



جهاز التخطيط والإحصاء  
Planning and Statistics Authority

# Births & Deaths

## In the State of Qatar







مجلس التخطيط والإحصاء  
Planning and Statistics Authority

# Births & Deaths

In the State of Qatar, 2017

(Review & Analysis)

December, 2018



**H.H. Sheikh Tamim Bin Hamad Al-Thani**

*Emir of the State of Qatar*

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### Preface

The present time witnesses an increase in demand for statistical data of all types, including vital statistics, the most important of which is data on births, deaths and related indices that are used as an important element in decision-making to achieve National Development Strategy objectives that, in turn, will achieve Qatar National Vision QNV 2030. Among these objectives are the development of network infrastructure so that all citizens and residents in Qatar can have access to health services. They include maternal and childcare services; combating infectious diseases, providing basic vaccinations, raising awareness on proper nutrition system, and providing the necessary cadres of doctors, nurses and technicians.

This report is issued annually by Planning and Statistics Authority, supplementing the series of annual reports issued by the Ministry of Development Planning and Statistics. By analyzing the vital statistics on births and deaths, this report aims to identify the trend of births and deaths indicators in general during the period (2008-2017). The indicators provided by the statistics on births and deaths are used as markers to achieve short and long-term goals, and to improve health, social and economic conditions for all population of Qatar.

The report shows the evolution of the indicators that reflect tangible improvement in all indicators, such as crude birth rates and the relative distribution of births by nationality, place of residence and fertility rates, as well as crude death rates, the relative distribution of deaths by nationality and place of residence, detailed death rates, causes of death, infant, child and maternal death rates and life expectancy at birth.

The Planning and Statistics Authority (PSA) hopes that government agencies, private institutions of public interest and civil society organizations will benefit from the report's indicators on births and deaths in 2017 so as to develop social plans and policies aimed at improving health conditions, minimizing all death-causing diseases and finding successful solutions in this regard.

**Dr. Saleh bin Mohamed Al-Nabit**

President of Planning and Statistics Authority

## Introduction

The statistics of births and deaths are one of the main pillars of vital statistics, and are used for several purposes in view of their important role in population growth. These statistics are also an integral part of the statistics produced by the Planning and Statistics Authority (PSA), as they are used to calculate many demographic indicators that fall within the concept of social indicators.

The data on statistics of births and deaths which are obtained from national registries are considered as one of the tools necessary to update the data on population and demographic analysis required in the economic and social planning processes. The analysis of statistics on births and deaths also serves in many areas, as it meets the needs that the state is working to provide, and clarifies the trend in population growth. The analysis includes demographic and health indicators based on data collected from the civil registry system for the development of a parallel data systems containing highly-accurate information on the themes of fertility, adult death rates, detailed death rates, causes of death, and infant, child and maternal deaths as well as life expectancy at birth. In addition to official purposes, the results of this report serve other scientific purposes.

It should be noted that the data contained in this report is the outcome of collaboration between the Planning and Statistics Authority and the Ministry of Public Health.

The data in this report includes births and deaths registered in Qatar and Qatari births and deaths registered abroad. The analysis consists of two chapters; the first is on live births and fertility rates, while the second is on death rates and causes, in addition to annexes of tables.

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# First: Births

This chapter provides an analysis of live birth data including the evolution and distribution of the number of births by place of residence and nationality, crude birth rate, fertility rates for Qatari women and normal and underweight newborns.

## 1. Evolution of the Number of Live Births

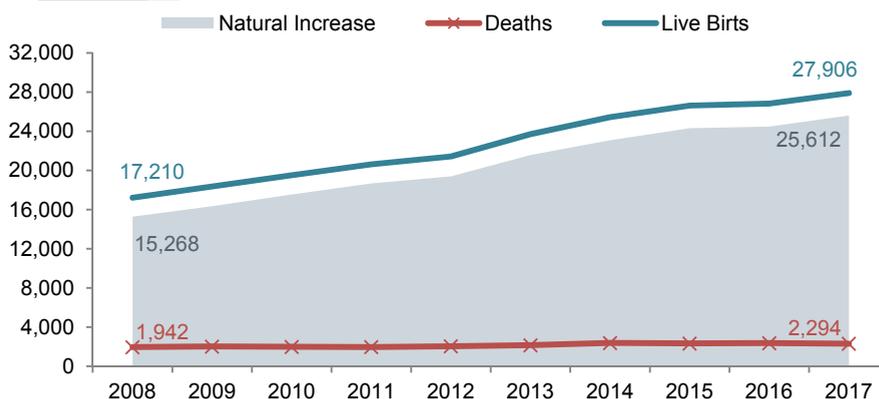
Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live-born regardless of gestational age. The change in the population resulting from these natural events (the difference between the number of births and deaths) is called "natural increase". The data indicates that the natural increase rate decreased from 10.82% in 2008 to around 9.40% in 2017; a drop of 13% in the comparison period.

*Natural increase rate witnessed a slight increase of 4.7% in 2017 compared to 2016.*

The number of live births in Qatar reached 27,906 in 2017 (Figure 1), a natural increase of 4.7% compared to live births in 2016. A continuous increase was observed in the number of live births registered during the period (2008-2017) from 17,210 in 2008 to 27,906 live births in 2017, an annual growth rate of 5.4%.

**Figure No. (1)**

*Births, Deaths and Natural Increase (2008-2017)*



The number of Qatari live births reached 7,944 accounting for 28.5% of total live births, while the number of non-Qatari live births reached 19,962 accounting for 71.5% of total live births.

## 2. Live Births by Nationality and Place of Mother's Residence

Figure 2 indicates that maximum live births were registered in Doha Municipality, accounting for 39.3% of total live births registered in Qatar, followed by Al Rayyan Municipality 37.1%, Al Shihaniyah Municipality 6.1%, Al Wakra Municipality 5.4%, Umm Salal Municipality 5.3%, Al Khor Municipality 3.7%, and then the rest of the municipalities (Al Shamal and Al Dhaayin) 2.3%. Finally, births outside of Qatar accounted for 0.8% of births.

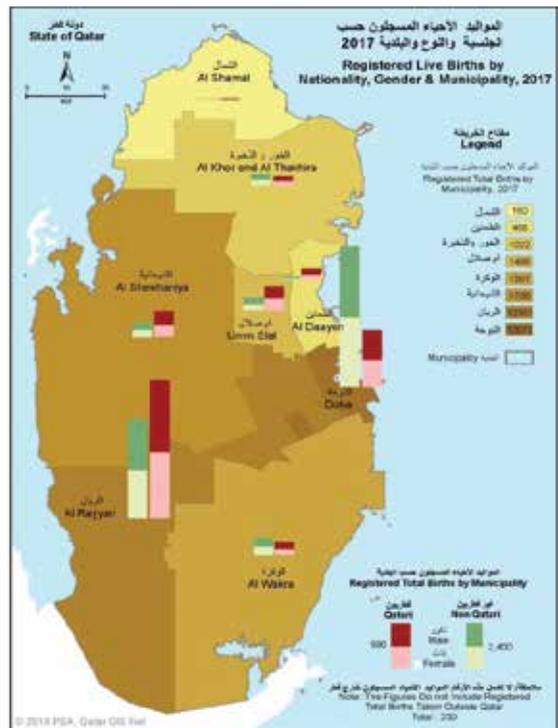
*Most of live births in Qatar were registered in the municipalities of Doha (39.3%) and Al Rayyan (37.1%) in 2017*

When reviewing live births by nationality, gender and Mother's place of residence, we find that most of Qatari male live births were registered in Al Rayyan Municipality by 48.5%, followed by Doha Municipality 20.1%, Al Shihanyiah 9%, Umm Salal 7.9%, Al Wakra 4.2%, Al Dhaayin 3.7%, Al Khor 3.3% and Al Shamal 0.7%. The rest of live births were outside of Qatar, accounting for 2.6%.

As for non-Qatari male live births, they were mostly focused in Doha Municipality by 46.8%, followed by Al Rayyan 32.9%, Al Wakra 5.8%, Al Shihaniyah 4.8%, Umm Salal 4.2%, Al Khor 3.9%, and then the rest of municipalities (Al Dhaayin and Al Shamal) 1.6%.

**Figure No. (2)**

**Live Births by Nationality, Gender and Place of Residence 2017**



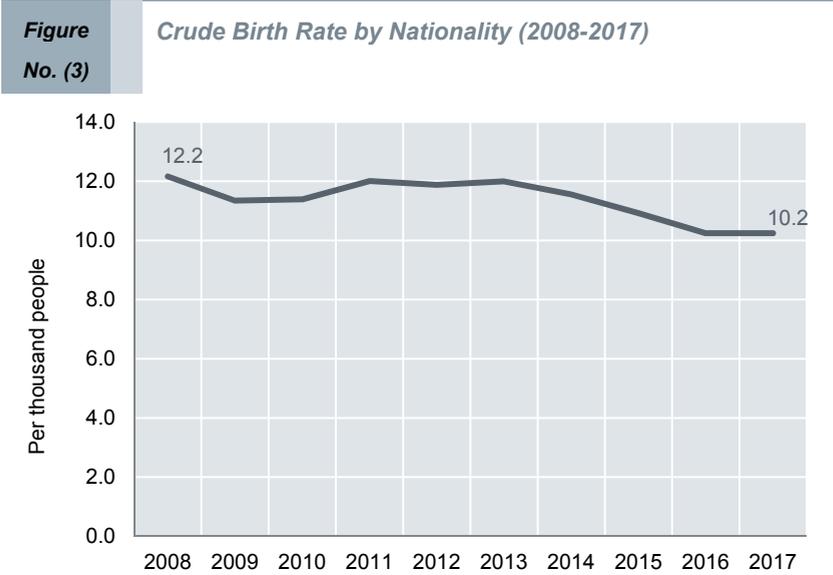
With regard to females, Figure 2 also shows that the highest percentage of Qataris female live births was registered in Al Rayyan Municipality by 47.2% of total Qatari female births in Qatar, followed by Doha Municipality 19.4%, Al Shihaniyah 9.2%, Umm Salal 8.6%, Al Wakra 4.3%, Al Khor 3.3%, Al Dhaayin 3.6% and Al Shamal 0.8%. The rest of female live births were outside of Qatar, accounting for 3.2%.

As for non-Qatari female live births, they were mostly focused in Doha Municipality by 47.2%, followed by Al Rayyan (32.8%), Al Wakra (5.9%), Al Shihaniyah (5.1%), Umm Salal (4.2%), Al Khor (3.7%) and the rest of municipalities (Al Shamal, Al Dhaayin) by 1.1%.

### 3. Crude Birth Rate by Nationality

The crude birth rate refers to the number of live births per thousand population, regardless of age and gender in a given year. It is called “crude” because it comprises the population of both sexes and all ages. The crude birth rate dropped from 12.2 live births per thousand population in 2008 to 10.2 in 2017, a decline of 16.1% during the period (2008-2017).

*Crude birth rate dropped from 12.2 per thousand population in 2008 to 10.2 per thousand population in 2017, recording a decrease of about 16.1% during the period.*



Regarding the sex ratio at birth, the data indicates that the ratio of male live birth per 100 female live births stood at 104.9% in the State of Qatar in 2017.

#### 4. Age Specific Fertility Rates for Qatari Women

The age-specific fertility rate is one of the most accurate rates for measuring fertility. This rate requires a complete series of data (number of births by age of mother, as well as the distribution of population by age and gender). The age-specific fertility rate measures the number of births per year per thousand women at a given age (the age group range is usually 5 years), provided that the age-specific fertility rates are not one number, but are at least 7 numbers (for the average fertility period of 35 years).

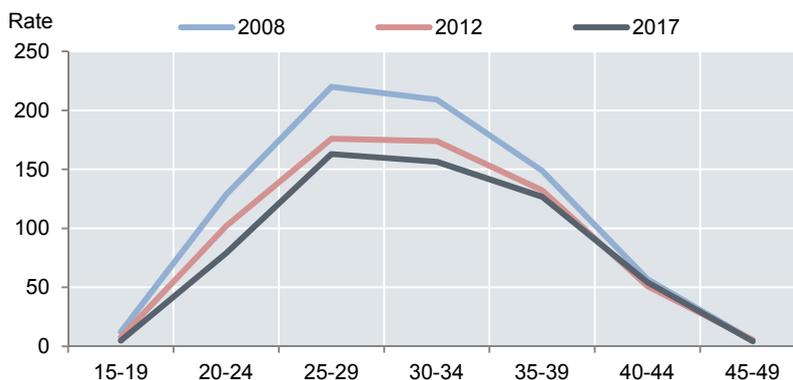
*Age specific fertility rates recorded the highest level in the age group (25-29 years). Its decline was even more important in the age groups of less than 25 years during the period of comparison.*

The results displayed in a curve that shows the distribution of births on the age groups of Qatari women in different age groups (Figure 4) indicate that the fertility rate in 2017 started low as usual in the age group (15-19 years) at the rate of 4.9 children per 1,000 women, and then increased reaching its summit in the age group (25-29 years) at the rate of 162.9 children per 1,000 women, after which the rates gradually declined in subsequent groups until they reached the lowest level (4.4 children per 1,000 women) in the oldest age group (45-49 years).

The age fertility rate curve also indicates a significant change in the fertility structure that caused its decline during the period (2008-2017) represented by the decline in fertility rates across all age groups. The decline was more important for Qatari women under the age of 25 years as shown in Figure 4.

**Figure  
No. (4)**

*Age Specific Fertility Rates for Qatari Women by Mother's Age Group (2008-2017)*



The fertility decline in the first and last age groups and the increase in the middle age groups have all been proven in statistical studies which found that women at the age of twenty year old give less birth than women aged between twenty and thirty five years old, while their ability to reproduce gradually declines after that.

## 5. Total Fertility Rate (TFR) and Gross Reproduction Rate (GRR)

### A. Total Fertility Rate (TFR):

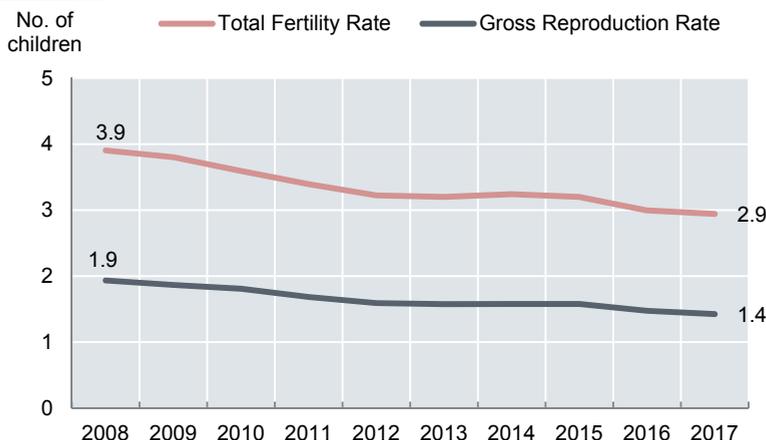
TFR is the average number of children a woman would have during her reproductive years. TFR is affected by the average age of marriage for females, the percentage of widows at the age of fertility, the extent of continued marital life and the use of family planning methods, as well as other economic, cultural and social factors. TFR is calculated by adding up the age-specific fertility rates of childbearing groups and multiplying them by the age group length, and then dividing them by one thousand if total fertility rate per woman is required.

*The total fertility rate for Qatari women declined from 3.9 children per woman in 2008 to 2.9 children per woman in 2017.*

Figure 5 shows the decrease in the total fertility rate for Qatari women during the period (2008-2017) from 3.9 children per woman in 2008 to 2.9 children per woman in 2017. Despite the decrease in the total fertility rate, it remains relatively high compared to the global average of 2.5 children per woman, while in the more developed regions it is 1.7 children per woman and in the less developed regions it is 2.6 children per woman.

**Figure No. (5)**

**Total Fertility Rate (TFR) and Gross Reproduction Rate (GRR) for Qatari Women (2008-2017)**



**B. Gross Reproduction Rate (GRR):**

Gross reproduction or replacement rate is the measurement used to estimate future mothers through the study of female births in order to identify the number of daughters that would be born to a woman during her childbearing life, where each daughter represents a link in the survival chain of the human race, while ignoring the fact that some women will die before completing their childbearing years. Thus, it is similar to total fertility rate in terms of calculation, but it only takes into consideration female births instead of total births. GRR witnessed a decline from 1.9 daughters per woman in 2008 to 1.4 daughters per woman in 2017, a drop of nearly 26% during the comparison period.

The decline in fertility rates in Qatar can be explained by the higher educational attainment of Qatari women and their involvement in work, preference of career to marriage and childbearing, and the reluctance of young people from early marriage.

## 6. Normal and Underweight Newborns

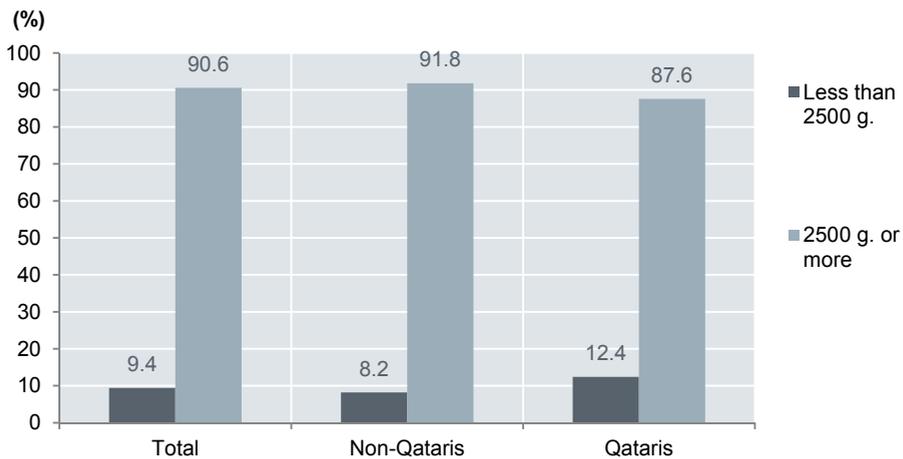
The term “underweight newborns” refers to the percentage of the number of live births whose weight is less than 2.5 kg in a given year of total live births in the same year.

*Qatari underweight birth rate increased to (12.4%) compared to non-Qataris (8.2%), a difference of 4.2 percentage points in 2017*

The number of underweight newborns reached 2625 live births, accounting for 9.4% of total live births (27906) in 2017, while the percentage of normal-weight newborns was 90.6% of total newborns.

With regard to nationality, Figure 6 indicates that underweight newborn rate is higher among Qataris (12.4%) compared to non-Qataris (8.2%), a difference of 4.2 percentage points.

**Figure No. (6)** *Percentage of Newborns by Nationality and Weight (Normal Weight and Underweight), 2017*



# Second: Deaths

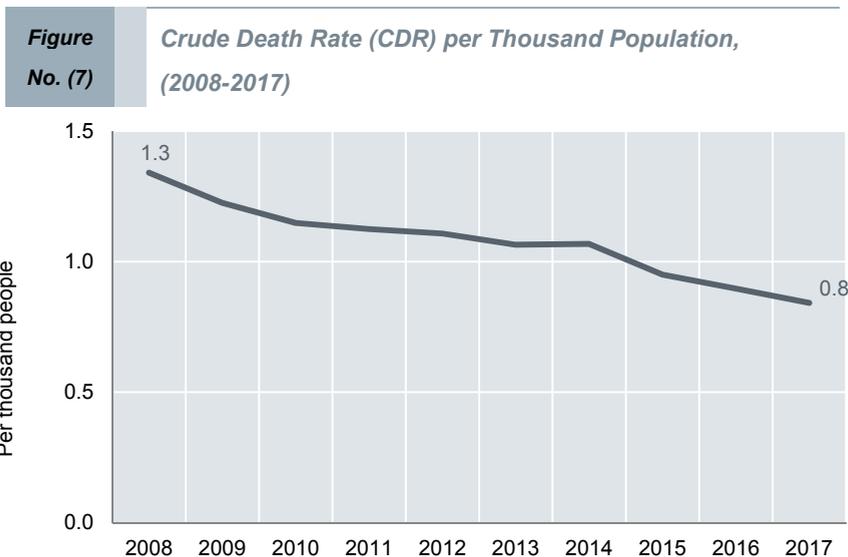
This chapter includes an analysis of mortality data at several points, including crude death rates, death rates of all ages by gender, distribution of deaths by gender, nationality and place of residence, detailed death rates, causes of death, infant and child mortality, maternal mortality, and life expectancy at birth.

## 1. Crude Death Rate (CDR)

Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition therefore excludes stillbirths.

*Crude death rate fell by 37.2% during 2008-2017, an annual decrease of 5.2% in the same period*

The number of deaths reached 2,294 in 2017, compared to 2,347 deaths in 2016, which means that the number of deaths fell by 2.3% in 2017 compared to 2016. This is the second decline in the number of deaths after it declined for two consecutive years by 2.9% in 2011 compared to 2009 during the period (2008-2017). The data in Figure 7 indicates a decline in crude death rate in Qatar from 1.3 per thousand population in 2008 to 0.8 per thousand population in 2017. It decreases by an annually rate of 5.2% during the period (2008-2017).

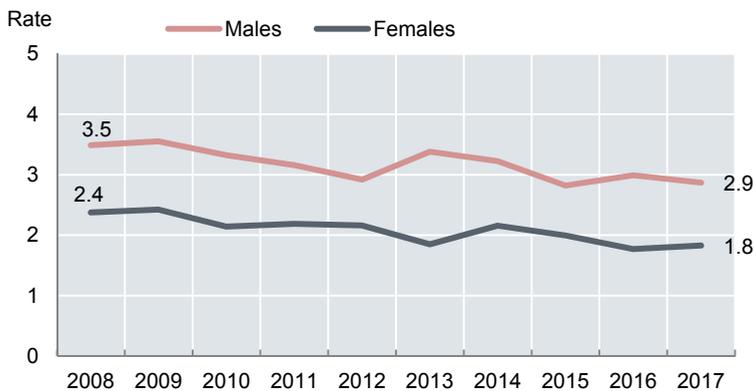


## 2. Qatari Death Rate of All Ages by Gender

The Crude Death Rate (CDR) gives an overall idea of the level of deaths. Nevertheless, there is a need for more detailed measurement of the analysis of death data, because death rate is linked to a variety of demographic, economic and social factors and characteristics. This point deals with the death rate for both males and females and the evolution of the trend of this rate during the period (2008-2017). The results indicate that the death rate per thousand Qatari population by gender has declined for both males and females in general (Figure 8). Male deaths witnessed a decline from 3.5 per thousand males in 2008 to 2.9 per thousand males in 2017, a drop of 17.7%. On the other hand, female deaths declined from 2.4 per thousand females to 1.8 per thousand females, a drop of 22.9% during the same period.

**Figure  
No. (8)**

*Death rate for all ages per thousand Qatari population by gender (2008-2017)*



Generally speaking, there is a decline in female deaths compared to males. There is no doubt that this significant decline in death rate is due to the medical advances in the treatment of many diseases and the development of health care systems as a result of the significance the state attaches to health sector.

### 3. Deaths by Nationality, Gender and Place of Residence

Figure 9 shows that most deaths in the State of Qatar were registered in Doha Municipality, accounting for 70.8% of total deaths registered in Qatar, followed by Al Rayyan Municipality 15.5%, Al Wakra Municipality 3.1%, Umm Salal 2.4%, Al Khor Municipality 1.4% and then the rest of municipalities (Al Shamal, Al Shihaniya and Al Dhaayin) 2%, in addition to 4.8% outside of Qatar.

*Most deaths in Qatar were registered in Municipalities of Doha (70.8%) and Al Rayyan (15.5%) in 2017*

Regarding the deaths by nationality, gender and place of residence, most of Qatari male deaths occurred in Al Doha Municipality by 41.4%, followed by Rayyan Municipality 28.9%, Al Wakra 5.2%, Umm Salal by 4.9%, Al Shihaniya 1.9%, and then the rest of municipalities (Al Khor, Al Shamal, Al Dhaayin) 2.4%, and the remaining percentage of deaths (15.3%) was outside of Qatar.

As for non-Qatari male deaths, they are mostly focused in Doha Municipality by 84%, followed by Al Rayyan Municipality 8.6%, Al Wakra Municipality 2.4%, Al Khor Municipality 1.5%, Umm Salal 1.4%, and then the rest of municipalities (Al Shamal, Al Dhaayin and Al Shihaniya) 1.9%. A percentage of 0.2% of non-Qatari male deaths occurred outside of Qatar.

**Figure No. (9)**

**Deaths by Nationality, Gender and Place of Residence, 2017**

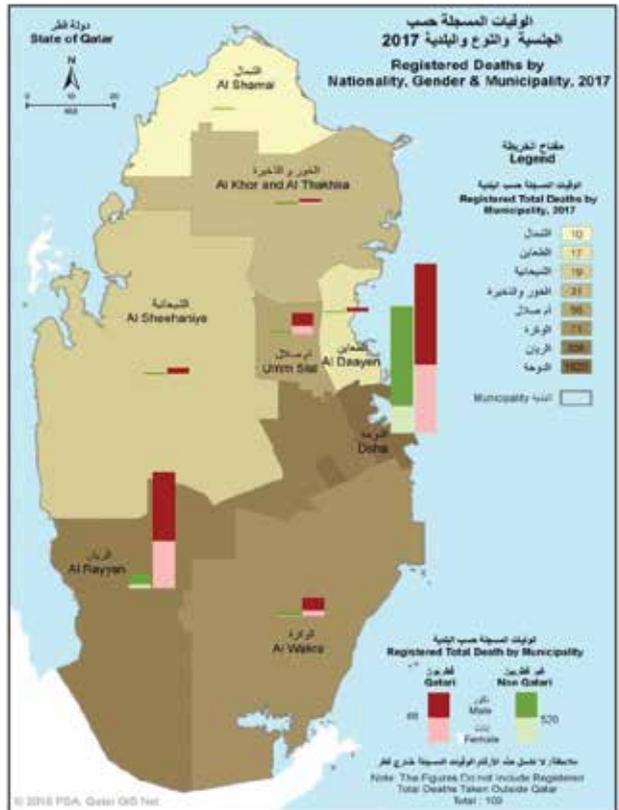


Figure 9 above also shows that most of Qatari female deaths occurred in Doha Municipality by 43.9% of total Qatari female deaths registered in the state, followed by Al Rayyan Municipality 29.6%, Umm Salal by 5.4%, Al Wakra Municipalities by 3.2 %, Al Khor Municipality 1.8%, and then the rest of municipalities (Al Shamal, Al Dhaayin and Al Shihaniya) by 1.1%. Qatari Female death rate outside of Qatar amounted to 15%.

On the other hand, non-Qatari female deaths were focused in Doha Municipality, accounting for 81.4% of total non-Qatari female deaths, followed by Al Rayyan Municipality 12.5%, Al Wakra Municipality 2.9%, and then the rest of municipalities (Um Salal, Al Khor, Al Shamal, Al Dhaayin and Al Shihaniya) by less than 1 % for each (3.2% in total).

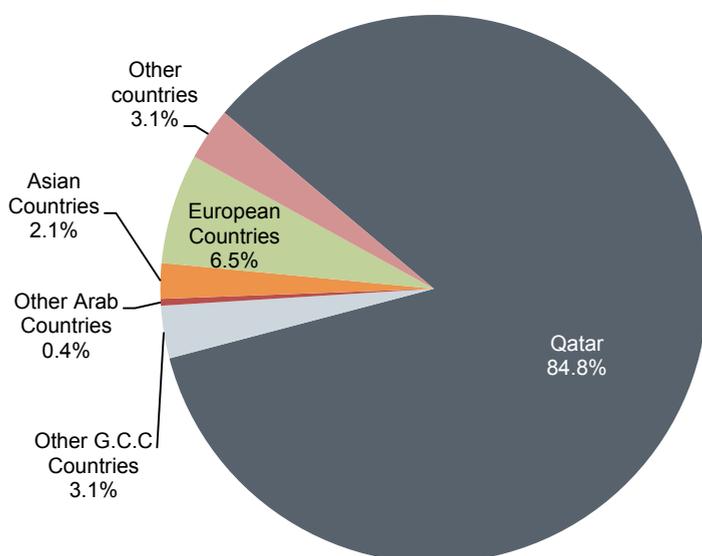
#### 4. Qatari Deaths by Place of Death

Figure 10 shows that the registered Qatari deaths were distributed as follows: more than four-fifths of Qatari deaths (84.8%) occurred within Qatar, while one person out of 6 died outside of Qatar in 2017.

The deaths outside Qatar were distributed as follows: 3.1% in the GCC countries, 0.4% in the rest of the Arab countries, 2.1% in Asian countries, 6.5% in European countries and 3.1% in other countries.

**Figure  
No. (10)**

**Percentage Distribution of Qatari Registered Deaths by  
Place of Death 2017**



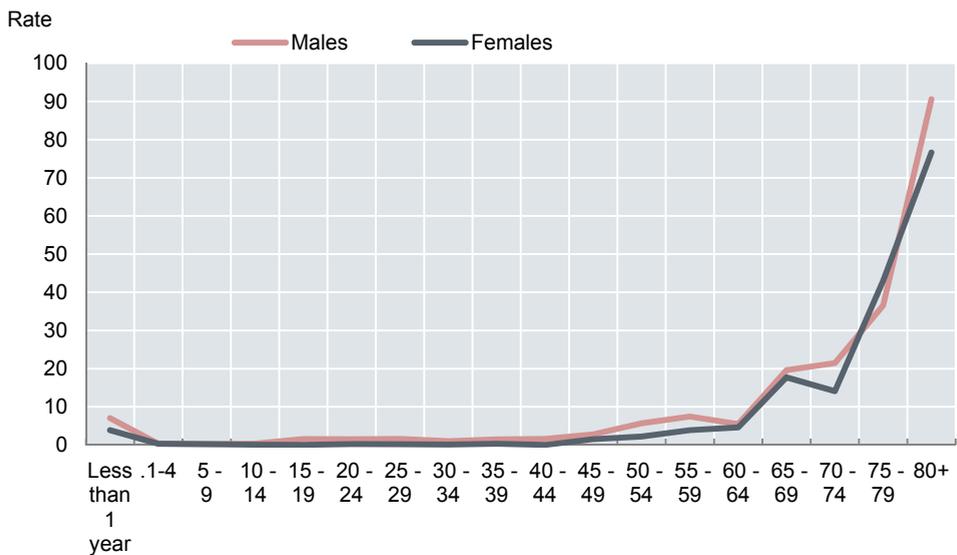
### 5. Detailed Qatari Death Rates by Age and Gender

The most important determinants of the level of death in a society is the age structure. Deaths are dramatically affected by the age factor. The detailed death rate by age and gender is calculated by dividing the number of deaths of individuals in a certain age group in a given year by the number of individuals in the same group and the same year, multiplied by a thousand. These rates show death levels for both males and females, and the age groups that need extra healthcare.

*Male deaths are higher than female deaths and are increasingly more important at the age of 50 years and older than at middle ages.*

Figure 11 shows Qatari death rate by age and gender taking the shape of a curve that represents the average death rate with a slight torsion on the left side due to lower infant death rates, but more sharply in the right side which represents the elderly. This torsion is at both ends of the curve and the curve summits represent the age group of less than one year and the age group of 80 years and over

**Figure No. (11)** *Death Rate per Thousand Qatari Population by Age and Gender 2017*



The curve base is from age group (1-4 years) to around 50 years, and therefore there is one pattern of death rates by age for both males and females. It starts high for infants and then falls into rapid decline down to its lowest level at ages (1-49 years), then it rises again steadily over the age of 50 years due to increased risk of death among the elderly.

With respect to death rates by gender, they are convergent between males and females in the age groups of less than 15 years, with a slight difference in favor of females in the first year of life. The male deaths start rising steadily and remarkably above female deaths at the age of 49 years and older and are higher than that in lower age groups.

## 6. Causes of Death

The causes of death will be addressed in two points; causes of death by nationality, and causes of death by gender for Qataris.

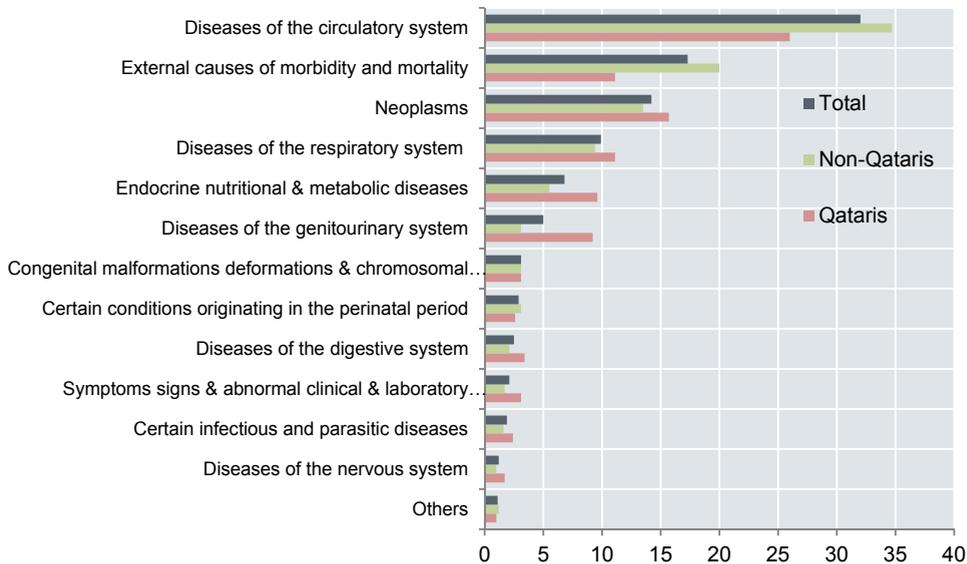
### A. Causes of Death by Nationality:

Figure 12 shows the percentage distribution of registered deaths by nationality and cause of death (ICD-10). The results indicate that the first cause of death in 2017 was “the diseases of the circulatory system” that are related to blood pressure disease, diabetes and cholesterol, which are responsible for the deaths of 32% of population in Qatar. The death by such diseases is higher by 9% among non-Qataris. Death by this cause increased by 1% compared to 2016 due to its classification within “symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified”. The second cause is “external causes of morbidity”, accounting for 17.3% (including a range of causes such as road accidents 9.2%, falling 1.5%, drowning 0.6%, exposure to smoke, fire and flames 0.3%, exposure to toxic substances 0.3%, self-harm and assault 2.9% and others 2.3%).

The Third reason is “neoplasms” which are responsible for 14.2% of deaths. This cause is higher by 2.2% among Qataris. The fourth reason is “respiratory system diseases”, accounting for 9.9% of total deaths in Qatar. The death by such diseases is higher by 1.7% among non-Qataris. Deaths due to this cause marked a slight increase of 2% in 2017 compared to 2016. This may be due to the fact that some unclassified causes of mortality were classified here in this type of diseases.

**Figure  
No. (12)**

**Percentage Distribution (%) of Deaths by Cause of Death and Nationality, 2017**



The fifth cause of death is "endocrine, nutritional and metabolic diseases", otherwise known as (metabolic diseases) by 6.8% marking an increase among Qataris and non-Qataris by 47.7% and 31% respectively in 2017 compared to 2016. The data suggests that the rate of death caused by this disease is higher among Qataris (9.6%) than among non-Qataris (5.5%) a difference of 4.1 percentage points in 2017.

The sixth reason is "urinary tract infections", which accounts for 5% of deaths in Qatar. Deaths due to this cause is higher among Qataris (9.2%) compared with non-Qataris (3.1%), a difference of 6 percentage points in 2017.

The rates of other causes vary from 3.1% to 1.1%, with no significant difference between Qataris and non-Qataris.

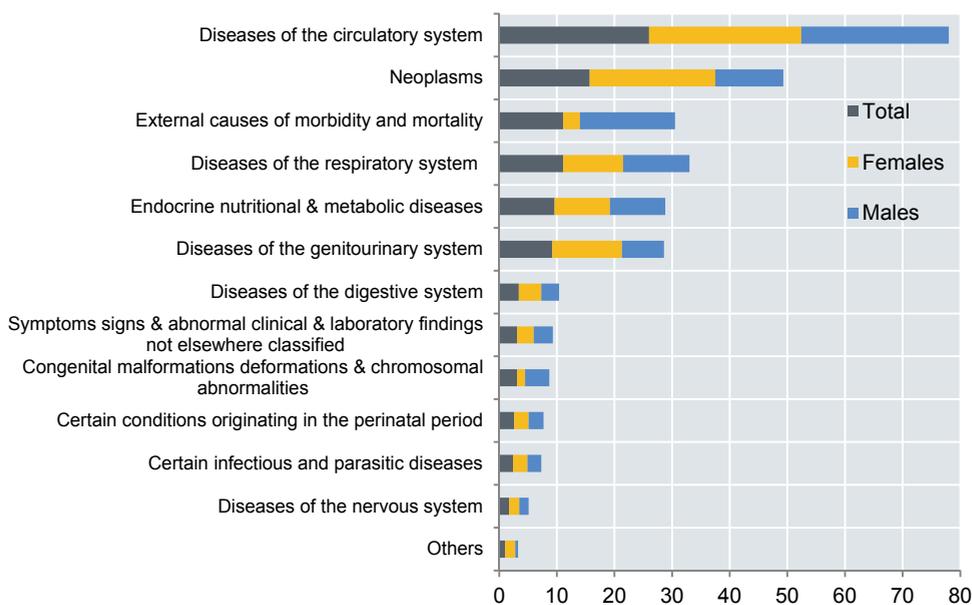
**B. Cause of Qatari Deaths by Gender**

Figure 13 shows the distribution of Qatari registered deaths by cause and gender (ICD-10) in 2017. The results indicate that the first cause of death for Qataris is the diseases of circulatory system, known medically to be related to blood pressure disease, diabetes and cholesterol, which are responsible for the deaths of 26% of Qataris. Death by this cause decreased in 2017 by 11.6% compared to 2016. The

death caused by diseases of circulatory system is higher among females by insignificant difference (less than one percentage points) in favor of males.

**Figure No. (13)**

**Percentage Distribution (%) of Qatari Deaths by Causes of Death, 2017**



Neoplasms are the second cause of death for Qataris, accounting for 15.7%. It increased among Qataris by 18% in 2017 compared to 2016. This cause is higher among females (21.8%) than males (11.8%) with a difference of approximately 10 percentage points in favor of males over females.

External causes of morbidity come in third place by 11.1%. They include a variety of causes, the most important of which for Qataris is road accidents (8.4%), i.e. about 33.4% of Qatari deaths related to external causes are road accidents (of which 93.2% for males compared to 6.8% for females) according to this data. Here, it should be noted that there is a drop in Qatari deaths due to traffic accidents in 2017 to 33.4% of Qatari deaths due to external causes, compared to 73% in 2016.

The "Respiratory System Diseases" ranked as External causes of morbidity. It is higher among males compared to females with a difference of about 1 percentage points in favor of females.

"Endocrine, nutritional and metabolic diseases" is the fifth leading cause of death by 9.6%, an increase of 3 percentage points compared to 2016. There is no difference between males and females in this regard.

"Genitourinary System Diseases" is the sixth leading cause of Qatari deaths by 9.2%, an increase of 2 percentage point from 2016. It is 5 percentage points higher among females than males.

Then, the rates of other causes are about 4%, with no significant difference between Qataris and non-Qataris.

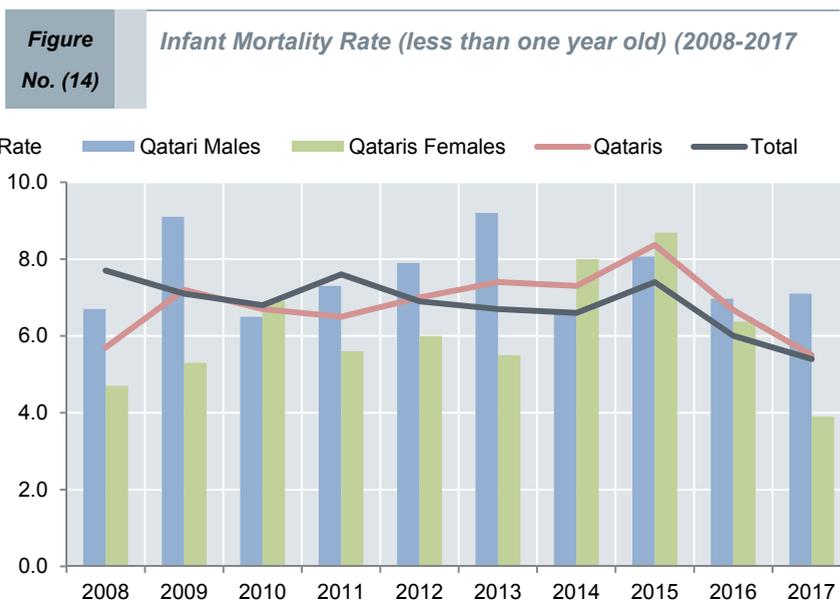
## 7. Infant and Child Mortality

Infant and Child Mortality Rates are divided into two basic categories: infant mortality rates (less than one year) and child mortality rates (1-4 years). The infant and child mortality indicators are particularly important, as they are used to determine health and living standards in a society. Infants are the segment of society that responds best to improvement in the health services and living standards, and thus these indicators help in policy evaluation and review.

### A. Infant Mortality

Infant mortality (under one year) is particularly important because the infant mortality rate is always higher than the death rate of any other age. Consequently, infant mortality has a significant impact on crude death rates. In addition, they depend on the mother's health during pregnancy, the length of interval between births, and perinatal and postnatal healthcare.

The results indicate that infant deaths witnessed a decline during the period (2008-2017) from 7.7 deaths per thousand live births in 2008 to 5.4 deaths per thousand live births in 2017, down by 30% during the same period (Figure 14).



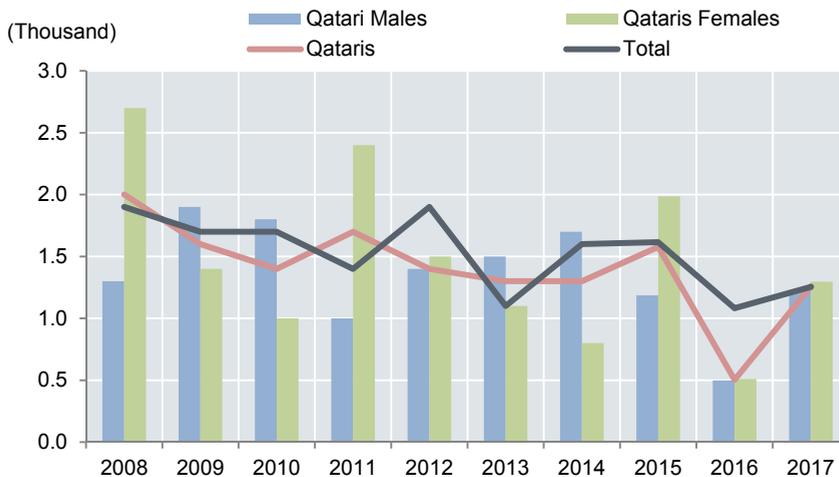
As for Qataris, the infant mortality rate saw a slight decline from 5.7 deaths per thousand live births in 2008 to 5.5 deaths per thousand live births in 2017, a drop of 2.6% at the same period. With regard to gender, male deaths (7.1 deaths per thousand live births) are higher than female deaths (3.9 deaths per thousand live births) with a difference of 3 percentage points in favor of females in 2017.

**B. Child Mortality (1-4 years)**

The first stage of life (1-4 years) is described as the stage of upbringing and preparing the child for the future. This requires a lot of health services and a special care to create the appropriate environmental conditions that preserve the health and lives of individuals. The results in Figure 15 indicate that there is a clear tangible change during the period of study on child mortality rate (1-4 years), where the rate dropped in Qatar from 1.9 deaths per thousand live births in 2008 to 1.3 deaths per thousand live births in 2017, a decrease of 31.6%. As for Qataris, the rate dropped from 2 deaths per thousand live births to 1.3 deaths per thousand live births during the same period, a significant decrease of 35% .

**Figure No. (15)**

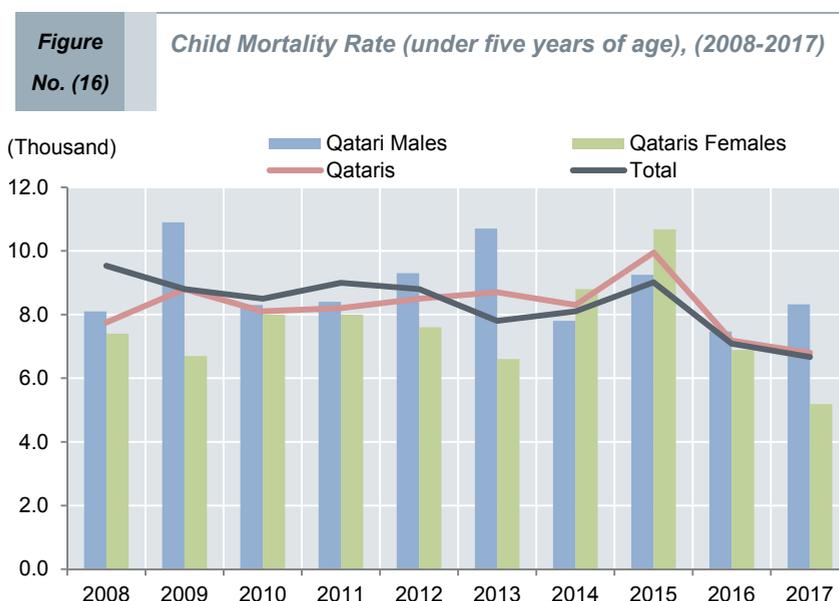
*Child Mortality Rate (1-4 years), (2008-2017)*



The child mortality in this period is more dependent on the environmental, economic and social factors. Similarly, the child deaths between the ages of one to four years dropped significantly among males and females, reflecting the increase in healthcare for children and the periodic vaccination programs and free child care services provided by the Ministry of Health. The percentage of basic vaccination coverage during the first year of life reached a high level of 97% for some vaccinations to 100% for others in 2017.

### C. Under Five Mortality

The data indicate that the under-five mortality rates experienced a decline during the period (2008-2017) from 9.5 deaths per thousand live births in 2008 to 6.7 deaths per thousand live births in 2017, i.e., a remarkable decrease of 29.5 % during the same period (Figure 16).



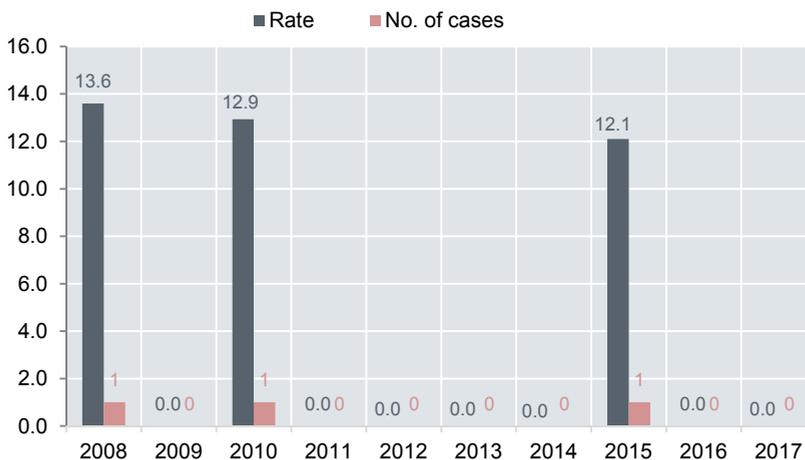
As for Qataris, the rate saw a significant drop from 7.8 deaths per thousand live births in 2008 to 6.8 deaths per thousand live births in 2017, a decrease of 20%. With regard to gender, the male death rate was higher (8.3 deaths per thousand live births) than female death rate (5.2 deaths per thousand live births), with a difference of 3 percentage points in 2017.

### 8. Maternal Mortality Ratio (Puerperium)

The ICD-10 identifies maternal mortality as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes". The maternal mortality rate is measured by the number of maternal deaths per 100,000 live births. Since deaths due to this cause have become rare among Qatari women, marking only one case from year to year, we have decided to provide the number of annual deaths along with the rates as in Figure 17. The results indicate one maternal death in 2015, and 3 maternal deaths during the past ten years. This period witnessed no deaths due to this reason for 7 years, including 2016 and 2017. The rates vary depending on the number of live births, but not the number of maternal deaths (Figure 17).

**Figure No. (17)**

*Qatari Maternal Mortality Ratio per Hundred Thousand Live Births (Rate and Number of Deaths), 2008-2017*



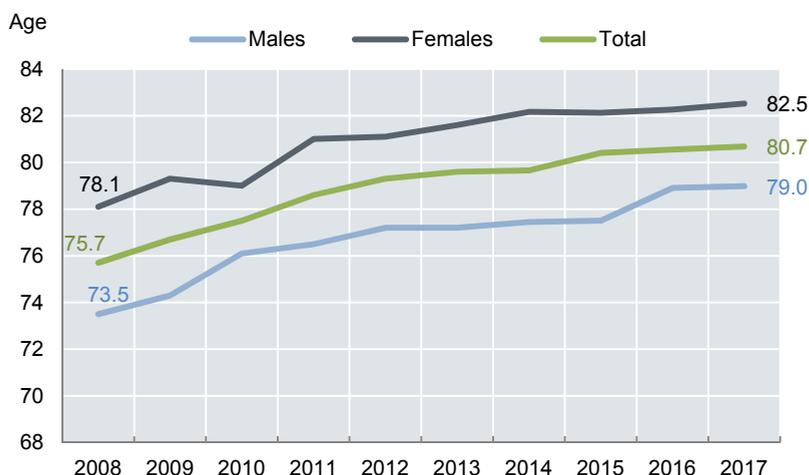
The elimination of maternal deaths which became very rare in the State of Qatar is due to maternal care and regular follow-up during pregnancy by healthcare centers, and therefore health problems that arise during pregnancy are diagnosed and treated in an early stage, leading to an increase in healthy pregnancy rate, and a decrease in maternal death rate.

## 9. Life Expectancy at Birth

The life expectancy at birth means the average number of years that a newborn is expected to live in the case of the continuation of death factors prevailing at time of birth throughout his/her life. This indicator is the outcome of the overall progress in the various health, nutrition, social, economic and cultural fields. Qatar has been able to reduce crude death rates, infant death rates and child mortality rates in general, in addition to reducing the detailed death rates and maternal mortality rates. As a result, this indicator significantly improved as life expectancy at birth reached 80.7 years for Qataris in 2017 (Figure 18) at a rate of 82.5 years for females, compared to 79 years for males.

**Figure  
No. (18)**

*Life Expectancy at Birth for Qataris, (2008-2017)*



Thus, the life expectancy at birth among Qataris reached almost the average life expectancy at birth among the group of countries with the higher human development indices (80.5 years). As for the level of increase, each Qatari gains, on average, an increase of 6 months in age annually during the study period.



# TABLES