



Qatar National Nutrition and Physical Activity Action Plan

2011 – 2016

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In collaboration with the Non-Communicable Diseases Section at
The Supreme Council of Health

Qatar National Nutrition and Physical Activity Action Plan 2011-2016

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INTRODUCTION

Chronic non-communicable diseases constitute a major risk factor for mortality and disease-related disability in the world and the eastern Mediterranean region, and according to the World Health Organisation (WHO), these diseases constitute a burden on health service delivery and a challenge to address.

The World Health Survey conducted in Qatar in 2006 and in collaboration with the WHO showed that 32.7% of adults were overweight (body mass index (BMI) between 25 and 29.9 kg/m²) while 28.7% were obese (BMI of 30 kg/m² and above). It also showed that 28.7% of children less than five years of age were overweight. These figures were attributed to the population's changing lifestyle in what relates to nutrition and physical activity.

The survey results also indicated that over half of the population (56%) did not reach the physical activity levels recommended by the WHO (of at least 30 minutes of moderate physical activity for five days a week) and that the majority of the population (81.7%) did not consume the recommended amounts of fruits and vegetables (of five servings) per day. Fourteen percent of the population were diagnosed with hypertension and were being treated with medications. High cholesterol blood levels were recorded in 27% of women and 24% of men living in Qatar. The need for a comprehensive plan to step up efforts to control chronic non-communicable disease factors was therefore evident.

In response to this growing challenge of obesity and its associated diseases in Qatar, the Supreme Council of Health in the country developed a National Nutrition and Physical Activity Action Plan. **The Action Plan was developed by the National Nutrition and Physical Activity Committee (appendix 1) in order to implement the National Health Strategy part 3.2, which is Nutrition and Physical Activity (appendix 2).**

The fundamental goal of the Qatar National Nutrition and Physical Activity Action Plan (hereafter, the Action Plan) is to reduce morbidity and mortality attributable to chronic non-communicable diseases in the State of Qatar. This is in line with the goal of the National Health Strategy part 3.2 related to preventive healthcare and its objective: "To set up a comprehensive nutrition and physical activity programme with initiatives targeted at various stakeholders and with impact on the prevalence of obesity". The Action Plan's goal is in turn achieved through a series of activities and programs each with specific objectives.

GOAL of the National Health Strategy Part 3.2 Nutrition and Physical Activity

Preventive healthcare

GOAL of the Action Plan

To reduce morbidity and mortality attributable to chronic non-communicable diseases (such as diabetes, cardiovascular disease and certain types of cancer) in the State of Qatar.

OBJECTIVES of the National Health Strategy Part 3.2 Nutrition and Physical Activity

- Set up a comprehensive nutrition and physical activity program with initiatives targeted at various stakeholders and with impact on the prevalence of obesity:
 - Reduction in the prevalence of obesity and overweight
 - Increase in the rate of physical activity
 - Enhanced nutritional status

OBJECTIVES of the Action Plan

1. To reduce the diet and inactivity-related risk factors of chronic non-communicable diseases (NCDs);
2. To increase the overall public awareness on the positive health effects of eating a healthy diet and engaging in regular physical activity;
3. To develop and promote culturally sensitive and sustainable policies and legislations aimed at promoting food diversity, healthy eating habits and increasing physical activity in the population;
4. To stimulate the practice of regular physical activity in the population, with special emphasis on schools, workplaces and communities;
5. To facilitate the collaboration with the private sector to promote import, production and distribution of food products which contribute to a healthier and more balanced diet;
6. To strengthen the capacity of human resources involved in the implementation of the Action Plan;
7. To monitor scientific data related to diet and physical activity in relation to NCDs and to support research in relevant areas.

EXPECTED OUTCOMES of the National Health Strategy Part 3.2 Nutrition and Physical Activity

1. Decrease the prevalence of obesity by 3 percentage points, from 32% to 29% for all residents and from 40% to 37% for Qataris;
2. Achieve a 10% weight reduction for people enrolled in dietary services programs.

EXPECTED OUTCOMES of the Action Plan

1. The rates of obesity and overweight are reduced by 1% yearly (i.e. 5% within 5 years);
2. The rates of physical activities are increased by 1% yearly (i.e. 5% within 5 years);
3. The proportion of the population consuming five servings of fruits and vegetables daily is increased by 10% in 5 years;
4. The proportion of the population suffering from high blood pressure levels is decreased in both men and women by 2.5% in 5 years;
5. The proportion of the population suffering from high blood cholesterol levels is decreased by 2.5% in men and 0.5% in women in 5 years;
6. The level of public awareness on nutrition and physical activity is increased by 25% in 5 years.

STRUCTURE OF THE ACTION PLAN

The Action Plan is meant to be implemented, upon approval, through eight action areas covering the main themes important to achieving the overall aim of reducing morbidity and mortality attributable to chronic non-communicable diseases in Qatar.

These action areas are:

1. Area 1: National policies and legislations
2. Area 2: National coordination mechanism
3. Area 3: National nutrition programs
4. Area 4: National physical activity programs
5. Area 5: Promotion and advocacy
6. Area 6: Surveillance, monitoring and evaluation
7. Area 7: Capacity building
8. Area 8: Partnership with academic institutions and the private sector

DETAILED STRUCTURE OF THE PLAN AND ACTION AREAS – Implementation to start upon approval of the Action Plan.

National Policies and Legislations			
Action Area 1.	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
<p>Objective. To formulate and promote national policies and legislation to improve dietary patterns and encourage physical activity.</p>	<p>Developing national dietary guidelines to help the population make healthy food choices.</p> <p>Developing and reviewing the national physical activity guidelines for the population to ensure that facilities for physical activity are available on the premises of schools and workplaces.</p> <p>Developing guidelines for screening for overweight and obesity at Primary Health Care (PHC) centers.</p>	<p>Developing guidelines and regulations for marketing food and sugar-sweetened beverages to children.</p> <p>Developing and updating legislation on food labelling for local and imported food products including food served in restaurants and fast food chains.</p>	<p>Establishing these guidelines.</p> <p>Implementing the food labeling for all local, imported food products including food served in restaurants and fast food chains.</p>
<p>Indicators.</p>	<p>Number of national policies, regulations and legislations developed or updated out of the total number planned.</p> <p>Number of policies and legislations implemented out of the total developed and updated.</p>		

National Coordination Mechanism			
Action Area 2.	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
<p>Objective. To establish national coordinating mechanisms that address nutrition and physical activity within the context of the Action Plan.</p>	<p>Enhancing the existing national coordinating mechanisms to oversee, develop and implement the Action Plan.</p>	<p>Ongoing.</p>	<p>Ongoing.</p>
<p>Objective. To facilitate the establishment of mechanisms to promote the participation of non-governmental organizations, the academia, civil society, the private sector and the media in activities related to nutrition and physical activity.</p>	<p>Establishing a working group for each sector of the Action Plan to ensure its implementation.</p>	<p>Ongoing.</p>	<p>Ongoing.</p>
<p>Indicators.</p>	<p>Number of sub-committees established with clear terms of reference. Number of meetings held out of the total number planned. Number of partners involved in the Action Plan.</p>		

Action Area 3.

National Nutrition Programs

	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
Objective. To promote optimal maternal health care.	Planning the national guidelines for promoting breastfeeding practices.	Establishing nutrition and breastfeeding guidelines for all health sectors in Qatar.	Providing high quality nutrition and breastfeeding counseling at all health sectors in Qatar.
Objective. To promote optimal infant and young child development.	Conducting situation analysis of the available programs regarding breastfeeding and complementary feeding.	Promoting best practices in breastfeeding. Promoting best practices in complementary feeding.	Ongoing. Ongoing.
Objective. To promote optimal nutrition for school-aged children.	Planning the guidelines for the national school snack program. Reviewing available school curriculum for nutrition. Planning promotion programs for healthy eating habits for school children.	Establishing national school snack program. Introducing nutrition into the core school curriculum. Developing promotion programs for healthy eating habits for school children.	Implementing national school snack program in all schools in Qatar. Establishing a comprehensive nutrition curriculum into schools. Conducting ongoing yearly healthy eating promotion programs for school children.
Objective. To promote optimal nutrition for adults.	Developing guidelines for healthy eating at the workplace.	Promoting healthy eating at the workplace.	Ongoing.
Indicators.	Number of nutritionists available per primary health care center out of total targeted. Number of health sectors applying breastfeeding programs out of total targeted. Percent of mothers achieving recommended weight gain during pregnancy. Percent of mothers referred to nutrition counseling during pregnancy. Percent of infants exclusively breastfed for the first 6 months of life. Percent of children with continued breastfeeding for up to 1 year. Number of schools participating in the national school snack program out of the total number targeted. Number of workplaces implementing the guidelines for healthy eating at the workplace out of total targeted.		

National Physical Activity Programs			
Action Area 4.	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
Objective. To review the existing national guidelines for health-enhancing physical activity in schools.	Introducing physical activity into the core school curriculum. Promoting physical activity at schools.	Establishing regular physical education program in the schools. Ongoing.	Establishing regular physical education programs in all schools in Qatar. Ongoing.
Objective. To review the existing national guidelines for health-enhancing physical activity at the workplace.	Conducting situation analysis of the available guidelines for physical activity in the workplace in Qatar.	Developing or reactivating the guidelines for physical activity in the workplace.	Promoting physical activity at the workplace and through available community facilities.
Indicators.	Number of indoors facilities for physical activities established on school premises Percent of students involved in the school physical activity program.		Number of indoors facilities for physical activities established on the premise of the workplace out of total targeted. Number of physical activities facilities (indoors/outdoors) in the community out of total targeted. Number of health promotion activities conducted in each workplace out of total targeted.

Action Area 5. Promotion and Advocacy			
	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
Objective. To raise public awareness through all means of communications about the benefits of good nutrition and physical activity as protective factors against the development of NCDs.	<p>Establishing a working group on promotion and advocacy through the media to implement the Action Plan.</p> <p>Conducting regular nutrition education and social marketing campaigns through mass media.</p>	Ongoing.	Ongoing.
Indicators.	<p>Formative research on public knowledge about the importance of healthy eating and physical activity conducted.</p> <p>Social marketing campaign conducted.</p> <p>Number of media channels involved in the campaign out of total available.</p>		

Surveillance, Monitoring and Evaluation			
Action Area 6.	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
Objective. To assess the progress and implementation of the Action Plan.	<p>Building a database for information on nutrition and physical activity through registry, surveys and research.</p> <p>Appointing a monitoring and evaluation project manager.</p>	<p>Regular monitoring of the programs and activities through time frame sheets.</p>	<p>Ongoing.</p>
Objective. To evaluate the impact of the Action Plan.	<p>Establishing a national nutrition surveillance system.</p> <p>Launching the First National STEPwise survey for Non-Communicable Diseases and its risk Factors.</p>	<p>Continuous monitoring through the surveillance system.</p> <p>Using the survey data and results for assessing priorities and gaps.</p>	<p>Assessing the achievements of all objectives and expected outcomes.</p> <p>Developing the second STEPwise survey.</p>
Objective. To assess the quality of national programs in terms of coverage and efficiency	<p>Analyzing existing programs, legislation, data and resources for quality to support the Action Plan.</p>	<p>Ongoing.</p>	<p>Ongoing.</p>
Indicators.	<p>STEPwise survey conducted.</p> <p>National nutrition surveillance system established.</p>		

Capacity Building			
Action Area 7.	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
Objective. To strengthen the capacities of human resources involved in the planning, implementation and evaluation of the Action Plan.	<p>Recruiting nutritionists at eight (08) PHC centers.</p> <p>Strengthening human resource and infrastructure related to nutrition at the NCD section in the Supreme Council of Health.</p> <p>Training for health care workers on growth monitoring and basic nutrition.</p> <p>Training for health care workers and school nurses on data collection methods and results-based management.</p>	<p>Recruiting nutritionists at fifteen (15) PHC centers.</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>Ongoing.</p>	<p>Recruiting nutritionists at all (23) PHC centers.</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>Ongoing.</p>
Objective. To ensure sufficient nutritionists are available at PHC centers for support of the programs specified in the Action Plan.	<p>Training of health care nutritionists on screening and counseling of people at risk of overweight and obesity.</p>	<p>Ongoing.</p>	<p>Ongoing.</p>
Indicators.	<p>Number of recruited nutritionists in PHC out of total number targeted.</p> <p>Number of recruited specialist nutritionists in the NCD section of SCH out of total planned.</p> <p>Number of trainings on growth monitoring and basic nutrition conducted.</p> <p>Number of trainings on data collection and results-based management conducted.</p>		

Action Area 8.

Partnership with Academic Institutions and the Private Sector

	Short-term Objectives 6-12 months	Mid-term Objectives 1-3 years	Long-term Objectives 3-5 years
Objective. To strengthen the partnership with academic institutions in the development, implementation and evaluation of the Action Plan.	<p>Collaborating in research focusing on the determinants and prevention interventions for nutritional disorders and physical inactivity in Qatar.</p> <p>Conducting a nutrition survey (start date: Spring 2012) between collaborating institutions.</p>	<p>Collaborating in research focusing on monitoring and prevention interventions for nutritional disorders and physical inactivity in Qatar.</p> <p>Utilizing the survey results for future planning and improving services.</p>	<p>Collaborating in research focusing on evaluation of the impact of the action plan.</p> <p>Planning for the second nutrition survey.</p>
Objective. To strengthen the partnership with the private sector in the development and implementation of the Action Plan.	<p>Collaborating with private sectors to implement promotion programs related to nutrition and physical activity.</p>	<p>Encouraging the private catering sector to provide healthy food choices and discouraging the promotion of energy-dense foods.</p>	<p>Ongoing.</p>
Indicators.	<p>Number of joint collaborations with academic institutions.</p> <p>Number of private companies adhering to the recommendations of the Action Plan.</p> <p>The national nutrition survey is conducted.</p>		

ACTION PLAN IMPLEMENTATION MECHANISM

The implementation of the action will be overseen by the National Committee on Nutrition and Physical Activity. The committee was established in April 2011 and is comprised of representatives from the following institutions:

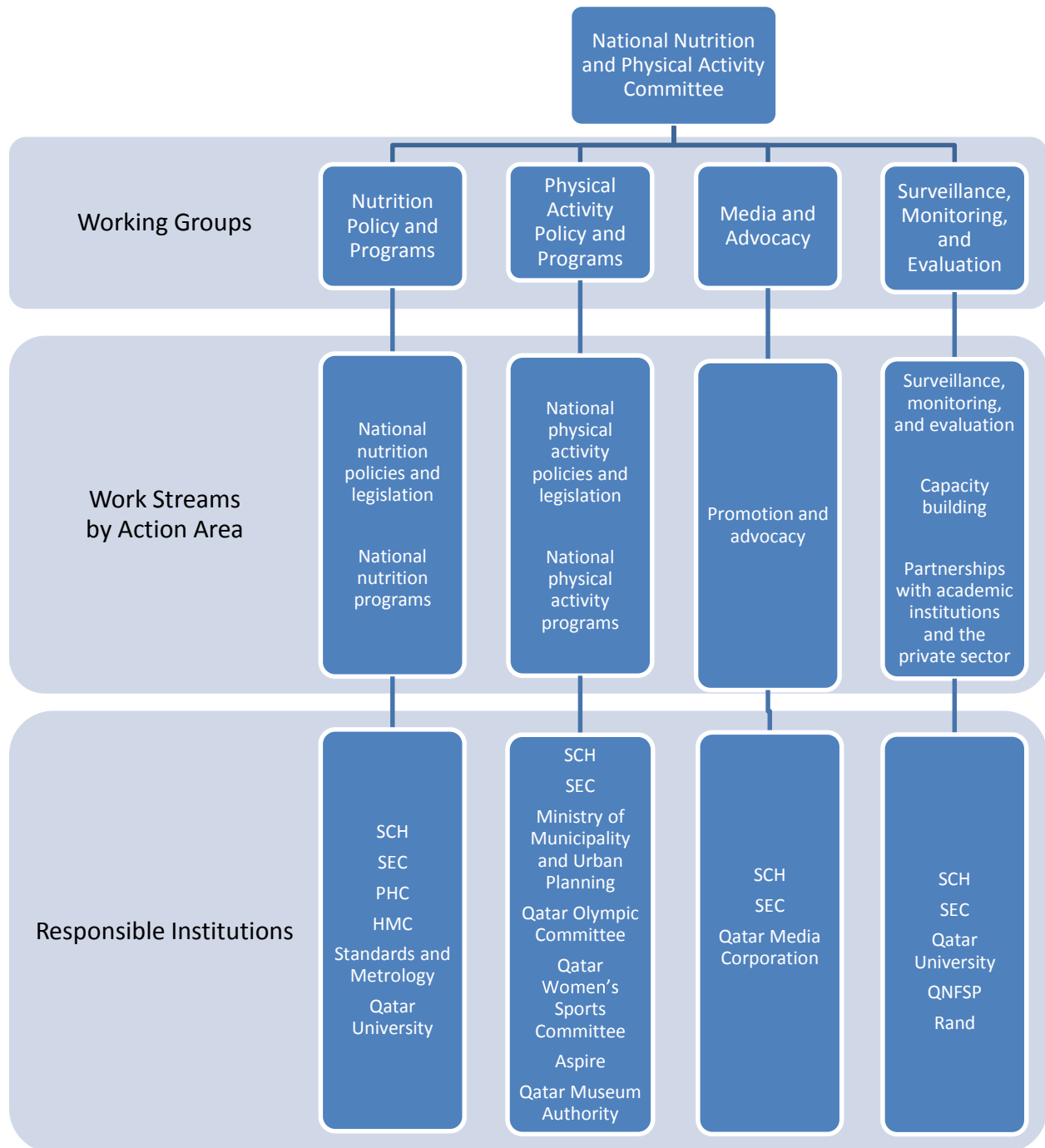
Chair	Supreme Council of Health
Members	Supreme Education Council (SEC)
	Primary Health Care
	Hamad Medical Corporation
	Ministry of Municipality and Urban Planning
	Ministry of Environment
	Qatar Media Corporation
	Qatar University
	Qatar Olympic Committee
	Qatar Women's Sports Committee
	Qatar Museum Authority
	ASPETAR (Qatar Orthopedic and Sports Medicine Hospital)

In addition to the core committee members, two institutions serve as observers: Qatar National Food Security Programme and Rand-Qatar Policy Institute

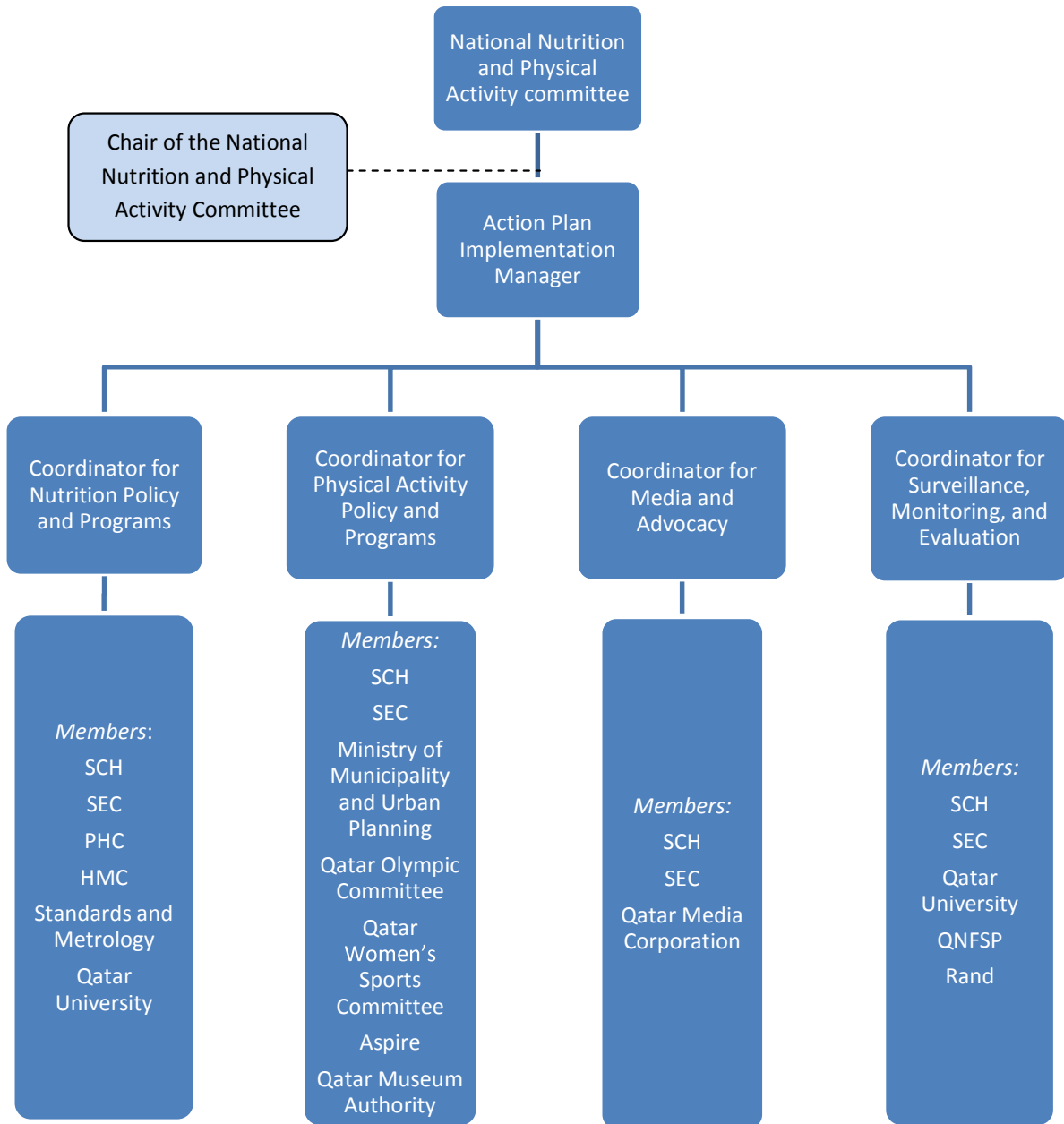
The core committee further split into four working sub-committees, each responsible for the implementation of specific action areas of the Plan. These sub-committees are:

	Sub-committee	Responsibilities
1	National nutrition policy and programs.	Action Plan's areas: 1) National policies and legislations, and 3) National nutrition programs.
2	National physical activity policy and programs.	Action Plan's areas: 1) National policies and legislations, and 4) National physical activity programs.
3	Media and advocacy.	Action Plan's area 5) Promotion and advocacy.
4	Surveillance, monitoring and evaluation.	Action Plan's areas: 6) Surveillance, monitoring and evaluation, 7) Capacity building, and 8) Partnerships with academic institutions and the private sector.

Committee Working Groups, Work Streams, and Responsible Institutions.



Action Plan Implementation Team Structure and Reporting Lines.



BUDGET

Item	Budget	Total (QR)	Grand Total (QR)
Cross-cutting costs.			
1. Opening ceremony	700,000 (with Shaikha Al-Mayassa)	700,000	
	300,000	300,000	
Subcommittees 1 and 2: National nutrition and physical activity policy and programs.			
2. Workshops for the implementation of nutrition guidelines in industries (3 workshops, 50 persons each)	Snacks: 50 people*3*QR50	7,500	15,450
	Guidelines: 150pcs*QR13	1,950	
	Roll-ups: 20pcs*QR300	6,000	
3. Workshops for the implementation of healthy foods guidelines in independent schools (6 workshops, 50 persons each)	Snacks: 50 people*6*QR50	15,000	21,600
	Guidelines: 300pcs*QR13	3,000	
	Roll-ups: 10pcs*QR300	3,000	
	Posters: 150pcs*QR4	600	
4. Workshop for the development of the national breastfeeding program (3-day workshop, 60 persons)	Snacks: 60 people*3days*QR50	9,000	37,840
	International adviser: Ticket @ QR5,000 – Accommodation @ QR8,000 – Per diem @ QR10,000	23,000	
	Transport: 4days*QR500	2,000	
	Roll-ups: 25pcs*QR120	3,000	
	Certificates: 60pcs*QR14	840	
5. Workshop for sharing experience with nutrition and physical activity programming in schools and communities (Tufts University, Boston), (2-day workshop, 50 persons)	Snacks: 50 people*2days*QR50	5,000	47,680
	International advisors: Ticket @ QR7,050 – Accommodation @ QR6,000 – Per diem @ QR7,300 * 2 advisors	40,700	
	Transport: 3 days*QR500	1,500	
	Roll-ups: 4pcs*QR120	480	
6. Education materials for support of nutrition in PHC centers	Booklets: 10,000 pcs*QR3	30,000	82,000
	Leaflets: 10,000 pcs*QR0.60	6,000	
	Educational support: 23 centers*QR1,000	23,000	
	LCD screens: 23 centers*QR1,000	23,000	
7. Implementation of national healthy school snacks program in independent schools	100 schools*600 students*220 school days*QR15	198,000,000	To be covered by SEC
TOTAL BUDGET FOR THE SUB-COMMITTEE			205,000

Subcommittee 3: Media and advocacy.				
8.	Interactive website for committee activities	@0.5*QR500,000 (lump sum cost for website and surveillance software)	250,000	250,000
9.	TV spot (30 sec.), yearly	Production: QR100,000	100,000	1,100,000
		Broadcast 3 times/day for 4 months: QR1,000,000	1,000,000	
10.	Radio flash (5 flashes, 20 sec. each), yearly	Production: QR20,000	20,000	520,000
		Broadcast: 3 times/day ,for 4 months, on 3 channels (Qatar Radio, Kuraan Kareem radio, Sawt El-Khaleej): QR500,000	500,000	
11.	Cinema, yearly	Broadcast: 5 times/day, for 4 months, in Qatar Cinema theatres (The Mall, landmark, Royal Plaza, Khaleej Cinema): QR50,000	50,000	139,000
		Broadcast: 5 times/day, for 4 months, in Bahrain Cinema theatres (City Center, Villagio): QR65,000	65,000	
		Tape format adjustment for Bahrain theatre specifications: 2*12,000	24,000	
12.	Newspapers, yearly	¼ coloured page, 2-3 times per month, for 6 months, in all local newspapers: QR700,000	700,000	700,000
13.	Road advertisement, yearly	Road mobies (including printing and installation): 40 panels in Doha and 40 panels in Al-Rayyan, for 4 months: QR1,000,000	1,000,000	2,400,000
		Road flags (including printing and installation): 50 flags*QR3,500/2 weeks for 4 months	1,400,000	
14.	Bus advertisement, yearly	20 buses, on 3 routes, for 4 months: QR1,000,000	1,000,000	1,000,000
15.	SMS notifications, yearly	Qtel or Vodafone: 2 messages/month for 500,000 persons, for 4 months: QR500,000	500,000	500,000
16.	Logo and cartoon mascot design	Price available after bidding		N/A
17.	Films and songs for the campaign	Production price available after bidding		N/A
18.	Printed materials	Posters: 500*QR4	2,000	402,000
		Growth charts: 100,000*QR0.80	400,000	
19.	Gifts	Hats: 5,000 pcs*5 years*QR18	450,000	1,154,000
		Travel mugs: 5,000 pcs*QR27	135,000	
		Pens: 200 box (12pcs/box)*QR20	4,000	
		Notebooks: 5,000*QR6	60,000	
		Mascot doll/toy: 10,000 pcs*QR40	400,000	
		Stickers: 3,000 pcs*5 years*QR7	105,000	
TOTAL BUDGET FOR THE SUB-COMMITTEE				7,645,000

Subcommittee 4: Surveillance, monitoring and evaluation.				
20.	National surveillance system	Bioelectrical impedance analysis machines for PHC centers: 25pcs*QR10,000	250,000	256,500
		Training workshop	6,500	
21.	Surveillance software	@0.5*QR500,000 (lump sum cost for surveillance software and website)	250,000	250,000
22.	National nutrition survey	National survey: QR3,000,000	3,000,000	3,000,000
23.	Trainings	Training of PHC nurses/dietitians on nutrition surveillance: QR6,500	6,500	26,500
		Training of school nurses on nutrition surveillance: 3 workshops*QR6,500	20,000	
24.	Annual report	2,500 pcs*QR13	32,000	32,000
25.	Forum for the evaluation of the Action Plan activities	Venue: 300 people*QR300	90,000	115,100
		International guests: Ticket @ QR3,650 – Accommodation @ QR2,000 * 3 guests	17,000	
		Roll-ups: 20pcs*QR300	6,000	
		Posters: 150pcs*QR4	600	
		Transport: QR1,500	1,500	
TOTAL BUDGET FOR THE SUB-COMMITTEE				3,680,000
Human Resources Allocations for Implementation of the Action Plan.				
26.	Action Plan implementation team, total 5 persons	Implementation manager: Qatari national QR19,200*60months	1,152,000	3,312,000
		Implementation coordinator for nutrition: QR9,000*60 months	540,000	
		Implementation coordinator for physical activity: QR9,000*60 months	540,000	
		Implementation coordinator for media: QR9,000*60 months	540,000	
		Implementation coordinator for monitoring and evaluation: QR9,000*60 months	540,000	
27.	Recruitment of nutritionists in PHC centers, total 23	Salary budgets to be allocated by PHC: 23 nutritionists*60 months*QR7,000	9,660,000	To be covered by PHC
28.	Monitoring and evaluation project manager	Project manager: QR9,000*60months	540,000	540,000
TOTAL BUDGET FOR HUMAN RESOURCES				3,852,000
GRAND TOTAL				16,082,000 Or 15,682,000

Appendix 1

Members of the National Committee on Nutrition and Physical Activity

Dr. Al-Anoud Mohammed Al-Thani, Supreme Council of Health (Chair)
Dr. Shaikha Abu Shaikha, Supreme Council of Health
Mr. Jassim Ibrahim Fakhroo, Supreme Council of Health
Ms. Hamda Al-Mohanadi, Supreme Education Council
Dr. Abdul-Hamid Al-Khenji, Primary Health Care
Dr. Fawziya Al-Khalaf, Hamad Medical Corporation
Dr. Mariam Al-Mansoori, Hamad Medical Corporation
Mr. Omar Thabit Al-Yafey, Ministry of Municipality and Urban Planning
Dr. Aisha Al-Thani, Ministry of Environment
Ms. Maha Al-Hammadi, Ministry of Environment
Dr. Youssef Mohammad A-Ibrahim, Qatar Media Corporation
Dr. Abdelmonem Sadig Hassan, Qatar University
Dr. Ali Abdul-Rahman Ahmad, Qatar Olympic Committee
Ms. Lolwah Hussein AL-Marri, Qatar Women's Sports Committee
Dr. Christian Wacker, Qatar Museum Authority
Dr. Faisal Al-Hitmi, Qatar Museum Authority
Dr. Andrew Dixon, ASPETAR (Qatar Orthopedic and Sports Medicine Hospital)

Ms. Darine Barakat, Qatar National Food Security Programme (observer)
Dr. Hamad Al-Ibrahim, Rand-Qatar Policy Institute (observer)
Ms. Kristy Kamarck, Rand-Qatar Policy Institute (observer)

Primary Health Care:

Dr. Mohsin Salih Mismar
Dr. Sadriya Al-Kohji

Non-Communicable Diseases Section, Supreme Council of Health:

Ms. Soha Moussa
Dr. Walaa Fattah Al-Chetachi

Appendix 2 - National Health Strategy, Part 3.2

Project Name: 3.2 Nutrition and physical activity			
Related QNV 2030 Goal: Coverage of preventive healthcare, both physical and mental, taking into account the differing needs of men, women, and children			
Background and Justification	<ul style="list-style-type: none"> ▪ Qatar has the highest prevalence of overweight and obesity in the GCC region—considerably higher than most OECD countries. This trend toward obesity is observed in childhood. <ul style="list-style-type: none"> – 71 per cent of all residents are overweight (among Qataris, 75 per cent) – 32 per cent of all residents are obese or morbidly obese (among Qataris, 40 per cent) ▪ 50 per cent of Qatari males and 60 per cent of Qatari females do not undertake regular physical activity. ▪ This is a key project that targets the most prevalent risk factors in the country. ▪ It is also recommended that when implementing awareness campaigns Qatar invest resources in creating high-impact campaigns that include expensive media options like TV, internet, billboard, and print. These campaigns should be part of a continuous nutrition and physical activity programme. ▪ The objective of this programme is to induce behaviour change, which will typically have a significant lag period before effects are observed. 		
Objectives/Benefits/Outcomes	<ul style="list-style-type: none"> ▪ Set up a comprehensive nutrition and physical activity scheme with initiatives targeted at various stakeholders and with an impact on the rate of obesity: <ul style="list-style-type: none"> – Reduction in prevalence of obesity and overweight – Increase in the rate of physical activity – Enhanced nutritional status, which can be measured using a composite score like the FCS (Food Consumption Score) developed by the World Food Programme 		
Outputs	3.2.1 Health promotion in schools (link it to other projects like tobacco cessation) 3.2.2 Wellness promotion in the workplace, led by government offices with established health promotion programmes 3.2.3 Media awareness campaigns for nutrition and physical activity 3.2.4 Prevention guidelines for healthcare services 3.2.5 Policies to reduce fast-food consumption 3.2.6 Government offices have established workplace health promotions 3.2.7 Promoting healthy food options (restaurants and key retail outlets)		
Activities	Indicators	Responsible Parties	Institutional Readiness and Capacities
<ul style="list-style-type: none"> ▪ Consolidate and align current school health initiatives through a joint SCH, SEC, and PHC task force ▪ Provide a baseline measurement of existing school health programmes ▪ Conduct benchmarking on school health programmes internationally ▪ Design and pilot a school health promotion programme ▪ Enable access to dietary services 	<ul style="list-style-type: none"> ▪ School health promotion set up 	<ul style="list-style-type: none"> ▪ SCH, SEC, SCFA 	<ul style="list-style-type: none"> ▪ Need public health professionals, dieticians, and nutritionists ▪ Need expertise in design and execution of public health communication campaigns

<p>within provider settings (primary care)</p> <ul style="list-style-type: none"> Assist at-risk patients with access to physical fitness services (e.g., through subsidised volume contracts) Design and execute media awareness campaigns on nutrition and physical activity Benchmark workplace wellness programmes, including local examples (e.g., QP) Align with occupational health Pilot corporate wellness programmes with select organisations Design and enforce a policy initiative to mandate workplace wellness programmes across all government offices Identify and implement best-practice policy initiatives on fast-food consumption and tailor them to the local context Perform baseline measurements (fast food, key retail outlets) on the existing availability of healthy food options Develop and implement a strategy to promote healthy food options (e.g., healthy food options on fast-food menu, education on healthy food choices) Ensure that food labelling meets standards, are easy to understand, and provide sufficient information on the healthiness of food 	<ul style="list-style-type: none"> Prevention guidelines and dietary services Physical fitness contracts Media awareness campaigns Workplace wellness Policy to mandate workplace wellness in government offices Policy initiatives to curb fast-food consumption 	<ul style="list-style-type: none"> SCH, PHC, HMC SCH SCH, Ministry of Labor SCH and Ministry of Municipality and Agriculture; SCH and Ministry of Business and Trade 	<ul style="list-style-type: none"> Need expertise in implementing the monitoring and evaluation system to track the project's effectiveness
Key Stakeholders and Overall Management Structure	<ul style="list-style-type: none"> SCH SEC for school health promotion, with support from SCFA HMC, PHC, and other key providers to implement prevention guidelines Ministry of Labor and Occupational Health for workplace wellness promotions Ministry of Municipality and Agriculture and Ministry of Business and Trade for help with policies on fast-food consumption and access to healthy food 		
Beneficiaries	<ul style="list-style-type: none"> General population, public sector, private sector organisations, and health providers 		
Cross-sectoral Linkages	<ul style="list-style-type: none"> Education and labour 		
Estimated Cost	<ul style="list-style-type: none"> 50M+ QAR 		
Estimated Duration	<ul style="list-style-type: none"> 5 years to ensure all outputs are developed 		
Risk and Mitigation Measures	Risks		Mitigation Measures
	<ul style="list-style-type: none"> Lack of cooperation from other Ministries 	<ul style="list-style-type: none"> Leverage the SCH executive committee's power to obtain cross-sectoral 	

	<p>and key healthcare stakeholders</p> <ul style="list-style-type: none"> Lack of availability of public health expertise 	<p>collaboration</p> <ul style="list-style-type: none"> Other measures addressed in the SCH capacity development programme
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Implementation Plan: Nutrition and physical activity project

