White Paper

Clinical Trials in Qatar: On the Road to Becoming a Regional Hub

Insights and Recommendations from a National Clinical Trials Roundtable

Convened and prepared by
Sidra Medicine

In collaboration with national clinical research stakeholders

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What It Takes to Become a Regional Hub for Clinical Trials

Executive Summary

The October 2025 roundtable hosted by Sidra Medicine convened representatives from public, private, and industry institutions to explore what it would take for Qatar to become a regional hub for clinical trials. Participants included key national stakeholders across healthcare, academia, and government, as well as global industry partners.

The discussion identified several foundational elements already in place that could support this ambition. These include advanced genomics and precision medicine programs, specialized clinical expertise in areas such as pediatrics, oncology, and rare diseases, established biobanking infrastructure, and expanding clinical trials capacity across major health institutions. In parallel, a strong and diverse patient population, particularly in non-communicable diseases such as diabetes, cardiovascular disease, obesity, and cancer, provides a solid base for clinical research.

Realizing this ambition, however, will require continued investment in healthcare infrastructure, digital health, and precision medicine, alongside targeted action in several priority areas.

The roundtable highlighted four priority areas where coordinated effort could move Qatar closer to this goal: improving the efficiency and predictability of study start-up processes, strengthening operational capacity across sites, establishing coordinated patient identification and referral pathways, and increasing the visibility of national data and research assets to support feasibility assessments.

Addressing these areas will help accelerate study activation timelines, strengthen coordination across institutions, and expand access to innovative therapies. This whitepaper sets out what progress in these areas could look like, drawing on the roundtable discussion and comparable international experience, as a starting point for coordinated action across Qatar's clinical research ecosystem.

1. Introduction

Clinical trials are central to advancing patient care and enabling access to innovative therapies. The World Health Organization (WHO) emphasizes that clinical trials are "an essential component of a strong country-driven R&D ecosystem" and that strengthening them supports faster and more equitable access to safe and effective health interventions [1]. Building on this, WHO's Global Action Plan positions clinical trials as a system-level national capability requiring coordinated infrastructure, governance, workforce training, and collaboration. [2].

For Qatar, strengthening the clinical trials ecosystem aligns directly with Qatar National Vision 2030. Under the Human Development pillar, Qatar commits to positioning itself as a regional hub for research and innovation, reinforcing the national priority to build a competitive, knowledge-based health and life-sciences sector [3].

Qatar has developed many of the foundational elements required to support clinical trials, including advanced genomics and precision medicine programs, strong clinical expertise, and expanding research infrastructure across major health institutions. At the same time, further alignment across study start-up timelines, operational capacity, patient recruitment pathways, and data visibility will be important to fully realize this potential.

This whitepaper builds on these considerations to examine what it would take for Qatar to advance toward this ambition.

1.1 Current State of Qatar's Clinical Trials Ecosystem

Qatar's clinical research landscape has advanced substantially over the past decade, driven by national investments in precision medicine, genomics, biobanking and digital health [4]. Major national programs such as Qatar Genome Program, Qatar Biobank, and Qatar Precision Medicine Initiative have helped build the scientific, regulatory, and data infrastructure for large-scale population studies, rare-disease discovery and pharmacogenomics.

The country hosts several institutions with significant research and clinical capabilities, including Sidra Medicine, Hamad Medical Corporation (HMC), Weill Cornell Medicine-Qatar (WCM-Q), and Primary Health Care Corporation (PHCC). Together, these institutions form the backbone of Qatar's clinical trials ecosystem and support research across key areas such as non-communicable diseases, oncology, rare diseases, genomics, pediatrics, and maternal health.

Recent regulatory developments have further strengthened the environment for clinical trials, including the introduction of a 30-day review timeline at the Ministry of Public Health (MOPH) and efforts to harmonize oversight across public and private sectors [5]. In parallel, national initiatives supporting innovation and scientific research, including Law No. 8 of 2025 and the establishment of a dedicated national foundation, reinforce Qatar's commitment to a knowledge-based economy and provide additional support for research institutions [6].

Despite these advancements, the Middle East and North Africa (MENA) region remains underrepresented in global industry-sponsored clinical trials, and trial populations in Western countries often do not reflect the genetic and ethnic diversity of the region [7][8].

Stakeholders highlighted that while the country possesses advanced clinical and research assets, systemic barriers, especially around start-up timelines, operational capacity, patient referral pathways and data visibility limit its competitiveness relative to regional and international players.

Qatar is well positioned to address this gap. Several national strengths provide a strong foundation for growth, including:

- Specialized clinical centers in pediatrics, oncology, rare diseases, and metabolic conditions, which are areas of high interest for global sponsors
- Established genomics and biobanking programs with large,

well-characterized patient datasets that can support feasibility assessments and enable genomics-driven and rare disease trials
- National digital health infrastructure, including a developing national health application with potential to support clinical trial recruitment through existing care pathways
- Increasing cross-institutional engagement across regulators, healthcare providers, and industry stakeholders, reflecting a more coordinated approach to clinical research

The merging of regulatory reform, institutional capability and stakeholder momentum places Qatar in a strong position to expand its participation in global trials. The next section outlines the key priority areas identified to support this advancement.

2. Key Opportunities Identified

Stakeholders across regulatory and funding bodies, healthcare institutions, and global industry partners highlighted several priority areas where targeted action could further strengthen Qatar's ability to attract and activate global clinical trials. These opportunities fall into four key domains.

2.1 Study start-up and regulatory processes

Despite recent regulatory advancements, study start-up timelines remain longer than international benchmarks, averaging approximately seven to nine months from site selection to first patient. These timelines are largely driven by sequential processes across ethics review, regulatory approval, and contracting.

Stakeholders emphasized that global sponsors prioritize speed, predictability, and access to patients when selecting trial sites. Delays in start-up timelines reduce competitiveness, as sponsors typically select sites that can respond and activate studies quickly.

Current processes across institutions present opportunities for further alignment. Ethics review is not centralized, and multiple layers of review (including institutional, scientific, and IRB processes) can extend timelines. In addition, variability in submission quality, repeated queries from sponsors, and the absence of a unified national mechanism for industry-sponsored studies contribute to delays prior to regulatory submission.

Although the Ministry of Public Health has committed a thirty-day regulatory decision period once an application is complete, upstream processes remain sequential and time-intensive. As a result, overall study activation timelines continue to exceed international expectations.

Strengthening coordination across institutions, enabling parallel review processes, and standardizing documentation and submission pathways represent key opportunities to improve efficiency and enhance Qatar's competitiveness in attracting global clinical trials.

2.2 Workforce and site operations

Dedicated operational capacity for study start up remains inconsistent across

institutions. Key roles such as coordinators, start-up leads, legal representatives, and finance liaisons are often not fully integrated into early feasibility stages, as they are typically shared resources rather than dedicated to clinical trials. This can slow response times to sponsors and create uncertainty around institutional readiness.

Stakeholders emphasized that global sponsors expect rapid and predictable turnaround times. In leading international settings, key roles are assigned within days, enabling timely feasibility responses. In contrast, delays in role allocation and coordination can result in missed opportunities, as sites that respond more quickly are more likely to be selected.

In the absence of clearly defined responsibilities, operational tasks often fall on clinicians, who must manage contracting and administrative processes alongside clinical duties. This can affect both speed and consistency in feasibility responses.

There is a clear opportunity to strengthen operational readiness through the establishment of dedicated start-up roles, including named coordinators and designated legal and finance contacts. Enabling these functions to operate in parallel with ethics and regulatory processes will support more efficient study activation.

Stakeholders also highlighted the absence of a centralized system to track start-up milestones across institutions. The adoption of trial management systems could improve transparency, standardization, and coordination, supporting more consistent performance across sites.

Overall, strengthening workforce capacity and operational structures will be critical to improving responsiveness, enhancing predictability, and increasing Qatar's competitiveness in global clinical trials.

2.3 Patient engagement and recruitment

Patient recruitment remains constrained by the absence of formalized referral pathways across institutions and the limited integration of private-sector patient populations into clinical research.

Global sponsors prioritize countries where sites can access coordinated, national patient pools, particularly rare diseases, oncology, and genomics-driven studies. While localized approaches to patient identification exist, these are not yet consistently implemented at a national level.

Examples shared during the roundtable demonstrate that structured recruitment mechanisms are feasible within current governance frameworks. However, broader coordination across institutions will be required to scale these approaches.

Patient-facing trial listings and outreach are permitted in Qatar but remain subject to regulatory approval and institutional processes. At the same time, emerging initiatives, including patient and family advisory groups, offer opportunities to strengthen engagement strategies.

There is a clear opportunity to develop more coordinated and scalable recruitment models, supported by digital platforms, national tools, and stronger collaboration between public and private healthcare providers. Expanding these mechanisms will improve patient access,

enhance enrollment efficiency, and support multicenter trial participation.

2.4 Data Visibility, Registries and Technology Integration

Limited visibility of national clinical and research data remains one of the most significant constraints to attracting global clinical trials to Qatar. While the country has strong clinical capabilities and valuable patient datasets, this information is not consistently accessible during feasibility assessments.

As a result, Qatar may be overlooked in early country-selection processes, as sponsors require confidence that relevant patient cohorts exist and can be accessed efficiently.

The absence of high-level, aggregated data on disease prevalence, patient demographics, and available biospecimens limits the ability to conduct timely and accurate feasibility assessments. In practice, fragmented data sources and limited accessibility can increase the time and effort required to identify suitable patient populations, reducing overall efficiency and discouraging early engagement from sponsors.

Although national registries and biobanking resources exist, they are not yet integrated into a unified framework for clinical trial feasibility. Similarly, electronic medical records, registries, and research datasets operate across separate systems, limiting the ability to generate a consolidated national view of patient availability.

Stakeholders highlighted the opportunity to develop a coordinated, privacy-preserving approach to data visibility. A federated or metadata-based model providing high-level insights into patient populations and research assets would be sufficient to support feasibility assessments, without requiring access to patient-level data.

Improving data transparency and integration will strengthen Qatar's visibility in global clinical research, enabling more efficient feasibility assessments, supporting targeted recruitment strategies, and creating opportunities for advanced and genomics-driven clinical trials.

3. International Case Studies

While the challenges and opportunities identified in the roundtable reflect the specific context of Qatar, similar themes have been addressed in other countries [9]. These experiences provide useful reference points demonstrating how coordinated national approaches, clearer processes, and improved data visibility can strengthen clinical trials ecosystems.

Saudi Arabia offers a relevant regional comparison, given similarities in healthcare structure and regulatory context. Over the past decade, the Kingdom has expanded its clinical research activity through reforms focused on national coordination, regulatory clarity, and consistency in processes [10].

The Saudi Food and Drug Authority (SFDA) acts as the central regulator for clinical trials, providing standardized requirements and predictable timelines, while the National Committee of Bioethics ensures unified ethical oversight across institutions [11][12]. In parallel, the Saudi

National Institute of Health (SNIH) has increased investment in research capacity and provided national-level prioritization of disease areas [13].

In parallel, the Saudi Clinical Trials Registry (SCTR) has improved transparency by providing a centralized, publicly accessible view of ongoing studies, therapeutic areas, and site activity. Together, these elements have strengthened sponsor confidence and enabled more efficient feasibility assessments and study activation [14].

The United Kingdom provides a further example of a highly coordinated national research environment. The National Health Service (NHS) enables integrated trial delivery across the healthcare system, while regulatory and ethical oversight is coordinated through the Medicines and Healthcare products Regulatory Agency (MHRA), Research Ethics Committees (RECs), and the Health Research Authority (HRA) [15][16][17].

Through the Integrated Research Application System (IRAS), sponsors submit a single application that is reviewed in parallel, resulting in a unified national decision. In addition, national platforms such as Be Part of Research and NHS DigiTrials support patient recruitment by enabling identification and outreach to eligible participants at scale [18][19].

Across these examples, several common enablers emerge: coordinated national structures, predictable regulatory pathways, integrated data systems, and structured patient recruitment mechanisms. These elements support faster study start-up, improve feasibility planning, and enhance sponsor engagement.

These experiences reinforce that the priorities identified for Qatar; particularly around coordination, operational efficiency, patient access, and data visibility are aligned with international practice. They also highlight the opportunity to adopt a more integrated and nationally coordinated approach, tailored to Qatar's context.

4. Strategic Recommendations

The case studies and roundtable discussions highlight several priority areas where targeted, coordinated actions could significantly enhance Qatar's competitiveness in global clinical research. These recommendations build on Qatar's existing strengths, including advanced healthcare institutions, recent regulatory reforms, and a growing national focus on data-driven innovation.

4.1 National population data mapping

A major opportunity lies in creating a high-level, privacy-preserving view of patient populations across institutions. While valuable clinical, genomic, and registry data exist, they remain largely disconnected from feasibility and planning processes.

Establishing a national cohort database supported by real-time analytics would enable more efficient feasibility assessments and informed study design. A secure, sponsor-facing interface could further enhance Qatar's visibility during early trial planning.

As real-world data and real-world evidence become increasingly central to clinical development, structured and accessible data platforms will be critical to positioning Qatar as a competitive clinical trials destination.

4.2 Site capacity development

Qatar's institutions demonstrate strong clinical and research expertise; however, operational capacity remains variable. Strengthening national readiness will require greater alignment across processes, roles, and capabilities.

This includes harmonized standard operating procedures (SOPs), unified site qualification standards, and structured workforce development programs for coordinators, quality assurance personnel, and data managers. Establishing a consistent operational baseline aligned with ICH-GCP E6(R3) (Good Clinical Practice guidelines) will improve predictability for sponsors and support more efficient activation of multicenter studies.

4.3 Streamlined trial conduct

The introduction of a 30-day Ministry of Public Health review timeline provides a strong foundation for improving study start-up efficiency. The next step is to align institutional processes with this national benchmark.

Standardized contracting templates, parallel review processes across ethics and regulatory functions, and the adoption of digital tools for study start-up can help reduce timelines and improve consistency. The development of a central or coordinated IRB model, in collaboration with institutional partners, could further streamline review processes and reduce duplication.

In addition, enabling decentralized and adaptive trial models, including provisions for remote monitoring, will support evolving industry practices and enhance Qatar's attractiveness to global sponsors.

4.4 Patient Engagement

There is significant opportunity to enhance patient participation through more coordinated and scalable national mechanisms.

This includes the development of a national opt-in patient registry linked to health data systems, supported by digital tools for consent and communication. Public outreach initiatives, including multilingual awareness campaigns, can further strengthen engagement and promote a culture of research participation.

Strengthening collaboration between public and private healthcare providers will also expand access to diverse patient populations and support recruitment across multicenter studies.

4.5 Governance and sustainability

A coordinated governance model will be essential to support long-term sustainability and alignment across stakeholders.

The establishment of a national consortium could provide unified oversight, strategic direction, and shared operating standards for clinical research in Qatar. Clear frameworks for data governance, intellectual property, and revenue sharing will be important to

support trust and collaboration across institutions.

Integrating emerging areas such as gene and cell therapy within governance and review structures will further strengthen Qatar's position in advanced and precision medicine research. Complemented by a national positioning and branding strategy, these efforts can support Qatar's ambition to become a regional hub for clinical trials.

5. Next Steps

The opportunities outlined form the basis of a coordinated approach to strengthening Qatar's clinical trials ecosystem. Together, they highlight the need for greater alignment across data visibility, operational readiness, streamlined trial conduct, patient engagement, and governance.

Rather than being addressed in isolation, these priority areas should be advanced through a phased and integrated approach aligned with national strategies and institutional plans.

Building on the momentum of the roundtable, there is an opportunity to establish an ongoing, structured collaboration across stakeholders. Translating these priorities into coordinated action will enhance clarity for sponsors and partners, improve trial delivery, and support Qatar's ambition to position itself as a regional hub for high-quality, patient-centered clinical research.

6. Conclusion

Qatar has made significant progress in strengthening its clinical research environment, supported by recent regulatory reforms, strong institutional capabilities, and growing national interest in research and innovation. The October 2025 roundtable confirmed that many of the foundational elements of a competitive clinical trials ecosystem are already in place, and identified the areas where further alignment could help Qatar closer to becoming a regional hub for clinical trials.

By continuing to collaborate across the Ministry of Public Health, healthcare providers, academic partners, and national research entities, Qatar can build on these strengths to move toward becoming a reliable and attractive destination for clinical trials.

The objective is not to replicate external models, but to build on Qatar's existing strengths and outline a path that reflects national priorities, while improving access to high-quality, patient-centered research.

This whitepaper brings together insights from the roundtable, recent regulatory developments, and relevant international experience to offer a starting point for what it would take for Qatar to advance toward this ambition. As the ecosystem continues to evolve, these priorities can be refined and advanced as part of a shared effort to strengthen clinical research in Qatar.

7. References

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