



وَأَذَانَ الْحَضَائِقِ النَّوِيَّ وَالْإِجْمَاعِ  
Ministry of Development Planning and Statistics

# Births & Deaths

## In the State of Qatar



2016



وزارة التخطيط التنوير والإحصاء  
Ministry of Development Planning and Statistics

# **Births & Deaths**

In the State of Qatar, 2016

(Review & Analysis)

November, 2017



**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.

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 (2007-2016). 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 with their different compositions, 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 Ministry of Development Planning and Statistics (MDPS) hopes that the government agencies, the private institutions of public interest and the civil society organizations will benefit from the report's indicators on births and deaths in 2016 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**

Minister of Development Planning and Statistics

# 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 Ministry of Development Planning and Statistics (MDPS), 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 Ministry of Development Planning and Statistics 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

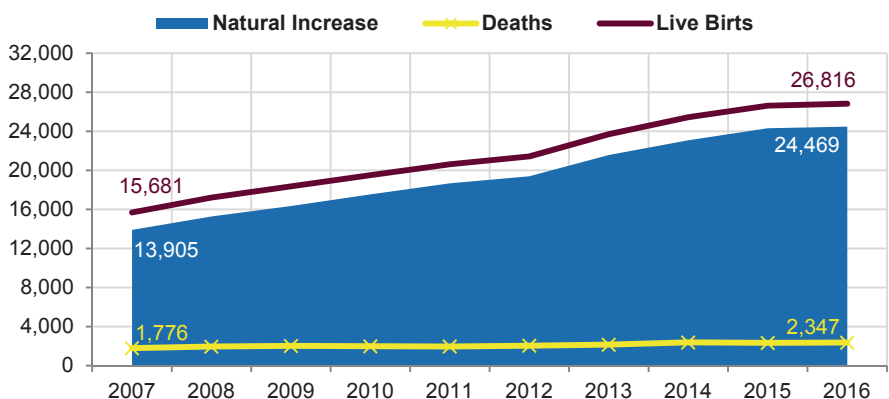
Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary 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 11.4% in 2007 to around 9.35% in 2016; a drop of 18% in the comparison period.

*Natural increase rate witnessed a slight increase of 0.7% in 2016 compared to 2015.*

The number of live births in Qatar reached 26,816 in 2016 (Figure 1), an increase of 0.7% compared to live births in 2015. A continuous increase was observed in the number of live births registered during the period (2007-2016) from 15,681 in 2007 to 26,816 live births in 2016, an annual growth rate of 6%.

**Figure No. (1)**

*Births, Deaths and Natural Increase (2007-2016)*







The number of Qatari live births reached 7,938 accounting for 29.6% of total live births, while the number of non-Qatari live births reached 18,878 accounting for 70.4% of total live births.

## 2. Live Births by Nationality and Place of Residence

Figure 2 indicates that maximum live births were registered in Doha Municipality, accounting for 39% of total live births registered in Qatar, followed by Al Rayyan Municipality 36.7%, Al Shihanyah Municipality 6.1%, Umm Salal Municipality 5.7%, Al Wakra Municipality 5.3%, Al Khor Municipality 3.8%, and then the rest of the municipalities (Al Shamal and Al Dhaayin) 2.5%. Finally, Qatari births abroad accounted for 0.9% of births.

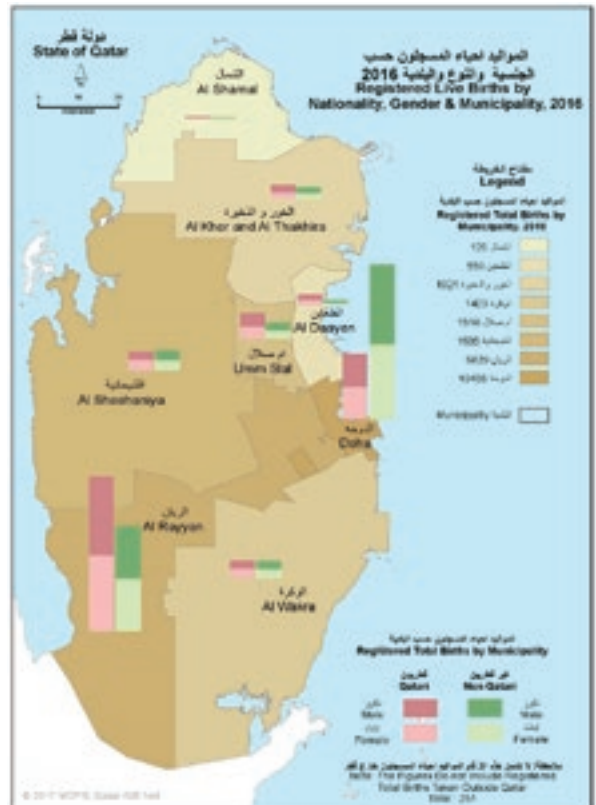
*Most of live births in Qatar were registered in the municipalities of Doha (39%) and Al Rayyan (36.7%) in 2016*


When reviewing live births by nationality, gender and place of residence, we find that most of Qatari male live births were

registered in Al Rayyan Municipality by 49%, followed by Doha Municipality 20.5%, Umm Salal 8.1%, Al Wakra 5.5%, Al Shihanyah 5.3%, Al Khor 4.5%, Al Dhaayin 3.5%, and Al Shamal 0.7%. The rest of live births were outside of Qatar, accounting for 2.9%.

As for non-Qatari male live births, they were mostly focused in Doha Municipality by 47.2%, followed by Al Rayyan 31.5%, Al Shihanyah 6.1%, Al Wakra 5%, Umm Salal 4.8%, Al Khor 3.5%, and the rest of municipalities (Al Dhaayin and Al Shamal) 1.9%.

**Figure No. (2)** *Live Births by Nationality, Gender and Place of Residence 2016*





With regard to females, Figure 2 also shows that the highest percentage of Qataris female live births was registered in Al Rayyan Municipality by 47.9% of total Qatari female births in Qatar, followed by Doha Municipality 20.4%, Umm Salal 7.6%, Al Shihaniyah 6.5%, Al Wakra 5.6%, Al Khor 4.4%, Al Dhaayin 3.5% and Al Shamal 0.7%. The rest of female live births were outside of Qatar, accounting for 3.4%.

As for non-Qatari female live births, they were mostly focused in Doha Municipality by 46.3%, followed by Al Rayyan 31.9%, Al Shihaniyah 6.2%, Al Wakra 5.4%, Umm Salal 4.7%, Al Khor 3.5% and the rest of municipalities (Al Shamal, Al Dhaayin) 2%.



### 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 12.9 live births per thousand population in 2007 to 10.2 in 2016, a decline of 20.5% during the period (2007-2016).

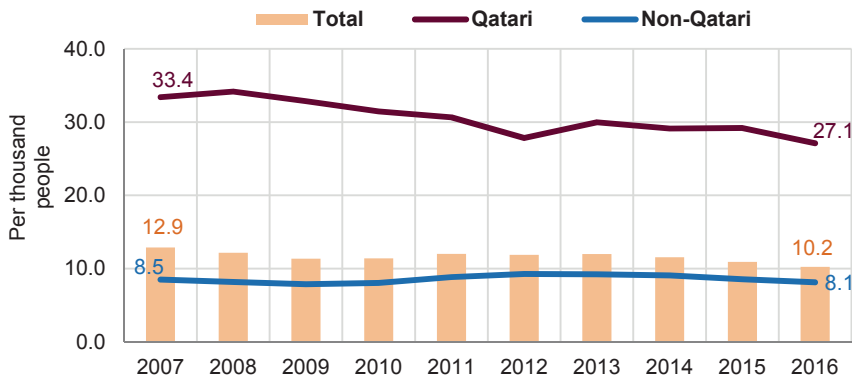
*Crude birth rate dropped from 12.9 per thousand population in 2007 to 10.2 per thousand population in 2016, recording a decrease of about 20.5% during the period.*

As for Qatari crude birth rate, it declined at a pace lower than the general level, dropping from 33.4 live births per thousand Qatari population in 2007 to 27.1 in 2016, a decline of 18.9%.

With regard to non-Qataris, the crude birth rate remained in the range of 8 live births per thousand population during the period of comparison, as it dropped from 8.5 live births in 2007 to 8.1 in 2016. This decrease was not proportional to the decline in non-Qatari fertility rates due to the significant growth of the number of foreign workers for non-Qataris.

**Figure No. (3)**

*Crude Birth Rate by Nationality (2007-2016)*



Regarding the male birth rate, the data indicates that the ratio of male live birth per 100 female live births stood at 102.8% in Qatar with little difference between Qataris and non-Qataris (102.4% for Qataris and 102.9% for non-Qataris) in 2016.

#### 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).

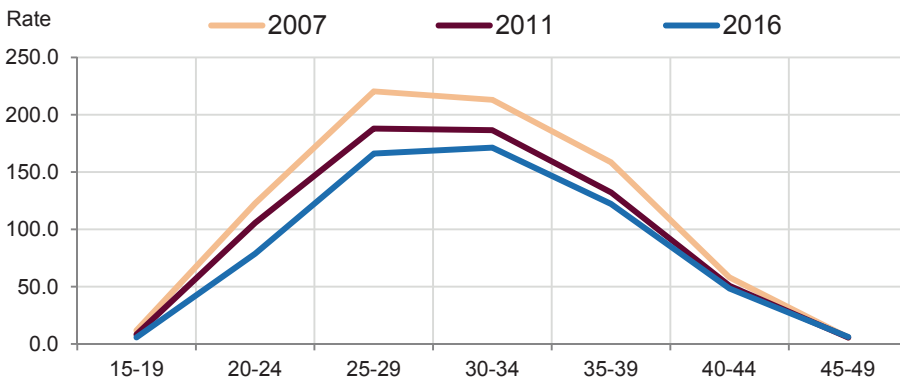
*Age specific fertility recorded the highest level in the age group (30-34 years). Its decline was even more important in the age groups of less than 25 years during the period of comparison.*

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 2016 started low as usual in the age group (15-19 years) at the rate of 5.7 children per 1,000 women, and then increased reaching its summit in the age group (30-34 years) at the rate of 171.3 children per 1,000 women, after which the rates gradually declined in subsequent groups until they reached the lowest level (6.2 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 (2007-2016) 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 (2007-2016)**





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):

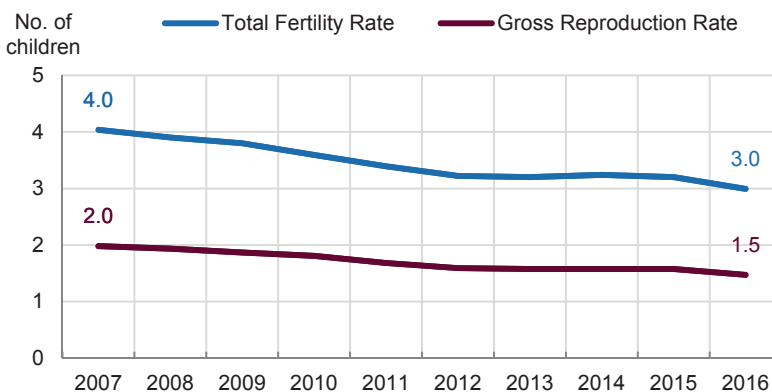
TFR is the average number of children a woman would have during her reproductive years. TFR is affected by the average age of marriage for females, the percentage of widows at the age of fertility, the extent of continued marital life and the use of family planning methods, as well as other economic, 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 4 children per woman in 2007 to 3 children per woman in 2016.*

Figure 5 shows the decrease in the total fertility rate for Qatari women during the period (2007-2017) from 4 children per woman in 2007 to 3 children per woman in 2016. 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 (2007-2016)**



## **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 2 daughters per woman in 2007 to 1.5 daughters per woman in 2016, a drop of nearly 25% 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 newborns whose weight is less than 2.5 kg in a given year of total live newborns in the same year.

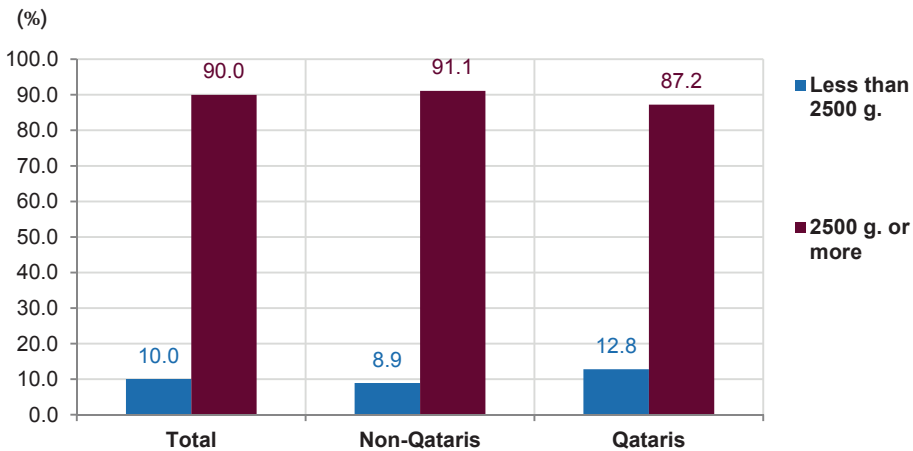
*Qatari underweight birth rate increased to (12.8%) compared to non-Qataris (8.9%), a difference of 4 percentage points in 2016.*

The number of underweight newborns reached 2690 live births, accounting for 10% of total newborns (26816) in 2016, while the percentage of normal-weight newborns was 90% of total newborns.

With regard to nationality, Figure 6 indicates that underweight newborn rate is higher among Qataris (12.8%) compared to non-Qataris (8.9%), a difference of 4 percentage points.

**Figure No. (6)**

*Percentage of Newborns by Nationality and Weight (Normal Weight and Underweight), 2016*



# Second: Deaths

This chapter includes an analysis of death 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 deaths, maternal deaths, and life expectancy at birth.

## 1. Crude Death Rate (CDR)

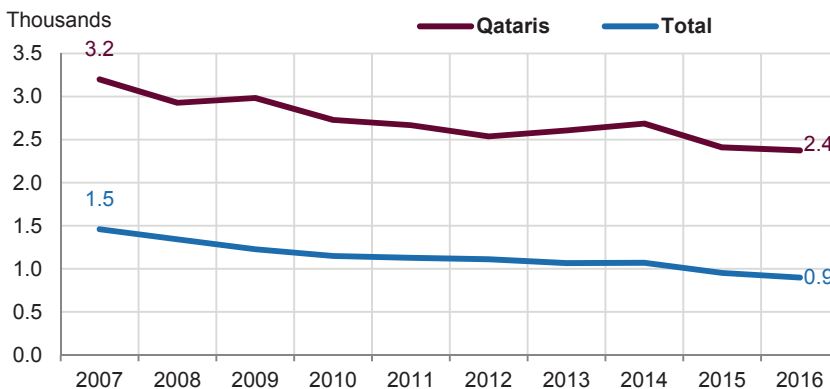
Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition therefore excludes stillbirths.

*Crude death rate fell by 40% during 2007-2016, a drop of 5.7% in the same period*

The number of deaths reached 2,347 in 2016, compared to 2,366 deaths in 2014, which means that the number of deaths fell by 1% in 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 (2007-2016). The data in Figure 7 indicates a decline in crude death rate in Qatar from 1.5 per thousand population in 2007 to 0.9 per thousand population in 2016, a decrease of 5.7% during the period (2007-2016).

**Figure No. (7)**

*Crude Death Rate (CDR) per Thousand Population, (2007-2016)*







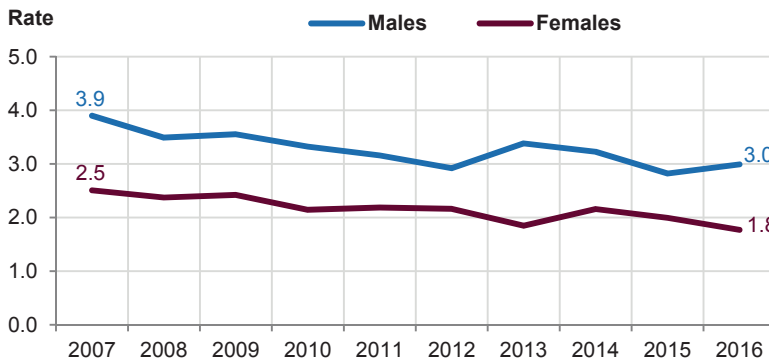
As for Qataris, death rate witnessed a decline from 3.2 deaths per thousand population in 2007 to 2.4 deaths per thousand population in 2016, an annual decrease of 3.2%.

## 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 (2007-2016). 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 3.9 per thousand males in 2007 to 3 per thousand males in 2016, a drop of 23.1%. On the other hand, female deaths declined from 2.5 per thousand females to 1.8 per thousand females, a drop of 28% during the same period.

**Figure No. (8)**

*Death rate for all ages per thousand Qatari population by gender (2007-2016)*



Generally speaking, there is a decline in female deaths compared to males, although the decline in death rate is more important among males than among females during the study period. 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 63.6% of total deaths registered in Qatar, followed by Al Rayyan Municipality 16.2%, Al Shihaniya Municipality 5.5%, Al Wakra Municipality 3.1%, Umm Salal 2.3%, Al Khor Municipality 2.2% and then the rest of municipalities (Al Shamal and Al Dhaayin) 1.3%, in addition to 5.8% outside of Qatar.

*Most deaths in Qatar were registered in Municipalities of Doha (63.6%) and Al Rayyan (16.2%) in 2016*

Regarding the deaths by nationality, gender and place of residence, most of Qatari male deaths occurred in Al Doha Municipality by 31.3%, followed by Rayyan Municipality 29.9%, Al Wakra and Umm Salal by 4.6% for each, Al Shihaniya 3.2%, and then the rest of municipalities (Al Khor, Al Shamal, Al Dhaayin) 3.7%, and the remaining percentage of deaths (22.7%) was outside of Qatar.

As for non-Qatari male deaths, they are mostly focused in Doha Municipality by 75.7%, followed by Al Rayyan Municipality 11%, Al Shihaniya Municipality 5.6%, Al Wakra Municipality 2.4%, Al Khor Municipality 2.2%, Umm Salal 1.7%, and then the rest of municipalities (Al Shamal and Al Dhaayin) 1.1%. A percentage of 0.3% of non-Qatari male deaths occurred outside of Qatar.

**Figure No. (9)** Deaths by Nationality, Gender and Place of Residence, 2015

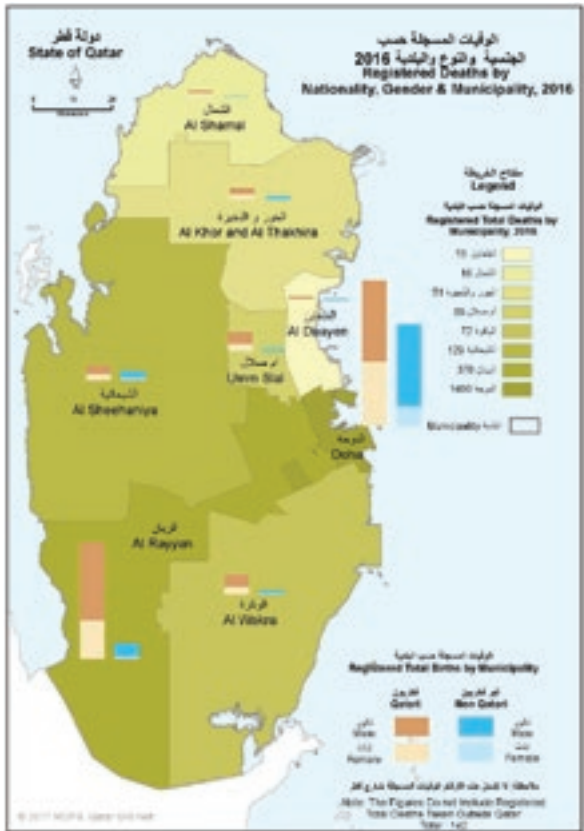




Figure 9 above also shows that most of Qatari female deaths occurred in Doha Municipality by 41.1% of total Qatari female deaths registered in the state, followed by Al Rayyan Municipality 24.3%, Umm Salal and Al Wakra Municipalities by 4.6% for each, Al Shiyahiya 3.8%, Al Khor Municipality 3%, and then the rest of municipalities (Al Shamal, Al Dhaayin) by 3.4%. Qatari Female death rate outside of Qatar amounted to 15.2%.

On the other hand, non-Qatari female deaths were focused in Doha Municipality, accounting for 74.8% of total non-Qatari female deaths, followed by Al Rayyan Municipality 11.9%, Al Shihaniya 9.2%, Al Wakra Municipality 2.4, and then the rest of municipalities (Umm Salal, Al Khor, Al Shamal, Al Dhaayin ) by 1.7%.

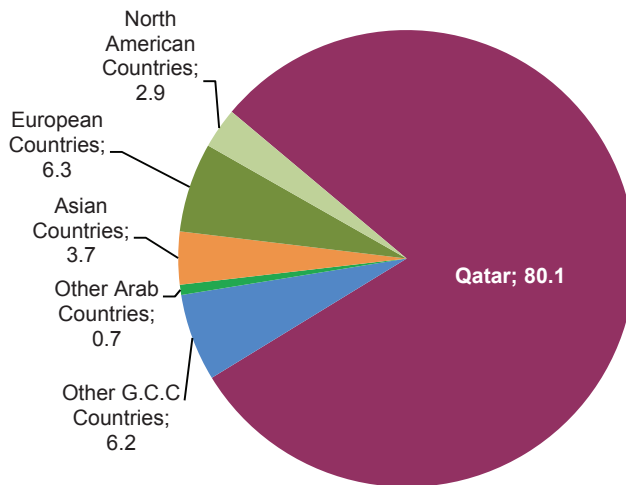
#### 4. Qatari Deaths by Place of Death

Figure 10 shows that the registered Qatari deaths were distributed as follows: more than four-fifths of Qatari deaths (80.1%) occurred within Qatar, while fifth of them (19.9%) died outside of Qatar in 2016.

The deaths outside of Qatar were distributed as follows: 6.2% in the GCC countries, 0.7% in the rest of the Arab countries, 3.7% in Asian countries, 6.3% in European countries and 2.9% in North American countries.

**Figure  
No. (10)**

*Percentage Distribution of Qatari Registered Deaths by Place of Death 2016*





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

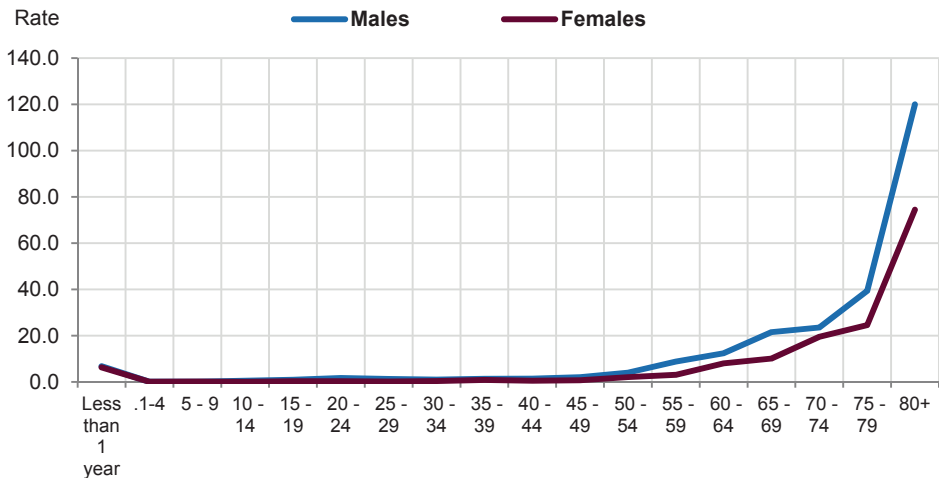
The most important determinants of the level of death in a society is the age structure. Deaths are dramatically affected by the age factor. The detailed death rate by age and gender is calculated by dividing the number of deaths of individuals in a certain age group in a given year by the number of 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 2016*



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:

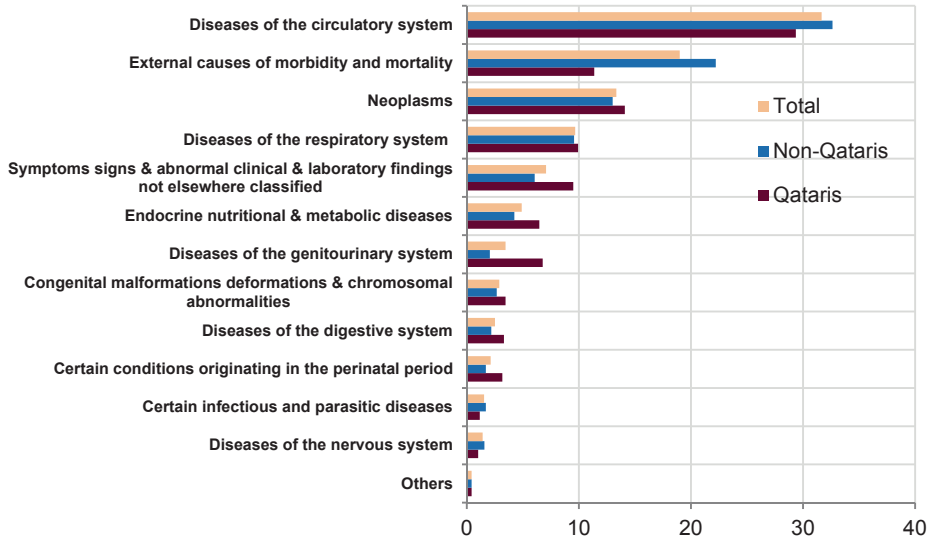
Figure 12 shows the percentage distribution of registered deaths by nationality and cause of death (ICD-10). The results indicate that the first cause of death in 2016 was "the diseases of the circulatory system" that are related to blood pressure disease, diabetes and cholesterol, which are responsible for the deaths of 31.7% of population in Qatar. The death by such diseases is higher by 3% among non-Qataris. Death by this cause increased by 93.3% compared to 2015 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 19% (including a range of causes such as road accidents 9.5%, falling 1.3%, drowning 0.8%, exposure to smoke, fire and flames 0.9%, exposure to toxic substances 0.2%, self-harm and assault 3.1% and others 3.2%).

The Third reason is "neoplasms" which are responsible for 13.3% of deaths. This cause is higher by 1% among Qataris. The fourth reason is "the diseases of the respiratory system", accounting for 9.7% of total deaths in Qatar with a difference between Qataris and non-Qataris deaths due to this cause, marking an increase of 31.1% in 2016 compared to 2015. 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, 2016*



The fifth cause of death is "symptoms, signs and results of abnormal clinical laboratory, not classified elsewhere" by 7.1%, which is higher among Qataris (9.5%) than non-Qataris (6.1%) by about 3 percentage points. It also witnessed a marked decline in 2016, after it was the leading cause of death in 2015, since many causes of death that were not previously classified are now classified mostly in the circulatory system and respiratory diseases.

The "endocrine, nutritional and metabolic diseases", otherwise known as (metabolic diseases) were the sixth cause of death by 4.9% marking a decline among Qataris and non-Qataris by 39.3% and 12.5% respectively in 2016 compared to 2015. The data suggests that the rate of death caused by this disease is higher among Qataris (6.5%) than among non-Qataris (4.2%) in 2015 a difference of 2 percentage points.

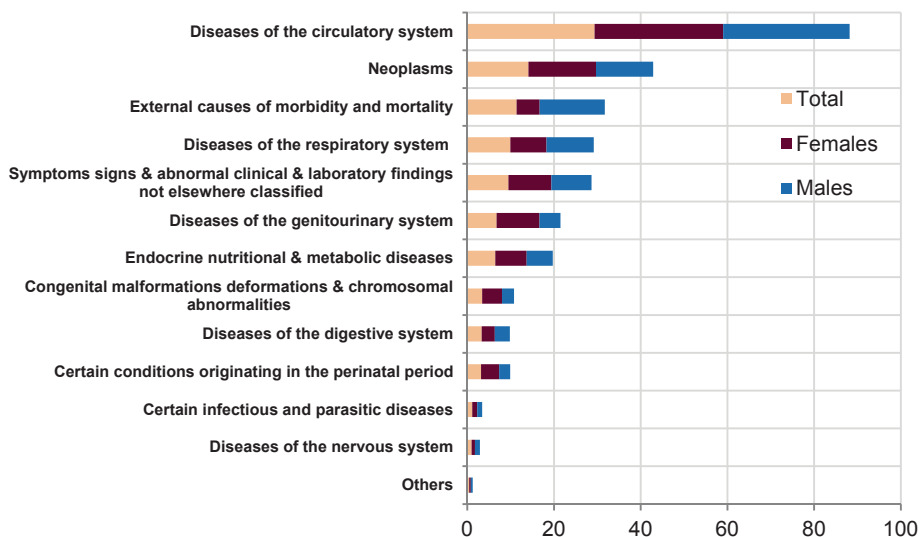
The rates of other causes vary from 3.5% to 0.4%, with no significant difference between Qataris and non-Qataris.

## B. Cause of Qatari Deaths by Gender

Figure 13 shows the distribution of Qatari registered deaths by cause and gender (ICD-10) in 2016. The results indicate that the first cause of death for Qataris is the diseases of circulatory system, known medically to be related to hypertension, and are responsible for 29.4%. Death by this cause increased in 2016 by 72.9% compared to 2015. This increase is pro forma since it is attributed to the calcification of many deaths that were not classified before. The death caused by diseases of circulatory system is higher among females by insignificant difference (one percentage points) in favor of males.

**Figure No. (13)**

*Percentage Distribution (%) of Qatari Deaths by Causes of Death, 2016*



Neoplasms are the second cause of death for Qataris, accounting for 14.1%. It increased among Qataris by 12.8% in 2016 compared to 2015. This cause is higher among females (15.6%) than males (13.2%) with a difference of approximately 2 percentage points in favor of males over females.

External causes of morbidity come in third place by 11.4%. They include a variety of causes, the most important of which for Qataris is road accidents (8.3%), i.e. about 73% of Qatari deaths related to external causes are road accidents (of which 90% for males compared to 10% for females) according to this data.

The "Respiratory System Diseases" ranked as fourth cause of death among Qataris by 9.9%, marking a drop of 4 percentage points compared to 2015. This type of





diseases is higher among males (10.9%) compared to females (8.4%) with a difference of above 2 percentage points.

The fifth cause of death for Qataris is "symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified" by 9.5%. It is about some diseases which the immediate cause of death is not identified. However, this ratio has seen a significant decline of 30% in 2016 compared to 2015. The deaths related to this cause are higher among females (9.9%) than males (9.3%) by less than 1 percentage point.

"Genitourinary System Diseases" is the sixth leading cause of Qatari deaths by 6.8%, an increase of 1 percentage point from 2015. It is 5 percentage points higher among males than females.

The "endocrine, nutritional and metabolic diseases" are the seventh cause of death by 6.5%, a 4% drop compared to 2015. With regard to gender, the deaths related to this cause are higher among Qatari females (7.2%) than males (6%) with a difference of 1 percentage point in favor of Qatari females. Then comes all other causes by less than 4%.

It should be noted that the cause of death by these diseases rises in females compared to males with the exception of "Road Accidents" and "Respiratory System Diseases", with slight difference for "infectious and parasitic diseases" and "Nervous System Diseases".

## 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.

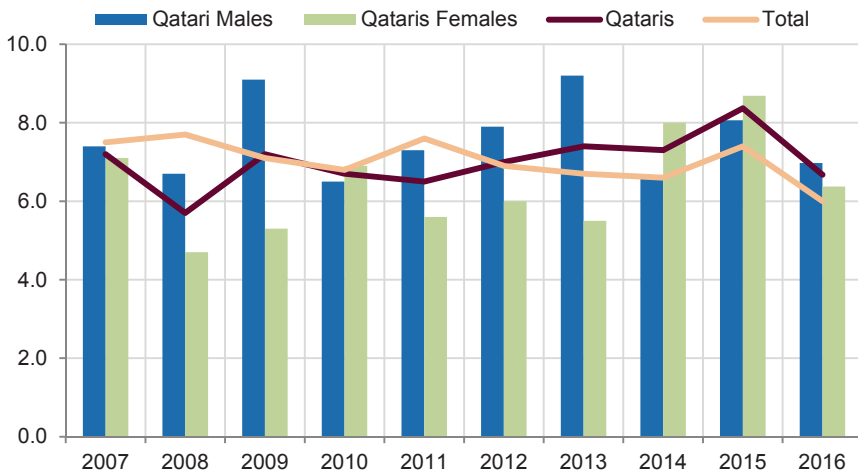
### A. Infant Mortality

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 (2007-2016) from 7.5 deaths per thousand live births in 2007 to 6 deaths per thousand live births in 2016, down by 20% during the same period (Figure 14).

**Figure  
No. (14)**

*Infant Mortality Rate (less than one year old) (2007-2016)*





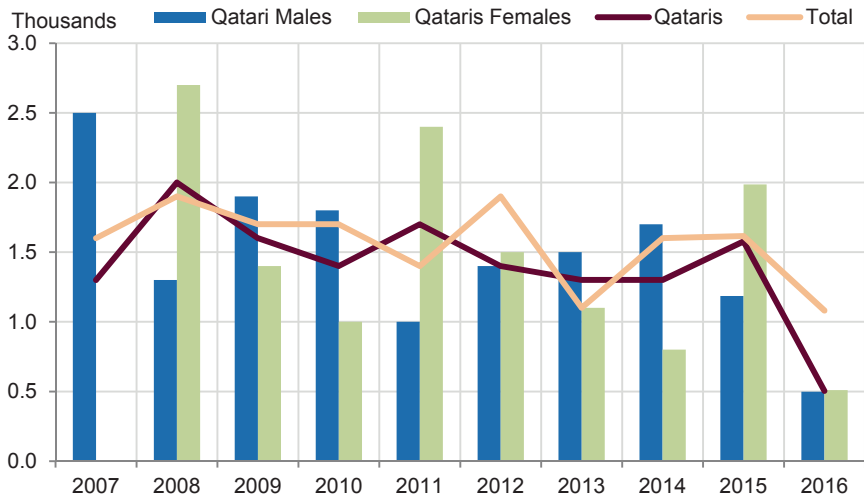
As for Qataris, the infant mortality rate saw a significant decline from 7.2 deaths per thousand live births in 2007 to 6.7 deaths per thousand live births in 2016, a drop of 7.5% at the same period. With regard to gender, male deaths (7%) are higher than female deaths (6.4%) with a difference of 1 percentage point in favor of females in 2016.

## 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 1.6 deaths per thousand live births in 2007 to 1.1 deaths per thousand live births in 2016, a decrease of 31.3%. As for Qataris, the rate dropped from 1.3 deaths per thousand live births to 0.5 deaths per thousand live births during the same period, a decrease of 61.5% .

**Figure No. (15)**

*Child Mortality Rate (1-4 years), (2007-2016)*



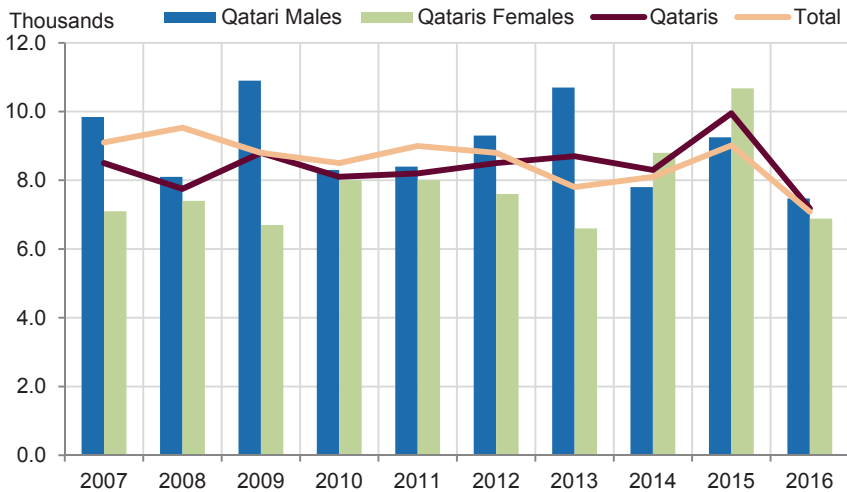
The child mortality in this period is more dependent on the environmental, economic and social factors. Similarly, the child deaths between the ages of one to four years dropped significantly among males and females, reflecting the increase in healthcare for children and the periodic vaccination programs 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 2016.

### C. Under Five Mortality

The data indicates that the under-five mortality rates experienced a decline during the period (2007-2016) from 9.1 deaths per thousand live births in 2007 to 7.1 deaths per thousand live births in 2016, i.e., a remarkable decrease of 22 % during the same period (Figure 16).

**Figure No. (16)**

*Child Mortality Rate (under five years of age), (2007-2016)*



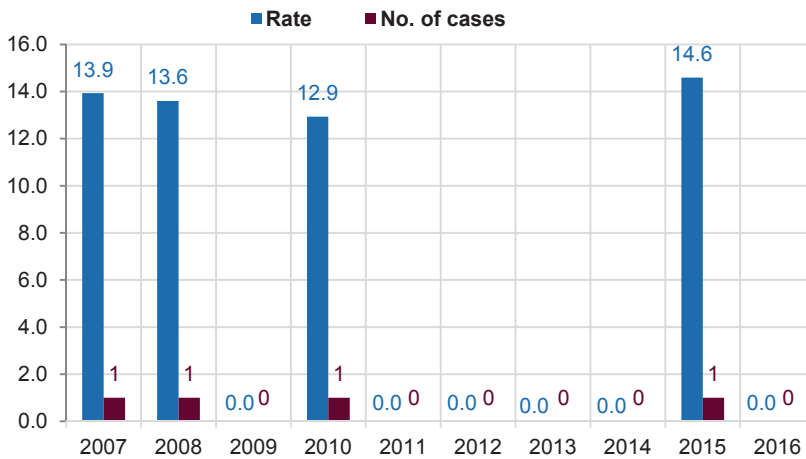
As for Qataris, the rate saw a significant drop from 8.5 deaths per thousand live births in 2007 to 7.2 deaths per thousand live births in 2016, a decrease of 15.3%. With regard to gender, the male death rate was higher (7.5 deaths per thousand live births) than female death rate (6.9 deaths per thousand live births) in 2016, with a slight difference of less than 1 percentage point in 2016.



### 8. Maternal Mortality Rate (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 4 maternal deaths during the past ten years. This period witnessed no deaths due to this reason for 6 years, including 2016. 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 Rate per Hundred Thousand Live Births (Rate and Number of Deaths), 2007-2016*



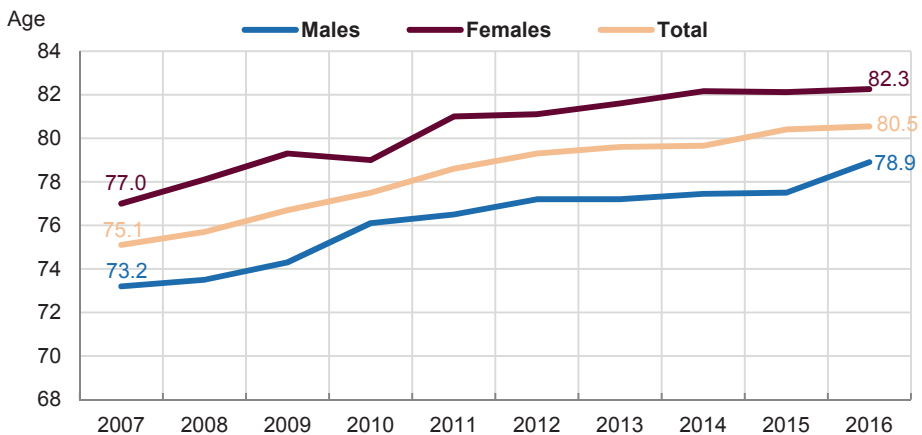
The elimination of maternal deaths which became very rare in the State of Qatar is due to maternal care and regular follow-up during pregnancy by healthcare centers, and therefore health problems that arise during pregnancy are diagnosed and treated in an early stage, leading to an increase in healthy 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 80.5 years for Qataris in 2016 (Figure 18) at a rate of 82.3 years for females, compared to 78.9 years for males.

**Figure  
No. (18)**

*Life Expectancy at Birth for Qataris, (2007-2016)*



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) in 2014. As for the level of increase, each Qatari gains, on average, an increase of 6 months in age annually during the study period.



# TABLES





العمر المتوقع للحياة حسب الفئة العمرية للقطريين  
LIFE EXPECTANCY ACCORDING TO AGE GROUPS FOR QATARIS  
2016

جدول رقم (١)

Table No. (1)

الفئة العمرية Age group	المجموع Total	إناث Females	ذكور Males	الفئة العمرية Age group
0	80.5	82.3	78.9	.
1 - 4	80.0	81.7	78.3	٤ - ١
5 - 9	76.1	77.8	74.4	٩ - ٥
10 - 14	71.2	72.9	69.5	١٤ - ١٠
15 - 19	66.2	67.9	64.6	١٩ - ١٥
20 - 24	61.4	63.0	60.0	٢٤ - ٢٠
25 - 29	56.8	58.0	55.6	٢٩ - ٢٥
30 - 34	51.9	53.1	50.8	٣٤ - ٣٠
35 - 39	47.1	48.2	46.1	٣٩ - ٣٥
40 - 44	42.4	43.4	41.4	٤٤ - ٤٠
45 - 49	37.5	38.6	36.6	٤٩ - ٤٥
50 - 54	32.8	33.8	32.0	٥٤ - ٥٠
55 - 59	28.4	29.2	27.7	٥٩ - ٥٥
60 - 64	24.3	24.9	23.8	٦٤ - ٦٠
65 - 69	21.0	21.4	20.6	٦٩ - ٦٥
70 - 74	17.5	17.8	17.1	٧٤ - ٧٠
75 - 79	14.4	15.3	13.7	٧٩ - ٧٥
80 +	11.2	12.1	10.5	+ ٨٠



الوقائع الحيوية المسجلة  
REGISTERED VITAL EVENTS  
2007 - 2016

Table No. (2)

جدول رقم (٢)

Year	الزيادة الطبيعية Natural Increase	الوفيات Deaths	المواليد أحياء Births	السنة
2007	13,905	1,776	15,681	٢٠٠٧
2008	15,268	1,942	17,210	٢٠٠٨
2009	16,343	2,008	18,351	٢٠٠٩
2010	17,534	1,970	19,504	٢٠١٠
2011	18,674	1,949	20,623	٢٠١١
2012	19,392	2,031	21,423	٢٠١٢
2013	21,575	2,133	23,708	٢٠١٣
2014	23,077	2,366	25,443	٢٠١٤
2015	24,305	2,317	26,622	٢٠١٥
2016	24,469	2,347	26,816	٢٠١٦



المواليد احياء المسجلون حسب الجنسية والنوع و البلدية  
REGISTERED LIVE BIRTHS BY NATIONALITY, GENDER & MUNICIPALITY  
2016

Table No. (3)

جدول رقم (٣)

Nationality & Municipality	المجموع Total			غير قطريين Non-Qataris			قطريون Qataris			الجنسية والنوع البلدية
	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	
DOHA	10,455	5,108	5,347	8,829	4,306	4,523	1,626	802	824	الدوحة
AL RAYYAN	9,829	4,843	4,986	5,985	2,966	3,019	3,844	1,877	1,967	الريان
AL WAKRA	1,423	726	697	983	505	478	440	221	219	الوكرة
UMM SALAL	1,518	735	783	892	436	456	626	299	327	أم صلال
AL KHOR	1,021	508	513	670	339	331	351	169	182	الخور
AL SHAMAL	125	53	72	71	24	47	54	29	25	الشمال
AL DHAAYEN	559	282	277	283	148	135	276	134	142	الظهيرين
AL SHEEHANIYA	1,635	835	800	1,165	579	586	470	256	214	الشيحانية
OVERSEAS	251	135	116	0	0	0	251	135	116	خارج قطر
Total	26,816	13,225	13,591	18,878	9,303	9,575	7,938	3,922	4,016	المجموع



المواليد الأحياء المسجلون حسب الجنسية والووع ونسبة الووع عد الميلاد\*  
Registered Live Births by Nationality, Gender and Gender Ratio at Birth\*  
2007 - 2016

Table No. (4)

Nationality & Gender	المجموع Total				غير قطريين Non-Qataris				قطريون Qataris				الجنسية والووع السنة
	نسبة الووع Gender Ratio	مجموع T	إناث F	ذكور M	نسبة الووع Gender Ratio	مجموع T	إناث F	ذكور M	نسبة الووع Gender Ratio	مجموع T	إناث F	ذكور M	
2007	105.6	15,695	7,633	8,062	107.2	8,508	4,106	4,402	103.8	7,187	3,527	3,660	٢٠٠٧
2008	102.3	17,614	8,709	8,905	102.6	9,993	4,932	5,061	101.8	7,621	3,777	3,844	٢٠٠٨
2009	104.6	18,587	9,086	9,501	105.2	11,055	5,388	5,667	103.7	7,532	3,698	3,834	٢٠٠٩
2010	103.6	19,534	9,595	9,939	107.2	11,777	5,684	6,093	98.3	7,757	3,911	3,846	٢٠١٠
2011	103.6	20,802	10,216	10,586	104.7	13,070	6,385	6,685	101.8	7,732	3,831	3,901	٢٠١١
2012	103.5	21,769	10,695	11,074	103.1	14,541	7,158	7,383	104.4	7,228	3,537	3,691	٢٠١٢
2013	104.6	24,031	11,743	12,288	104.2	16,001	7,837	8,164	105.6	8,030	3,906	4,124	٢٠١٣
2014	104.0	25,607	12,550	13,057	103.1	17,575	8,653	8,922	106.1	8,032	3,897	4,135	٢٠١٤
2015	104.6	26,622	13,012	13,610	104.6	18,378	8,984	9,394	104.7	8,244	4,028	4,216	٢٠١٥
2016	102.8	26,816	13,225	13,591	102.9	18,878	9,303	9,575	102.4	7,938	3,922	4,016	٢٠١٦

\* This table includes non-registered live births data

\* تم اضافة بيانات فاكتي القيد على هذا الجدول



المواليد الأحياء المسجلون حسب جنسية الأم وفئة عمرها ونوع المولود  
Registered Live Births by Gender and Mother's Nationality and Age Group  
2016

Table No. (5)

جدول رقم (٥)

Nationality & Gender	المجموع Total		غير قطريات Non-Qataris		قطريات Qataris		الجنسية والتوع فئة عمر الأم			
	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M				
less than 20	353	166	187	274	129	145	79	37	42	٢٠ من ٢٠
20-24	3,468	1,718	1,750	2,440	1,219	1,221	1,028	499	529	٢٠ - ٢٤
25-29	8,551	4,197	4,354	6,558	3,212	3,346	1,993	985	1,008	٢٥ - ٢٩
30-34	8,754	4,354	4,400	6,894	3,414	3,480	1,860	940	920	٣٠ - ٣٤
35-39	4,383	2,135	2,248	3,242	1,584	1,658	1,141	551	590	٣٥ - ٣٩
40-44	1,198	593	605	818	413	405	380	180	200	٤٠ - ٤٤
45-49	101	58	43	58	35	23	43	23	20	٤٥ - ٤٩
50 +	8	4	4	7	3	4	1	1	0	٥٠ +
NOT STATED	0	0	0	0	0	0	0	0	0	غير معين
Total	26,816	13,225	13,591	20,291	10,009	10,282	6,525	3,216	3,309	المجموع



المواليد أحياء المسجون حسب الجنسية و النوع ووزن المولود

REGISTERED LIVE BIRTHS BY NATIONALITY, GENDER & BIRTH WEIGHT  
2016

Table No. (6)

جدول رقم (٦)

Birth Weight (Grams)	المجموع الكلي			غير القطريين			قطريون			وزن المولود (بالجرام)
	المجموع العام G.T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	
less than 1000	2	1	1	1	0	1	1	1	0	أقل من ١٠٠٠
1000-1499	345	178	167	227	120	107	118	58	60	١٤٩٩-١٠٠٠
1500-1999	389	191	198	223	117	106	166	74	92	١٩٩٩ - ١٥٠٠
2000-2499	1954	1063	891	1226	675	551	728	388	340	٢٤٩٩ - ٢٠٠٠
Total births of those less than 2500 gms	2690	1433	1257	1677	912	765	1013	521	492	مجموع المواليد الذين هم أقل من ٢٥٠٠ جرام
2500-2999	5232	2853	2379	3525	1,919	1,606	1707	934	773	٢٩٩٩ - ٢٥٠٠
3000-3499	12797	6368	6429	9241	4,633	4,608	3556	1,735	1,821	٣٤٩٩-٣٠٠٠
3500-3999	4852	2099	2753	3478	1,487	1,991	1374	612	762	٣٩٩٩-٣٥٠٠
4000-4499	1089	405	684	837	301	536	252	104	148	٤٤٩٩-٤٠٠٠
4500-4999	118	43	75	91	33	58	27	10	17	٤٩٩٩-٤٥٠٠
5000+	38	24	14	29	18	11	9	6	3	٥٠٠٠+
Total births of those 2500 gms and more	24126	11792	12334	17201	8,391	8,810	6925	3,401	3,524	مجموع المواليد الذين هم ٢٥٠٠ جرام فأكثر
Total	26,816	13,225	13,591	18,878	9,303	9,575	7,938	3,922	4,016	المجموع الكلي
Percentage births of those less than 2500 gms	10.0	10.8	9.2	8.9	9.8	8.0	12.8	13.3	12.3	نسبة المواليد الذين هم أقل من ٢٥٠٠ جرام
Percentage births of those (2500 gms) and more	90.0	89.2	90.8	91.1	90.2	92.0	87.2	86.7	87.7	نسبة المواليد (٢٥٠٠ جرام) فأكثر



**الوفيات المسجلة حسب الجنسية والتوع**  
**REGISTERED DEATHS BY NATIONALITY AND GENDER**  
**2007 - 2016**

Table No.(7)

جدول رقم (٧)

Nationality & Gender	G.T المجموع العام			Non-Qataris غير القطريين			Qataris قطريون			الجنسية والتوع السنة		
	مجموع T	اناث F	ذكور M	%	مجموع T	اناث F	ذكور M	%	مجموع T		اناث F	ذكور M
2007	1,776	457	1,319	61.3	1,088	185	903	38.7	688	272	416	٢٠٠٧
2008	1,942	487	1,455	66.4	1,289	220	1,069	33.6	653	267	386	٢٠٠٨
2009	2,008	493	1,515	65.9	1,324	213	1,111	34.1	684	280	404	٢٠٠٩
2010	1,970	500	1,470	65.8	1,297	234	1,063	34.2	673	266	407	٢٠١٠
2011	1,949	547	1,402	65.5	1,276	268	1,008	34.5	673	279	394	٢٠١١
2012	2,031	561	1,470	67.6	1,372	277	1,095	32.4	659	284	375	٢٠١٢
2013	2,133	529	1,604	67.3	1,435	278	1,157	32.7	698	251	447	٢٠١٣
2014	2,366	640	1,726	68.7	1,625	338	1,287	31.3	741	302	439	٢٠١٤
2015	2,317	611	1,706	70.7	1,637	328	1,309	29.3	680	283	397	٢٠١٥
2016	2,347	600	1,747	70.4	1,652	337	1,315	29.6	695	263	432	٢٠١٦



Table No.(8)

الوفيات المسجلة حسب الجنسية والنوع و البلدية  
REGISTERED DEATHS BY NATIONALITY, GENDER AND MUNICIPALITY  
2016

جدول رقم (٨)

Nationality & Gender Municipality	المجموع Total					غير قطريين Non-Qataris				قطريون Qataris				الجنسية والنوع البلدية
	المجموع العام G.T	نسبة الإناث F %	إناث F	نسبة الذكور M %	ذكور M	%	مجموع T	إناث F	ذكور M	%	مجموع T	إناث F	ذكور M	
DOHA	1,490	60.0	360	64.7	1,130	75.5	1,247	252	995	35.0	243	108	135	الدوحة
AL RAYYAN	378	17.3	104	15.7	274	11.2	185	40	145	27.8	193	64	129	الريان
AL WAKRA	72	3.3	20	3.0	52	2.4	40	8	32	4.6	32	12	20	الوكرة
UMM SALAL	56	2.2	13	2.5	43	1.5	24	1	23	4.6	32	12	20	أم صلال
AL KHOR	51	2.0	12	2.2	39	2.0	33	4	29	2.6	18	8	10	الخور
AL SHAMAL	16	1.0	6	0.6	10	0.4	7	0	7	1.3	9	6	3	الشمال
AL DHAYYEN	13	0.7	4	0.5	9	0.4	7	1	6	0.9	6	3	3	الدهيان
AL SHEEHANIYA	129	6.8	41	5.0	88	6.4	105	31	74	3.5	24	10	14	الشهانية
OVERSEAS	142	6.7	40	5.8	102	0.2	4	0	4	19.9	138	40	98	خارج قطر
Total	2,347	100	600	100	1,747	100	1,652	337	1,315	100	695	263	432	المجموع





الوفيات المسجلة حسب الجنسية والتميز والعمر  
REGISTERED DEATHS BY NATIONALITY, GENDER AND AGE  
2016

جدول رقم (٩)

Table No. (9)

Age Group	Total المجموع			Non-Qataris غير القطريين			Qataris القطريون			العمر بالسنوات اقل من عام
	مجموع G.T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	
Under 1 Year	161	79	82	108	54	54	53	25	28	١
1	15	9	6	13	8	5	2	1	1	٢
2	4	1	3	3	1	2	1	0	1	٣
3	7	1	6	7	1	6	0	0	0	٤
4	3	2	1	2	1	1	1	1	0	المجموع
Total	190	92	98	133	65	68	57	27	30	٩ - ٥
5-9	22	11	11	17	8	9	5	3	2	١٤ - ١٠
10-14	17	4	13	8	3	5	9	1	8	١٩ - ١٥
15-19	34	7	27	17	3	14	17	4	13	٢٤ - ٢٠
20-24	114	8	106	87	4	83	27	4	23	٢٩ - ٢٥
25-29	152	12	140	135	10	125	17	2	15	٣٤ - ٣٠
30-34	166	28	138	152	24	128	14	4	10	٣٩ - ٣٥
35-39	170	24	146	151	16	135	19	8	11	٤٤ - ٤٠
40-44	136	23	113	122	19	103	14	4	10	٤٩ - ٤٥
45-49	181	26	155	163	21	142	18	5	13	٥٤ - ٥٠
50-54	158	26	132	124	13	111	34	13	21	٥٩ - ٥٥
55-59	189	38	151	136	22	114	53	16	37	٦٤ - ٦٠
60-64	171	56	115	105	28	77	66	28	38	٦٩ - ٦٥
65-69	151	48	103	94	28	66	57	20	37	٧٤ - ٧٠
70-74	144	58	86	83	27	56	61	31	30	٧٩ - ٧٥
75-79	114	40	74	47	13	34	67	27	40	٨٤ - ٨٠
80-84	135	58	77	43	18	25	92	40	52	٨٩ - ٨٥
85-89	55	23	32	19	8	11	36	15	21	٩٤ - ٩٠
90-94	29	10	19	8	3	5	21	7	14	+ ٩٥
95+	18	8	10	8	4	4	10	4	6	غير مبيّن
Not stated	1	0	1	0	0	0	1	0	1	المجموع الكلي
Grand Total	2,347	600	1,747	1,652	337	1,315	695	263	432	



الوفيات المسجلة للقطريين حسب مكان الوفاة والنوع  
Registered Qatari Deaths by Place of Death & Gender  
2016

Table No.(10)

جدول رقم (١٠)

Place of Death	مجموع T	إناث F	ذكور M	مكان الوفاة
Qatar	557	223	334	قطر
Other G.C.C Countries	43	4	39	بقية دول مجلس التعاون
Other Arab Countries	5	1	4	بقية الدول العربية
Asian Countries	26	10	16	دول اسبوية
European Countries	44	17	27	دول اوروبية
North American Countries	20	8	12	دول امريكا الشمالية
Total	695	263	432	المجموع



Table No (11)

النسب المئوية للموتيات المسجلة حسب الجنسية والنوع وسبب الوفاة ( المراجعة العاشرة القائمة الأساسية)  
PERCENTAGE REGISTERED DEATHS BY NATIONALITY, GENDER AND CAUSE OF DEATH (ICD 10 BASIC LIST)  
2016

جدول رقم (11)

Cause of Death	المجموع Total			غير قطريين Non-Qataris			قطريين Qataris			سبب الوفاة
	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	
(A00 - B99) Certain infectious and parasitic diseases	1.5	2.5	1.2	1.7	3.6	1.2	1.2	1.1	1.2	أمراض معدية وطفلية معينة
(C00 - D48) Neoplasms	13.3	21.0	10.7	13.0	25.2	9.9	14.1	15.6	13.2	الأمورام
(D50 - D89) Diseases of the blood & blood forming organs &certain disorders involving the immune mechanism	0.3	0.7	0.1	0.2	0.9	0.1	0.3	0.4	0.2	أمراض الدم واضطرابات مناعية تشمل اضطرابات المناعة
(E00 - F90)Endocrine nutritional & metabolic diseases	4.9	6.2	4.5	4.2	5.3	4.0	6.5	7.2	6.0	الأمراض الغدوية والغشائية والتغذية والتكامل الغذائي
(G00 - G99) Diseases of the nervous system	1.4	1.8	1.3	1.6	2.7	1.3	1.0	0.8	1.2	أمراض الجهاز العصبي
(I00 - I99) Diseases of the circulatory system	31.7	25.5	33.8	32.6	22.3	35.3	29.4	29.7	29.2	أمراض الجهاز الدوري
(J00 - J99) Diseases of the respiratory system	9.7	8.7	10.0	9.6	8.9	9.7	9.9	8.4	10.9	أمراض الجهاز التنفسي
(K00 - K83) Diseases of the digestive system	2.5	3.2	2.3	2.2	3.3	1.9	3.3	3.0	3.5	أمراض الجهاز الهضمي
(L00 - L99) Diseases of the skin and subcutaneous tissue	0.1	0.0	0.2	0.1	0.0	0.2	0.1	0.0	0.2	أمراض الجلد والتسرع تحت الجلد
(M00 - M99) Diseases of the musculoskeletal system and connective tissue	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	أمراض الجهاز الهيكلي العضلي والتسرع العظام الكروموسومي
(N00 - N89) Diseases of the genitourinary system	3.5	6.3	2.5	2.1	3.6	1.7	6.8	9.9	4.9	أمراض الجهاز البولي التناسلي
(O00 - O99) Pregnancy, childbirth and the puerperium	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	الحمل والولادة والتقيس
(P00 - P96) Certain conditions originating in the perinatal period	2.1	4.5	1.3	1.7	4.7	0.9	3.2	4.2	2.5	حالات معينة تنشأ في فترة ما حول الولادة
(Q00 - Q99) Congenital malformations deformations & chromosomal abnormalities	2.9	5.8	1.9	2.7	6.8	1.6	3.5	4.6	2.8	التشوهات الخلقية والعيقات والتشوهات الكروموسومية
(R00 - R99) Symptoms signs &abnormal clinical & laboratory findings not elsewhere classified	7.1	7.3	7.0	6.1	5.3	6.2	9.5	9.9	9.3	أعراض وعلامات تنتج كالتعليق معملية غير عادية وغير مصنفة في مكان آخر
(V01 - Y98) External causes of morbidity and mortality	19.0	6.5	23.3	22.2	7.4	26.0	11.4	5.3	15.0	أسباب خارجية للمرض والوفاة
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	المجموع



النسب المئوية للوفيات المسجلة حسب الجنسية والنوع وسبب الوفاة ( المراجعة العاشرة القائمة الأساسية)  
PERCENTAGE OF REGISTERED DEATHS BY NATIONALITY, GENDER AND CAUSE OF DEATH (ICD 10 BASIC LIST)  
2015

جدول رقم (١٦)

Table No (12)

Cause of Death	المجموع Total			غير قطريين Non-Qatris			قطريين Qatris			سبب الوفاة
	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	مجموع T	إناث F	ذكور M	
(A00 - B99) Certain infectious and parasitic diseases	2.0	3.3	1.6	1.8	4.0	1.2	2.7	2.4	3.0	أمراض معدية وطفلية معدية
(C00 - D48) Neoplasms	12.5	19.8	9.9	12.5	23.6	9.7	12.5	14.9	10.5	الأورام
(D50 - D89) Diseases of the blood & blood forming organs & certain disorders involving the immune mechanism	0.2	0.5	0.1	0.2	0.9	0.1	0.0	0.0	0.0	أمراض الدم وأعضاء تكوين الدم واضطرابات مناعية تشمل اضطرابات المناعة
(E00 - F90) Endocrine nutritional & metabolic diseases	6.3	9.6	5.1	4.8	7.1	4.2	10.7	12.9	8.9	أمراض الغدد الصماء والغشائية والتشغيل القلبي
(G00 - G99) Diseases of the nervous system	1.2	1.6	1.1	1.2	1.5	1.1	1.3	1.6	1.0	أمراض الجهاز العصبي
(I00 - I99) Diseases of the circulatory system	16.4	15.8	16.6	16.2	13.2	16.9	17.0	19.3	15.1	أمراض الجهاز الدوري
(J00 - J99) Diseases of the respiratory system	7.4	9.4	6.7	6.4	6.4	6.4	10.3	13.3	7.9	أمراض الجهاز التنفسي
(K00 - K83) Diseases of the digestive system	2.3	2.8	2.1	2.0	2.1	2.0	3.1	3.6	2.6	أمراض الجهاز الهضمي
(L00 - L99) Diseases of the skin and subcutaneous tissue	0.3	0.3	0.3	0.2	0.6	0.2	0.5	0.0	1.0	أمراض الجلد والتسيج تحت الجلد
(M00 - M99) Diseases of the musculoskeletal system and connective tissue	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.4	0.0	أمراض الجهاز الهيكلي العظمي والتسيج الضام
(N00 - N89) Diseases of the genitourinary system	2.7	4.5	2.0	1.7	3.4	1.3	5.6	6.0	5.3	أمراض الجهاز البولي التناسلي
(O00 - O99) Pregnancy, childbirth and the puerperium	0.1	0.5	0.0	0.1	0.6	0.0	0.2	0.4	0.0	الحمل والولادة والتلفس
(P00 - P96) Certain conditions originating in the perinatal period	3.5	6.8	2.4	2.9	8.0	1.7	5.2	5.2	5.3	حالات معدية تنشأ في فترة ما حول الولادة
(Q00 - Q99) Congenital malformations deformations & chromosomal abnormalities	3.6	6.6	2.5	2.9	6.1	2.1	5.6	7.2	4.3	التشوهات الخلقية والتشوهات والتشوهات الكروموسومية
(R00 - R99) Symptoms signs & abnormal clinical & laboratory findings not elsewhere classified	22.2	9.6	26.6	24.9	9.2	28.8	14.1	10.0	17.4	أعراض وعلايات نتائج الفحوصات معملية غير عادية وغير مصنفة في مكان آخر
(V01 - Y98) External causes of morbidity and mortality	19.2	8.7	23.0	22.0	13.2	24.2	11.0	2.8	17.8	السبب خارجية للمرض والوفاة
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	المجموع



وَأَذَانَ الْحَضَائِقِ النَّوِيَّ وَالْإِجْمَاعِ  
Ministry of Development Planning and Statistics

# Births & Deaths

In the State of Qatar



2016