

STATE OF QATAR
SUPREME COUNCIL OF HEALTH
ANNUAL HEALTH REPORT 2010



2010

Qatar Health Trends
(2001 - 2010)

ISSUED BY :

HEALTH INTELLIGENCE & INFORMATION SECTION

HEALTH PROMOTION & NON COMMUNICABLE DISEASES

PUBLIC HEALTH DEPARTMENT



Qatar Health Trends (2001 - 2010)

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PREFACE

The health system in the State of Qatar has witnessed continuous development over the past years in accordance with the recent methods of medical and health care provision. This had resulted in noticeable qualitative and quantitative achievements in all levels of health care bringing the health indicators in the State of Qatar to levels comparable to those of the developed countries.

The Supreme Council of Health (SCH) is regularly scaling up the health care services to accommodate the increase in the population and the rapidly growing economic and social developments in the country. The main pillars of this scaling up are proper health planning, adopting recent scientific policies and continuous monitoring and evaluation of the different health domains. This is supported by a well developed health statistics and information system which provides reliable and timely information and indicators to support the decision-making process.

This report presents trends of health manpower and trends of mortality in Qatar during the 2001 - 2010 period. It is followed by detailed description of items of concern addressing the needs of both policy makers and program managers.

We aim that the wealth of information included in this report would support future decision-making for further health developments and prosperity of the country.

The execution of this report was carried out by a team consisting of Dr. Ahmad Haj Bakri, Dr. Doaa Oraby, and Mr. Shamseldin Khalifah under the supervision of Dr. Al Anoud Al-Thani.

The team would like to acknowledge the efforts made by all those who have contributed to the development of this report.

QATAR COUNTRY PROFILE

The State of Qatar is located halfway along the West Coast of the Arabian Gulf, east of the Arabian Peninsula between 24 degrees 27 minutes and 26 degrees 10 minutes north – and at 50 degrees 45 minutes to 51 degrees 40 minutes east. Its territory comprises a number of islands including Halul, Al Shat, Shira'wa and others (QSA 2012).

According to Qatar Statistical Authorities (QSA) 2012, Qatar occupies 11,606.8 km² square kilometres on a peninsula that extends approximately 160 kilometres north into the Arabian Gulf from the Arabian Peninsula.

Qatar consists of seven municipalities, including Doha, A, Rayan, Al Wakra, Umm Slal, Al Knoo, Al Shamal and Al Daayen. According to QSA 2011, more than three quarters of the population are settling in the Doha and Al-Rayan municipalities during 2010.

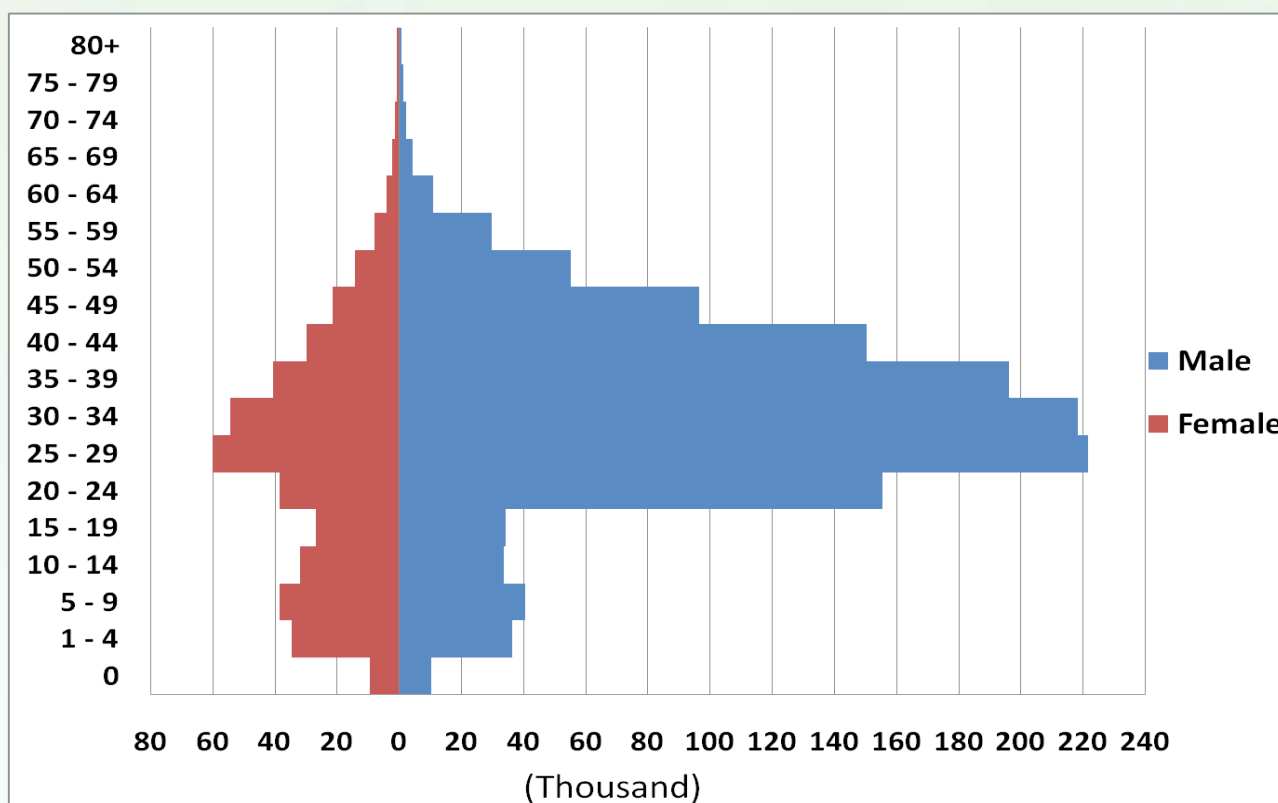
According to QSA, there were more than 1.5 million inhabitants in the middle of 2010, a population increase of more than one million since 1998. However, the year to year annual population growth ranged between 4.6% and 5.5% between 1999-2003, then in 2004 the population growth increased to 11.8% and it continued to increase to reach a peak of 18.9% in 2008 then to decline to 13.1% in 2009 and to 4.7% in 2010. The latter increase in the population growth was attributable to the economic boom that Qatar has experienced in recent years (QSA 2011).

Qatar, according to the World Bank, is considered to be among the high income non-OECD countries with a GDP per capita of USD 76680 in 2010. Qatar's planned exploitation of its hydrocarbon reserves resulted in a nominal GDP with a compound annual growth rate of 27.5% between 2004 and 2011 (QSA 2011).

As per the preliminary estimates of GDP, Qatar's economy grew by 14.1% (real GDP growth) in 2011 and the nominal GDP reached to QR 631,609 million (US\$ 173,281 million) representing an increase of 36.3% in 2011 compared to 2010. The expansion in the production levels of gas-related products, LNG and condensates, coupled with increases in hydrocarbon prices has been instrumental in pushing the nominal GDP of the country (36.3% rise) (QSA 2012).

POPULATION FACTS

Distribution of Population in Qatar by Age and Sex (Mid 2010)



- The largest age group is 24 - 29 years comprising 19% of population size
- Under 5 years constitute 5% of population size
- Youth (15 - 24 years) represent 18% of population
- Females in the reproductive age group (15 - 49 years) comprise 14% of population size
- Geriatrics (60+ years) constitute 2% of population size

TRENDS OF HEALTH MANPOWER

Changes in Medical Staff Working in Supreme Council of Health & Hamad Medical Corporation during the Period (2001-2010)



An upward shift is noticed in the number of dentists, physicians and nurses.

Between 2001 and 2010:

- 167% increase occurred in number of dentists
- 177% increase occurred in number of physicians
- 190% increase occurred in number of nurses

Changes in Dentists to Population Ratio during the Period 2001 - 2010

Year	Dentist : Population
2001	1: 2857
2002	1: 2941
2003	1: 2564
2004	1: 2500
2005	1: 1282
2006	1: 1389
2007	1: 1515
2008	1: 2041
2009	1: 2041
2010	1: 1724

- The dentist to population ratio changed from 1: 2857 in 2001 to 1: 1724 in 2010
- A reduction of 40% in the population to be served by one dentist had been achieved in 10 years

Changes in Pharmacists to Population Ratio during the Period 2001 - 2010

Year	Pharmacist : Population
2001	1: 1316
2002	1: 1124
2003	1: 980
2004	1: 943
2005	1: 820
2006	1: 877
2007	1: 926
2008	1: 990
2009	1: 1163
2010	1: 855

- The pharmacist to population ratio changed from 1: 1316 in 2001 to 1: 855 in 2010.
- A reduction of 35% in the population to be served by one pharmacist had been achieved in 10 years.

Changes in Physicians to Population Ratio during the Period 2001 - 2010

Year	Physician : Population
2001	1: 488
2002	1: 472
2003	1: 439
2004	1: 437
2005	1: 403
2006	1: 420
2007	1: 439
2008	1: 408
2009	1: 372
2010	1: 287

- The physician to population ratio changed from 1: 488 in 2001 to 1: 287 in 2010
- A reduction of 41% in the population to be served by one physician had been achieved in 10 years

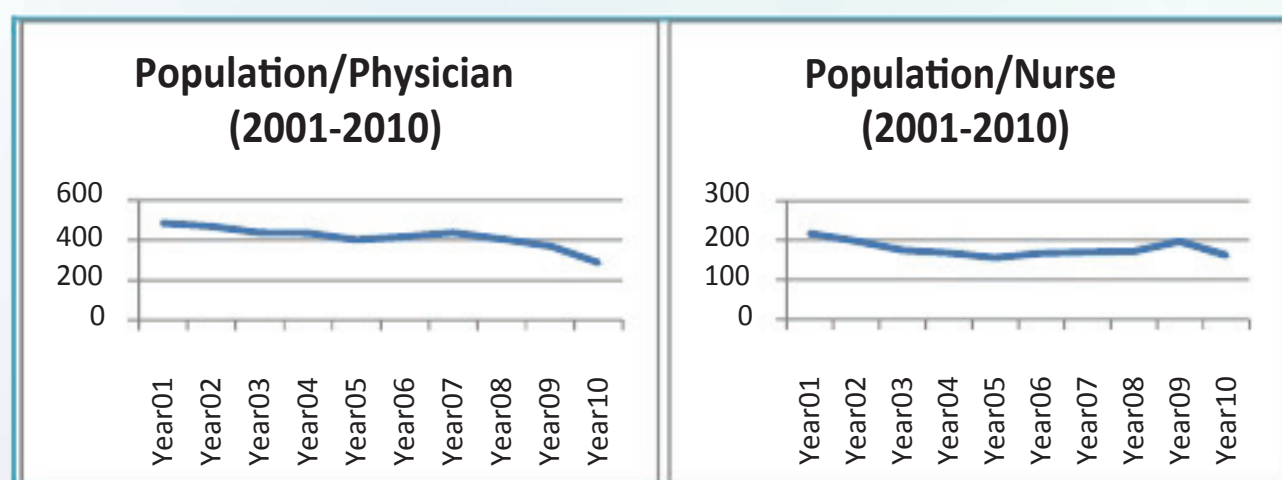
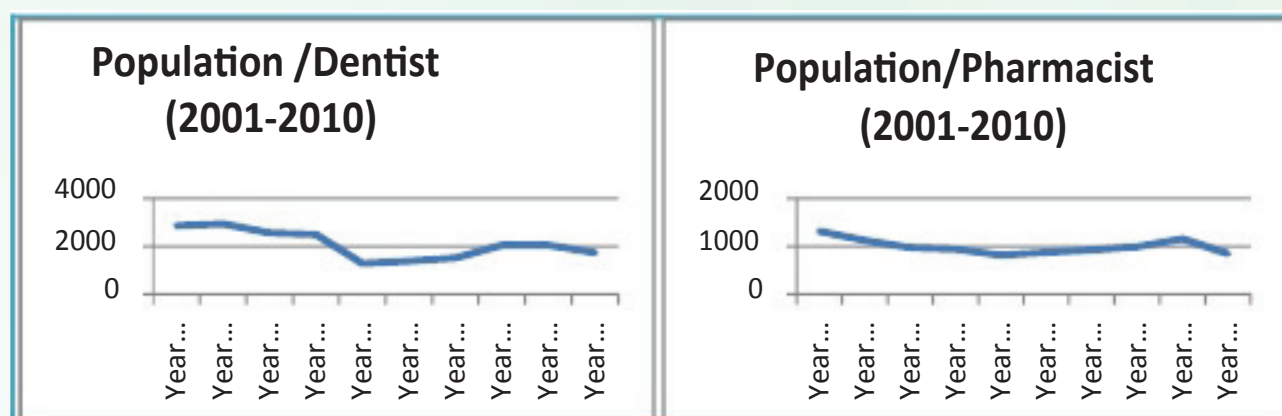
Changes in Nurses to Population Ratio during the Period 2001 - 2010

Year	Nurse : Population
2001	1: 218
2002	1: 199
2003	1: 175
2004	1: 168
2005	1: 156
2006	1: 167
2007	1: 170
2008	1: 172
2009	1: 198
2010	1: 162

- The nurse to population ratio changed from 1: 218 in 2001 to 1: 162 in 2010
- A reduction of 26% in the population to be served by one nurse had been achieved in 10 years

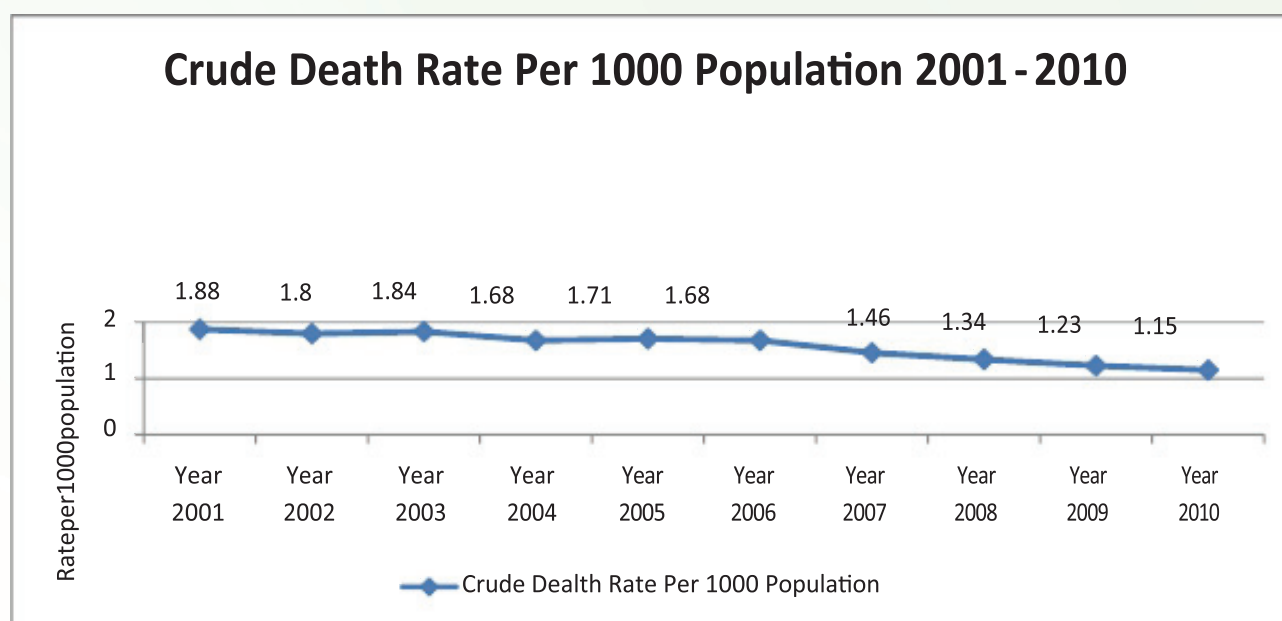
Population per Different Categories of Health Services Providers during the Period (2001 - 2010)

Category/ Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Dentist	2857	2941	2564	2500	1282	1389	1515	2041	2041	1724
Pharmacist	1316	1124	980	943	820	877	926	990	1163	855
Physician	488	472	439	437	403	420	439	408	372	287
Nurse	218	199	175	168	156	167	170	172	198	162



The population/service provider ratios are improving overtime but still lower than developed nations.

TRENDS IN CRUDE DEATH RATE



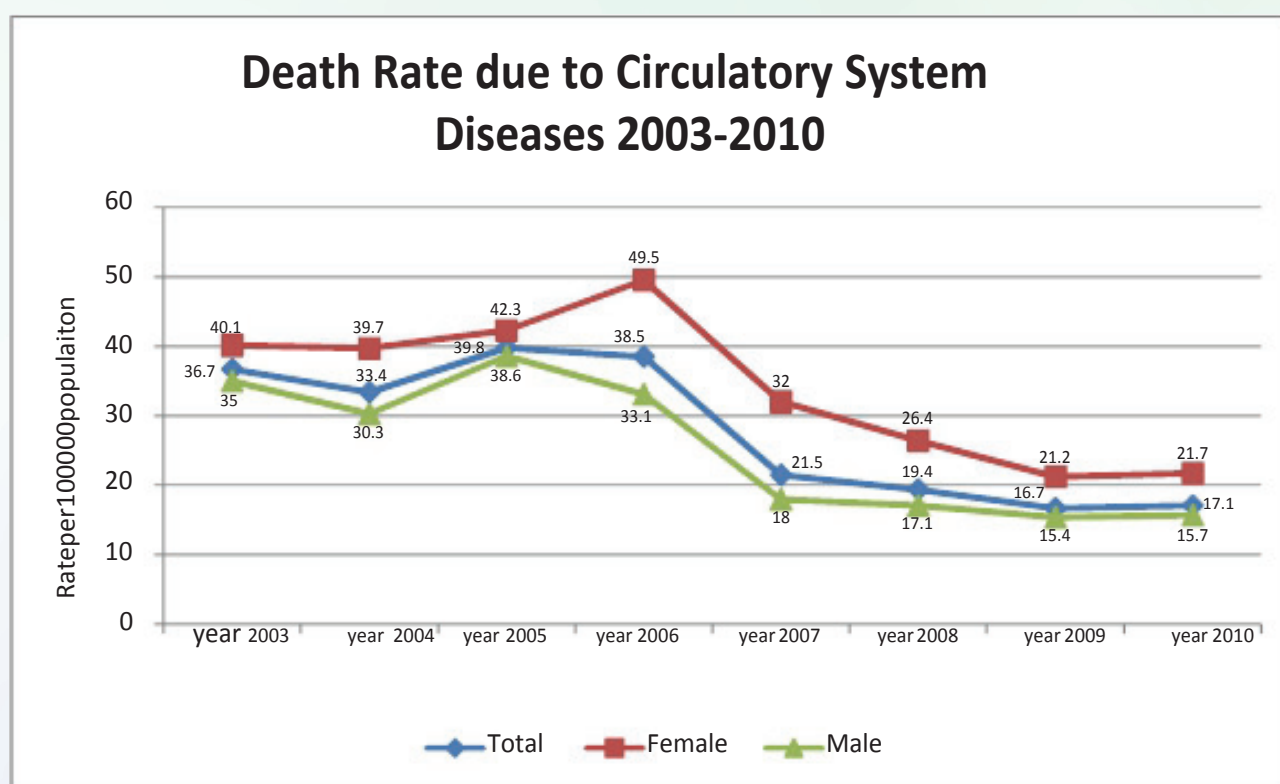
In Qatar, the crude death rate has declined from 1.88 per 1000 to 1.15 per 1000 between 2001 and 2010. The overall downward trend in the crude death rate in Qatar between 2001 and 2007, despite the slight increase in 2005, was associated with an upward trend in life expectancy at birth. Total Life expectancy at birth increased from 74.4 in 2001 to 77.8 in 2007. The decline in the crude death rate and the increase in Life Expectancy at Birth reflect the fact that Qatar has entered the epidemiological transition stage three (the age of non-communicable disease).

Deaths attributable to Noncommunicable Diseases (NCDs)

In Qatar between 2001 and 2003 the data in relation to the mortality by causes attributable to NCDs was not sufficient enough in terms of providing accurate rate for females and males deaths due to NCDs. Hence, data from 2001 and 2002 were excluded. Between 2004 and 2010, and in relation to the NCDs causes of death, the diseases of circulatory system, neoplasms, endocrine, nutritional and metabolic diseases, and diseases of the respiratory system ranked the top four NCD causes of death by chapter according to ICD10, respectively.

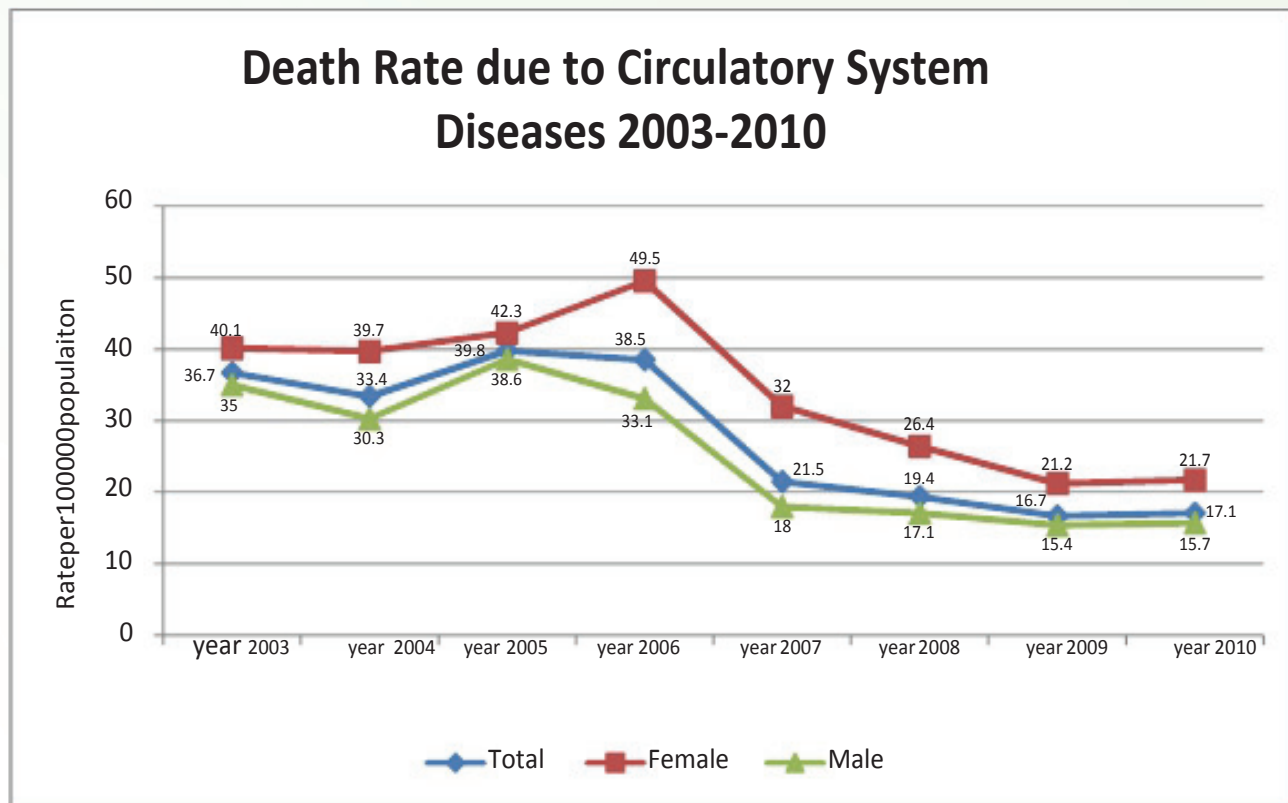
Cause Specific Mortality Attributable to NCDs:

1. Diseases of Circulatory System



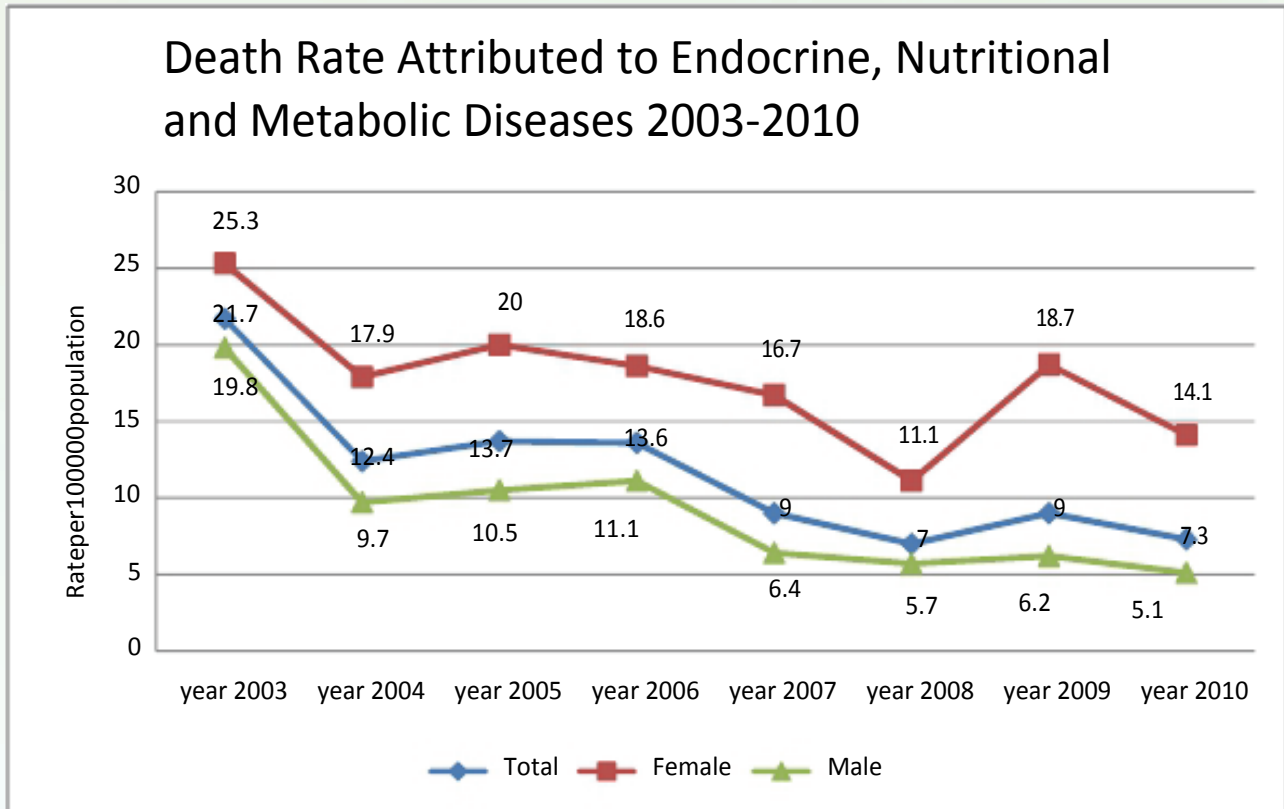
In Qatar, mortality due to circulatory system diseases ranked as number one NCDs cause of death by chapter ICD10 between 2003 and 2010. By 2010, the total mortality rate for males and females in relation to the diseases of the circulatory system had decreased by 53% in comparison to its rate in 2003. Circulatory system diseases mortality rate in females has been consistently higher than that in males between 2003 and 2010.

2. Neoplasms



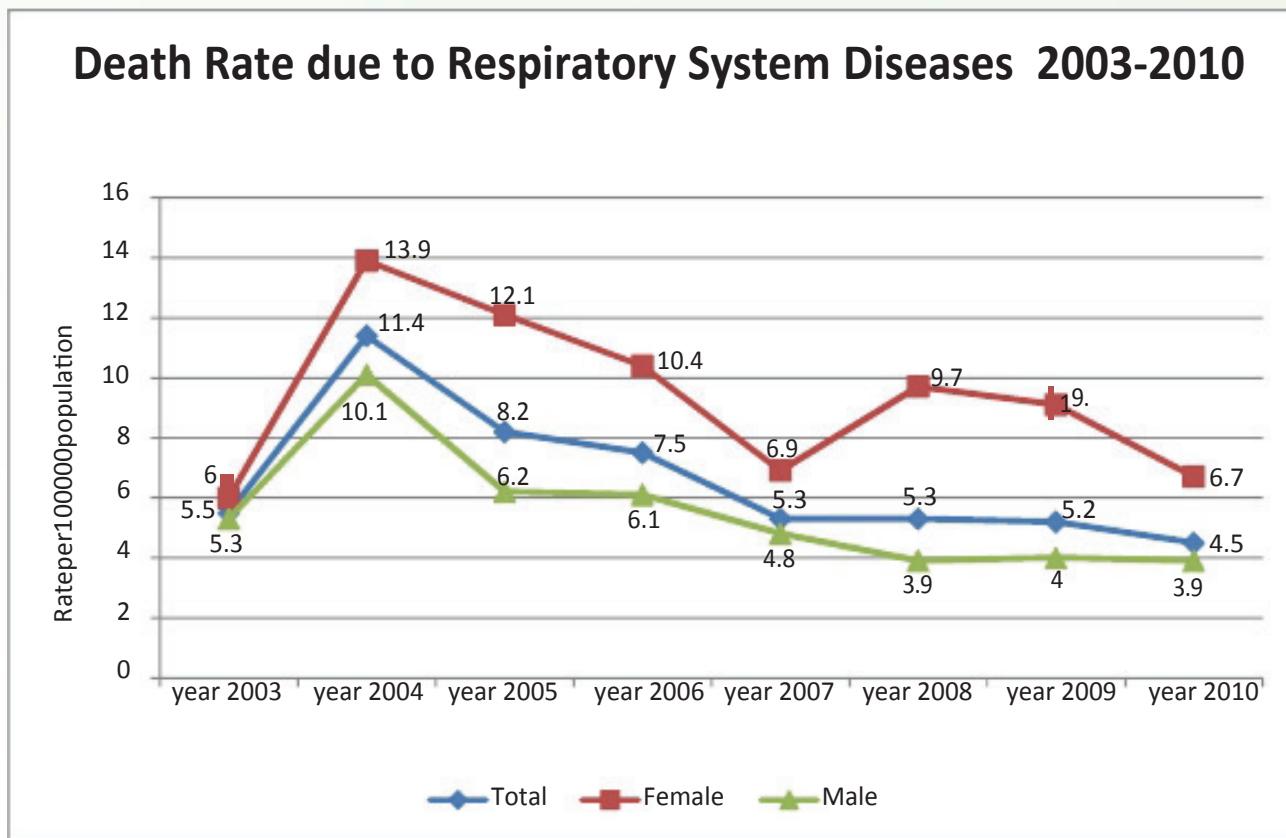
Mortality due to neoplasms in Qatar was the second cause of death by chapter according to ICD10 in relation to NCDs between 2004 and 2010, while in 2003 neoplasms were the third cause of death due to NDCs. By 2010, the total mortality rate for females and males due to neoplasms diseases had decreased by 25% compared to the rate in 2003. Neoplasms mortality rate in females has been consistently higher than in males. The rate of death due to neoplasms has increased among females while it has decreased among males in Qatar between 2001 and 2010. There is a need to better investigate breast, cervical and colon and rectal cancers among females as they are the top three cancers in women.

3. Endocrine, Nutritional and Metabolic Diseases



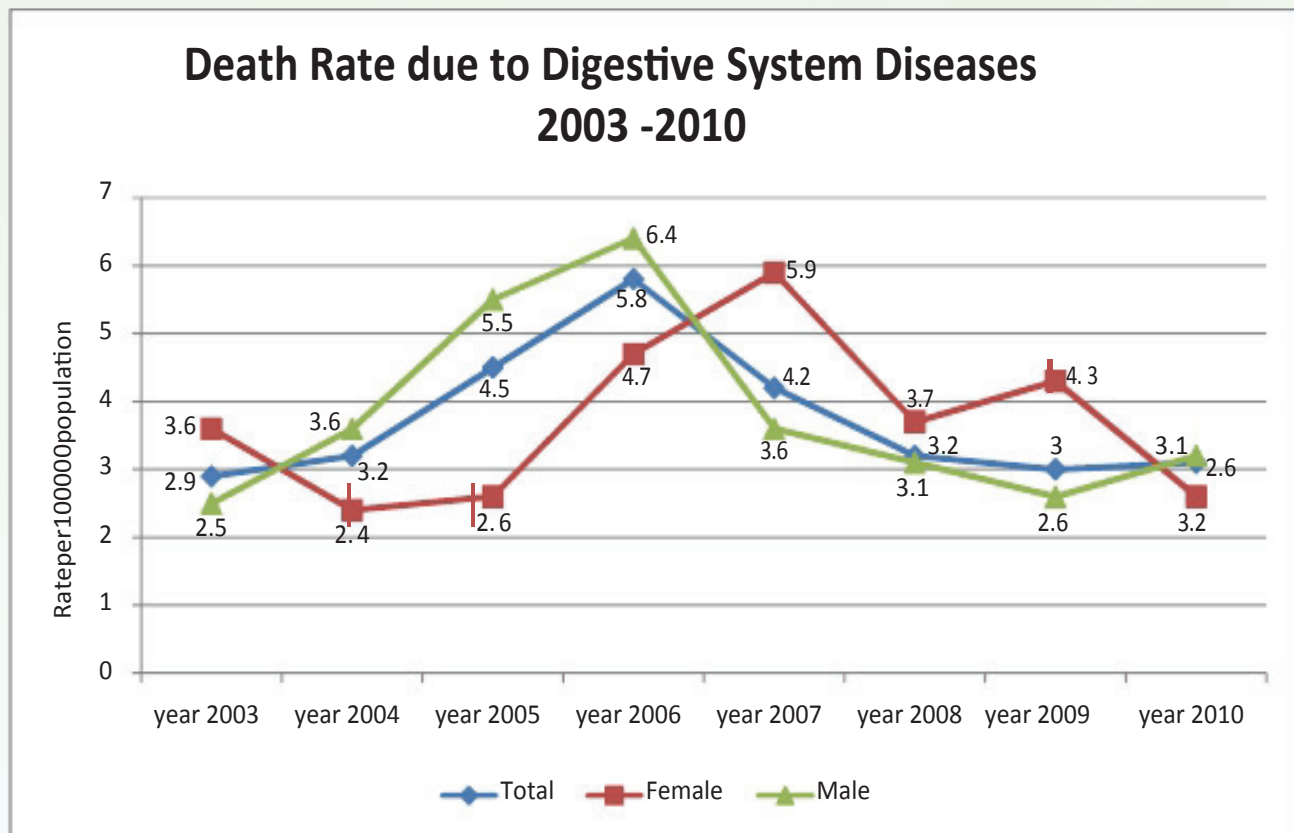
Mortality due to endocrine, nutritional and metabolic diseases ranked as third cause of death by ICD10 chapter classification between 2004 and 2010 in Qatar. By 2010, the total mortality rate due to endocrine, nutritional and metabolic in Qatar decreased by 66.3% in comparison to its rate in 2003. Females in Qatar between 2003 and 2010 became more likely to die due to endocrine, nutritional and metabolic causes than males.

4. Diseases of Respiratory System



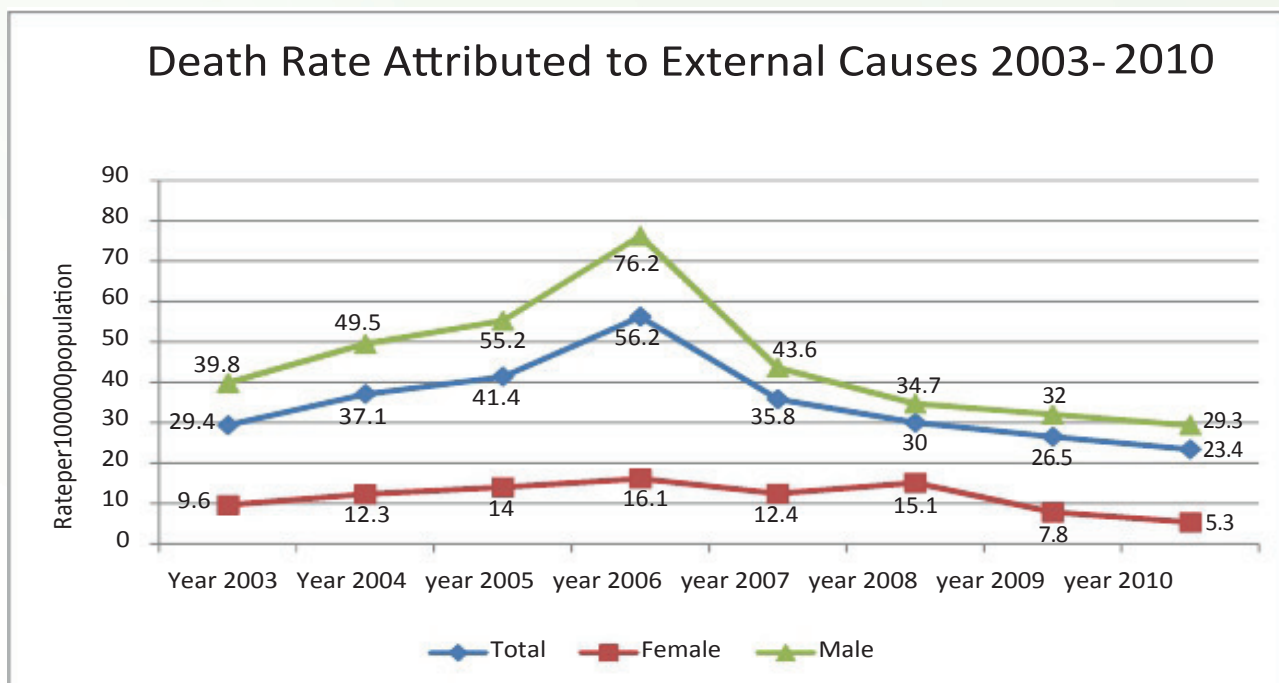
By 2010, total mortality rate due to respiratory diseases among males and females had dropped by 60.5 % in comparison to its peak rate in 2004. Mortality rate attributed to respiratory diseases among females had been consistently higher than the rate among males between 2004 and 2010, except in 2003 where the two rates were very close. By 2010, the mortality rate due to respiratory diseases among females had decreased by 51.7% compared to its peak level in 2004; while the mortality rate due to respiratory disease among males had decreased by 61.3% in comparison to its peak level in 2004.

5. Diseases of Digestive System

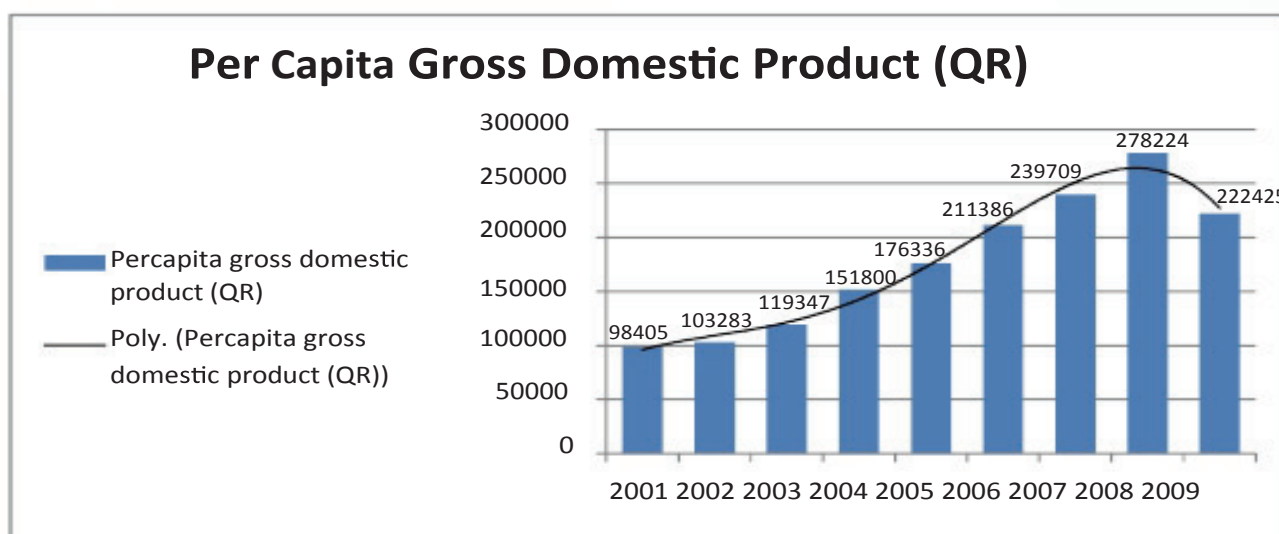


The trend of mortality due to the digestive system in females is slightly different than that observed in males in terms of the peak timings, since the peak registered in males was in 2006 while in females it was in 2007 and 2009.

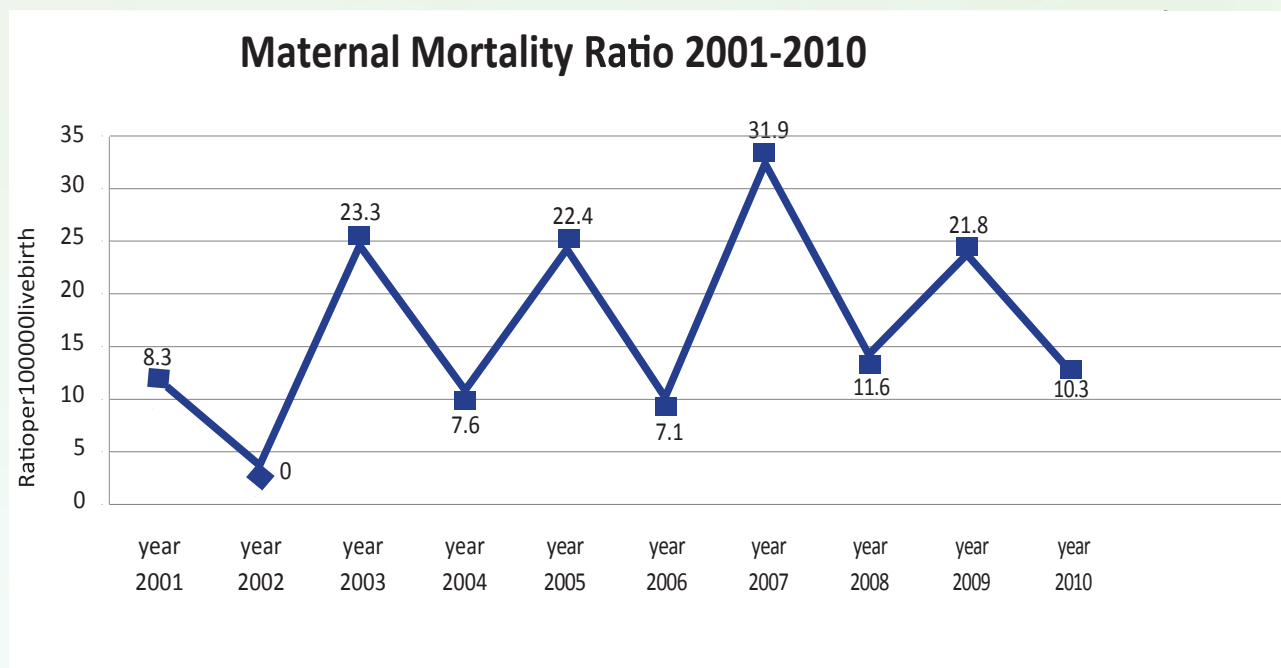
Death Attributed to External Causes



Mortality due to external causes ranked as the first cause of mortality in Qatar in the span of the last 7 years. By 2010, the total mortality rate due to external causes had declined by 58.3% from its peak level in 2006. The economic growth in Qatar between 2001 and 2009 which was indicated in the increase of Gross Domestic Products (GDP) per capita between 2001 and 2009 might have had an impact on the increase of mortality due to external causes.



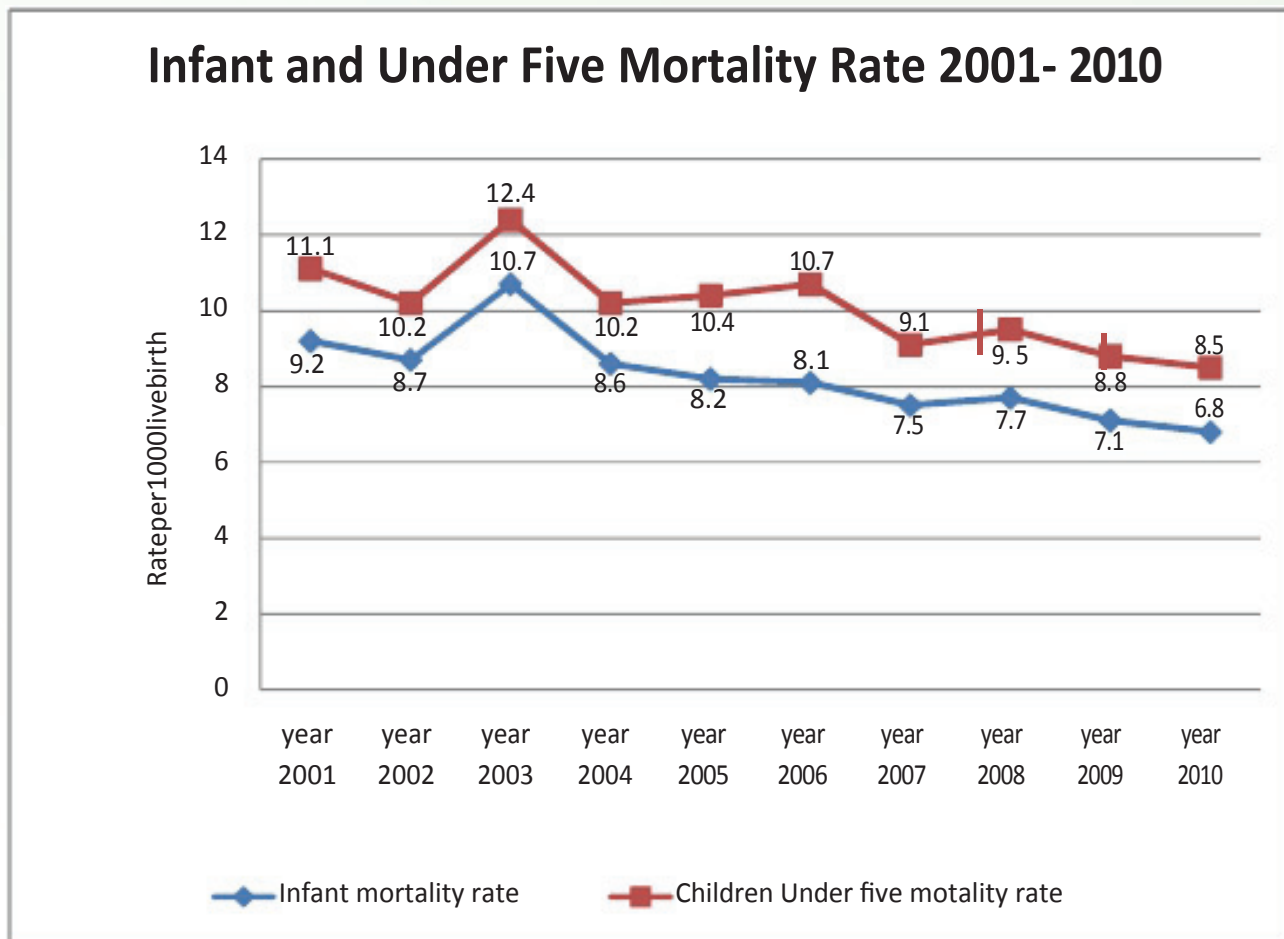
Maternal Mortality



In Qatar, the Maternal Mortality Ratio remained far less than 100 per 100 000 live births in the span of the last decade, despite the fluctuation of the Maternal Mortality Ratio between 2001 and 2010. In 2010, the registered Maternal Mortality Ratio was 10.25 per 100 000 live births with an estimated reduction of 53% compared with 21.8 per 100 000 live births in 2009.

In 2009, the proportion of deliveries attended by skilled health personal in Qatar was 100 per cent according to the National Health Report 2009.

Child Mortality



In Qatar, the reduction of under-five mortality level in 2009 was estimated by 59% in comparison to the 1990 level (WHO 2011). The under-five mortality rate dropped from 22 per 1000 live births in 1990 to 13 per 1,000 live births in 2000. In 2010, the under-five mortality rate registered its lowest rate at 8.5 per 1000 live births.

In Qatar, the infant mortality rate drop from 9.2 per 1000 live births in 2001 to 6.77 per 1000 live births in 2010.

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State Of Qatar دولة قطر



المجلس الأعلى للصحة
Supreme Council Of Health

دولة قطر

المجلس الأعلى للصحة

التقرير الصحي السنوي 2010

2010

إتجاهات صحة قطر (2001 - 2010)

إصدار:

قسم الاستخبارات والمعلومات الصحية

تعزيز الصحة والأمراض غير الانتقالية

إدارة الصحة العامة