

vi. Rising awareness about causes of infertility

The once controversial procedure is now a growing trend in the Middle East in general, with the UAE and Saudi Arabia leading the region, and Qatar in particular. More couples who find it difficult to have children are now turning to fertility treatments as it has become more acceptable and because the stigma has been taken out of infertility treatment.

¹¹ Source: MopH, Births and Deaths Data, 2018

¹² Source: World Bank

2.6.2 Demand forecast for the next 5 years

Approach & Methodology: In terms of number of cycles

Step 1: Global Average Benchmarking of No. of Fertility Cycles¹³

The first step is to calculate the most recent global benchmarking of no. of ART cycles. The ratio is number of fertility cycles (IVF and IUI) per million population. The sample includes 2 GCC countries as well as the GCC average and 12 other developed countries (Europe and North America). In general, 20%¹ of couples treated by ART procedure are treated by IUI and remaining 80% cases are treated by IVF. This ratio helps us identify the total number of ART cycles as most of the national country data reports number of IVF cycles.

Step 2: Adjusting Global and GCC Ratio to Qatar

After eliminating outliers (countries that uniquely have extremely high or low number of cycles per million population), the GCC and Global ratios are calculated, and then adjusted to Qatar according to the prevalence of infertility (16% in Qatar against 15% in GCC region and 10% globally). This ratio helps us calculate the current demand.

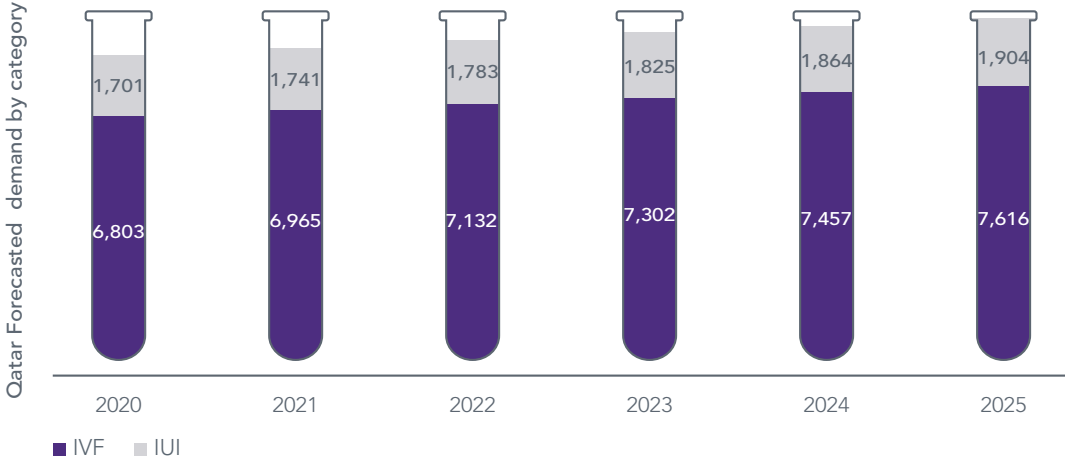
Step 3: Forecasting total demand for the next five years¹⁴

After calculating the current demand, the next step is to forecast the demand for the next five years. The expected growth rate for the next period is 12-15%² for the period 2018-2024. Consequently, the cumulative annual growth rate is 2.13% for the same period.

Step 4: Estimating demand for infertility treatment services

In order to identify the number of IVF/IUI cycles sought by the Qatari population, we resorted to calculating the demand for treatment provided by the public sector under the assumption that it equals the supply by public facilities (consumers always favor public services if available considering they are the cheapest). The demand for public services is then subtracted from the estimated total demand in order to compute the demand for private sector treatments.

Chart 17. Forecast of demand for private sector IVF/IUI Treatment cycles 2020-2025¹⁵



The demand for fertility treatments in general is expected to grow at a CAGR 2.13% over the next 5-year period. The growth in demand depends on the current structure of the Qatari household population and thus the change in demand is not expected to be very significant over the course of 5 years. The overall demand is expected to go from 8,504 cycles in 2020 to 9,521 cycles in 2025.

Particularly, the demand for private sector ART cycles is expected to be highly affected by the facilities expansion and upcoming public sector developments in 2021. Because consumers choose to opt for services provided by the public sector, considering it being the cheapest option, demand for public infertility treatments would always equal the capacity of the respective public facilities and hence we can consider private demand as a spillover since both private and public sector offer relatively same services with similar success rates.

¹³ Source¹: GCC and MENA In-Vitro Fertilization (IVF) Report, Kuwait Life Sciences, 2015

¹⁴ Source²: Lincoln International's report The Stork Delivers: Opportunities Abound in Fertility Market, 2019

¹⁵ Source: KPMG Analysis, 2020

Factors such as the growing population, rising awareness around fertility causes and increasing cultural acceptance of assisted conception along with national policies which are pro-natalist, are drivers which are expected to increase future total demand for ART procedures.

2.7 Qatar Market – Supply

2.7.1 Distribution of fertility centers in Qatar (by type & location)

Several clinics in Qatar provide Fertility treatments which are focused on diagnosis and medication. However, there are only 3 major private healthcare centers which provide complex treatments such as IVF & IUI, which are Fakhri IVF Fertility center, Feto Maternal Medical Center and ARMC IVF Fertility Center.

Hamad Medical Corporation, which is the public healthcare service provider in Qatar has been catering to the large requirements of IVF and IUI treatments. However, this is subject to a long waiting period of 6-12 months.

Table 9. Fertility centers in Qatar

Category	Name	Location	Year of Opening
Hospital Unit	Al Ahli Hospital	Wadi Al Sail	2015
Specialized Clinic	Fakhri IVF Fertility Center	Al Waab	2019
	Feto Maternal Medical Center	Al Markhiya	2017
	ARMC IVF Fertility Center	Al Mamoura	2009
General Clinic	Al Hayat Medical Center	Al Waab	2008
	Elite Medical Center	Bin Omran	2018
	Aster Medical Center	Al Hilal	2003
Solo Clinic	Dr. Riad Al haj Medical Center	Al Waab	2018
	Dr. Khudsia Begum Clinic	Al Waab	NA
	Dr. Saleena Clinic	Fereej Abdul Aziz	NA

2.7.2 New fertility centers proposed / planned in the near future

Table 10. Planned Fertility centers in Qatar

Name	Year of Opening	Number of Centers	No. of Beds	Location	Municipality
Public sector					
Sidra Medicine	2021	1	~400 (further expansion plans of 550 beds)	Al Gharafa	Al Rayyan
Private sector					
Al Fardan Medical & Northwestern Medicine (AMNM)	2021	1	NA	Lusail	Al Daayan
Qatar Rehabilitation Institute – Hamad Medical City (Public Sector)	Upcoming	1	NA	Al Rumaila West	Doha
The View Hospital	Upcoming	1	~250	Al Qutaifiya	Al Daayan

2.7.3 Competition landscape in Qatar

In 2019, HMC performed approximately 1,900 IVF/IUI procedures, which roughly translated to 1/3rd of the total market supply. However, the challenges of a long waiting list because of high demand in the public facilities, the initiative was undertaken to set up a dedicated facility in Hamad Medical City. The new development in HMC is expected to start operations in 2021 and increase the total HMC capacity to 4,400 ART cycles per annum. In addition, Sidra is also expected to open its new fertility unit with a total capacity of 1500 ART cycles in 2021. Consequently, the market share of the public sector is expected to rise significantly and cater to ~2/3rd of the total market supply beyond 2021

In the private sector, the lion's share of fertility treatments market is held by the specialized clinics (**Fakih IVF, Feto Maternal Medical Center and ARMC IVF Fertility Center**) which together have a capacity of approx. ~2100 ART cycles per annum. The capacity of Al Ahli Hospital's fertility unit is similar to Feto and ARMC and performs around 480 ART cycles per annum. In addition, the capacity of each solo and general clinics is in the range of 120 – 180 ART cycles per annum. However, among the specialized and solo clinics, the specialized clinics tend to be the preferred option of couples who can afford the treatment and/or wish not to be on HMC's waiting list.

2.7.4 Key ratio's pertaining to operations - Doctor to nurse ratio, ART Capacity per clinic, etc.

Table 11. Operating ratios by fertility center¹⁶

Category	Center	Doctor to Nurse Ratio	ART (IVF&IUI) Capacity*
Hospital Unit	Al Ahli Hospital	1:8	480
Specialized Clinic	Fakih IVF Fertility Center	1:3	1200
	Feto Maternal Medical Center	1:6	465
	ARMC IVF Fertility Center	1:2	465
General Clinic	Al Hayat Medical Center	1:1	180
	Elite Medical Center	1:2	180
	Aster Medical Center	1:1	180
Solo Clinic	Dr. Riad Al haj Medical Center	1:1	120
	Dr. Khudsia Begum Clinic	1:3	120
	Dr. Saleena Clinic	1:1	120

*Estimated number of ART cycles per annum, captured through primary interactions and/or secondary sources (official websites)

2.8 Typical Pricing Analysis of Fertility Treatments

Table 12. Private Sector Typical pricing range of consultation and 3 most prominent treatments¹⁷

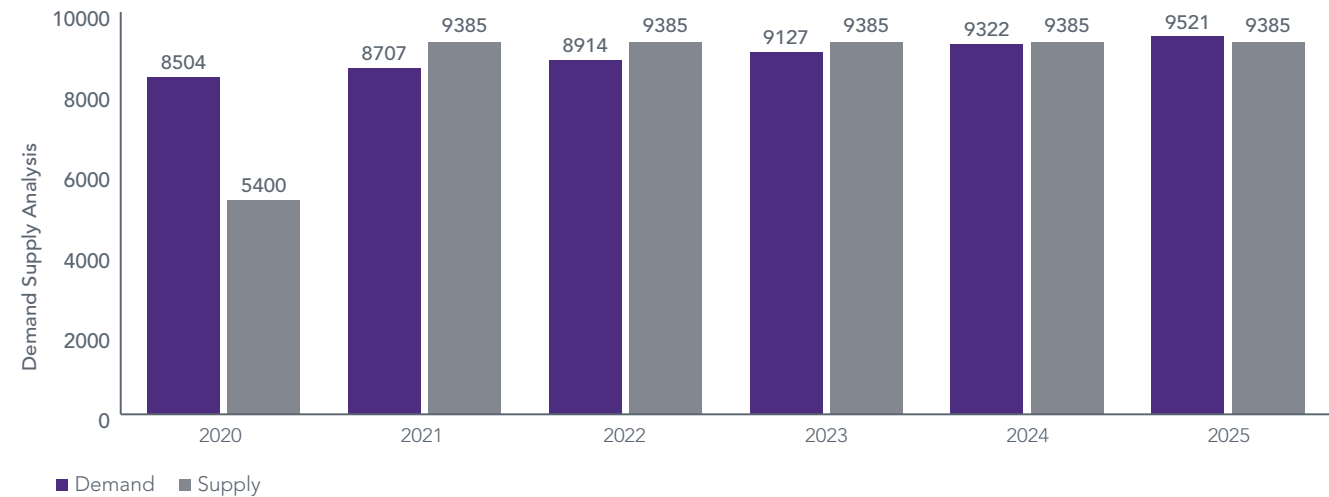
Operation	Pricing (QAR)
Consultation	<ul style="list-style-type: none">Individuals: QAR 500 – 600Couples: ~QAR 1,000
IVF Package	QAR 18,500 – 25,000 per cycle (price depends on inclusion / exclusions under different facilities' packages)
IUI Package	QAR 3,000 – 4,000 per cycle (price depends on inclusion / exclusions under different facilities' packages)

¹⁶Source: Primary data, QCHP, Center's websites, 2020

¹⁷Source: KPMG Research and Analysis

2.9 Demand – Supply Gap for Qatar Market

Chart 18. Supply and Demand Forecast 2020-2025¹⁸



Supply in the private sector is represented by the total capacity of all players in the market. In 2020, the total supply of fertility treatment services stands at 5,400 ART cycles per annum. Currently, the ART market in Qatar is in shortage as the current demand represents 8,504 ART cycles. However, the demand for private sector, as previously mentioned, should be the spillover of demand for the public sector, assuming that couples who seek infertility treatment always opt for public services as first choice but are not willing to wait for more than 6 months.

By end of 2021, after the expected opening of Sidra facilities, combined with the expansion of the HMC assisted conception unit, the public capacity for ART cycles will increase by approximately 4,000 ART cycles per annum, leaving a surplus of 678 ART cycles. However, over the next five years, demand is expected to catch up again as it is expected to increase by 2.13% each year and hence the surplus is expected to shrink to only 68 in 2024 and the market will be again in shortage by 136 ART cycles in 2025, assuming that no other ART public or private facilities are planned in this period.

2.10 Fertility Industry Market Outlook / Future Opportunities

Table 13. Industry Market Outlook

Parameter	Key Observations	Outlook
Industry Scenario	<ul style="list-style-type: none">Increased female education levels and participation in labor force has resulted in delay in marriage age and the rise in lifestyle diseases especially with Qatar having one of the highest diabetes and obesity rates in the world has also increased demand for infertility treatments.Compared to 10% worldwide, the infertility in Qatar is 15%¹⁹ and growing higher, with male infertility also a growing problem and occurs in approximately 50% of the cases due to factors related to lifestyle, diabetes, obesity and genetics.	Positive impact or growth
Growth in industry	<ul style="list-style-type: none">The growth in the Qatari fertility sector stems from domestic demand with the availability of international standard medical facilities.The absence of medical tourism and fertility initiatives are an opportunity that has not been taken yet by the private sector against the shrinking demand.	Average outlook or normal growth
Level of regulation	<ul style="list-style-type: none">Fertility clinics are subject to rigid regulations considering the nature of healthcare service.	Negative impact or no growth

¹⁸Source: KPMG Research & Analysis, 2020

¹⁹Source: Medlab Middle East, Press releases, "Middle East IVF market worth US\$1 billion as infertility rates rise to 15% in the region", 2019

Parameter	Key Observations	Outlook
Governmental initiatives	<ul style="list-style-type: none"> The overall governmental policies and initiatives indicate that Qatar is not seeking to reduce its population growth due to the already small size of its population. Although the government provide direct support for fertility, meaning that fertility services are provided through government-run facilities, there are no specific instituted policies taken such as baby bonuses, family allowances, or subsidized fertility services. 	Average outlook or normal growth
Role of public Sector	<ul style="list-style-type: none"> The Public sector currently caters to a significant demand in the fertility treatments and would have potential expansion plans with large capacity. Hamad Medical Corporation, which is the public healthcare service provider in Qatar has been catering to the large requirements of IVF and IUI treatments. However, this is subject to a long waiting period of 6-12 months. 	Negative impact or no growth
Qualitative demand outlook	<ul style="list-style-type: none"> The decline in fertility has resulted from changes in attitudes in the Qatari society, mostly in the delay of female marriage to later age due to rising interests in education and professional career. This change is reflected in the increase of average first-birth age for Qatari women from 29.7 to 30.2 in only four years (2015-2019) and the decline in adolescent birth rates. Despite the decreasing fertility rates, the demand is still limited. The majority of the target customers are Qatari nationals and high-income expatriates, who are able to afford the treatment. This is because the current Insurance schemes do not cover the totality of fertility services, Medical Tourism supporting IVF treatments have gained importance as most expatriate families in Qatar prefer to get the treatments done in their home countries considering the cost benefits and the support extended from their families. In addition, some families prefer to get the treatment done in countries promoting tourism along with treatments 	Average outlook or normal growth
Qualitative supply outlook	<ul style="list-style-type: none"> Most clinics in Qatar provide Fertility treatments which are focused on Diagnosis and medication. However, there has been only 10 major private healthcare centers which provide complex treatments such as IVF & IUI. This would result in a slightly competitive market gap and a window to cater to the shortage in supply (in certain years) However, new entrants may have to compete in a oligopolistic market (where few clinics hold the lion's share), besides the increasing capacity of the public facilities 	Positive impact or growth
Overall outlook	<ul style="list-style-type: none"> Although the demand for fertility services is increasing due to the changing lifestyle of the population, the supplied fertility treatments are expected to cover these needs in the upcoming years after the expansion of the public capacity. Players in the private sector will compete with larger supply from the public sector. Key success factors include offering best fertility success rates at the lowest possible prices. 	Average outlook or normal growth

2.11 Analysis of the Competitive Landscape / Environment using:

2.11.1 SWOT Analysis

Table 14. SWOT Analysis

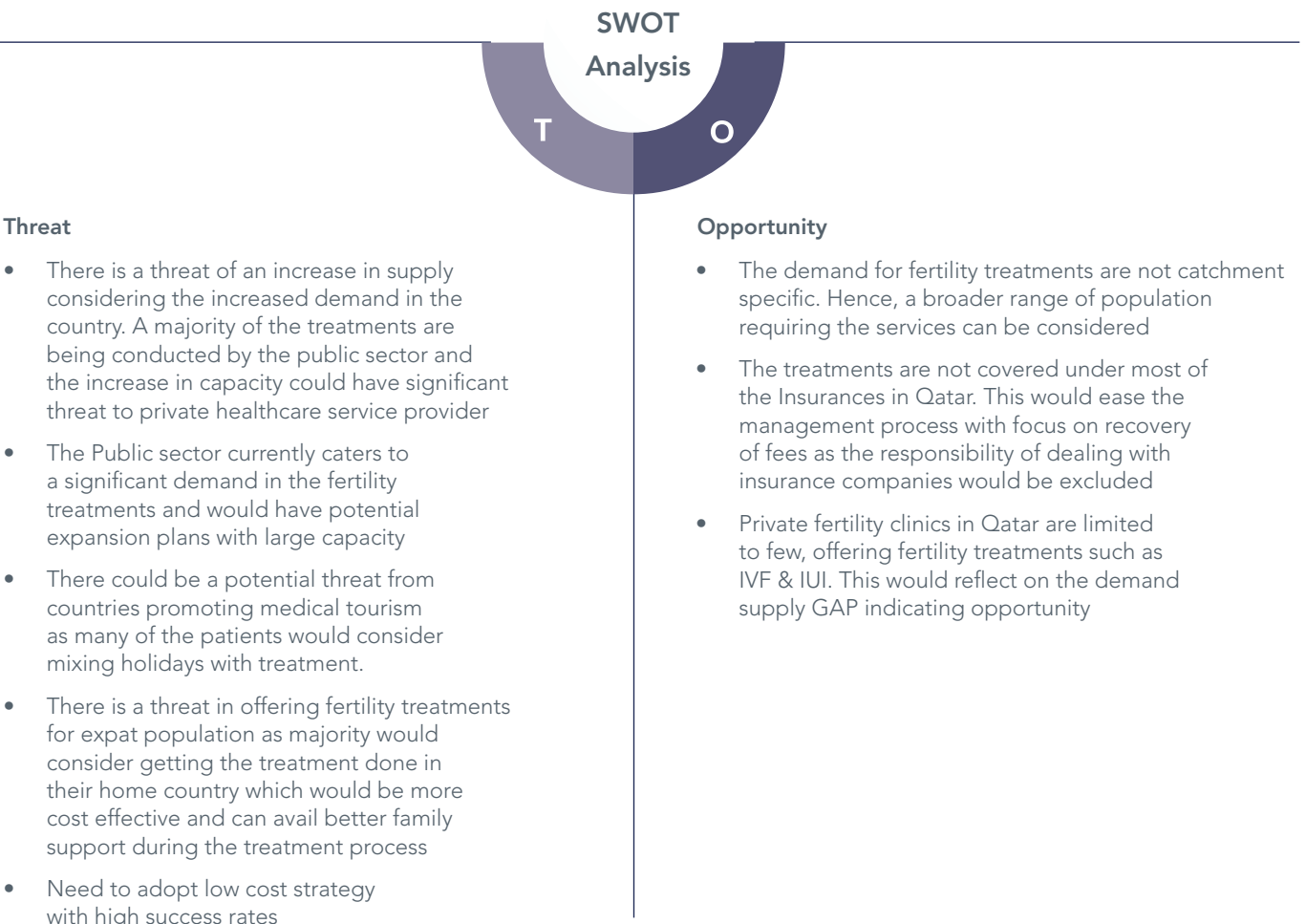
Strengths	Weakness
<ul style="list-style-type: none"> Fertility Clinics have a larger catchment which could be extended up to the entire population requiring fertility treatments as the services offered are highly specialized, wherein brand will be a major demand driver The Fertility clinics do not require large space, a maximum area of only 800-1,000 sq.mt is sufficient to set up a good grade facility. 	<ul style="list-style-type: none"> Limited market demand is estimated for the Qatar market over the next 5 years The fertility clinics would be highly regulated considering the nature of healthcare service High dependability on the operators considering that the fertility clinics are highly specialized in nature of operation. Operator brand would be a significant demand driver Large private hospitals usually rely on visiting fertility specialists (normally scheduled to be in Qatar once in 3 months for a period of 10 days) and thus are highly dependable on their availability The current Insurance schemes do not cover fertility treatments. This factor will drive away potential patients due to the high expenses, especially expats who would prefer to obtain the treatment abroad, A majority of the target customers are Qatari nationals and high-income expatriates Significant delay in getting approvals / licenses

S

W

SWOT Analysis





Conclusion: The fertility treatment market is a highly specialized market where only a few players in the private sector are present. However, there are many risks involved in setting up a fertility clinic in Qatar, mainly associated to the dominance of the public supply of treatment services and the high costs of treatments in the private sector, especially in the absence of an insurance scheme to cover these elective procedures.



2.11.2 Porter’s 5 forces analysis for indicating the Industry attractiveness

Table 15. Porter’s Five Forces

Parameter	Key Observations	Conclusion
Threat of new entrants	<ul style="list-style-type: none">• Regulations The regulations and highly specialized credentials required to set up a fertility clinic deter new entrants from entering the market.• High Setup costs The costs of setting up required laboratory equipment and space for a specialized clinic such as the fertility clinic are high. According to our understanding of the sector, the average total project costs are approximately 40 million QAR.• High operating costs Fertility service requires highly specialized and experienced staff such as embryologists, physicians and nurses, as well as special disposables, resulting in high costs.• Learning curve and economies of scale New entrants will have to compete with existing players in the market who have already established a specialized team and high negotiation powers with the suppliers, being higher-up in the learning curve.	Threat of new entrants into the market is presently low due to all the forces mentioned.
Intensity of rivalry	<ul style="list-style-type: none">• Increasing capacity in public sector Larger public treatment capacity, shorter the wait lists which mean most couples can start treatment once the relevant consultations are completed.• Homogeneous product offerings The homogeneity of fertility treatment and related procedures make it difficult to gain more competitive advantage over rivals. Current players aim for utilizing cutting-edge technology as a strategy to differentiate their services.• Low switching costs Competition is more intensified by the low switching costs. Considering the relatively low chances of success of pregnancy for some couples, these clients may switch to other fertility clinics once they do not achieve the desired results.	The rivalry in fertility services is considered high . Specialized private clinics have higher competitive advantage.
Threat of substitutes	<ul style="list-style-type: none">• Fertility pill (clomiphene citrate) The fertility pill is usually the first option to consider for infertile couples. The total cost is less than 1,000 QAR. However, the pregnancy rates are lower for complex conditions of infertility.• Hormonal treatments Superovulation is an alternative before considering IVF and IUI treatment. The cost is much less, around 6,000 QAR depending on the amount of hormone injections required.	The threat of substitutes is from low to moderate . The major driving force for users of substitutes is the lower costs of these options. However, some of these options are considered complements for ART treatment.

Parameter	Key Observations	Conclusion
Bargaining power of customers	<ul style="list-style-type: none"> Elective procedures Infertility treatments are elective and not urgent for potential clients. Hence, couples can take their time to compare success rates and services or may choose to not go through the treatment. Easy access to treatment information Information on infertility treatments are publicly available for clients. The easy access to treatment information allows couples to look for the best success rates and services for the most suitable prices. Ticking biological clock Although infertility treatment is an elective procedure, as mentioned earlier, women in their late 30's and early 40's are racing against their biological reproductive clocks and requires prompt treatment initiation. 	The bargaining power of customers is considered high . Low switching cost to rivals is the main bargaining power that clients have.
Bargaining power of suppliers	<ul style="list-style-type: none"> Few suppliers and substitutes for equipment and disposables Fertility treatment supplies are highly specialized and there are few substitutes for these equipment and disposables. The high specialization of these treatment supplies results in a few suppliers in the market to choose from. Equipment and disposables essential to business The importance of equipment and supplies in the clinics' operations drive up the price for the supplies. Malfunctioned equipment or delayed supplies can hinder the operations of such clinics and thus quality of equipment is highly critical to the business. Few suppliers and substitutes for hormone medications There are a few pharmaceutical companies that supply hormone medications (manufactured by recombinant technology) to clients. The scarcity of suppliers results in a monopolistic market for hormone medications which drives up the price for fertility clinics. 	Suppliers' bargaining power is considered moderate to high . This is due to the high importance of specialized equipment in the operations of fertility clinics.



2.12 Conclusion and Key Success Factors

Similar to the global trends of fertility, especially in the GCC region, Qatar’s overall fertility rates are getting lower over the years mainly due to increasing age of marriage for women and increased work-life leading to delayed births. The national pro-natal policies and decreased fertility are expected to drive up the demand for infertility treatments in the country. However, the increased penetration of players in the private market, the high costs of treatment and the increasing capacity of the public facilities are making the fertility clinics markets highly competitive. New entrants to the market must consider the high setup costs and the importance of integrating highly specialized and reputable staff as well as utilizing the latest technology before entering this market.

Key success factors include but are not limited to the following:

Experience

The fertility healthcare provider needs to be experienced and has economies of scale by having a high volume of fertility treatment cycles and economies of scope by having a comprehensive portfolio of infertility treatments.

Qualification and Experience of Resources

Successful clinics rely on a team of specialized and experienced health and laboratory professionals with quality clinical and laboratory facilities that brings in referrals and support from the medical community and patients.

Insurance Approval

Due to the high expenses, the current Insurance schemes do not cover fertility treatments and thus expats prefer to obtain the treatment abroad. Fertility clinics could start with the diagnostic services and tie-up with insurance companies to cover the consultation amount.

Reputation

Reputation is dependent on, pregnancy success, technology, good quality service (both pre- and post-treatment), and evidence-based practice combined with a caring and compassionate approach.

High patient volume

The fertility healthcare provider must carefully consider the location of the fertility clinic, and the concentration of competitors in the market. From the financial perspective, a fertility clinic will succeed and weather economic downturn or demographic changes much better if fertility procedures are part of the total product offerings of the clinic rather than the sole product.

3. HEALTHCARE
MARKET OVERVIEW
- MEDICAL
CENTERS /
POLYCLINICS

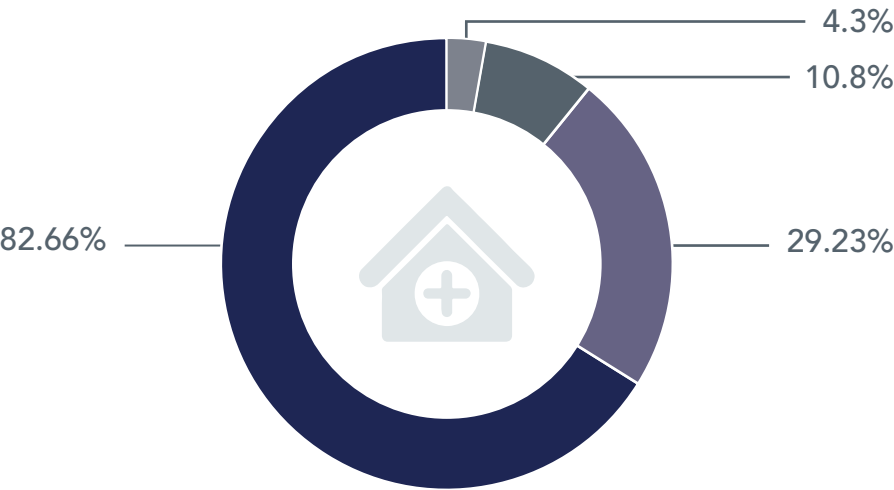
3.1 Overview of Polyclinics in Qatar

This section covers the key players, number of polyclinics, their typical size and overall market size of polyclinics in Qatar.

A polyclinic is “a clinic or healthcare facility that provides both general and specialist examinations and treatments for a wide variety of diseases and injuries to outpatients and is usually independent of a hospital”.

The estimated total number of polyclinics in Qatar is 128, 3 of which are yet to open officially.

Chart 19. Polyclinics by Size²⁰



As the pie chart indicates, 89% of the polyclinics are of medium to small size. Out of which, 66% of the total polyclinics in Qatar are of small size, with 10 doctors or less. Out of 125 polyclinics, 14 clinics are considered of a large size, with 10 polyclinics having 20 to 30 doctors and only 4 with more than 30 doctors.

The following is the ranking of the large polyclinic groups by number of branches and total number of doctors:

Chart 20. Distribution of large polyclinic groups in Qatar²¹

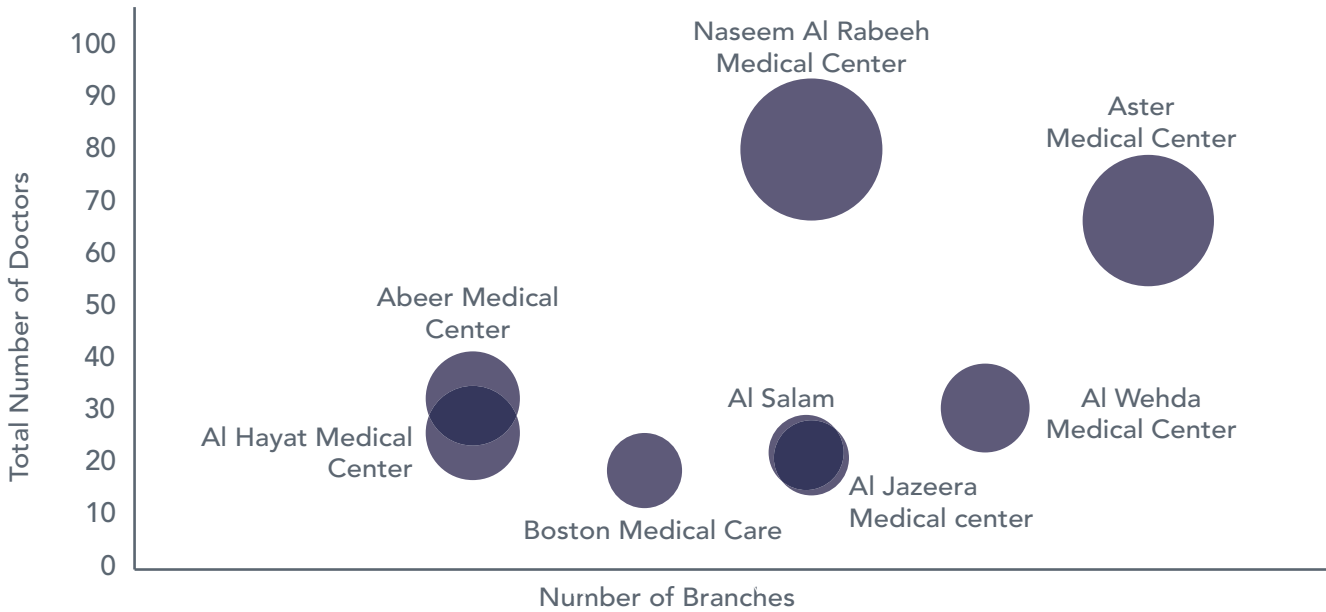


Table 16. Distribution of large polyclinic groups in Qatar

Polyclinics / Medical Centres	Total Number of Doctors	Number of Branches
Naseem Al Rabeeh Medical Center	79	4
Aster Medical Center	65	6
Abeer Medical Center	32	2
Al Wehda Medical Center	30	5
Al Hayat Medical Center	24	2
Al Salam Medical Center	20	4
Al Jazeera Medical Center	19	4
Boston Medical Care	18	3
Allevia Medical Center	16	2

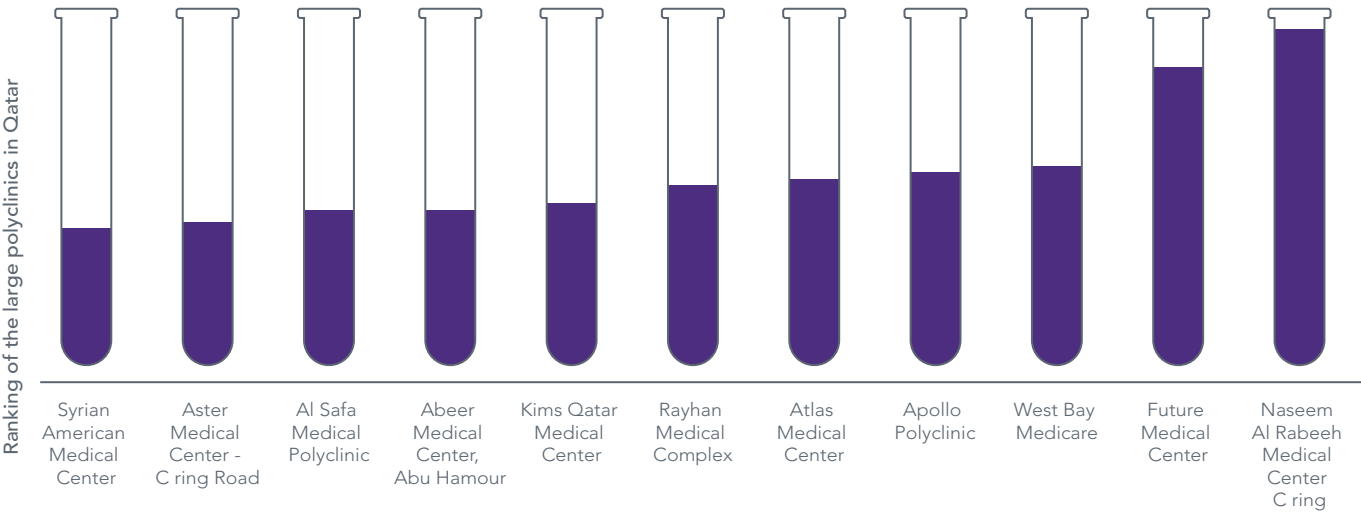
As the chart indicates, Naseem Al Rabeeh Medical Center is the largest polyclinic group in terms of size, having 79 doctors in total, while Aster Medical Center is the first polyclinic group in terms of distribution, with 6 branches across various locations in Qatar.

In terms of total number of doctors per polyclinic, the ranking of the 10 large polyclinics are as follows:

²⁰ Source: KPMG Research & Analysis

²¹ Source: KPMG Research & Analysis, 2020

Chart 21. Ranking of the large polyclinics in Qatar²²

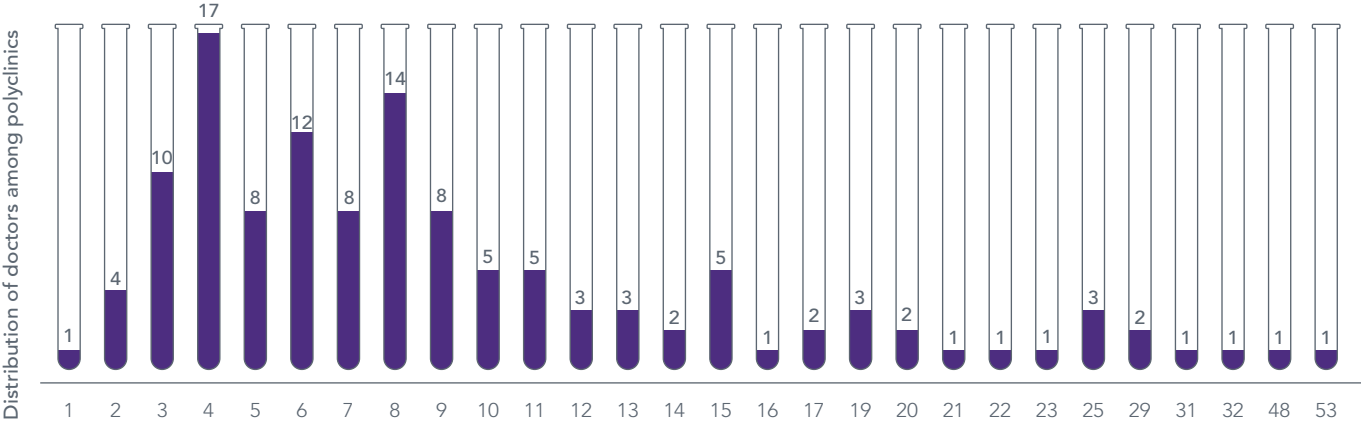


Source: KPMG Research & Analysis

Nasseem Al Rabeeh Medical Center, C ring road branch is on top of the list of polyclinics in terms of size (54 doctors); followed by Future Medical Center (48 doctors) and West Bay Medical Care (32 doctors).

The average number of doctors across the largest polyclinics (shown in the above chart) in Qatar is 31.

Chart 22. Distribution of doctors among polyclinics²³



Source: MoPH, QCHP, 2019

As the bar graph indicates, 90% of the polyclinics in Qatar have 20 doctors or less. Out of the 128 counted polyclinics, most have 4 doctors per polyclinic (accounting for almost 14% of the clinics) and 8 doctors per polyclinic (accounting for 11% of the polyclinics).

3.2 Overview of Private Medical Centers in Qatar

This section covers the typical service offerings across various therapeutic segments, typical revenue and gross margins and revenue per doctor for the private medical centers.

The medical centers in the private sector are counted according to MoPH categorization of healthcare services. These facilities have been considered in the study of the various therapeutic segments supplied in Qatar and their sizes.

²² Source: KPMG Research & Analysis

²³ Source: KPMG Research & Analysis

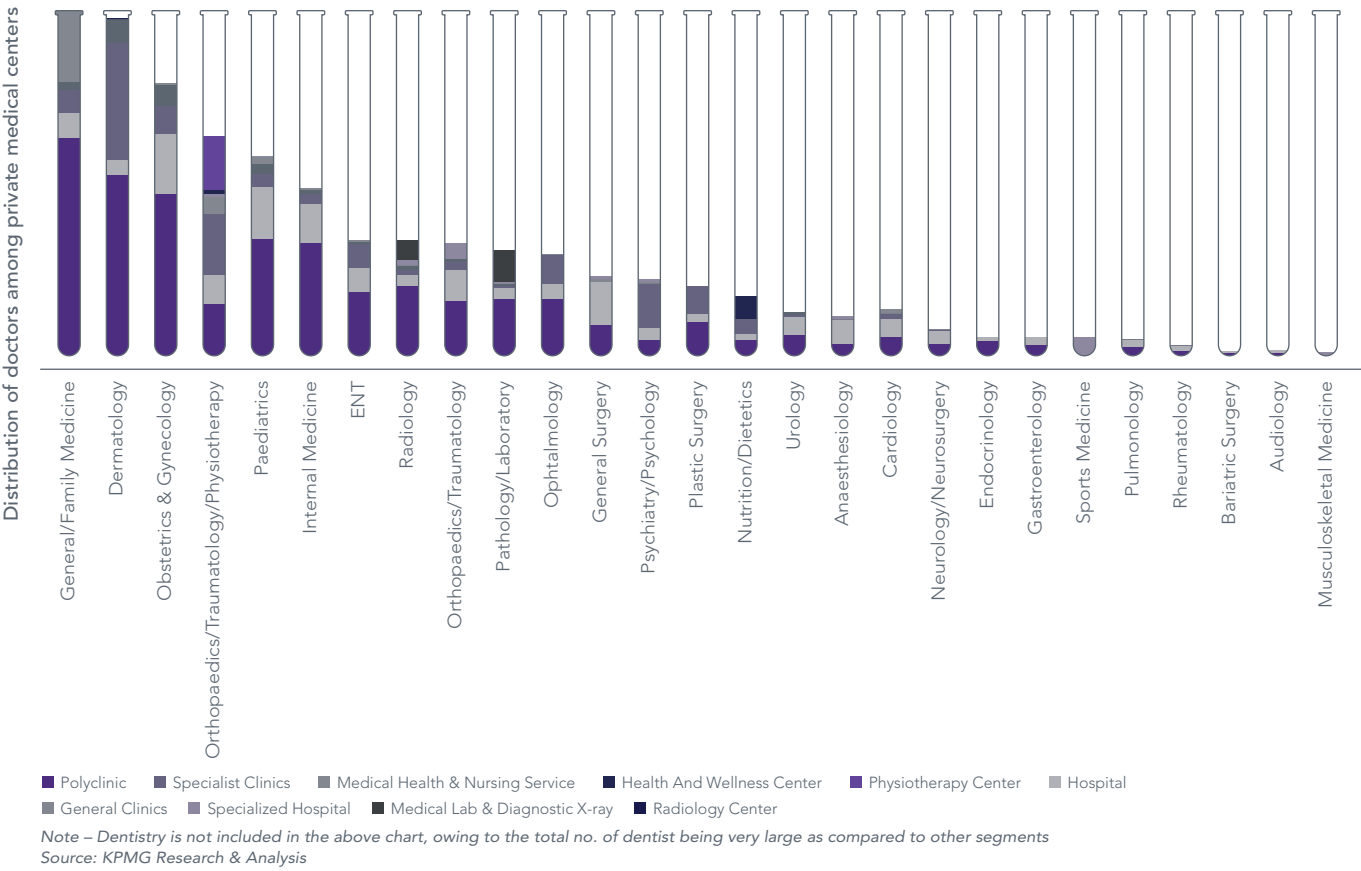
Table 17. Classification of Healthcare Centers / Facilities in Qatar

Type	Description of healthcare services	Number of Facilities
General Hospital	<ul style="list-style-type: none">A general hospital is a facility comprised of outpatient clinics and inpatient services that may deliver all levels of care in numerous specialties. It includes 24-hour availability of a comprehensive set of subspecialties to provide extensive, ongoing care for patients with complex conditions. A general hospital also provides post-acute rehabilitative care on both an inpatient and outpatient basis.This facility has a higher level of healthcare management in different fields of medicine and surgery and has ancillary services such as clinical laboratory (simple and complex), diagnostic imaging (basic and advanced) and pharmacy services. A general hospital also provides critical services such as an accident and emergency department, adult intensive care and a fully equipped ambulance service.	<ul style="list-style-type: none">6 Private Hospitals:<ul style="list-style-type: none">- Al Ahli Hospital- Al Emadi Hospital- Doha Clinic Hospital- Queen Hospital- Turkish Hospital- Dr. Moopen's Aster Hospital
Specialized Hospital	<ul style="list-style-type: none">A specialized hospital is a facility comprised of all services of a general hospital, but which provides these services in only one or two clinical specialties (e.g. cancer, women's and children's services).A specialized hospital does not typically include an accident and emergency department	<ul style="list-style-type: none">1 hospital:<ul style="list-style-type: none">- Qatar Orthopedic & Sports Medicine Hospital /Aspetar
Long Term Care Facility	<ul style="list-style-type: none">A long-term care facility provides services on an inpatient basis, but may also provide rehabilitative and chronic care on an outpatient basis.A long-term care facility provides post-acute skilled nursing care and/or skilled rehabilitation services and other related health services that cannot be provided on an outpatient basis.A long-term care facility provides medical, nursing or custodial care for patients requiring rehabilitation following acute medical or surgical treatment, as well as those who are increasingly unable to function independently due to chronic disease and/or physical frailty.	<ul style="list-style-type: none">Physiotherapy Centers: 11- Medical Health and Nursing Service: 58
Diagnostic Centre	<ul style="list-style-type: none">A diagnostic centre is a facility that provides a range of diagnostic procedures and/or diagnostic imaging services. These services will be supervised by an appropriate pathologist or radiologist and may not always require the presence of a healthcare professional licensed by the Ministry of Public Health's Medical Licensing Committee	<ul style="list-style-type: none">Blood Samples Collection Units: 36Dental Laboratories: 23Medical Lab and Diagnostic X-Ray centers: 10Diagnostic Radiology Center: 1
Clinic	<p>A clinic is a facility that provides services in one healthcare specialty regardless of the number of healthcare professionals licensed by the Ministry of Public Health's Medical Licensing Committee operating from it.</p> <p>The main function of a clinic is to provide ambulatory primary and/or secondary care services in its designated healthcare specialty, such as consultations, simple treatments, minor procedures and point of care testing, ensuring adequate access to medical and preventive services for local communities. A clinic is not intended to provide emergency services.</p> <ul style="list-style-type: none">Clinics may provide basic diagnostic imaging and physiologic testing that do not require a radiology assistant such as a dental panoramic x-ray or an ultrasound.	<ul style="list-style-type: none">General Clinics: 15Specialized Clinics: 106General and Specialized Dental Clinics: 190

Type	Description of healthcare services	Number of Facilities
Health Centre	<ul style="list-style-type: none"> A health centre is a facility comprised of two or more clinics, i.e. providing two or more healthcare specialties. A health centre usually provides urgent care services as well as ancillary services such as simple laboratory services, basic diagnostic imaging and physiologic testing and a pharmacy. A health centre does not provide emergency services. 	<ul style="list-style-type: none"> Private polyclinics: 128
Health and Wellness Centre	<ul style="list-style-type: none"> A health and wellness centre is a health centre that additionally includes wellness services such as gymnasium, spa, swimming pool, pre-natal classes, well-man clinics, healthy cooking classes, podiatry, weight management, etc. 	<ul style="list-style-type: none"> Health and Wellness Centers: 9

In the private sector, a total of 2,086 physicians work across various therapeutic segments against 5,558 in the public sector. However, the landscape in the dentistry segment is quite different as 1,338 dentists perform in the private sector against 489 in the public sector.

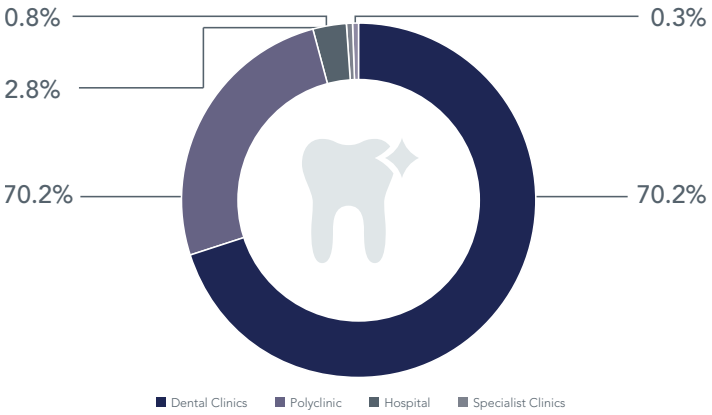
Chart 23. Distribution of doctors among private medical centers²⁴



Polyclinics and hospitals are the main service providers for the various therapeutic segments. Certain specialties however are mainly offered in specialized clinics, such as physiotherapy and rehabilitation, psychiatry and psychology, as well as nutrition and plastic surgery. On the contrary, dentistry services are mostly provided by specialized and general dental clinics.

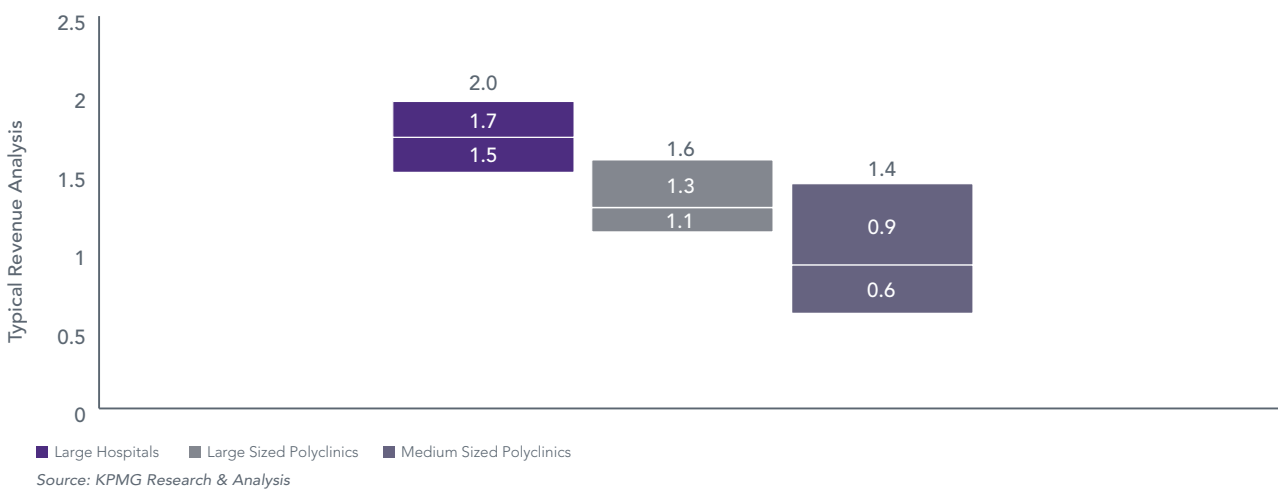
²⁴ Source: KPMG Research & Analysis

Chart 24. Distribution of dentists across private healthcare facilities²⁵



As the pie chart indicates, 70% of dentists in Qatar work in specialized dental clinics, 26% work in polyclinics and the remaining 4% work in general and specialist clinics.

Chart 25. Typical Revenue Analysis²⁶



The typical revenue per doctor differs from hospitals to large and medium size polyclinics. In hospitals the typical revenues per doctor per annum range between QAR 1.5 million and 1.95 million with an average of QAR 1.73 Million. For large sized polyclinics, revenues per doctor range from QAR 1.13 million to 1.58 million with an average of QAR 1.28 million. The revenues for medium sized polyclinics range between QAR 0.6 million and 1.4 million with an average of QAR 0.9 million.

Table 18. Margin Analysis: Key metrics – Private Sector (Qatar*)²⁷

Polyclinics / Medical Centres	Large sized Hospital	Large & Medium sized Polyclinic
Gross Margin	35%-45%	40-50%
EBITDA Margin	20%-22%	12%-18%
G&A Expenditure (% of Rev)	15%-20%	30%-35%
Staff cost (% share of direct cost)	65%-75%	30%-40%
Staff cost (indirect) over total Indirect cost	55%-65%	45%-55%

^{25, 26, 27} Source: KPMG Research & Analysis

The gross margin is relatively larger for polyclinics; large sized hospitals have a gross margin of 35% to 45% and the range lies between 40% to 50% for large and medium sized polyclinics. However, hospitals on average have a larger EBITDA margin of 20% to 22% while in polyclinics it ranges between 12% to 18%.

Generally, polyclinics have higher general and administrative expenses in proportion of revenue. The G&A expenses make up 15% to 20% of revenues in hospitals, while they make up-to 30% to 35% of the revenues in polyclinics.

Hospitals’ staff costs make a bigger portion of the overall direct and indirect costs than polyclinics. They make up 65% to 75% of direct costs and 55% to 65% of indirect costs in hospitals while they represent 30% to 40% of direct costs and 45% to 55% of indirect costs in polyclinics.

3.3 Distribution of Private Polyclinics by Key Location

Table 19. Number of Polyclinics by location

Key Locations	Polyclinic Count
New AlKhulaifat/Al Maamoura/ Mesaimeer/ Ain Khaled	12
New Al Rayyan/Muaither North/Al Wajba	11
Al Waab	9
Al Sadd/New Al Mirqab/Fereej Al Nasr	7
Umm Lekhba	7
Al Hilal	6
Abu Hamour	5
Al Gharrafa/Bani Hajer/Al Zaghwa	5
Al Khor	5
Al wakraa	5
Industrial Area	5
Nuaija	5
Umm Slal/Al Kharaitiyat	5
Al Muntazah	4
Alsoudan south/Alaziziya/Alghanim/Almarrah/Alwaab	4
Madinat Khalifah North/Dahl Al Hamam	4
Al Markhiya	3
Al Wukair	3
Madinat Khalifah South	3
Al Luqta/Old Al Rayyan/Al Zeem District 52	2
Lebaib	2
Musheireb	2
Old Airport	2

Key Locations	Polyclinic Count
Onaiza/Al Dafna	2
Al Kheesa	1
Al Mansoura/Bin Dirhem	1
Fereej Al Manaseer	1
Fereej Kulaib	1
Jelaiah	1
Messaieed	1
Muaither South	1
Najma	1
New Al Salata	1
Onaiza	1

3.4 Typical Doctor to Nurse Ratio and Clinical to Non-Clinical Staff Ratio

Based on a sample of facilities across large, medium and small polyclinics, the typical doctor to nurse and clinical to non-clinical staff ratio is as follows:

Table 20. Operating ratios by Polyclinic size²⁸

Polyclinic Size	Polyclinic Example	Clinical to non-clinical ratio	Doctor to nurse ratio
Large Polyclinic (Above 25 doctors)	Future Medical Center	1:8	1:1
	Naseem Al Rabeeh – C ring road	1:14	1:1.5
	KIMS Qatar Medical Center	1:9	1:1.2
Medium Polyclinic (10 to 25 doctors)	Aster Medical Center- C ring road	1:5	1:1
	Syrian American Medical Center	1:8	1:1.3
	Badr Al Samaa Medical Center	1:7	1:0.8
Small Polyclinic (Less than 10 doctors)	Advance Medical Clinic	1:3.5	1:1
	Wellcare Polyclinic	1:3.75	1:1
	Al Zaeem Polyclinic	1:6.5	1:1.2

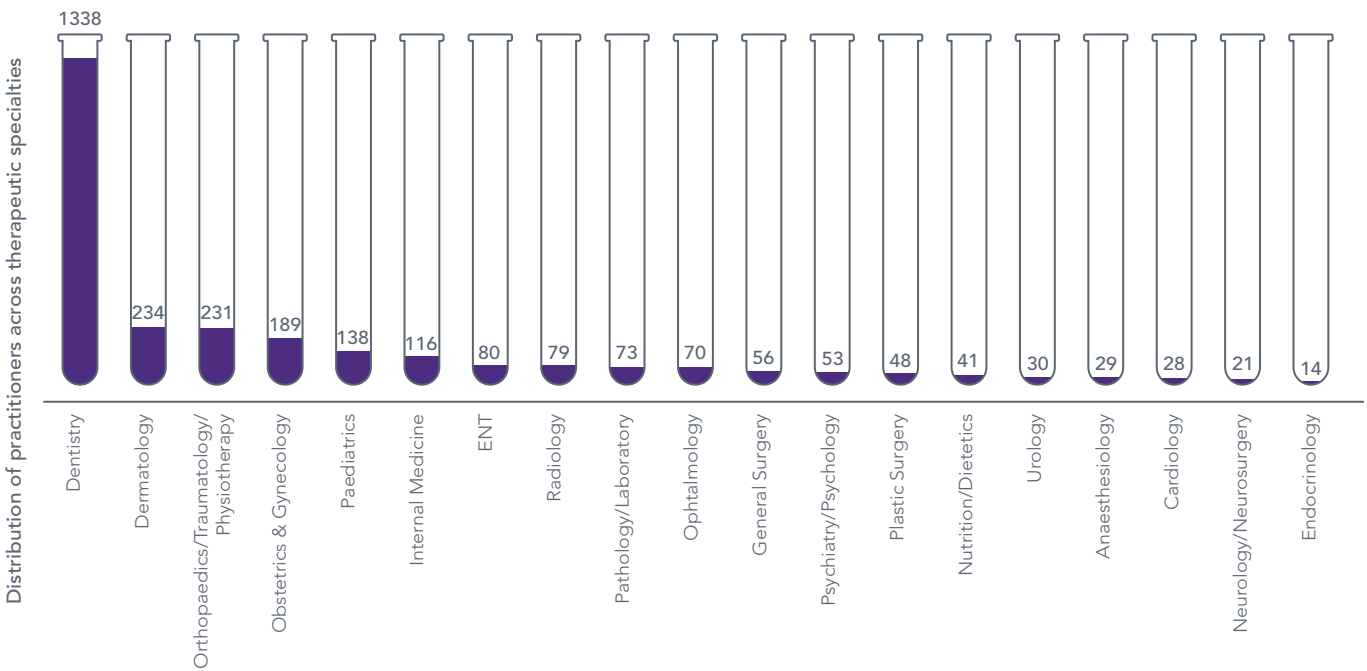
The typical number of clinical and non-clinical staff depends on the size of the polyclinic. The average number of clinical staff is 110 for large polyclinics, 50 for medium polyclinics and 14 for small sized polyclinics. The average number for non-clinical staff is 10 for large polyclinics, 7 for medium polyclinics and 3 for small polyclinics. The typical clinical to non-clinical ratio is 1:11 for large polyclinics, 1:7 for medium polyclinics and 1:4 for small polyclinics.

²⁸ Source: KPMG Primary Research

3.5 Top 5 Therapeutic Segments based on No. of Physicians across only Polyclinics (Excluding Fertility Clinics)

The top five therapeutic segment is mainly based on the specialty across all healthcare facilities in the private sector. In this regard, the number of practitioners in each therapeutic segment is counted as the main factor to rank the highly practiced medical specialty services.

Chart 26. Distribution of practitioners across therapeutic specialties²⁹



Source: KPMG Research & Analysis

Note – General & Family medicine is not considered for further analysis due to it being a generic practice

As the chart indicates, the top five therapeutic segments from a practice perspective are: dentistry; dermatology; orthopedics & physiotherapy; obstetrics & gynecology; and pediatrics.

Dentistry is the largest service in terms of practice in the private sector, accounting for ~40% of the total number of doctors (a total of 1,338 doctors). It is then followed by general and family medicine, dermatology, obstetrics & gynecology, orthopedics (& associated services) and pediatrics, which collectively account for ~30% of the total no. of doctors across Qatar’s private healthcare sector.

²⁹ Source: KPMG Research & Analysis

3.6 Overview of Demand Drivers and Demand Forecast for each Selected Therapeutic Segment

Demand Estimation Approach - Demand estimation methodology of 5 shortlisted therapeutic segments will capture the current demand and forecast the gap in terms of number of private physicians additionally required in Qatar. Our approach is mainly based on assessing the current availability of doctors in the private sector, comparing them with the global and regional averages, and identifying the gaps in number of doctors required in the private sector on a YoY basis

Our approach is distributed into 5 steps:

I. Step I: Global Avg. Benchmarking of No. of Physicians per Therapeutic segment

Global benchmarking of no. of physicians per therapeutic segment for GCC countries as well as Other developed countries (which are public sector healthcare dominated), depending on the best available data.

II. Step II: Avg. Private Physicians to Total Physicians Ratio

Distribution of total physicians (per therapeutic segment) into public and private sector for each benchmarked country selected under Step 1

III. Step III: No. of Private physicians in Qatar per therapeutic segment

Key ratio analysis (Ratio 1&2): Current no. of private physicians available (per therapeutic segment) in Qatar per 10,000 total population (to compare with GCC Avg.) and per 10,000 household (HH) population (to compare with other dev. countries)

Note:

Ratio 1 - No. of Pvt. Physicians per 10,000 total pop. In Qatar

Ratio 2 - No. of Pvt. Physicians per 10,000 HH pop. In Qatar

IV. Step IV: Gap Analysis – Qatar vs other countries

Analyze the gap in the total no. of required Pvt. Physicians in Qatar (per therapeutic segment).

- Gap 1: Ratio 1 vs GCC Countries
- Gap 2: Ratio 2 vs Other Developed Countries

Considering Qatar would aspire to have the best ratio of private physicians per healthcare segment, we will take into consideration the best ratio between GCC ratio and Global ratio. Thus, our gap analysis will project the most aspiring case scenario for Qatar’s each healthcare therapeutic segment.

V. Step V: Future Demand Projection

Basis the growth trend of population, estimate for the next 5 years, the no. of Pvt. Physicians that would be required under each selected therapeutic segment.

Assumption: Our approach does not consider the involvement of medical tourism demand drivers and the impact of COVID 19.

Henceforth, we have covered the demand drivers and demand forecast subsequently for each selected therapeutic segment:



Demand Driver Overview for Obstetrics & Gynecology segment

Table 21. Demand Driver Overview for Obstetrics and Gynecology segment

High incidence of gynecological diseases (such as ovarian,uterine, cervical, and vaginal cancer)

According to the World Health Organization's International Agency for Research on Cancer, gynecologic cancers account for 19% of the 5.1 million estimated new cancer cases diagnosed each year. According to the Senior Consultant Obstetrics/Gynecology at the Women's Wellness Research Center (WWRC), cervical cancer in Qatar is the third most common gynecological cancer and represents 24 percent of all gynecological cancers. About 40% of all cervical cancers are diagnosed at stage II of the disease.

Increased birth rate

According to PSA, the number of live births in Qatar reached 28,412 in 2019, a natural increase of 6% compared to live births in 2016. A continuous increase was observed in the number of live births registered during the period (2010-2019) from 19,504 in 2010 to 28,412 live births in 2019, an annual growth rate of 5.4%.

Increasing awareness of gynecological diseases

The World Health Organization (WHO) puts cervical cancer as 4th in the ranking of the most diagnosed types of cancer in women. Approximately 570,000 women had been diagnosed with cervical cancer in 2018.

Every January, marking the World Cancer Awareness month, Hamad Medical Corporation (HMC) raises awareness of cervical cancer by providing instructions to women on how to be protected from the disease and encouraging public understanding of the importance of prevention and early diagnosis.

Rising investments for providing advanced healthcare facilities & services

The design and development of the Women's Wellness and Research Center (WWRC) was aligned by HMC with Qatar's National Health Strategy, making family the center of the care services. The WWRC is developed as a specialist hub for women's health services with a capacity for up to 17,000 births per year. The center employs more than 2,000 clinicians who are specialized in gynecology, obstetrics, and newborn care.

Sidra Medicine is also one of the only women's hospitals in the region to offer ground-breaking Robotic Myomectomy, a minimally invasive technique using robotics to remove uterine fibroids. The Sidra Medicine Fibroid Center program offers Magnetic Resonance-guided Focused Ultrasound which uses ultrasonic pulses to destroy the fibroids by heating them up. Fibroid Embolization is another minimally invasive procedure that is available to shrink the fibroids with a real-time x-ray called fluoroscopy.

Gap Analysis for Obstetrics and Gynecology segment

Table 22. Gap Analysis for Obstetrics and Gynecology segment (per Ratio 1)

Ratio 1 (R1) – total no. of physicians in Qatar per 10,000 pop.	Average GCC Ratio – G1	GAP 1 = G1 – R1	Current GAP in terms of no. of doctors
0.68	0.85	0.17	Shortage of 47 physicians

Considering the total no. of existing obstetricians and gynecologists in Qatar's private healthcare sector to be 189, the ratio of total physicians to 10,000 total population stands at 0.68, which is below the GCC average ratio of 0.85. Thus, the Qatar private market would need an additional no. of 47 obstetricians and gynecologists to meet the current demand.

Table 23. Gap Analysis for Obstetrics and Gynecology segment (per Ratio 2)

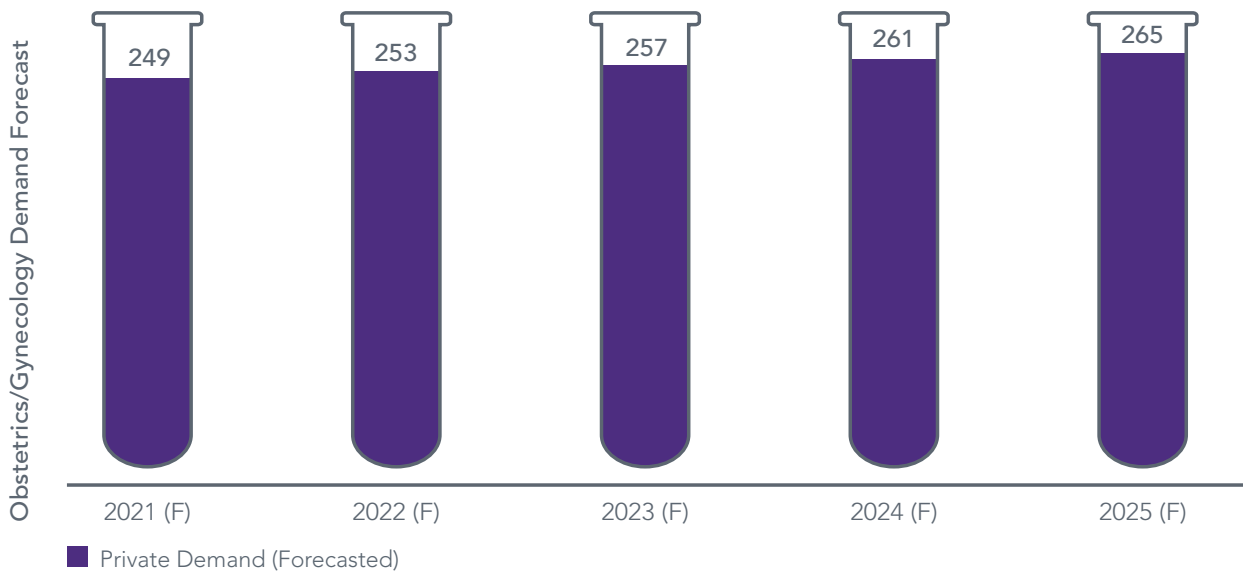
Ratio 2 (R2) – total no. of physicians in Qatar per 10,000 household pop.	Average Global Ratio – G2	GAP 2 = G2 – R2	Comment Current GAP in terms of no. of doctors
1.14	0.38	- 0.76	Excess of 134 physicians

However, the ratio of total physicians in Qatar to 10,000 household population stands at 1.14, which is much higher than the global ratio of 0.38. If we consider this ratio, the Qatar market is in excess of 134 obstetricians and gynecologists currently.

However, as set in the demand estimation methodology, we would consider the higher ratio between G1 & G2 to derive the current demand. Thus, the total demand in 2020 basis Gap 1 is estimated to be **236** no. of total obstetricians and gynecologists.

Demand Forecast for Obstetrics and Gynecology segment

Chart 27. Obstetrics/Gynecology Demand Forecast³⁰



Between 2021 - 2025, the demand for obstetricians and gynecologists in the private sector is expected to increase from 249 doctors in 2021 to 265 doctors in 2025.³¹

Although, there are no declared plans for development or opening of gynecology/obstetrics specialized clinics, the increase in the number of doctors to cater to the forecasted demand is predicted to result from the increase in the capacity of the existing polyclinics and hospitals.

³⁰ Source: KPMG Analysis, 2020

³¹ Basis the growth trend of population in the next 5 years and current ratio gap



Demand Driver Overview for Dermatology segment

Table 24. Demand Driver Overview for Dermatology segment

Increase in prevalence of melanoma and autoimmune skin diseases

The need for diagnosis is growing as the prevalence of skin diseases is on the rise. Globally, Skin disorders are more and more recognized as one of the most common health problems and are expected to exceed the occurrence of hypertension, cancer, and obesity problems among the population. This has made dermatology diagnostic and treatment services more popular.

Technological advancement in the field of dermatology diagnostic services

The technological advancement trend in the dermatology sector is more and more focused on improving the detection mechanism's accuracy and sensitivity. For instance, the skin diagnostic procedures are becoming easier with the introduction and use of the Dermatoscope. This tool is simple and easy to handle for all dermatology practitioners regardless of their experience and is widely used for early detection of non-malignant melanomas. Besides, the latest emerging trend is more adoption of mobile technology for skin related diagnosis.

Growing awareness about skin rejuvenation and other cosmetic treatments

The initiatives taken by both government and private entities to update dermatologists and individuals include regular education and training for physicians, public awareness programs, and increased funding for scientific and epidemiological research.

Growing responsibility as well as interest among dermatology practitioners is driven by the increasing awareness about dermatological needs and the importance of a better diagnostic accuracy.

Emphasis on early diagnosis

The effectiveness of the treatment of cases of skin cancer is highly related to early diagnosis. There are rising efforts in Qatar (specifically by Qatar Cancer Society) to raise awareness about early diagnosis to enhance the skin diseases detection in order to decrease treatment costs. The awareness campaigns will increase the demand for dermatology diagnosis and treatment services.

Gap Analysis for Dermatology segment

Table 25. Gap Analysis for Dermatology segment (per Ratio 1)

Ratio 1 (R1) – total no. of physicians in Qatar per 10,000 pop.	Average GCC Ratio – G1	GAP 1 = G1 – R1	Current GAP in terms of no. of doctors
0.85	0.50	- 0.35	Excess of 100 physicians

Considering the total no. of existing dermatologists in Qatar's private healthcare sector to be **234**, the ratio of total physicians to 10,000 total population stands at 0.85, which is better than the GCC average ratio of 0.50. Thus, the Qatar private market is in excess of 100 dermatologists.

Table 26. Gap Analysis for Dermatology segment (per Ratio 2)

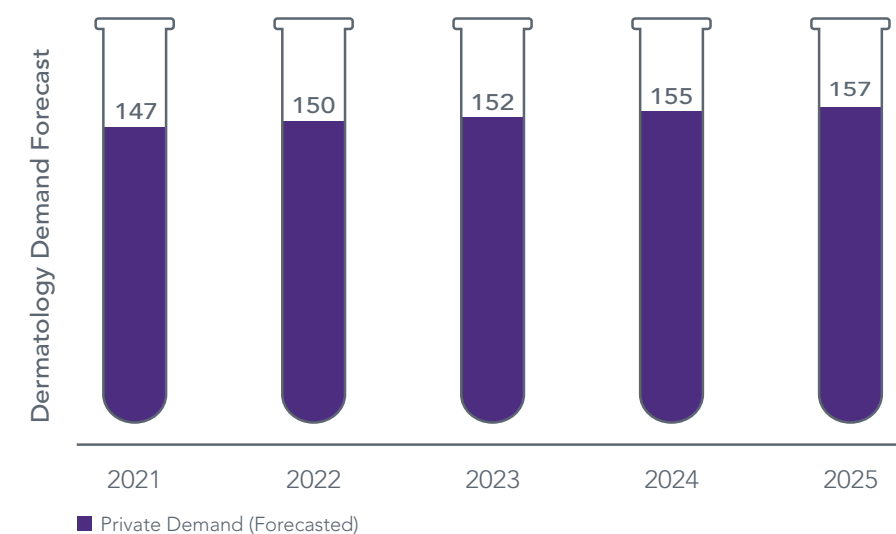
Ratio 2 (R2) – total no. of physicians in Qatar per 10,000 household pop.	Average Global Ratio – G2	GAP 2 = G2 – R2	Comment Current GAP in terms of no. of doctors
1.41	0.14	- 1.28	Excess of 220 physicians

However, the ratio of total physicians in Qatar to 10,000 total household population stands at 1.41, which is again much higher than the global ratio of 0.14. If we consider this ratio, the Qatar market is in excess of 220 dermatologists currently.

However, as set in the demand estimation methodology, we would consider the higher ratio between G1 & G2 to derive the current demand. Thus, the total demand in 2020 basis Gap 1 is estimated to be **134** no. of total dermatologists.

Demand Forecast for Dermatology segment

Chart 28. Dermatology Demand Forecast³²



Between 2021 - 2025, the demand for dermatologists in the private sector is expected to increase from 147 doctors in 2021 to 157 doctors in 2025³³

As opposed to the public sector, where demand is more from only a curative and preventive dermatology treatment perspective, the private sector mostly caters to the demand for cosmetic and wellness services along with curative requirements.

Due to the oversupplied market scenario, the dermatology facilities in the private sector is predicted to be more competitive and players are required to provide dermatology expertise with advanced skin care techniques to address a variety of medical, cosmetic and laser dermatology needs in future.

³² Source: KPMG Analysis, 2020

³³ Basis the growth trend of population in the next 5 years and current ratio gap



Demand Driver Overview for Orthopedics & associated segments

Table 27. Demand Driver Overview for Orthopedics & associated segments

High awareness of musculoskeletal related disorders

Most of the household population in Qatar are well aware of the musculoskeletal disorders and thus, generally seek quality treatments from internationally recognized hospitals.

Significant lifestyle concerns on musculoskeletal disorders

Approximately 70% of Qatari population are either obese or overweight resulting in higher diabetic and obesity related complications – the same has larger significance on developing musculoskeletal disorders.

Technological advancements only in public sector

Currently, the private medical facilities lag the public facilities in terms of better and technologically advanced medical equipment.

Lack of premium orthopedic related services offerings in Qatar

Qatar currently lacks in high end / premium orthopedic healthcare facilities. There is only one dedicated orthopedic facility in Qatar, however, it lacks size and scale. Development of an integrated offering may fill up the gap.

Increased sports activities

Awareness towards sports has increased significantly in the past few years due to consistent efforts made by the government. In this regard, Qatar ranks in the top 20 sports countries across the globe.

Patients going abroad is a huge cost for Government

An expected ~1,100 orthopedic and spine cases annually are funded by Qatar Government for treatment abroad on the premise of lack of availability, capacity or specialty in Qatar. Targeting the same can be a key driver for growth.

Gap Analysis for Orthopedics & associated segments

Table 28. Gap Analysis for Orthopedics & associated segments (per Ratio 1)

Ratio 1 (R1) – total no. of physicians in Qatar per 10,000 pop.	Average GCC Ratio – G1	GAP 1 = G1 – R1	Current GAP in terms of no. of doctors
0.84	0.87	0.03	Shortage of 8 physicians

Considering the total no. of existing physicians in the orthopedic and associated segments in Qatar's private healthcare sector to be **231**, the ratio of total physicians to 10,000 total population stands at 0.84, which is almost similar to the GCC average ratio of 0.87. Thus, the Qatar private market is marginally short by 8 physicians.

Table 29. Gap Analysis for Orthopedics & associated segments (per Ratio 2)

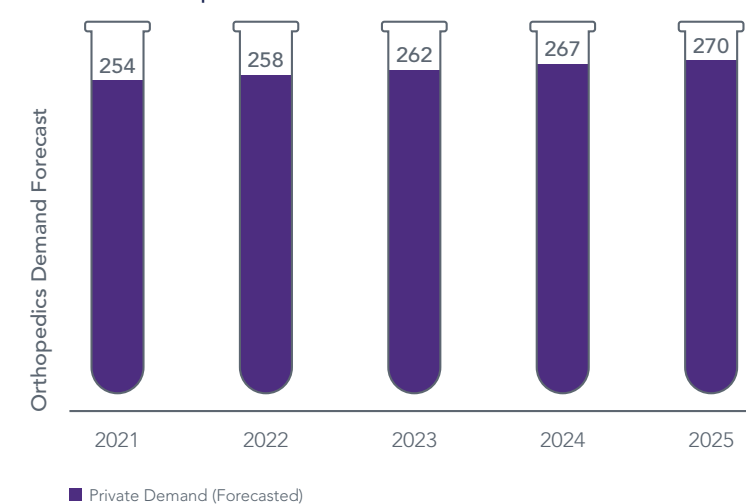
Ratio 2 (R2) – total no. of physicians in Qatar per 10,000 household pop.	Average Global Ratio – G2	GAP 2 = G2 – R2	Comment Current GAP in terms of no. of doctors
1.39	0.57	- 0.83	Excess of 143 physicians

However, the ratio of total physicians in Qatar to 10,000 total household population stands at 1.39, which is again much higher than the global ratio of 0.57. If we consider this ratio, the Qatar market is in excess of 143 physicians in the orthopedic and associated segments.

However, as set in the demand estimation methodology, we would consider the higher ratio between G1 & G2 to derive the current demand. Thus, the total demand in 2020 basis Gap 1 is estimated to be 239 no. of total physicians.

Demand Forecast for Orthopedics & associated segments

Chart 29. Orthopedics Demand Forecast³⁴



Between 2021 - 2025, the demand for physicians in the orthopedic and associated segments in the private sector is expected to increase from 254 doctors in 2021 to 270 doctors in 2025.³⁵

The growth in demand for orthopedics and physiotherapy services is slow because it mainly depends on trauma and growth in the total household population is almost negligible. Given negligible growth in population, surgery incidences may not grow in near future.

The private sector provides orthopedic surgeries but mainly offers outpatient orthopedic services, physiotherapy and chiropractic treatments. Competition in the O&S segment is high due to public sector dominance with better quality facilities and negligible cost of treatment / consultation / procedures, and hence growth in private supply is not expected to increase significantly in the next five years.

³⁴ Source: KPMG Analysis, 2020

³⁵ Basis the growth trend of population in the next 5 years and current ratio gap



Demand Driver Overview for Pediatric segment³⁶

Table 30. Demand Driver Overview for Pediatric segment

Large children population

The number of people in the age group of 0 to 14 years has increased by 21% between 2015 and 2019, going from 328,012 to 398,435¹

Changes in lifestyle and unhealthy habits prevailing in the family leading the increasing complications and health issues in infants and children

A growth monitoring program, conducted by the Ministry of Public Health (MoPH) in 2018, found that about 43% of the total students (who were part of the program) were overweight (21.2%) or obese (21.5%). 44.8% of males and 40.4% of females (out of the total students who participated in the program) were found to be either overweight or obese. The monitoring also concluded that overweight and/or obesity prevalence was seen among 45.6% of Qatari students and 40.9% non-Qatari students were facing.

The burden of obesity could lead to non-communicable chronic diseases such as cardiovascular disease, diabetes and high blood pressure among Qatari community

Children are often prone to illness and diseases and catch infections easily

Every month, approximately 4,000² patients visit the department of pediatrics in Hamad Hospital, including pediatric emergency patients. The Newborn Screening Program, which offers free disease screening for all children born in Qatar, currently screens for more than 30 disorders, most of which are autosomal recessive.

³⁶ Source¹: PSA, 2019; Source2: MoPH, 2018

Gap Analysis for Pediatric segment

Table 31. Gap Analysis for Pediatric segment (per Ratio 1)

Ratio 1 (R1) – total no. of physicians in Qatar per 10,000 pop.	Average GCC Ratio – G1	GAP 1 = G1 – R1	Current GAP in terms of no. of doctors
0.5	0.83	0.33	Shortage of 94 physicians

Considering the total no. of existing pediatricians in Qatar's private healthcare sector to be **138**, the ratio of total physicians to 10,000 total population stands at 0.5, which is lower than the GCC average ratio of 0.83. Thus, the Qatar private market would need an additional no. of 94 pediatricians to meet the current demand.

Table 32. Gap Analysis for Pediatric segment (per Ratio 2)

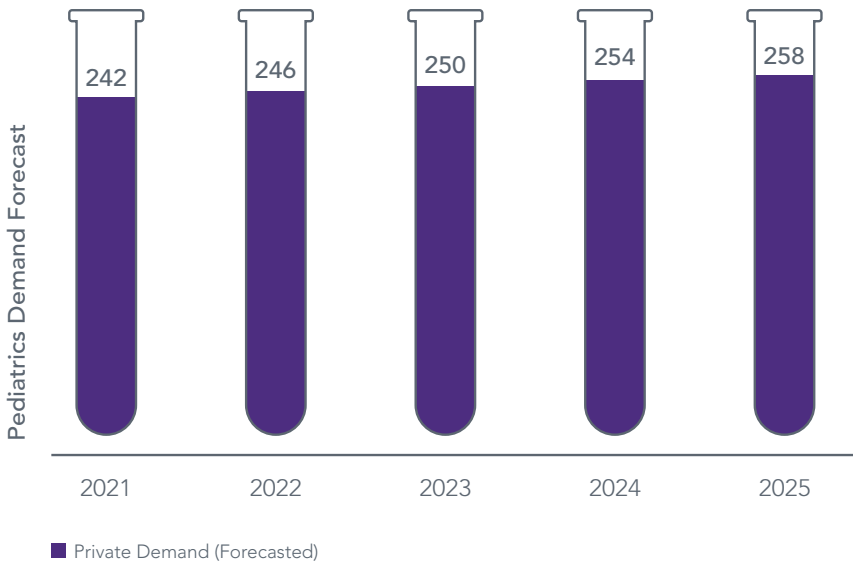
Ratio 2 (R2) – total no. of physicians in Qatar per 10,000 household pop.	Average Global Ratio – G2	GAP 2 = G2 – R2	Comment Current GAP in terms of no. of doctors
0.83	0.28	- 0.56	Excess of 96 physicians

However, the ratio of total physicians in Qatar to 10,000 total household population stands at 0.83, which is again much higher than the global ratio of 0.28. If we consider this ratio, the Qatar market is in excess of 96 pediatricians.

However, as set in the demand estimation methodology, we would consider the higher ratio between G1 & G2 to derive the current demand. Thus, the total demand in 2020 basis Gap 1 is estimated to be **232** no. of total pediatricians.

Demand Forecast for Pediatric segment³⁷

Chart 30. Pediatrics Demand Forecast



Between 2021 - 2025, the demand for pediatricians in the private sector is expected to increase from 242 doctors in 2021 to 258 doctors in 2025.³⁸

Interestingly, the increase in number of pediatricians should be accompanied with an increase in the number of doctors from other specialties since pediatric services need an approach where multiple specialists are involved simultaneously.

³⁷ Source: KPMG Analysis, 2020

³⁸ Basis the growth trend of population in the next 5 years and current ratio gap



DENTAL

Demand Driver Overview for Dental segment

Table 33. Demand Driver Overview for Dental segment

Increasing prevalence of the dental diseases in teenagers and adults

Oral care and dental hygiene are major concerns with the changing habits of the consumer. The oral health burden has increased, which is expected to grow due to the shift in the consumer habits. There is an increase in the incidence of the periodontal diseases amongst the pediatric as well as the adult population across the globe.

Rising Geriatric Population

The rising geriatric population in Qatar leads to higher demand for Dental Crowns and Bridges and also an increase in the treatment and diagnosis rate for various dental disorders which would propel growth of the market.

Cosmetic dentistry has gained popularity over a period

The cosmetic dentistry focuses on the facial appearance. The adult population in the mid-30s and 40s are concentrating on their facial appearance and have started venturing into cosmetic treatment. Qatar having the largest portion of its population in the mid age bracket, demand for cosmetic dentistry has seen significant rise. The dental implants are the key drivers for cosmetic dentistry with available patient customized treatment options, for example, the freedom to choose dental filling, which was earlier confined only to amalgam, gold, or other biomaterials.

Gap Analysis for Dental segment

Table 34. Gap Analysis for Dental segment (per Ratio 1)

Ratio 1 (R1) – total no. of physicians in Qatar per 10,000 pop.	Average GCC Ratio – G1	GAP 1 = G1 – R1	Current GAP in terms of no. of doctors
4.63	3.11	- 1.52	Excess of 437 dentists

Dentistry is the largest healthcare segment in Qatar in regards of number of practitioners. Considering the total no. of existing dentists in Qatar's private healthcare sector to be **1,338**, the ratio of total dentists to 10,000 total population stands at 4.63, which is better than the GCC average ratio of 3.11. Thus, the Qatar private market is in excess of 437 dentists.

Table 35. Gap Analysis for Dental segment (per Ratio 2)

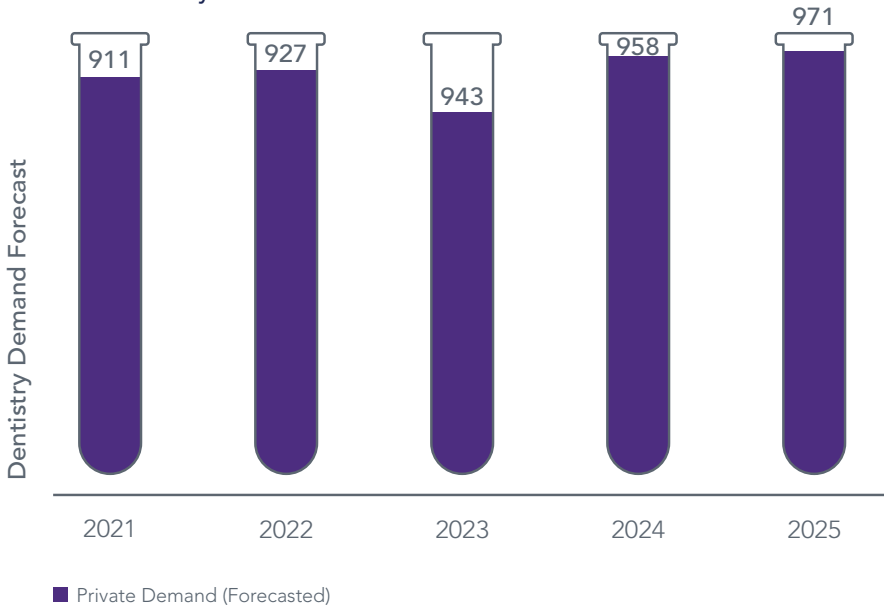
Ratio 2 (R2) – total no. of physicians in Qatar per 10,000 household pop.	Average Global Ratio – G2	GAP 2 = G2 – R2	Comment Current GAP in terms of no. of doctors
7.71	2.42	- 5.29	Excess of 915 dentists

However, the ratio of total dentists in Qatar to 10,000 total household population stands at 7.71, which is again much higher than the global ratio of 2.42. If we consider this ratio, the Qatar market is in excess of 915 dentists currently.

However, as set in the demand estimation methodology, we would consider the higher ratio between G1 & G2 to derive the current demand. Thus, the total demand in 2020 basis Gap 1 is estimated to be **901** no. of total dermatologists.

Demand Forecast for Dental segment

Chart 31. Dentistry Demand Forecast³⁹



Between 2021 - 2025, the demand for dentists in the private sector is expected to increase from 911 doctors in 2021 to 971 doctors in 2025⁴⁰. Despite the overly competitive market, the demand is expected to increase as it is estimated to be driven mainly by the increase in population.

The number of dentists in Qatar is in surplus compared to the estimated demand of dentists in the private sector. Although the number of dentists in the public sector is expected to increase in the same period due to the facilities expansions being underway, we do not expect the number of dentists in the private sector to increase because of an already oversupplied market scenario. The market is already saturated in the private sector and is extremely competitive, thus the existing scenario may drive several practitioners away.

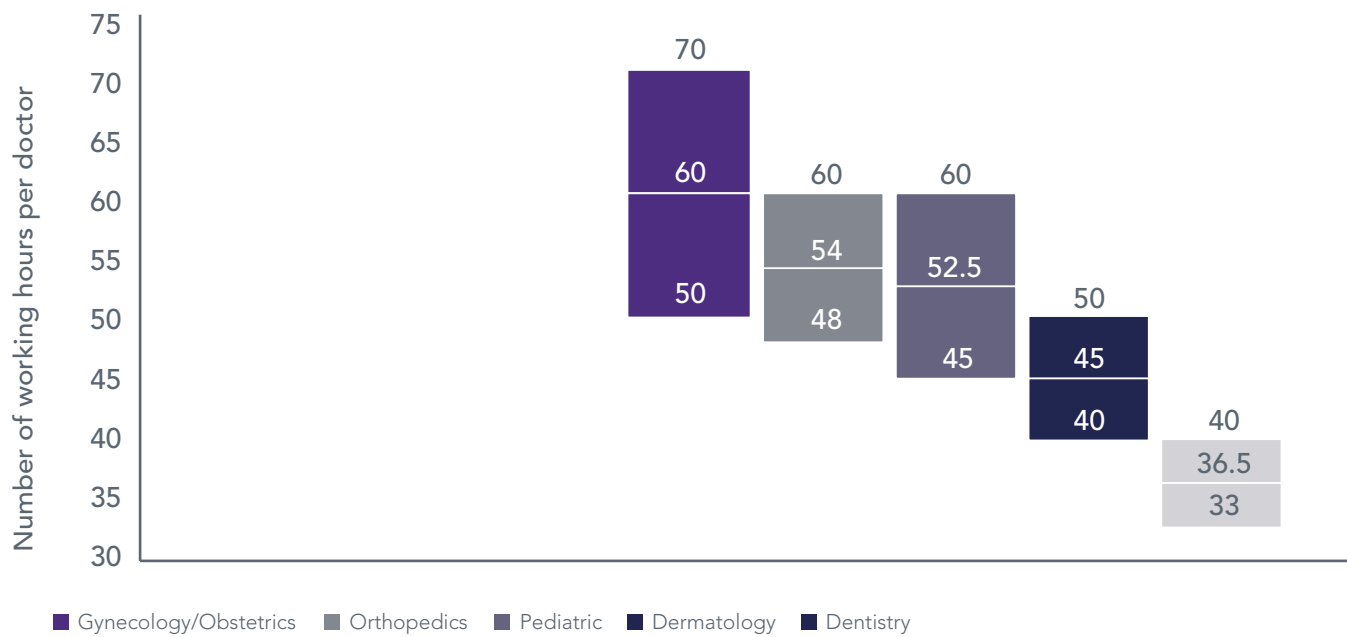
However, current players in the market are more likely to follow specialization strategy as the number of specialized dentists, such as orthodontists and endodontists, is far less than the number of doctors working in the general dentistry field. Diversification of areas of specialization is the most effective way to draw competitive advantage considering that prices and technology are almost not variable, and services are homogeneous.

³⁹ Source: KPMG Analysis, 2020

⁴⁰ Basis the growth trend of population in the next 5 years and current ratio gap

3.7 Estimated Capacity Utilization, Typical Operating Hours etc.

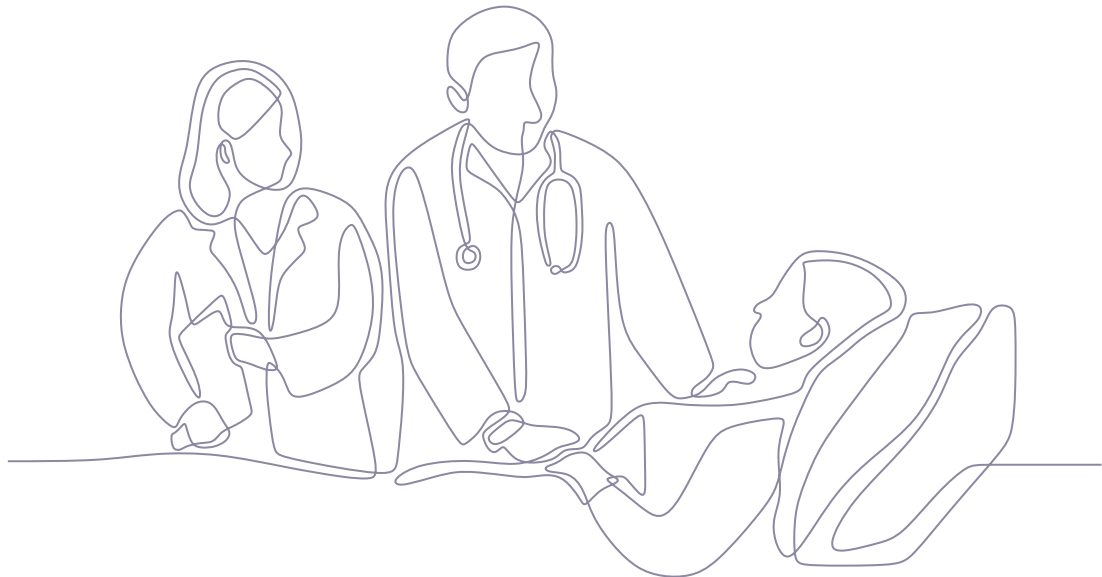
Chart 32. Number of working hours per doctor⁴¹



The number of working hours varies across specialties. There are also other factors that determine the typical number of operating hours such as whether the facility is a hospital, a polyclinic or a solo clinic, the experience of the doctor, and the number of health practitioners, etc.

Doctors in gynecology and obstetrics have the highest average of operating hours, a specialist typically works for 50 to 70 hours a week; followed by orthopedic specialists whose working hours are between 48 and 60 hours. Pediatricians’ weekly operating hours per doctor range from 45 to 60 and dermatologists’ hours ranges between 40 to 50 hours per week.

Dentists have the lowest typical number of working hours with an average of 36.5 hours per week per doctor (the hours range from 33 to 40 hours)



⁴¹ Source: Primary data, interactions with health practitioners in Qatar, 2020

3.8 Consultation Charges for each Selected Therapeutic Segment

Obstetrics & Gynecology

In Hospitals:

Consultation charges are fixed at a rate of QAR 300 – 400. The treatments under this segment often requires multiple hours of specialized procedures to be conducted. Thus, prices usually depend on the kind of procedures and patient needs, as well as the type of service provided.

In polyclinics

Private clinics charge an average of QAR 300 – 500 for consultation. Exams and ultrasounds are available in a spectrum of prices ranging from QAR 200 – 400.

In Solo/Specialized clinics

Prices range from QAR 200 to QAR 400. The strategy of Gynecologists who practice in solo clinics usually revolves around maintaining patient loyalty; thus, the payment plan’s objective is to guarantee a personalized treatment at the most convenient price.

Source: KPMG Research and Perception interactions

Dermatology⁴²

In Hospitals:

Treatment prices vary according to the expertise of the doctor, even though the consultations are almost typical to all doctors. The range of consultation charges are between QAR 300-500. Cosmetic dermatology treatments such as hair removal, face lifts and skin rejuvenation are very popular and vary in price. However, single sessions range from QAR 500 – 2,000 depending on the treatment type.

In polyclinics

Although many of the skin-related services are marketed heavily, their consultation prices seem to be reasonable ranging between QAR 100–300. Treatments always include discounts and range between QAR 500 – 1,000 in general. However, for several treatments which require multiple sessions, the price will increase depending on the number of sessions. Few clinics offer free consultation for this type of treatments.

In Solo/Specialized clinics

Although there are not many clinics present in this particular specialty, few clinics which do exists, seek to provide maximum luxury and comfort to patients by offering flexible prices, better / high quality services, and private time with the specialized doctor. Consultation charges are usually free, or very trivial and treatment costs depend on the treatment plans discussed with the patient beforehand.

Source: KPMG Research and Perception interactions

Orthopedics / Traumatology / Physiotherapy⁴³



In Hospitals:

The average cost per inpatient visit (IPD) at a large size hospital in Qatar varies in the range of QAR 12,500 – 21,000. Additionally, the average cost per outpatient (OPD) visit at a large size hospital varies in the range of QAR 450 – 700. However, only 3-5% of outpatients are admitted as inpatients.



In polyclinics

The average orthopedics consultation fees in polyclinics range between QAR 400-500. The average cost of a physiotherapy session in polyclinics is QAR 450.



In Solo/Specialized clinics

There are a few clinics that specialize in orthopedics and traumatology. The average consultation fee is around 300 QAR in these solo/specialized clinics. Additionally, there are many physiotherapy centers in Qatar and the average cost for a session of 40 minutes is around QAR 400.

Pediatrics⁴⁴



In Hospitals:

Hospitals usually have a lower consultation fee for pediatrics, compared to other fields. Pediatric care packages (including surgical intervention) are usually between QAR 900 and QAR 3,000 but range based on the need of the patient. Other specialized treatments are between QAR 200 and QAR 1,000 when they usually require less invasive procedures.



In polyclinics

Similar to hospitals, the consultation charges for pediatric services are less than other medical segments, ranging from QAR 150 to QAR 300. Prices for surgical procedures range between QAR 500 and QAR 2,000.



In Solo/Specialized clinics

There are not many practitioners in pediatrics specialty in the private sector. Consultation services in specialized clinics are usually free of charge or are charged insignificantly. Treatment costs are subject to the treatment plans agreed in advance.

Dental⁴⁵



In Hospitals:

Dental consultations are at a fixed price between QAR 100-200. There are three types of treatment: checkup services (including referrals, oral exams, follow up visits), general treatments (including scaling, cleaning, and fillings) and specialized treatments (including orthodontics, crowns, and cosmetic features).

Checkup services charges range of QAR 100 – 500. General treatment charges range from QAR 500 – 3,000. Specialized treatments charges range from QAR 1,000+ per session.



In polyclinics

The average consultation charges range between QAR 200–300. Most checkup and general treatments have the same range across most polyclinics, between QAR 500 and QAR 3,000. However, Orthodontics and surgeries are priced based on the patient's case and number of sessions.



In Solo/Specialized clinics

The dental consultation charges in private clinics are fixed and trivial, ranging between free (in all-inclusive packages) to QAR 300. The aim behind the low prices is to acquire the patient for future visits. Treatments are cheaper than the average range in other medical centers, ranging between QAR 600 – 2,000 for permanent treatment options.



^{43, 44} Source: KPMG Research and Perception interactions

⁴⁵ Source: KPMG Research and Perception interactions

3.9 Industry Market Outlook / Future Opportunities for each Selected Therapeutic Segment

Table 36. Boosters & Restraints in Obstetrics & Gynecology segment

Obstetrics & Gynecology	Boosters	Restraints
	Growing Prevalence in Gynecological diseases Mounting pervasiveness of gynecological diseases and conditions such as cervical and uterine cancer call for early medical check-ups and thus result in increased demand for gynecological treatments.	Market is dominated by public sector⁴⁶ Although the market is segmented into hospitals, clinics, and ambulatory health centers, it is dominated by the public sector since the latter provides all services across inpatient, outpatient and emergency clinics from regular check-ups to deliveries to gynecological surgeries.
	Rising Awareness Rising awareness regarding benefits of regular check-ups and number of initiatives taken by the government and non-government organizations towards women and child health are resulting in growth in the number of medical check-ups.	Regulatory procedures and increase of personalized medicines hinder industry growth Stringent regulatory approval procedures to ensure safety of the treatment are restraining the growth of the market. In addition, alternative / substitute therapies like personalized medicine and enhanced drug treatments are also predicted to constrain the growth of the market of gynecology services.
	The growing use of laser treatment Globally, gynecology lasers utilization is expected to grow rapidly in the next few years as it is increasingly recognized as an effective tool to treat gynecological disorders.	
Conclusion: The demand for gynecological treatment services is expected to grow over the years due to the rising awareness to the possible outcomes of such diseases and benefits of early medical checkups. However, the sector is highly dominated by the public sector because of high-cost treatments in the private sector. Players in the private sector are heavily relying on the long waiting time in public hospitals and the high specialization. ⁴⁷		

Table 37. Boosters & Restraints in Dermatology segment

Dermatology	Boosters	Restraints
	Increasing occurrence of skin diseases Annual cases of cell skin cancer are increasing regionally and globally. Skin cancer is among the most prevalent malignant cancers diagnosed in Qatar.	Substitutability by Primary care Primary care physicians are usually able to operate on common skin related procedures and thus present competition to Dermatologists.
	Rise in cosmetic dermatology High gross domestic product per capita, combined with an aging population are driving a rise of demand for cosmetic procedures.	Substitutability by cosmetic centers Beauty centers and Plastic Surgery centers which offer cosmetic services and products such Botox, high-end creams, and micro-dermabrasion may pose a threat to Dermatology practices.

⁴⁶ Source: MoPH, 2018

⁴⁷ Refer to the SWOT analysis in section 3.10.1 for future opportunities in the Obstetrics and Gynecology industry

Dermatology (Contd.)	Boosters	Restraints
	High fragmentation of the market The dermatology industry in Qatar is highly fragmented with consolidation expected due to rising costs and complexity. Besides, Dermatologists are more and more inclined towards multi-physician clinics over solo practices.	
	Conclusion: The wide variety of services within the dermatology sector between medical and cosmetic treatments are driving up the fragmentation of the market and hence the need for high specialization in the dermatology practice. However, the dermatology clinics are threatened by the rise in substitutes especially in the non-invasive and cosmetic procedures market. ⁴⁸	

Table 38. Boosters & Restraints in Orthopedics / Traumatology / Physiotherapy segment

Orthopedics / Traumatology / Physiotherapy	Boosters	Restraints
	Limited specialized practitioners Flat volume for Ortho & Spine related health disorders	Unfavorable demographic conditions⁴⁹ ~60% of local population is blue collared workers having limited access to private healthcare facilities. The geriatric population is very low with just ~33,000 people over 65 years of age (geriatrics related procedures possess low demand).
		Flat volume for Ortho & Spine related health disorders⁵⁰ Number of surgeries (performed by HMC) has marginally increased in the last 5 years at a CAGR of 2.8%. Given negligible growth in population, surgery incidences may not grow rapidly in near future, however opportunity exists to tap the patients going abroad for treatment.
		Low medical insurance penetration thus limited access to care Low level of penetration of medical insurance in Qatar limits the access to orthopedic & spine related care & inhibits its growth prospects.
Conclusion: The demand for orthopedics and traumatology treatment services is very limited and is not expected to rise significantly in the coming years due to the small geriatric population and low volume of related health disorders. New entrants to the market should rely on highly specialized and quality treatments. ⁵¹		

⁴⁸ Refer to the SWOT analysis in section 3.10.1 for future opportunities in the Dermatology industry

⁴⁹ Source: PSA, 2018

⁵⁰ Source: MoPH, 2014 - 2019

⁵¹ Refer to the SWOT analysis in section 3.10.1 for future opportunities in the Orthopedics industry

Table 39. Boosters & Restraints in Pediatrics segment

Pediatrics	Boosters	Restraints
	Shortage of Pediatricians In Qatar, there is currently a shortage of pediatric medical subspecialists in many fields, as well as a shortage of pediatric surgical specialists. Currently, the prevalent number of available pediatricians in the private sector in Qatar is insufficient to meet the needs of pediatric population. In the future, due to the reforms in the healthcare sector which aim to implement the strategy to provide a family-centered care in all facilities, more primary care pediatricians are expected to be needed	Sidra Medicine Sidra Medicine offers a wide variety of surgical and medical intervention and even psychological counselling. It offers access to pediatric expertise without referral to another facility. In 2019, Sidra Medicine received around 40-50 emergency cases each day and 200-250 referrals of young patients from public and private facilities in 2019 (Source: Local news, 2019)
	Complex disciplinary Though all medical emergencies need to be prioritized unlike adult emergencies, children's emergency care services are often more complex, and need an approach where multiple specialists are involved simultaneously.	Regulatory procedures and increase of personalized medicines hinder industry growth Stringent regulatory approval procedures to ensure safety of the treatment are restraining the growth of the market. In addition, alternative / substitute therapies like personalized medicine and enhanced drug treatments are also predicted to constrain the growth of the market of gynecology services.
	Pediatric home healthcare market Mounting pervasiveness of chronic conditions such as cerebral palsy and congenital heart diseases in pediatric population has created opportunities to invest in the pediatric home healthcare market. The market currently includes skilled nursing services, personal care assistance, and rehabilitation therapy services. These services provide all-inclusive, all-time accessible care delivery and supervision by qualified child health specialists.	
Conclusion: The complexity of Pediatric treatment services results in limited substitutes for pediatric practitioners. Hence, this presents an opportunity for specialized pediatric centers in Qatar, although Sidra Medicine hospital is currently holding the lion's share in the market. The rising global trend of pediatric home healthcare represents a window to explore in the local Qatari market and room for more specialization and potentially higher market share. ⁵²		

⁵² Refer to the SWOT analysis in section 3.10.1 for future opportunities in the Pediatrics industry

Table 40. Boosters & Restraints in Dental segment

Dental	Boosters	Restraints
	Increasing Qatarization of practitioner's supply⁵³ The Qatar University (QU) launched the country's first dental medicine college in 2019. The College of Dental Medicine anticipated receiving 25 students on an annual basis, 70% of which are expected to be Qatari applicants. This program is expected to change the labor supply structure in the dentistry segment in Qatar by inducing "Qatarization" where doctors are locally educated and trained.	Oversupply of dentistry The current data shows that there is an oversupply of dentists throughout most regions of Qatar, which will continue to significantly outpace the population growth. The data shows that Qatar has a ratio of 4.6 dentists to 10,000 population to global average of 2.4 and GCC average of 3.1.
		Costly treatments despite highly competitive market The costs of dental treatments at private clinics are continuously soaring pushing people to deter from private clinics. In regards of cosmetic dental procedures, definitive fees for services are not regulated, which leads to a high variance of prices from one clinic to another.
		Shortage of proper reimbursement policies Because insurance plans only cover limited number of these procedures, patients have to endure expensive plans leading to high co-pay share with limited coverage, which makes them discouraged to use private facilities.
Conclusion: The dentistry market in Qatar is highly saturated and competitive. The competitiveness however is not reflected in low prices. The current insurance schemes in the private sector do not cover all dental treatments in their entirety and hence resulting in costly treatments. ⁵⁴		

⁵³ Source: Local news, 2019

⁵⁴ Refer to the SWOT analysis in section 3.10.1 for future opportunities in the Dental industry

3.10 Competitive Landscape for each Selected Therapeutic Segment:

3.10.1 SWOT Analysis



Conclusion:

The gynecology is a specialization that has a large catchment in the Qatari population, concerning more than two thirds of the female population. The demand for such services is expected to grow due to the rising awareness of the prevalent diseases, which presents the opportunity to apply research and technological solutions. However, the increasing effectiveness of medicines as a substitute to medical practice and the inclination towards visiting public facilities (Women's hospital in specific) can threaten the private sector.

⁵⁵ Source: PSA, 2018



Conclusion:

Due to the increasing prevalence of skin diseases and interest in beauty and defying aging, demand for both treatment and cosmetic dermatology services is expected to increase. Dermatologists are expected to benefit from the high profit margin of the minimally invasive procedures and from the supply chain of cosmeceutical products. However, currently, cosmetic procedures mainly appeal to the female population and may be threatened by the raise in use of OTC products which need minimal to no involvement of doctors.



Strengths

- **High awareness of musculoskeletal related disorders**
Most of the household population in Qatar are well aware of the musculoskeletal disorders and thus, generally seek quality treatments from internationally recognized hospitals.
- **Increased sports activities**
Awareness towards sports has increased significantly in the past few years due to consistent efforts made by the government. In this regard, Qatar ranks in the top 20 sports countries across the globe.

Weakness

- **High awareness of musculoskeletal related disorders**
Most of the household population in Qatar are well aware of the musculoskeletal disorders and thus, generally seek quality treatments from internationally recognized hospitals.
- **Increased sports activities**
Awareness towards sports has increased significantly in the past few years due to consistent efforts made by the government. In this regard, Qatar ranks in the top 20 sports countries across the globe.
- **Lack of learning for private doctors due to low volume**
Learning opportunity for private doctors in hospitals is limited as they don't have access to visit / offer consultation in other hospitals in the country



Threats

- **Lack of growth in patient activity**
Staff downsizing in public and private institutions have led to low patient activity; private facilities are significantly impacted
- **Limited space for private players**
Government offer bulk of orthopedic related services with state-of-the-art facilities at affordable cost, leaving limited scope for private players in a low insurance penetration market

Opportunities

- **Large waiting time in public facilities**
Currently HMC facilities are stressed, leading to high waiting time* for both consultations and procedures
- **High scope in spine segment, however low penetration**
There is a limited number of qualified spine surgeons in the country and limited availability of qualified surgeons; with a skill gap identified.

Conclusion:

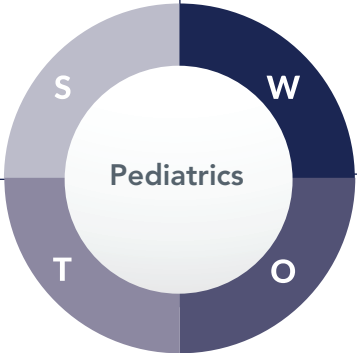
The demand for orthopedics services is increasing due to the increase in awareness of the musculoskeletal diseases and private clinics have the opportunity to cater to the needs which cannot be quickly met by the saturated public facilities. However, the high costs of treatment may deter patients from turning to private facilities which may struggle with the huge procurement costs as orthopedics services are labor and equipment extensive.

Strengths

- **Majority of pediatric expenditure is covered by insurance**
Although pediatric healthcare in public facilities is often free of charge, patients are encouraged to seek treatment in the private sector as most insurance plans cover pediatric healthcare services either entirely or partly.
- **Shorter waiting time**
The availability of pediatricians in the private sector will enhance the professional's ability to make an early diagnosis and order timely therapeutic interventions.

Weakness

- **Lack of awareness**
Families usually consult pediatricians for their children aged 0-13, although pediatricians consult children aged until 18. This results in a smaller group of potential patients for pediatricians.
- **Pediatric services are mainly emergency-related**
Pediatric diagnostic and treatment procedures are mostly of emergency nature. Patients usually seek this kind of treatment in HMC's Pediatric Emergency Centers which provide clinical care to patients under 14 years of age, delivering a full range of diagnostic and therapeutic services to younger patients.



Threats

- **Driven by population**
Demand for pediatricians is driven primarily by demographics. The profitability of pediatrics practices will be consequently affected by the declining population growth and birth rate.
- **Direct competition**
Pediatricians generally have many direct competitors, including family medicine physicians and general practitioners. They also compete with the increasing number of walk-in clinics (located within chain pharmacies and mass merchandisers). These retail clinics offer limited medical services such as immunizations and treatment of minor conditions and are typically staffed by nurse practitioners and physician assistants.

Opportunities

- **Pediatric home healthcare**
Growing pervasiveness of chronic pediatric diseases has created opportunities to invest in the pediatric home healthcare market. The market includes skilled nursing services, personal care assistance, and rehabilitation therapy services.

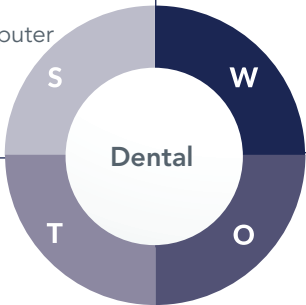
Conclusion:

The pediatric services are mostly covered by insurance plans in the private sector. With the shorter waiting time compared to the public sector, more patients are choosing to opt for treatment in general and specialized clinics. Future opportunities to explore include home healthcare, especially for chronic diseases. However, new market entrants need to consider that their profits are highly dependable on the country's demographics, which indicate a lower birth rate in the recent years. They also have to account for direct competitors such as general doctors.

Strengths

- **A well-developed segment**
Over the years Qatar witnessed increasing number of private clinics which strengthened the sector of dental service industry. This is reflected in the large number of dentists in the country. Similarly, there is a rise in per capita healthcare spending on dental treatments.
- **A growing market**
The dental healthcare market is expected to record a CAGR of approximately 6.62% over the next 10-year period. Certain factors that are accelerating the growth of this market include increasing awareness on oral care, increasing incidences of dental diseases, and innovation in dental products in Qatar. (Source: Markets & Markets, 2018)
- **Innovation in dental products**
The major focus in dentistry in the past decade has been toward dental innovations to improve oral health through a combination of engineering, art, science, and technology.

For example, Computer Aided Design/Computer Aided Milling (CAD/CAM) is a technological innovation that has revolutionized dental care and patient experience.



Threats

- **Rapid changes in dental procedures**
New technologies emerge very often in the dental industry. Because adopting newer technology is costly, the degree of digital technology adoption among dental practitioners may vary and present clinics could consequently lose their competitive advantage to new entrants.

Weakness

- **High Cost**
The costs of dental treatments at private clinics are continuously soaring, pushing people to deter from private clinics. In regards of cosmetic dental procedures, definitive fees for services are not regulated, which leads to a high variance of prices from one clinic to another.
- **Shortage of proper reimbursement policies**
Because insurance plans only cover limited number of these procedures, patients have to endure expensive plans leading to high co-pay share with limited coverage; which makes them discouraged to use private facilities.

Opportunities

- **Prevailing culture**
Since people across Qatar are more specific regarding appearance, there is an increasing demand for the dental corrections with the help of such novel methods, which in turn, is augmenting the growth of the cosmetic dental services market.
- **Joining international institutions for dentistry**
Enrollment in dentistry institutions and seeking accreditation will contribute to safeguarding the clinic's marketplace and competitive advantage.
- **Dental Laboratories**
Although there is a large number of facilities operating in the field of dentistry, the majority of these health centers only offer dental services. There are very few dental laboratories in Qatar and hence less competition in the field of dental products manufacturing.

Conclusion:

Being a mature market, the dental segment is in on its path to increasing specialization in practice and going toward increasing use of dental innovations and cutting-edge technology. Currently, there is an explorable opportunity to setup dental laboratories as this market niche is very small in Qatar. However, despite its competitiveness, the dental market is characterized by the high costs which are a deterrent, especially for elective and cosmetic procedures. Players in the market also have to keep up with the ever-changing technology, which is costly.

3.10.2 Porter’s 5 forces analysis for indicating the industry attractiveness

Obstetrics & Gynecology		
Parameter	Key Observations	Conclusion
Competitive Rivalry	<p>In total, there are 102 facilities that offer obstetrics and gynecology services in Qatar. The total number of gynecologists is 189; 42 of them work in 6 hospitals, 112 in 74 polyclinics, 19 in 11 specialist clinics and 15 in 10 general clinics.</p> <p>Compared to the average number of doctors in Qatar (67 doctors), the number those who operate in this specialty is high, making this therapeutic segment highly competitive and these services are mainly given by hospitals and polyclinics. The reason why this segment is dominated by hospitals and polyclinics is that the services require diagnostic equipment whose expenses could be carried better by multi-clinic facilities.</p>	The competitive rivalry in Gynecology market is high .
Supplier power	Because of the absence of a supply chain in the healthcare sector in Qatar, suppliers of diagnostic and scanning equipment as well as healthcare material are in dominant position and hence earn large margins in the market. Powerful suppliers in Healthcare sector use their negotiating power to extract higher prices from the firms in hospitals and polyclinics field. The overall impact of higher supplier bargaining power is that it lowers the overall profitability of facilities.	The supplier power is moderate to high .
Buyer power	<p>Buyers are females usually of the age 15 to 64 years. According to the Planning and Statistics Authority of Qatar, this age group represent 71% of females, which is around 522 thousand females. The gynecologist to population ratio is 7 per 100,000, and it is lower than the average OECD ratio which is 12.5. However, it is important to keep in mind that the ratio must get higher considering only female population in the specific age group.</p> <p>The smaller and more powerful the customer base, the higher the bargaining power of the customers and higher their ability to seek increasing discounts and offers. In fact, the average consultation fee is around 350 QAR, keeping in mind that these services are usually covered by insurance.</p>	The buyer power is moderate .
Threat of substitution	The threat of substitution is low considering that there are no services that are similar. In fact, obstetrics and gynecology is a stand-alone, specialized segment. General medicine usually cannot replace this specialty since it offers specific services that require specific expertise and equipment.	The threat of substitution is low .
Threat of new entrant	The inpatient services of this therapeutic segment are mainly offered by the public sector in Women’s hospital and Sidra Hospital, which are the leaders in the industry. There is also an expected expansion of these facilities to accommodate more patients, more advanced technology, which will create a disruption in the industry.	The threat of new entrant is moderate .

Conclusion:

Being a mature market, the dental segment is in on its path to increasing specialization in practice and going toward increasing use of dental innovations and cutting-edge technology. Currently, there is an explorable opportunity to setup dental laboratories as this market niche is very small in Qatar. However, despite its competitiveness, the dental market is characterized by the high costs which are a deterrent, especially for elective and cosmetic procedures. Players in the market also have to keep up with the ever-changing technology, which is costly.

Dermatology		
Parameter	Key Observations	Conclusion
Competitive Rivalry	<p>Because the majority of the dermatological procedures are not of emergency or inpatient nature, this segment is not quite dominated by the public sector. In fact, the services provided at the public facilities are limited and they include skin cancers, immune and allergic processes, diseases of other organ systems with skin manifestations as well as skin infections.</p> <p>The private sector, however, is highly competitive. We count 234 dermatologists working in 135 facilities. 125 doctors perform over 86 polyclinics, 11 doctors in 5 hospitals and 97 doctors in specialist and general clinics.</p> <p>There is a high rivalry amongst players in this specialty. Specialist clinics have a high share in this segment mostly because the services offered are of outpatient nature. However, since dermatology is a well-diversified sector, players get to choose to position themselves as therapeutic/treatment dermatology clinics, cosmetic dermatology clinics or both.</p>	The competitive rivalry is high .
Supplier power	As much as other therapeutic segments in Qatar, supply chain in the dermatology sector is absent. Sellers of diagnostic and scanning/treatment equipment as well as healthcare material are in dominant position and hence earn large margins in the market. The overall bearing of higher supplier trading power is that it lowers the overall profitability of facilities.	The supplier power is high .
Buyer power⁵⁶	<p>The dermatologist to population ratio in Qatar is significantly high compared to OECD countries. While OECD countries have an average ratio of 3.6 dermatologists per 100,000 population, Qatar has a ratio of 8.4 per 100,000. This is an indicator that the supply of dermatology services is considerably large for the market.</p> <p>Despite that, consultation and treatment prices seem to be resistant to the oversupply. Cosmetic dermatology services in particular are quite expensive compared to other medical services. The logic behind that is these services are usually targeted for population of high-income, besides the present consumer behavior induced by the wide-spread culture of inclination towards beauty and skin rejuvenation products.</p>	The buyer power is moderate .
Threat of substitution	The dermatology sector is in risk of substitution by over-the-counter products in the beauty and skincare industry. The market is witnessing a wide variety of products including sunscreens, anti-aging creams, body lotions, and skin brightening creams. Increasing awareness about the various benefits of using personal care products has made the demand to rise over the last few years. This has also boosted the demand for skincare products that do not require doctor prescription, making it a major sector in the cosmetics and wellness industry.	The threat of substitution is moderate .
Threat of new entrant	<p>Although there are no expected new rivals in the public sector as the ministry of public health is currently working on the expansion of departments other than dermatology, the private sector is witnessing the entry of 3 more polyclinics that are expected to offer dermatology services. These polyclinics are Jumana Polyclinic, Reyada Polyclinic and Al Siraj Medical Center.</p> <p>Although the market looks saturated, new rivals are expected to enter the market.</p>	The threat of new entrant is moderate .

Conclusion:

The dermatology is one of the segments that are not dominated by the public sector. However, high rivalry exists amongst players in the private sector. The inexistant chain of supply in Qatar empowers the suppliers of equipment and products and result in high costs for dermatology clinics, which despite the competitiveness tend to charge high fees for their services. The dermatology practice is facing the threat of substitution by OTC products and is expected to be more saturated with the entry of new players into the market.

⁵⁶ Source: KPMG Research & Analysis

Orthopedics / Traumatology / Physiotherapy		
Parameter	Key Observations	Conclusion
Competitive Rivalry	<p>The orthopedic operations are mainly performed in the public sector. In 2018, 6,671 surgical operations have been performed in HMC facilities. Outpatient and inpatient orthopedic services are sought in the public sector mainly because of the low costs compared to the private sector, the advanced technology used, and the level of expertise offered. Only a few of insurance programs cover orthopedic operations and hence not so many players are willing to offer services in this segment.</p> <p>In total, 40 healthcare facilities offer orthopedic services. There is only one hospital specialized in orthopedics in Qatar and two specialist clinics. Hence the rivalry in this sector is not high as it is dominated by the public sector.</p> <p>However, physiotherapy, rehabilitation and chiropractic services are more democratized and thus competitive as there are many players in this market. In fact, a total of 152 physiotherapists and chiropractors work in 60 facilities in the private sector, half of them are working in specialist clinics and physiotherapy centers.</p>	The competitive rivalry in Gynecology market is moderate .
Supplier power	The supplier bargaining power is high as private clinics are very much reliant up on suppliers for medicines and medical devices to operate. The reason behind this is that there are no local manufacturers for orthopedic devices in Qatar. Besides, most players have not built an efficient supply chain with multiple suppliers and they usually do not afford experimenting with product designs using different materials such that if the prices rise for one raw material then the company may choose to shift to another.	The supplier power is high .
Buyer power	<p>As far as orthopedics and physiotherapy services are concerned, there are very limited number of patients. This is because this medical segment relies heavily on the number of injuries and trauma. Although elderly population is more susceptible of going through trauma than any other segments, and that it is increasing in percentage of the overall population, the number of orthopedics and physiotherapy patients is still randomly subject to number of accidents.</p> <p>However, irrespective of the potential number of patients, there is little bargaining power of the buyers as prices are relatively high and do not appear to decrease by the number of customers. The main reason behind is that price is not the main driver of demand as injured customers do not often seek discounts and offerings on established services but rather look for the fastest available options. Nevertheless, this bargaining power increases over the longer term as patients may seek options abroad where prices are lower.</p>	The buyer power is low .
Threat of substitution	The threat of substitution is low for orthopedics and physiotherapy. Although traditional therapy might be an alternative sought by some of the patients, very few facilities offer this kind of service since it has to be provided by a health practitioner, and also because this type of practice does not often meet the standards set by the ministry of public health.	The threat of substitution is low .



Orthopedics / Traumatology / Physiotherapy		
Parameter	Key Observations	Conclusion
Threat of new entrant	<p>The threat of new entrants is very tight when it comes to this segment. The main barrier is the huge capital investment requirements to create an orthopedics/physiotherapy clinic. In addition, the lack of an insurance program to cover the high expenses does not incentivize current players to develop new facilities dedicated for this therapeutic segment.</p> <p>These obstacles lessen the entry rate of new players which maintains the profit margin for those who already exist in the same industry.</p> <p>New entrants in this medical field have to compete with the public sector by bringing innovation, new technology and put pressure on current players in the private sector through multiple strategies like lower pricing strategy, reduction in costs, and providing new value propositions to the customers.</p>	The threat of new entrant is low .

Conclusion:

Although the orthopedics sector is small in comparison to other segments, it is competitive due to the dominance of public facilities. However, procedures are usually high in charges and not replaceable in nature, making the power of buyers and threat of substitution relatively low. Due to the small demand in Qatar, there are currently no plans to enter the market in the private sector.

Pediatrics		
Parameter	Key Observations	Conclusion
Competitive Rivalry ⁵⁷	<p>The pediatric services are monopolized by the public sector. The pediatrics department in HMC provide inclusive care to pediatric medical and surgical patients, including pediatric medical, surgery, day care, intensive care and continuity Clinic. On average more than 100 medical, 200 surgical and 400 day-care patients are admitted for procedures and more than 50 patients for the Intensive Care Unit¹.</p> <p>In the private sector, 138 pediatricians work in 78 healthcare facilities. 84% of these doctors' work in hospitals and polyclinics and only 6% work in specialist clinics². The reason behind this is that pediatric healthcare staff need to work closely with a wide range of medical departments to achieve the continuity of diagnosis and treatment; this can only be achieved in a multi-clinic health center such as hospitals and polyclinics.</p> <p>In terms of referrals, this segment seems to be dominated by the public sector. However, because its services are mainly covered by the insurance providers, and because of the long waiting times in the public health centers, many private players are offering their services in this specialty and this is reflected in the high number of practitioners, making this segment competitive.</p>	The competitive rivalry is moderate .
Supplier power	Sellers of diagnostic and scanning/treatment equipment as well as healthcare material are in dominant position and hence earn large margins in the market. The overall impact of higher supplier bargaining power is that it lowers the overall profitability of facilities.	The supplier power is high .

⁵⁷ Source¹: HMC, 2019, Source²:KPMG Research

Pediatrics		
Parameter	Key Observations	Conclusion
Buyer power	The current market dynamic and characteristics of the pediatric healthcare industry are quite similar to those of general medicine. This medical segment however deals with a specific age group of the population, making the buyer power stronger. In fact, the governmental facilities provide services free of charge with less waiting time compared to other medical services. Hence, the specificity of the pediatric healthcare market is determined by the strict quality requirements, governmental restrictions and specific customer perception (low cost expectations).	The buyer power is moderate .
Threat of substitution	The diagnosis/treatment services offered by pediatricians are sometimes provided by general healthcare practitioners or family medicine practitioners. Since the consultation fees are lower, many patients would opt for this option, making the threat of substitution comparatively high.	The threat of substitution is high .
Threat of new entrant	The competitive environment prevalent in the pediatric healthcare market, as well as the difficulty to establish a pediatric clinic as a stand-alone facility represent barriers to entry for new rivals. In order to safeguard their competitive advantage, players in this market have to innovate new way of delivering their services and offer low costs. Quality pediatric home healthcare in the supervision of qualified child health specialists has seen a rise. Home care in the pediatric segment offers comprehensive, continuously accessible and affordable care.	The threat of new entrant is low .

Conclusion:

In terms of referrals, the pediatrics sector is dominated by the public sector. However, in comparison to global and regional rates, Qatar has a shortage of pediatricians. Hence, the rivalry in this segment is moderate. Furthermore, considering the nature of the targeted population segment, clinics usually charge low consultation prices, reflecting a moderately high buyer power. Because of the nature of these services, the threat of substitution is high and the threat of new entrants is low.

Dental		
Parameter	Key Observations	Conclusion
Competitive Rivalry ⁵⁷	<p>In 2018, there are 1,704 registered dentists in Qatar. They are almost as many as the total number of physicians in the private sector. The dentist to population ratio in Qatar is higher than the benchmark of other competitive markets. While a market with a ratio of 50 dentists for every 100,000 population is considered competitive, Qatar has a ratio of 61: 100,000 population.</p> <p>Dentistry is the only medical segment that has more practitioners working in the private sector than in the public sector. In fact, 3 out of every 4 dentists work in the private sector.</p> <p>Although the dentistry market appears to be very competitive in terms of the number of doctors, other aspects like the service offerings and the expertise of staff determine the competitiveness of the players. This is why it is easy to observe many sub-specialties within dental clinics such as periodontics, prosthodontics, orthodontics and cosmetic dentistry.</p>	The competitive rivalry is high .
Supplier power	Globally, because of the many restrictions imposed on the manufacture of dental supplies, there is only a few major dental supply companies that dentists deal with. Consequently, dentists have very little bargaining power when they purchase equipment and materials and the prices are very comparable and high.	The supplier power is high .

Dental		
Parameter	Key Observations	Conclusion
Buyer power	The high rivalry in the market led to a commoditization of dental services. Players in the market compete to sell these commoditized services by offering customers perks such as free consultations or package promotions. This gives the patients more bargaining power. Moreover, since there are only a few insurance companies that provide dental plans, these companies have tremendous bargaining power over dentists as patients rarely go to the dentist unless the service is covered by their plan.	The buyer power is moderate.
Threat of substitution	The threat of substitution is relatively low for dentistry services, especially in regards of dental check-ups and treatment. However, over the long run, patients can bypass the dentist to maintain healthy teeth. This is reflected in the increasing number of over the counter dental products such as whitening products and night guards.	The threat of substitution is low.
Threat of new entrant	Although dentistry may look as a perfectly competitive market due to the huge number of players and the high comparability of prices, it is still seen as a lucrative business model for new entrants. The limited number of dental laboratories might seem as an attractive opportunity for investors.	The threat of new entrant is low.

Conclusion:

The dental segment is a highly competitive market with high specialization. The prices of equipment and disposables are high due to the high power of suppliers. In addition, the competitiveness of the market has led players to offer service-packages, but prices are still relatively high in comparison to the average fees of other medical segments. The dentistry services are not replaceable and due to the high saturation of the market, the threat of new entrants is quite low.



4. OVERVIEW OF REGULATORY AND LICENSING REQUIREMENTS FOR A HEALTHCARE FACILITY IN QATAR

4.1 Categorization of Facility Types with Description

Table 41. Types of Healthcare Facilities defined by Qatar Healthcare Master Planning (QHFMP)

Facility	Core Functions	Inclusions
Clinic	<p>A clinic is a facility that provides services in one healthcare specialty regardless of the number of healthcare professionals licensed by the Ministry of Public Health's Medical Licensing Committee operating from it.</p> <p>The main function of a clinic is to provide ambulatory primary and/or secondary care services in its designated healthcare specialty, such as consultations, simple treatments, minor procedures and point of care testing, ensuring adequate access to medical and preventive services for local communities. A clinic is not intended to provide emergency services.</p> <p>Clinics may provide basic diagnostic imaging and physiologic testing that do not require a radiology assistant such as a dental panoramic x-ray or an ultrasound.</p>	<ul style="list-style-type: none">General ClinicsGeneral Dental ClinicsSpecialized ClinicsSpecialized Dental clinicsDialysis CentersAHP Clinics
Health Centre	<p>A health centre is a facility comprised of two or more clinics, i.e. providing two or more healthcare specialties. A health centre usually provides urgent care services as well as ancillary services such as simple laboratory services, basic diagnostic imaging and physiologic testing and a pharmacy. A health centre does not provide emergency services.</p>	<ul style="list-style-type: none">PHCC Health Centres without a wellness componentPrivate polyclinicsMedical Commissions
Health and Wellness Centre	<p>A health and wellness centre is a health centre that additionally includes wellness services such as gymnasium, spa, swimming pool, pre-natal classes, well-man clinics, healthy cooking classes, podiatry, weight management, etc.</p>	<ul style="list-style-type: none">PHCC Health Centres with a wellness componentPrivate polyclinics with wellness facilities

Facility	Core Functions	Inclusions
Diagnostic and Treatment Centre	<p>A diagnostic and treatment centre is a facility that provides ambulatory care services, focusing on day case procedures and day case surgeries, whereby the patient is discharged within the same day. A diagnostic and treatment centre may provide urgent care, but would not provide emergency surgery services.</p> <p>A diagnostic and treatment centre will necessarily have the functional ability and necessary facilities to transport patients to the nearest hospital in the case of an emergency.</p> <p>Diagnostic and treatment centres should provide the necessary support services, which may include basic diagnostic imaging and physiologic testing, simple laboratory services and a pharmacy.</p>	
General Hospital	<p>A general hospital is a facility comprised of outpatient clinics and inpatient services that may deliver all levels of care in numerous specialties. It includes 24-hour availability of a comprehensive set of subspecialties to provide extensive, ongoing care for patients with complex conditions. A general hospital also provides post-acute rehabilitative care on both an inpatient and outpatient basis.</p> <p>This facility has a higher level of healthcare management in different fields of medicine and surgery and has ancillary services such as clinical laboratory (simple and complex), diagnostic imaging (basic and advanced) and pharmacy services. A general hospital also provides critical services such as an accident and emergency department, adult intensive care and a fully equipped ambulance service.</p>	
Specialized Hospital	<p>A specialized hospital is a facility comprised of all services of a general hospital but which provides these services in only one or two clinical specialties (e.g. cancer, women's and children's services).</p>	
Long Term Care Facility	<p>A long-term care facility provides services on an inpatient basis but may also provide rehabilitative and chronic care on an outpatient basis.</p> <p>A long-term care facility provides post-acute skilled nursing care and/or skilled rehabilitation services and other related health services that cannot be provided on an outpatient basis.</p> <p>A long-term care facility provides medical, nursing or custodial care for patients requiring rehabilitation following acute medical or surgical treatment, as well as those who are increasingly unable to function independently due to chronic disease and/or physical frailty.</p>	<ul style="list-style-type: none">Rehabilitation FacilitiesSkilled Nursing FacilitiesMental Health FacilitiesSubstance Misuse FacilitiesGeriatric Facilities
Diagnostic Centre	<p>A diagnostic centre is a facility that provides a range of diagnostic procedures and/or diagnostic imaging services. These services will be supervised by an appropriate pathologist or radiologist and may not always require the presence of a healthcare professional licensed by the Ministry of Public Health's Medical Licensing Committee</p>	<ul style="list-style-type: none">Stand-alone LaboratoriesStand-alone Imaging facilities

Facility	Core Functions	Inclusions
Pharmacy	<p>A pharmacy is a facility where prescription drugs are filled and dispensed by a qualified pharmacist. The facility may also be the place where the preparation, composition, separation, bottling, packing or selling of any medicine for prevention or treatment takes place. Pharmacy subtypes include:</p> <p>Non-Hospital-Based Pharmacy: Any pharmacy that practices the pharmaceutical science outside a hospital.</p> <p>Hospital-Based Pharmacy: Any pharmacy that practices the pharmaceutical science in a hospital.</p> <p>Drug Store (Medical Store): Any facility or establishment inside the country which imports, stores, and distributes any medication as a wholesaler.</p> <p>Drug Manufacture (Medical Factory):</p> <p>A business entity engaged in making, assembling, processing, modifying devices, or mixing, producing or preparing drugs in dosage forms.</p>	<ul style="list-style-type: none"> Outpatient Pharmacies Inpatient Pharmacies Community Pharmacies Drug Stores (Medical Stores) Drug Manufactures (Medical Factories)

4.2 Building Area Specifications as per QHFMP for Different Facility Types

Table 42. Building area specifications by facility classification⁵⁸

Facility	Low Range (m²)				High Range (m²)				Comments
	Low range area building footprint	Low range parking allocation	Low range free area requirement	Low range total land requirement	High range area building footprint	High range parking allocation	High range free area requirement	High range total land requirement	
Clinic	280	490	385	1,155	350	613	481	1,444	Assume 4-6 consultation rooms
Health Centre	1,950	3,413	2,681	8,044	4,200	7,350	5,775	17,325	Assume 15-30 consultation rooms
Health and Wellness Centre	2,550	4,463	3,506	10,519	3,825	13,338	8,606	25,819	Assume 45 consultation rooms
Diagnostic Center	2,075	3,268	2,672	8,015	2,075	6,536	4,306	12,917	May include imaging, pharmacy, laboratory and/or consultation room
Diagnostic and Treatment Center (DTC)	2,025	3,544	2,785	8,354	3,600	10,080	6,840	20,520	May include operating theatres, recovery rooms, imaging, pharmacy, laboratory and/or consultation rooms.
General Hospital	10,148	10,150	10,149	30,447	42,300	203,000	122,650	367,950	150-600 bed ranges
Specialized Hospital	16,099	10,664	13,382	40,145	33,429	85,313	59,371	178,113	Assume 300 beds, utilize ratios for alternate facility sizes
Long-term Care Center	5,150	5,250	8,430	18,830	21,250	17,500	19,375	178,113	60-100 bed ranges, utilize ratios for alternate facility sizes
Pharmacy	120	252	186	558	240	504	372	1,116	Ranges shown for retail and outpatient pharmacies

⁵⁸ Source: MoPH, National Healthcare Facilities Licensing and Accreditation Program, 2016-2017

4.3 Overview of National Healthcare Facilities Licensing and Accreditation Program

As part of the National Healthcare Strategy (NHS), the Ministry of Public Health implemented a project that aims to establish a **unique integrated national healthcare facility licensing and accreditation program for the entire continuum of healthcare in Qatar**.

The National Healthcare Facilities Licensing and Accreditation Program include enhanced facilities **licensing requirements** and **accreditation standards** based on objective international benchmarks that are in line with the International Society of Quality in Healthcare (ISQua) principles. ISQua is responsible for awarding **an international accreditation status to national programs** (accredits the national accreditors).

In this integrated program, the licensing component provides a foundation of **basic requirements that organizations can build upon in order to gain an accreditation standing of different levels**.

The main objective of the program is to build an effective system of continuous quality improvement starting with foundational licensing requirements and advancing to the highest levels of accreditation over time.

Licensing and accreditation steps:



4.4 Overview on Types of Licensing and Accreditations

First stage: Facility licensing

Licensing is an on-site assessment process according to the regulations and Laws of Health Sector.

Table 43. Types of licensing standards by level of assessment for licensing process

Type	Initial Assessment	Final Assessment	Renewal License Assessment
Standards	Physical environment	Foundational operational element	Quality Improvement for operational plan



A facility focal point should be designated to coordinate with Licensing Specialist at MOPH, prepare documents and required evidences, facilitate the on-site inspection and logistic arrangements.

Second Stage: Accreditation

Following a successful renewal of the license, the healthcare facility can now proceed for the first level of accreditation as per the National Program.

Table 44. Requirements for each stage of accreditation

Type	Accreditation- 3 stars	Accreditation- 4 stars	Accreditation- 5 stars
Requirement	Meeting facility licensing protocols and requirements Basic structures and processes linked to preliminary elements of safety and quality improvement	Client-centered care, consistency of service delivery	Monitoring outcomes, using evidence and best practices to improve service

4.5 Licensing Assessment Standards Sections

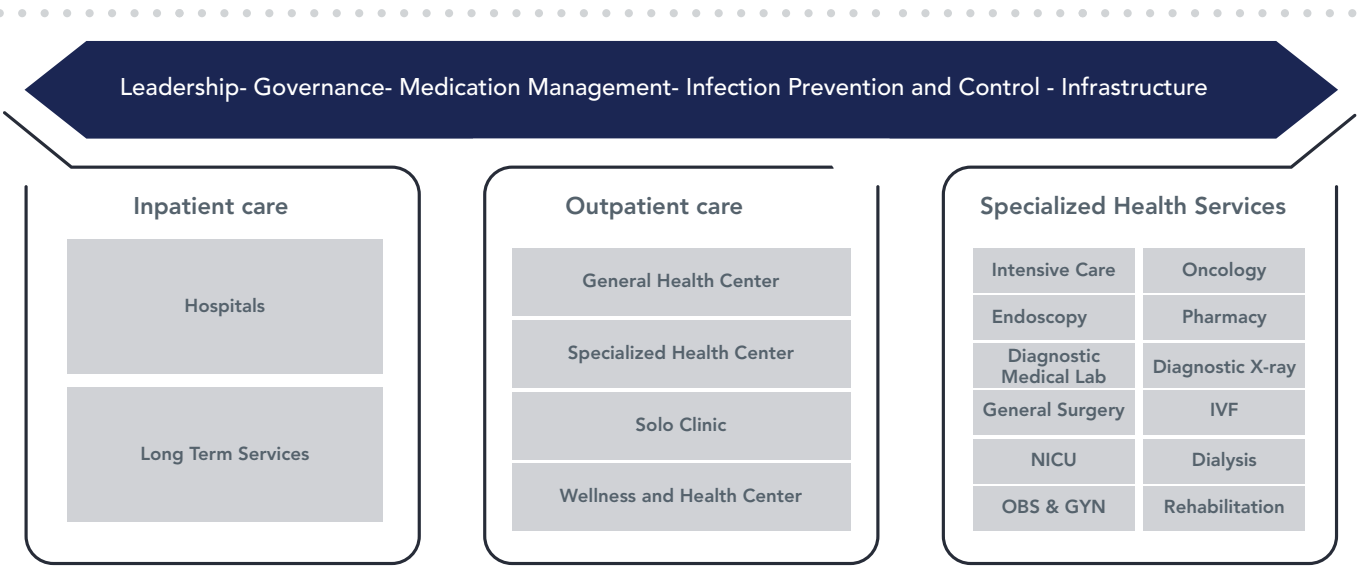
Table 45. Licensing standards by level of licensing

Initial Assessment	Final Assessment	Renewal License Assessment
1. Planning and Pre-Design of Capital Project	1. Commissioning	1. Leadership
2. Design Considerations	2. Physical Environment:	- Compliance and Accountability
3. Construction	- Compliance and Accountability	- Staffing Standards
4. Commissioning	- Entrances, Exits and Navigation	- Policies and Procedures
5. Initial Assessment Specific Requirements	- Architectural Details	- Financial Management
- Entrances, Exits and Navigation	- Environment	- Emergency Preparedness and Response
- Parking and Land Requirements	- Housekeeping and Waste management	- Workplace Health and Safety
- Architectural Details	- Emergency Preparedness	2. Physical Environment
- Environment	- Reception	- Compliance and Accountability
- House Keeping and Waste Management	- Facility and Equipment Maintenance	- Reception
- Workplace Health and Safety	- Client Care Areas	- Facility and Equipment Maintenance
- Emergency Preparedness	- Food Preparation	- Housekeeping and Waste management
- Client Care Areas	3. Service Specific Content	- Food Preparation and Cafeteria Service
- Food Preparation	- Diagnostic Imaging	3. Infection Prevention and Control
- Residential Healthcare Facilities	- Endoscopy Service	- Compliance and Accountability
- Staff Accommodation	- Laboratory	- IPAC Program
	- Point of care testing	- Client Care
	- Surgical Service	- General Reprocessing
	- Assisted Reproduction	

Initial Assessment	Final Assessment	Renewal License Assessment
6. Service Specific Content	- Nursery Unit	- Endoscope Reprocessing
- Critical Care Unit	- Oncology Nursing Unit	- Outbreaks and Pandemics
- Endoscopy Service	- Urgent Care/Emergency Service	4. Medication Management
- Intermediate Care Unit	4. Leadership	- Compliance and Accountability
- Laboratory	- Compliance and Accountability	- Oversight of Pharmacy Service
- Surgical Service	- Staffing	- Receiving and Storing Medication
- Newborn Intensive Care Unit	- Staff Accommodation	- Prescribing and Dispensing Medication
- Nursery Unit	- Policies and Procedures	- Administering Medication
- Obstetrical Unit	- Financial Management	5. Diagnostic Services
- Oncology Nursing Unit	- Workplace Health and Safety	- Compliance and Accountability
- Pharmacy service	5. Infection Prevention and Control	- Diagnostic Imaging
- Diagnostic Imaging	- Compliance and Accountability	- Biomedical Laboratory Services
- Assisted Reproduction	- IPAC Program	- Point of Care Testing
	- Outbreaks and Pandemics	- Assisted Reproduction laboratory
	- General Reprocessing	
	6. Medication Management	
	- Compliance and Accountability	
	- Pharmacy Service	
	- Oversight of Pharmacy Service	
	- Receiving and Storing Medication	
	- Prescribing and Dispensing Medication	
	- Administering Medication	

4.6 Licensing Standards for the Healthcare Facilities Based on Type – Inpatient, Outpatient, Specialized Health Centers

The licensing standards are applicable to all kinds of healthcare facilities: inpatient, outpatient and specialized health centers. These standards rule the healthcare facilities governance, operations and infrastructure.



In the initial assessment phase, both inpatient and outpatient facilities are evaluated against the standards and requirements for planning, design, construction, and commissioning. The inpatient facilities however have a more extensive list that outpatient facilities.

In the final assessment, both inpatient and outpatient facilities are evaluated against the standards and requirements for physical environment, services, leadership, infection prevention and medication management.

Table 46. Licensing standards by level of licensing and type of facility

Inpatient Facilities	Outpatient Facilities
Initial assessmentInitial	
1. <u>PPIH: Planning and Pre-Design of Capital Projects (Initial assessment Hospital)</u>	1. <u>PPIO: Planning and Pre-Design of Capital Project</u>
2. <u>DSIH: Design (including considerations and specific requirements)</u>	2. <u>DSIO: Design Considerations</u>
3. <u>CSIH: Construction</u>	3. <u>CSIO: Construction</u>
4. <u>CMIH: Commissioning</u>	4. <u>CMIO: Commissioning</u>
5. <u>Initial Assessment Specific Requirements:</u>	5. <u>Initial Assessment Specific Requirements</u>
- EEIH: Entrances, Exits and Navigation	- EEIO: Entrances, Exits and Navigation
- PLIH: Parking and Land Requirements	- PLIO: Parking and Land Requirements
- ADIH: Architectural Details	- ADIO: Architectural Details
- EVIH: Environment	- EVIO: Environment
- HWIH: House Keeping and Waste Management	- HWIO: House Keeping and Waste Management
	- WSIO: Workplace Health and Safety

Inpatient Facilities	Outpatient Facilities
Initial assessmentInitial (contd.)	
- WSIH: Workplace Health and Safety	- CCIO: Client Care Areas
- EPIH: Emergency Preparedness	- FPIO: Support Areas- Food Preparation
- CCIH: Client Care Areas	6. <u>Service Specific Content</u>
- FPIH: Support Services: Food Preparation	- EDIO: Endoscopy Service
- RPIH: Support Services: Re Processing	- SSIO: Surgical Service
- RCIH: Residential Healthcare Facilities	- PCIO: Primary Care
- SAIH: Staff Accommodation	- UCIO: Urgent Care
6. <u>Service Specific Content</u>	- ARIO: Assisted Reproduction
- CRIH: Critical Care Unit/Coronary Critical care unit	
- EDIH: Endoscopy Service	
- CIH: Intermediate Care Unit	
- LBIH: Laboratory	
- SSIH: Surgical Service	
- NIIH: Newborn Intensive Care Unit	
- NUIH: Nursery Unit	
- OBIH: Obstetrical Unit	
- ONIH: Oncology Nursing Unit	
- PSIH: Pharmacy service	
- DIIH: Diagnostic Imaging	

Final assessment	
1. <u>Commissioning</u>	1. <u>Physical Environment Specific Requirements</u>
2. <u>Physical Environment Specific Requirements</u>	- CAFO: Compliance and Accountability
- CAFH: Compliance and Accountability	- EEFO: Entrances, Exits, and Navigation
- EEFH: Entrances, Exits and Navigation	- ADFO: Architectural Details
- ADFH: Architectural Details	- EVFO: Environment
- EVFH: Environment	- HWFO: Housekeeping and Waste Management
- HWFH: Housekeeping and Waste management	- EPFO: Emergency Preparedness
- EPFH: Emergency Preparedness	- RCFO: Reception
- RCFH: Reception	- FEFO: Facility and Equipment Maintenance
- FEFH: Facility and Equipment Maintenance	- CCFO: Client Care Areas
- CCFH: Client Care Areas	- FPFO: Support Areas – Reprocessing
- FPFH: Food Preparation	

Inpatient Facilities	Outpatient Facilities
Final assessment (Contd.)	
3. <u>Service Specific Content</u>	2. <u>Service-Specific Requirements (as applicable)</u>
- DIFH: Diagnostic Imaging	- DIFO: Diagnostic Imaging
- EDFH: Endoscopy Service	- EDFO: Endoscopy Service
- LBFH: Laboratory	- LBFO: Laboratory
- PTFH: Point of care testing	- PTFO: Point – of – Care – Testing
- SSFH: Surgical Service	- SUFO: Surgical Service
- NUFH: Nursery Unit	- ARFO: Assisted Reproduction
- ONFH: Oncology Nursing Unit	- PCFO: Primary Care
- UCFH: Urgent Care/Emergency Service	3. <u>Leadership</u>
4. <u>Leadership</u>	- CLFO: Compliance and Accountability
- CLFH: Compliance and Accountability	- SFFO: Staffing
- SFFH: Staffing	- PPFO: Policies and Procedures
- SAFH: Staff Accommodation	- FMFO: Financial Management
- PPFH: Policies and Procedures	- WSFO: Workplace Health and Safety
- FMFH: Financial Management	4. <u>Infection Prevention and Control</u>
- WSFH: Workplace Health and Safety	- CIFO: Compliance and Accountability
5. <u>Infection Prevention and Control</u>	- IPFH: IPAC Program
- CIFH: Compliance and Accountability	- RPFO: General Reprocessing
- IPFH: IPAC Program	- OPFO: Outbreaks and Pandemics
- OPFH: Outbreaks and Pandemics	5. <u>Medication Management</u>
- RPFH: General Reprocessing	- CMFO: Compliance and Accountability
6. <u>Medication Management</u>	- PSFO: Pharmacy Service
- CMFH: Compliance and Accountability	- OSFO: Oversight of Pharmacy Service
- PSFH: Pharmacy Service	- RSFO: Receiving and Storing Medication
- OSFH: Oversight of Pharmacy Service	- PDFO: Prescribing and Dispensing Medication
- RSFH: Receiving and Storing Medication	- AMFO: Administering Medications
- PDFH: Prescribing and Dispensing Medication	
- AMFH: Administering Medication	

4.7 Other Key Information Required to Set up for SMEs

The fees for health services approval depend on the type of the facility (hospital, health center, clinic, etc.), and the purpose of the approval (grant, renewal, headquarters transfer).

Table 47. Fees for Approved Health Services (QAR)

Name of health activity	Grant fees	Renewal fees	Headquarters transfer fees
Hospital (General - Private)	10,000	7,000	7,000
General health center	5,000	3,000	1,000
Specialized health center	5,000	3,000	1,000
Individual clinic - General + Specialist	2,000	1,500	500
First aid unit	200	-	-
Medical labs Laboratory medical analysis and diagnostic rays Medical Laboratory (General Medical Complex) Diagnostic Radiology Center Dental laboratory	4,000	2,000	1,000
Medical glasses shop	4,000	2,000	1,000
Pharmacy Warehouse / Drug stores	2,000	1,500	500
Trade Companies in Medications Medical Herbs Medical Cosmetics Nutritional supplements medical equipment's	500	500	-
Nursing Services Agency	4,000	2,000	1,000
Unit vaccinations	200	-	-
Blood Sampling Unit	200	-	-
Physiotherapy unit	200	-	-



5. REQUIREMENTS TO SET UP A HEALTHCARE CENTER IN QATAR

5.1 Expected Timeline Overview of Setting up a Healthcare Center

5.1.1 Typical approval period, construction period and pre-operation period

The total required period of setting up a healthcare center is approximately 2 years and 3 months, with the construction period taking up the majority of the duration. The average duration of the approval period is 6 months. After the construction, healthcare centers usually take approximately 3 months before starting their operations.

Table 48. Required period for each process of setting a healthcare center

Core Functions	Inclusions
Approval Period	6
Construction	18
Pre-operations	3

5.1.2 Typical approval period for commercial registration, development certificates, ministry and licensing approvals and relevant certifications for different grades of healthcare facilities

Stage A: Provisional approval

The Ministry of Public Health in Qatar requires has several requirements from applicants before providing a letter of approval to the Ministry of Commerce and Industry. The requirements include:

- Holding a Qatari ID
- The completion of the application form specifying the applicant's and proposed entity's shareholders personal details

If these requirements are satisfied, the Ministry of Public Health will then provide a provisional approval for the medical center, **usually within 1 to 3 days**.

Stage B: Medical Licensing

The validity of the provisional approval lasts for 6 months. Meanwhile, the applicant will finalize the set-up of the medical center and acquire their medical license.

After obtaining the approval letter from the Ministry of Public Health, the applicant will start the approval process with the Ministry of Commerce and Industry which will approve the name and activities of the medical center and later issue a Commercial Registration certificate.

Stage C: The preliminary approval of the premises

In order to obtain the preliminary approval of the medical center, the applicant will submit the application form along with a design copy with the size and structure of the facility. The medical center must include the following:

- Administration room
- Waiting room
- Separate male and female waiting rooms not less than 12sqm with separate washrooms
- Rooms compatible with the provided services
- Appropriate storeroom for medical and related equipment

The preliminary approval of the premises involves the inspection of the amenities of the medical center and checking their compliance against the standards set out in the initial assessment phase. Once the Ministry determines the compliance of the center against the requirements, a preliminary approval of the facility is granted.

The preliminary approval of the premises usually takes up to 5 business days. Once obtained, the applicant will be required to constantly provide information related to the staff and equipment to the Ministry of Public Health.

Stage D Final Approval

Similarly to other entities in Qatar, the medical facility is required to have:

- A Trade License
- A tax card
- An Immigration card (entitlement to hire expatriate staff)

The final approval procedure initiates with the approval of the recruited staff credentials and the registration of the medical practitioners through the portal.

The final approval involves the inspection of the facility and checking its compliance against the requirement setout in the final assessment phase.

The medical center's operations can start when the final approval is granted. It is required to display the license in the amenities at all times, besides the price list of the services provided. The medical center can only start its advertisement when the operation license is obtained.

5.2 Expected Cost of Setting up a Healthcare Center

According to AECOM Construction Handbook 2020, the typical cost of construction for a district hospital ranges between QAR 8,550 / sq.m (for a low-end facility) to QAR 12,740 / sq.m (for a high-end facility). However, basis our understanding of the current market scenario, the consideration should be 10%-20% lower. Taking the above understanding into consideration and depending on the quality of the facility, the cost of construction seen in the market varies largely between QAR 6,850 / sq.m to QAR 11,600 / sq.m. (on an average it typically ranges between QAR 8,550 - 9,650 / sq.m)

Additionally, the typical distribution of the development cost between Fixed Assets to Non-Fixed Assets is shown below:

Development Cost Distribution	Typical Range
Fixed Assets	70% - 85%
Non-Fixed Assets	15% – 30%%

Further, the typical project cost distribution between sub-elements of fixed and non- fixed assets are show below:

Table 49. Development Cost Distribution

Development Cost Distribution	Typical Range
Fixed Assets (FA) cost	70% - 85%
Building Cost – Main Building (% of FA cost)	90% - 95%
Parking (% of FA cost)	5% - 10%
Non-Fixed Assets (NFA) cost	15% – 30%
Medical Equipments & Installation (incl. related IT cost) - % of NFA cost	70% - 80%
Loose Furniture, Fittings - % of NFA cost	15% - 25%
Vehicles - % of NFA cost	2% - 3%
Information Technology (Ancillary) - % of NFA cost	2% - 3%
Grand Total	100%

Find below the broad area ranges of different healthcare facility type and the expected development cost associated with such facilities:

Table 50. Broad Development Cost Range for different Facility Type

Fixed Assets (FA) cost	Typica Build Up Area (sq.m)	No. of Beds	Total Development Cost Range
Hospital – Large Size	150,000 – 250,000	350 - 450	2 Bn – 6 Bn
Hospital – Medium Size	40,000 – 75,000	100 - 300	250 Mn – 1 Bn
Hospital – Small Size	5,000 – 10,000	20 - 50	50 Mn – 100 Mn
Specialized Hospital	7,500 – 15,000	20 - 30	75 Mn – 100 Mn
Long Term Care (large)	40,000 – 60,000	200 – 300	250 Mn – 400 Mn
Polyclinic – Large size	25,000 – 75,000	NA	150 Mn – 500 Mn
Polyclinic – Medium size	7,500 – 10,000	NA	50 Mn – 100 Mn
Polyclinic – Small size	2500 – 5,000	NA	20 Mn – 35 Mn



6. OVERVIEW ON THE ISSUES AND CHALLENGES FOR SETTING UP A HEALTHCARE FACILITY IN QATAR

6.1 Broad Challenges Related to Licensing for Private Facilities



Legal challenges

In order to increase foreign direct investment, Qatar has introduced a new foreign investment law in 2019 (Law 1/2019), which permits the full foreign ownership of the shares, in addition to other benefits such as full profit returns, and protection from expropriation. However, there is still an ambiguity in the application of the new law and the processes to start a business remain slow.



Procurement Challenges

The process of establishing a medical center that is owned completely by foreign nationalities is expected to be longer and more complex than that of Qatari-owned medical centers. In fact, the operation license takes longer time to obtain because, other necessary approvals from other government entities are required before the Ministry of Public Health can conduct its final inspection of the facility and grants the license.



Financial Challenges

Obtaining a business loan from a local bank in Qatar has a set of requirements that is relative to each bank.

In general, banks require a certain facility size, interest, repayment frequency, dividend restriction and certain fees.

These requirements can be stringent for certain banks, making business loans hardly accessible.

6.2 Potential Challenges in the Regulatory Requirements to Recruit, Train and Maintain Healthcare Professionals' Standards

- Focal points and employers are responsible for licensing application submission**
 According to the requirements of the Healthcare Practitioners Registration and Licensing Department – QCHP, recruiters and employers must take the responsibility for submitting a complete application during the licensing procedure of the healthcare practitioners and are responsible to check and monitor applications before submission. Therefore, it is necessary for employers to attend workshops to be trained on how to use the electronic registration/licensing system and to ensure that all the required data is filled, and the required documents are attached. This adds to the set of responsibilities of healthcare players who wish to recruit new or additional staff.
- Evaluation and the primary source verification processes for the licensing process sometimes require the presence of the applicant in the State of Qatar**
 A large part of the registration and licensing process can be done while the applicant remains in their home country. For example, the primary source verification application can be completed and submitted by using the electronic verification system, Qualifying examination (if required) can be taken in one of 10,000 test centers located in over 100 countries around the world, and the evaluation application can be completed and submitted by the employer locally while the applicant is still outside Qatar. However, some evaluation requirements (for example an assessment interview) will require the presence of the applicant in the State of Qatar. In addition, the licensing process will also require the presence of the applicant in the State of Qatar. This may present a hurdle for healthcare centers management in the private sector who usually wishes to recruit staff from outside of Qatar because of the lower salary expectations.
- Primary Source Verification through Data Flow is a long process**
 The primary source verification process (first step in the healthcare practitioners licensing process) takes minimum of 30 working days (6 calendar weeks). Delays are caused as a result of difficulty in contacting information sources (such as previous employers) and where suspicions have been raised requiring more detailed investigations.

 Only healthcare practitioners who studied in the state of Qatar or sponsored by the State of Qatar are exempted from the primary source verification process. Thus, this presents another hurdle against the process of recruiting foreign staff especially for healthcare center management that is looking for speedy recruitment.
- Nurse assistance requirement**
 As per the current rules and regulations, a physician cannot work without a nurse in attendance. This presents more costs to incur for private healthcare facilities considering that the minimum required doctor to nurse ratio is 1:1.

6.3 Impact of Public Healthcare Sector on Private Hospitals and Clinics

During the past five years, the private health sector witnessed remarkable achievements in terms of growth and development of the activities associated with it, during which it emphasized the role that this sector plays, which has received special importance in the Qatar Vision 2030 in the development process, as one of the pillars of the national strategy for economic diversification.

MoPH is looking to expand the role of private health care providers in order to achieve its ambitious expansion plans. By 2022 the MoPH aims to increase the number of private hospital beds by 25%. According to the Facility Master Plan 2013-2033, the Ministry is planning to add 56 more projects (4231 beds) in the private healthcare capacity. However, in terms of capacity, the healthcare sector is still dominated by the public sector, where 87% of in patients beds are in public sector while only 13% are in private sector (2017).

Generally, there is a reluctance to privatize public facilities by transferring them to the private sector. This resistance is supported in most cases by the existence of a collective political culture, which enhances the expanded role of government in the delivery of free social services and public goods. The fact that the government is seen as a service provider where services are provided almost for free for all citizens explains the fact that the service sector in Qatar was predominantly run by the government.

7. IMPACT OF COVID-19 ON THE HEALTHCARE SECTOR AND RECENT DEVELOPMENTS SEEN IN QATAR ACROSS PUBLIC AND PRIVATE SECTOR FACILITIES

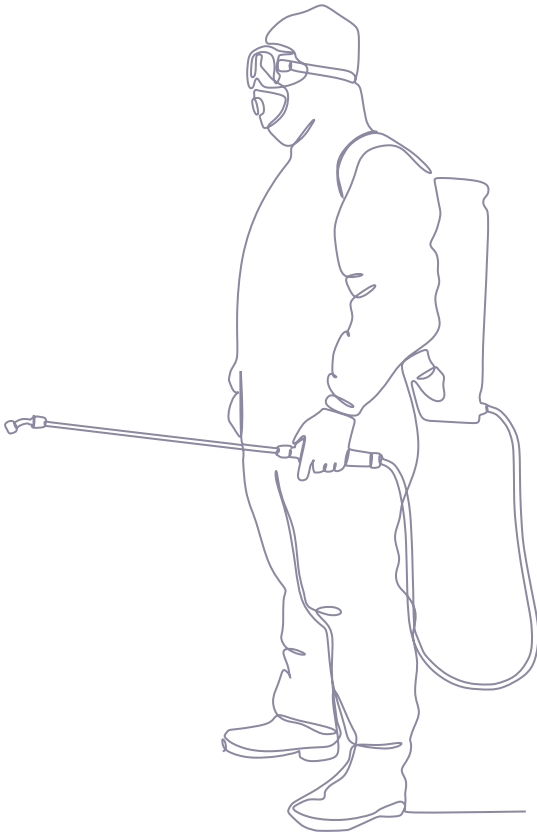
Role of private healthcare sector during COVID-19 pandemic

In Qatar, most of the activities and treatment related to COVID-19 were driven by Ministry of Public Health (MoPH)/ Hamad Medical Corporation (HMC). The role of the private healthcare was however limited to PCR Testing. The Ministry of Public Health (MoPH) has been continuously updated the list of private health facilities authorized to perform polymerase chain reaction (PCR) testing for the novel coronavirus. In the last few months, we have seen a rise in the number of the PCR testing facilities from 45 in April 2021 to 70 by May 2021 and further to more than 80 in June 2021.

The list of health facilities authorized to perform PCR testing are mentioned below:

- Al Emadi Hospital
- Turkish Hospital
- Doha Clinic Hospital
- Al Ahli Hospital
- Queen Hospital
- Dr. Moopen's Aster Hospital
- MagrabiCener for Eye, ENT & Dental
- Elite Medical Center
- West Bay Medicare
- Syrian American Medical Center
- Fiture Medical Center
- Dr. Khaled Al Sheikh Ali's Medical Center
- Al Jufairi Diagnosis and Treatment
- Al Ahmadani Medical Center
- Imara Health Care
- KIMS Qatar Medical Center
- Allevia Medical Center
- Aster Medical Center Plus- Almntazah
- Al Jameel Medical Center
- Atlas Medical Center
- Al Tahrir Medical Center
- Naseem Al Rabeeh Medical Center Doha
- Naseem Al Rabeeh Medical Center
- Naseem Al Rabeeh Medical Center
- Aster Medical Center- Alkhor

- Al Kayyali Medical Center
- Abeer Medical Center
- Al Esraa Polyclinic
- Value Medical Complex
- Asian Medical Center W.L.L
- Dr. Maher Abbas Polyclinic
- Sidra medicine
- Al Mansoor Polyclinic
- Nova Health Care
- Al Sultan Medical Center
- Al Fardan Medical with Northwestern Medicine
- Raha Medical Center W.L.L
- Al-Shefa Polyclinic D-Ring Road
- Planet Medical Center
- Qatar Petroleum- Al Salata
- Al-Shefa Polyclinic - Alkharatyat
- Aster Medical Center Plus
- Wellcare Polyclinic
- Tadawi Medical Center
- Al-Salam Medical Polyclinic-Ain Khalid
- Al-Salam Medical Polyclinic- Alkhaisa
- Al-Salam Medical Polyclinic- Muaither
- Premium Naseem Al-Rabeeh Medical Center-Doha
- Millennium Medical Center
- Aster Medical Center (industrial Area)
- Apollo Polyclinic- Qatar
- Al Esraa Medical Center
- Focus Medical Centre
- The Medical Centre-Qatar Airways
- Parco Healthcare
- Alwehda Medical Center- Alrayyan branch
- Dr.Hessa Al-Buainain Medical Center-Al Jelaiah
- Al-Hekma Medical Complex
- Alsalam Medical Polyclinic Center-Seiliya branch
- Al Dafna Medical Center
- SAC Polyclinic- Qatar Mall
- The International Medical Center
- City Medical Center
- Reem Medical Center
- Beauty Medical Center
- Al Aqsa Medical Center
- Al Safa Medical Polyclinic
- Marbel Medical Center
- Marbel Plus Medical Center
- Al Emadi Hospital Clinics - North



MOPH Approves COVID-19 Rapid Testing and Antibody Testing for Private Healthcare Sector:

Recently in May 2021, MoPH announced updating the COVID-19 testing protocol and approved antibody and antigen tests to be performed in the private healthcare sector.

The latest COVID-19 testing protocol authorized private healthcare centers to perform two new tests that are rapid antigen testing and antibody testing, in addition to the polymerase chain reaction (PCR) testing that the private sector has been performing during the Coronavirus (COVID-19) pandemic.

Cabinet ordered private healthcare medical staff to be redeployed for COVID support roles in public healthcare facilities:

In April 2021 (during the 2nd wave of coronavirus experienced in Qatar), private healthcare staff was ordered to be freed up from their normal roles and redeployed for Covid-19 support roles within Hamad Medical Corporation and Primary Health Care Corporation. The Cabinet announced a decision to stop all non-emergency services at private healthcare facilities as part of the Covid-19 response. The decision provided a boost to the public healthcare sector in performing COVID related treatments.

Current operational levels of in-patient and out-patient clinics in the public and private sector

However, with the recent plan to lift COVID related restrictions, operational level is expected to resume fully by end of 2021. According to the Medical Director of Hamad General Hospital, the current operational level in the outpatient clinics in the public sector is 80%, as the clinics started to receive all patients from all specialties on a face-to-face basis.

During the same period, the emergency surgeries, oncology operations and other emergency cases did not stop, but with the decline in the number of Covid-19 infections recently, the public hospitals are expected to resume performing non-emergency surgeries. Currently, the Specialized Surgery Center at Hamad Medical Corporation is operating at its full capacity, and the priorities of surgeries that must be performed according to different medical conditions are currently being prioritized.

The suspension of non-emergency medical services and limitation of capacity of the emergency services in the private healthcare system had decreased the operational level of the in-patient and mostly out-patient despite the allowance of virtual consultations.

New fertility center with capacity and future operational level:

According to the Director of the Assisted Reproduction Center at the Women and Research Center at Hamad Medical Corporation, the recent period has witnessed an expansion of services in the center, after moving to the new headquarters in the Qatar Rehabilitation Center, **where the number of ICSI cases is performed annually used to be between 1,500 to 2,000 cases. The expanded center will have a capacity to accommodate 3,000 cases annually and is expected to start operations by the end of 2021.** The center will also accept references from both public and private health centers, and with the increase in the number of doctors in the center, the waiting lists are predicted to be completely ended, as appointments will be scheduled for all cases. The center would include 3 operating rooms, one for male andrology operations, another for egg collection and the third for embryo transfer. These rooms are linked to the embryo's laboratory, which covers an area of 600 square meters, which is three times the area of the old laboratory.

The center includes two clinics which operate daily from Sunday to Thursday to receive cases for the first time and receive about 750 cases per month. The services in these two clinics focus on ovulation follow-up and activation services, as well as classifying cases and transferring them to IVF clinics if needed. As for IVF clinics, there are 6 clinics that operate daily from Sunday to Thursday at a rate of 30 clinics per week, and each clinic receives 15-20 cases. By end of 2021, these clinics will be increased to 8 clinics per day.

At the present time, the center can receive 120 cases per day in IVF clinics, and there is a possibility to double this number during the upcoming future plans.

New Insurance framework bill:

A draft law is under process to provide health care services in the State of Qatar through a new health insurance system that guarantees the provision of health care services to everyone who lives on the territory of the State of Qatar, including visitors to the country, pointing out that the system to be launched as soon as the legal stages are completed.

The draft law, which contains 47 articles and 6 chapters, states that it is compulsory to provide free insurance of healthcare services for both residents and visitors of Qatar. Consequently, all entry visa and residence permit issuance and renewal processes will require the submission of evidence of subscription to mandatory health insurance for the person covered.

The issuance of the law during the coming period will contribute to providing many options for all patients to obtain the required health services, stressing the ability of the private health sector to provide the necessary health services within the framework of the new system.

The new system will have a significant impact on creating a boom in the health sector in the country in the private and public sectors, as it will provide promising opportunities to increase investments in the health sector, where the demand for services will be high, and thus the market will be suitable to enter such an area.

Expected start in operation of five public health centers – three in 2021 and two in 2022

By end of 2021, the public healthcare sector will witness the start of the operations of 3 new health centers, which are South Al Wakra, Al Khor and Umm Al Saneem, in accordance with the strategic plan that the Corporation is implementing in order to expand health care facilities and services in All over the country. The Corporation's plans for the horizontal expansion of facilities have not changed during the last period despite the Covid-19 pandemic.

The year 2022 will witness the operation of two new health centers, namely: Al Mashaf and Al Sadd, where the number of health centers will reach 31 health centers throughout the country. Other new centers will replace some of the current centers by 2025, including the Khalifa City Center and Umm Ghuwailina Center.



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Qatar Development Bank (QDB) is a fully owned government developmental and financial entity set up by an Emiri Decree in 1997 to invest in and develop local industries by supporting SMEs in Qatar. In line with Qatar's National Vision 2030, QDB aims to facilitate the development and growth of SME's that will result in long-term socio-economic benefits.

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