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Qatar Health 2022: Preparing for the 2022 World Cup and the response to pandemics in Qatar – a multidisciplinary team approach

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ABSTRACT

Welcome to this special issue of JEMTAC dedicated to the selection of 74 abstracts submitted to the Qatar Health 2022 online conference. The years are passing and the COVID-19 pandemic situation has not changed much globally. Although new vaccines have been developed and several restrictive measures have been rolled out in most countries to protect people, thousands are still succumbing to the effects of COVID-19^{1,2}. Similar to the Qatar Health 2021 conference³, among the abstract submissions, there is still much emphasis on how healthcare systems and services are dealing with the situation to mitigate the spread of the disease among patients and healthcare professionals, while still trying to deliver physical or mental care to those in need⁴⁻⁶. It is also important to point out that the same needs and concerns apply to both the general public as well as the healthcare workforce^{7,8}. From a preparedness point of view, continuing professional development and testing of new processes and facilities are key to ensuring clinicians are ready to take on new roles in new environments, and that technology can play a significant role in a pandemic context⁹⁻¹¹. This is not only true in relation to clinical facilities, but as Qatar prepares to host the 2022 World Cup, it is also highly relevant to sporting events, during which multiple agencies need to work together collaboratively and as a multidisciplinary team as per the theme of Qatar Health 2022 and the 2nd Qatar Public Health Conference¹²⁻¹³.

The online conference has again been organized into four parallel tracks. It is dedicated to showcasing the work and opinions of leaders in their respective domains as well as the 112 abstracts that have been accepted for oral or poster presentation. The abstract themes are summarized in Table 1, and most of the corresponding abstracts are published in this special issue of JEMTAC. Submissions related to mass gatherings and sporting events were shy again this year, but it is expected to be a highly prominent topic for the next edition of the conference, after the 2022 World Cup. We hope you enjoy this early content preview of the conference and that it will make it even more engaging for everyone at the time of the question and answer sessions and on the poster boards. See you all online on the 10th-12th of February 2022!

Keywords: COVID-19, Pandemic, public health, Preparedness, Qatar Health, Conference

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Table 1. Key topics of the abstracts accepted for presentation during the Qatar Health 2022 and the 2nd Qatar Public Health Conference.

Topics	Number of related submissions
Trauma, emergency medicine, surgery, and dentistry (Case reports, commentaries, cohort studies, patient assessment, patient triage...)	19
Sports medicine, physical therapy, and healthy living (Early patient mobilization, mental health, sudden cardiac arrest, health promotion, preparedness for 2022 World Cup...)	17
Microbiology, biochemistry, pharmacology (COVID-19, bloodstream infections, Type-2 Diabetes Mellitus, medication stability, antibiotic resistance...)	16
Impact of COVID-19 (Home isolation, mental health, patient care, clinical transformation, waste management...)	14
COVID-19 treatment (Drug therapy, acute stroke, mortality...)	9
Primary, community, ambulatory, antenatal and post-natal care (Medication management, maternal care, antimicrobial therapy, teleconsultation...)	9
Infection control and pandemic mitigation (Risk reduction, patient care, knowledge and attitude, immunization, personal protective equipment)	7
Pharmacy practice (Patient safety, cost-effectiveness, patient discharge...)	6
Education and Continuing Professional Development (Interprofessional education, clinical reasoning, teaching skills...)	6
Communication, teamwork, and quality in healthcare (Perception of just culture, clinician/patient relationship and collaboration)	5
Technology inpatient care (Artificial intelligence in airway management, Cardiovascular Risk Assessment, data security, and user authentication...)	4

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