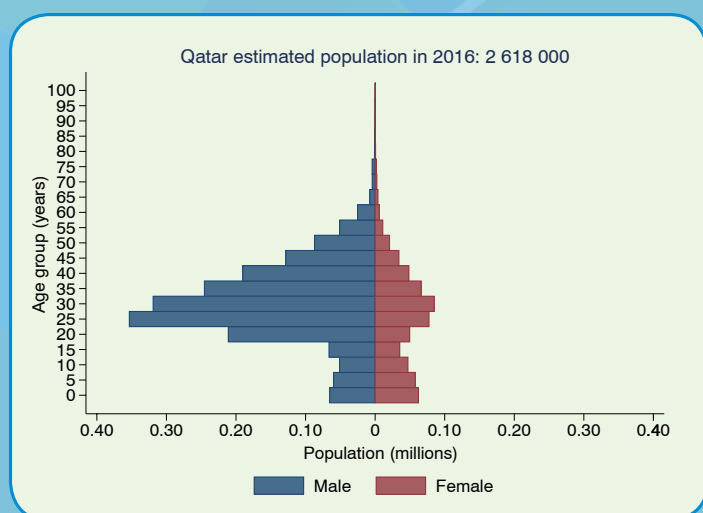




Universal health coverage

Primary health care facilities per 10 000 population (2013)	0.1
Hospital beds per 10 000 population (2013)	12.0
Modern contraceptive prevalence rate (2015)	37
Antenatal care visits (4+ visits) (2013)	85
Measles immunization coverage among 1-year olds (%) (2016)	100
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	70
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	98
General government expenditure on health as % of GDP (2014)	1.9
General government expenditure on health as % of total government expenditure (2014)	5.8

Estimated population in 2016



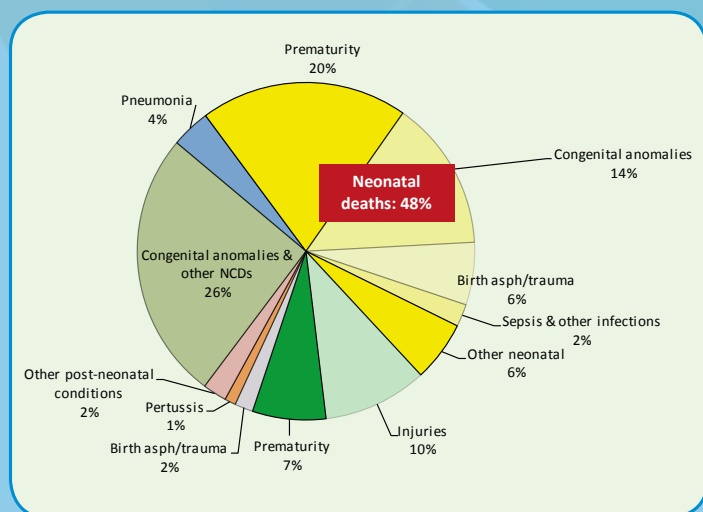
Selected determinants of health

Population living in urban areas (%) (2016)	100
Annual GDP growth (%) (2016)	2.2
Number of refugees ^a (2016)	176
Number of internally displaced persons ^b (2016)	0

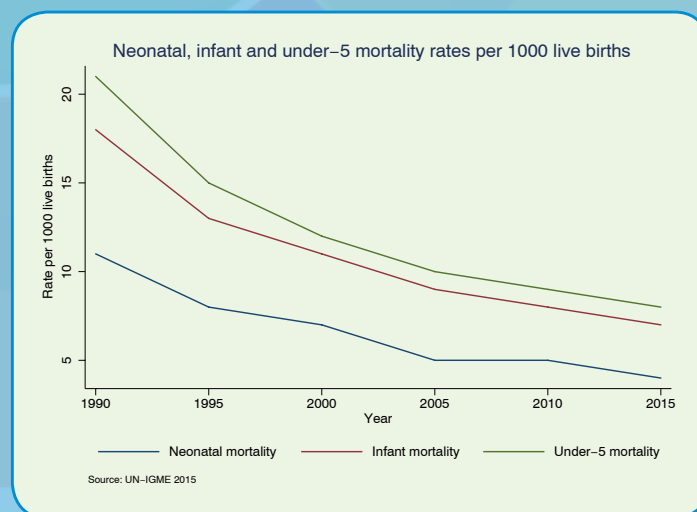
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2015) % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	0.0
	Female %	0.0

2 ZERO HUNGER

Children under 5 who are (2015)		
stunted	%	11.6
wasted	%	10.1
overweight (2013)	%	12.9

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2015)	Total %	98
	Male %	98
	Female %	99

Net primary school enrolment ratio per 100 school-age children (2015)	Total ratio	91
	Male ratio	91
	Female ratio	91

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	69.3
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015)	%	100
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Access to improved sanitation facilities (World Health Statistics, 2015)	%	98
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)	Total %	0.2
	Male %	0.1
	Female %	0.8

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	103.4
	Urban	104.6

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015)	0
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	77.4	80.0	78.2
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	13
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	4
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	7
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	8
Tobacco use among persons 15+ years (%) (2015)	21.4	0.6	16.4
Overweight (18+ years) (%) (2014)	...	...	78.1
Obesity (18+ years) (%) (2014)	...	...	42.3
Raised blood pressure among persons 18+ years (%) (2014)	...	...	18.1
Raised blood glucose among persons 18+ years (%) (2014)	...	...	23.0
Raised cholesterol among persons 18+ years (%) (2012)	19.1	24.6	21.9
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	14
Cancer incidence per 100 000 (2012)	...	...	108.8

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review:

Completed in 2017: <https://sustainabledevelopment.un.org/content/documents/10578qatar.pdf>

National Focal Point for 2030 Agenda:

Dr Saleh Al Nabit, Minister of Development, Planning, and Statistics

National Focal Point in Ministry of Health for health-related SDGs:

N/A

1. How is Qatar incorporating the 2030 Agenda into its development policy and planning?

The State of Qatar's Second National Development Strategy 2017-2022 (NDS2) has been formulated taking the 2030 Agenda into account. The NDS 2 implements the Qatar National Vision 2030 adopted in 2008 aiming at "building...a vibrant a prosperous society of economic and social justice with a balance between the environment and the people". In the NDS 2, the different SDGs have been cross-referenced with each sector specific strategy as appropriate.

2. How is Qatar incorporating SDG 3 targets in health policy, strategy, and planning?

Qatar has recently finalized the preparation of a National Health Strategy 2017-2022 (NHS2) as part of the National Development Strategy 2. The NHS 2 will be launched at the end of November 2017. It builds on the achievements of the National Health Strategy 1 2011-2016, which reached significant results in the areas of health system governance, preventive care, cost of pharmaceuticals, emergency response and availability of community and hospital care facilities. Nineteen key performance indicators have been identified to monitor the implementation of the NHS 2, and most of them are aligned with the targets of SDG3 and other relevant SDGs.

The NHS 1 2011-2016 is available here: <http://www.nhsq.info/app/media/2908>

3. Are there any major partnerships in Qatar for advancing the 2030 Agenda?

The Qatar NDS 2 emphasizes the interaction among objectives of different sectors to achieve sustainable development and link them to the SDG agenda. Cooperation with the private sector, civil society and research/academic centres is stressed throughout the NDS 2. Great efforts are made to invest in science and technology infrastructure as well as in human capital through the involvement of national and international teaching institutions and the investment in research and development funding.

4. Are there any major partnerships in Qatar for advancing the health-related SDGs?

Health in All Policies (HiAP) is a key component of the NHS 2, and a number of partnerships have been and are being established with other sectors and institutions to pursue this approach, including other ministries and government entities as well as private sector, civil society, research and academic centres. Committees and task forces have been established and specific memorandum of understanding signed as appropriate. A particular emphasis will be put on using innovation and scientific research in implementing, monitoring and following-up the progress made on NHS 2 targets and objectives.

5. Has Qatar reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The NHS 2 is based on the achievements of the NHS 1 and on the lessons learned from it. It sets a new vision based on three key pillars; better health, better care and better value. The Qatar National Health System is already providing universal coverage to all permanent and temporary residents through different mechanisms funded by the public budget or health insurance. This approach is emphasized and stressed in the NHS 2. The NHS 2 also aims to strengthen the integrated healthcare system which delivers the highest-standard services through public and private healthcare institutions guided by national health policy.