

PART II
SELECTED SOCIAL INDICATORS

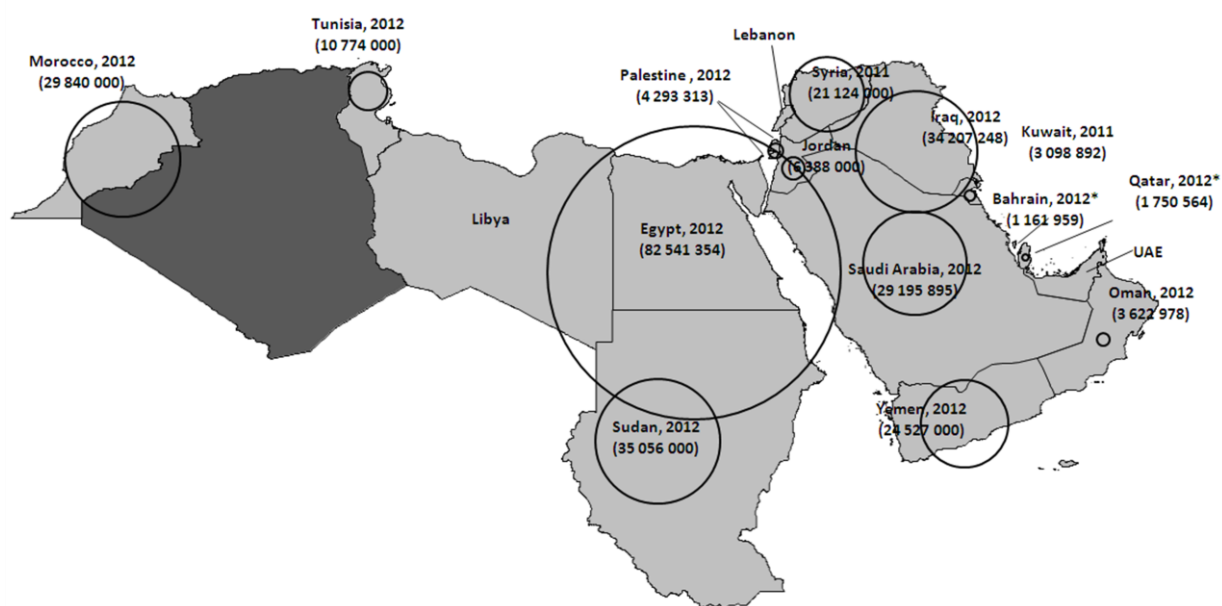
Population

The Arab region has diverse demographic features as countries in the region are at different stages of the demographic transition. This is owing to a wide range of country-specific social, economic, political and cultural factors. Currently, the region includes countries with markedly different population sizes, age-sex structures, growth rates, and population composition. These features are determined by the speed of changes in three main components of demographic change, namely fertility, mortality, and international migration (including labour migration and war-related population displacements). Understanding demographic change is crucial from a policy perspective because it affects almost all aspect of life and has important implications for the labour market, economic growth, employment potential, housing needs and demand for education, health

and social services in any country. Reliable data on the size and structure of populations, as well as on components of demographic change are, therefore, essential for understanding various aspects of social and economic trends and for informing public policy decisions at the national level. Such data are also important for measuring performance against internationally agreed development goals.

Using data mainly from national sources, this section provides a fairly descriptive account of demographic structure and change in various Arab countries in the region. It describes population size, structure and growth, the three drivers of demographic change (fertility, mortality and migration), and selected aspects of household and family formation.

Figure 2.1.1: Population size by country, according to 2010 estimates



(*) ESCWA estimates

A growing population

Demographic transitions in the Arab region are believed to follow the standard pattern of a rapid decline in mortality from the mid 1960s, owing to improved health conditions and socio-economic development, followed by a delayed

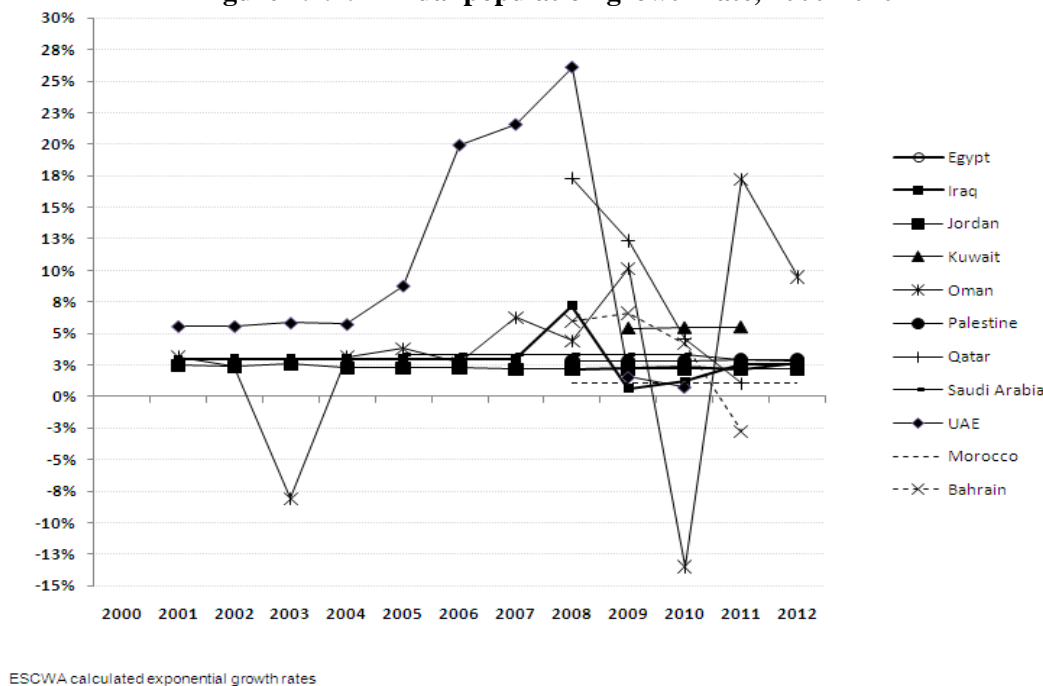
decline in fertility in the mid 1980s. Variations in the speed of transition across countries, coupled with a number of peculiar migration patterns, resulted in a rather polarized demographic profile and considerable variations in population growth rates across countries.

According to United Nations estimates, the Arab region experiences a population growth rate of 2.1 per cent, well above the world average (United Nations 2012). At this rate of growth, the population of the region is expected to double in size in approximately 35 years. However, current population estimates for the period 2000-2012 obtained from 15 national statistical offices in the region imply large disparities in population growth rates across countries (figure 2.1.2). According to recent estimates, the countries can be generally grouped into three different demographic 'regimes'. The first group with fairly high population growth rates of about 3 per cent or more per annum, including, a few Gulf

countries. The second group comprising of countries with ongoing demographic transitions and growth rates of 2.5 per cent or more, including Egypt, the Syrian Arab Republic and Palestine. The last group is at advanced transitional stage with fairly low growth rates, including Lebanon, Morocco, and Tunisia. Trends over time in growth rates show wide fluctuations in the Gulf countries, owing to changes in international migration rates.

Thus, although population growth rates have been declining in the region, the population will, to a varying degree, continue to grow rapidly over the next few decades.

Figure 2.1.2: Annual population growth rate, 2000-2010



A young population, overall

Current population estimates for 12 countries in 2012 show that population size varies considerably across countries, ranging from 83 million in Egypt to less than 2 million (nationals) in Bahrain and Qatar (figure 2.1.3). These estimates, especially in the Gulf, are affected by the presence of large migrant (non-citizen) populations.

Figure 2.1.3: Population size by country, 2010 estimates

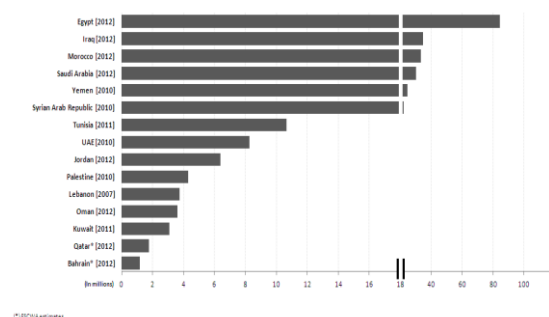
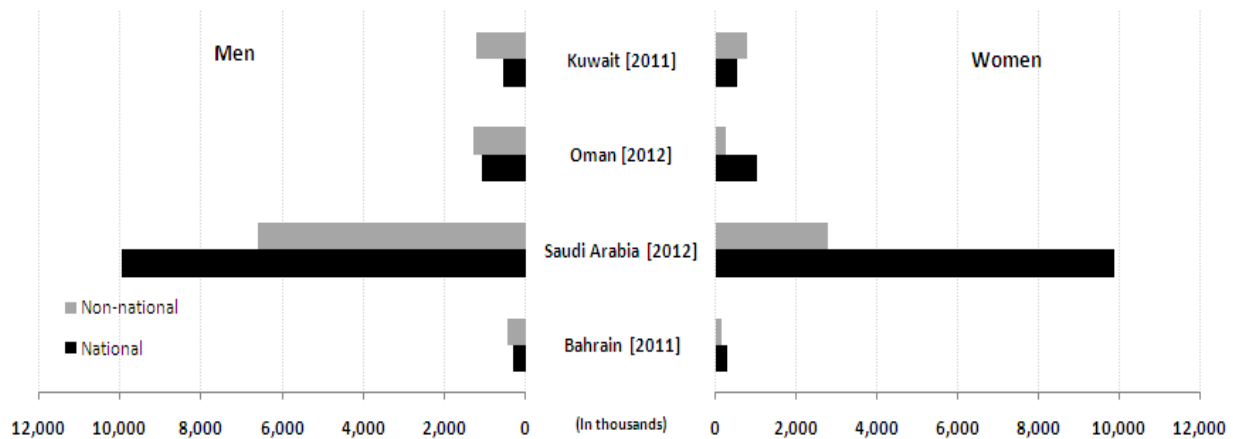


Figure 2.1.4 displays population size for four countries in the Gulf by nationality and sex. As shown in this figure, all of these countries have significant migrant populations, with three having

a larger number of non-nationals than nationals. Also evident in the figure is the disproportionate number of men compared to women among the non-national populations in each country.

Figure 2.1.4: Population size by nationality and sex, 2010 estimates



The presence of non-nationals, being mostly male and of working age, affects the age-sex structure of every country in the Gulf. Such age and sex ‘distorted’ population structures are most visible in an age pyramid. Figures 1.5 and 1.6 contrast the age pyramid of Kuwait, a country with significant migrant labourers to that of Egypt, a country undergoing demographic transition and with few migrant labourers.

Figure 2.1.5: Population pyramid, Bahrain, 2012 estimates

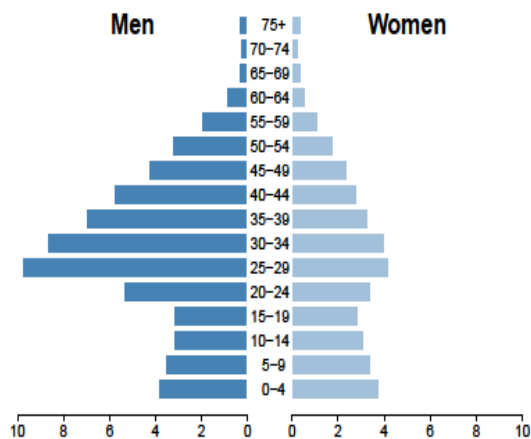
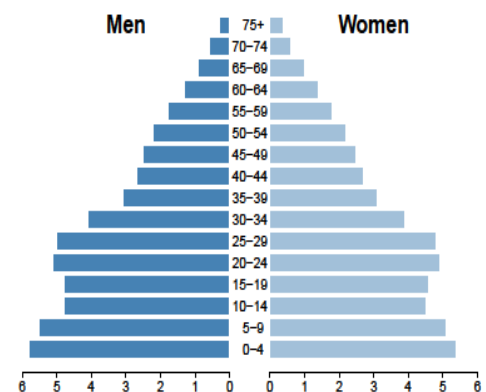
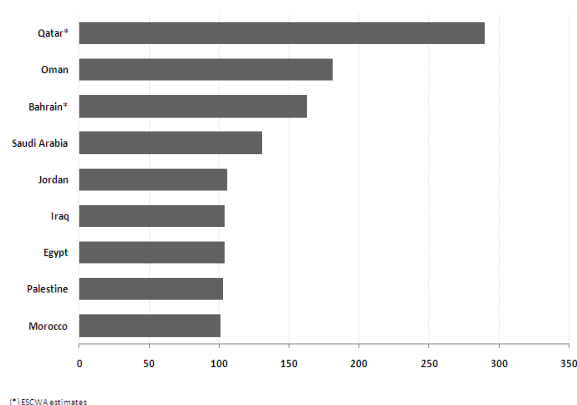


Figure 2.1.6: Population pyramid, Egypt, 2012 estimates



As a result of labour migration, the sex ratios for all Gulf countries are large. For example, there are 290 men per 100 women in Qatar (figure 2.1.7).

Figure 2.1.7: Sex ratio by country, 2010 estimates/censuses (per 100 males)

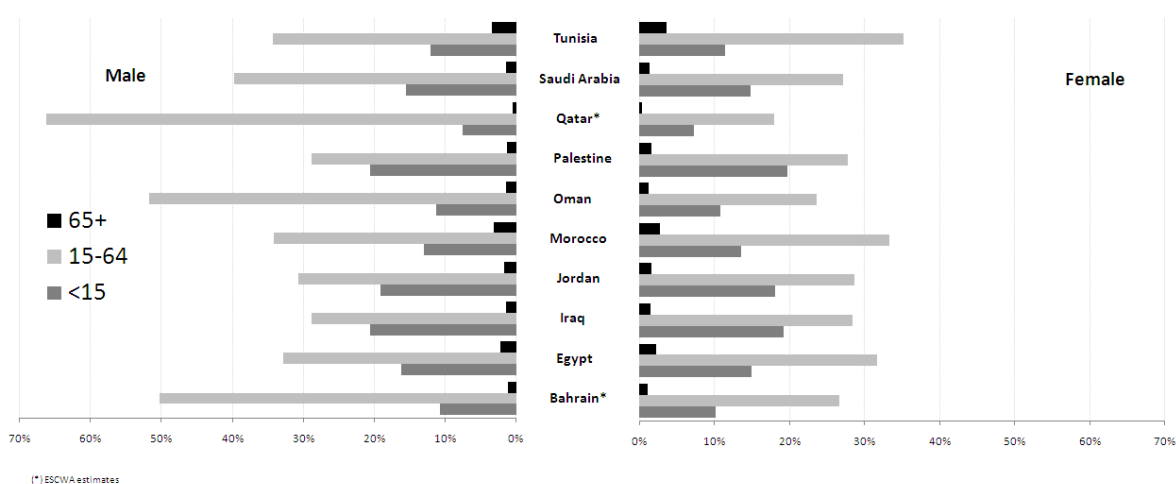


(*) ESCWA estimates

According to United Nations estimates, the region has a relatively young population overall with a median age of only 22 years, compared to a world average of 28.5 years (United Nations

2012). However, as shown in Figure 2.1.8, there is considerable heterogeneity in the age profile of countries in the region owing to varying demographic transitions and the size of migrant labour groups in some countries. The proportions of children less than 15 years ranges from a low of around 15 per cent in Qatar to a high of around 40 per cent in Iraq and Palestine. In contrast, the proportionate size of the working age population in Qatar is 84 per cent as compared to around 57 per cent in Iraq and Palestine. Figures reveal that the proportion of elderly persons in each country is still small where data was provided, not exceeding 4 per cent of total populations. Finally, data clearly shows that these 'distorted' sex distribution of populations in the Gulf countries are due to those in the working age populations between 15-64 years.

Figure 2.1.8: Population by age group (percentage out of total), by sex, 2010 estimates/censuses



(*) ESCWA estimates

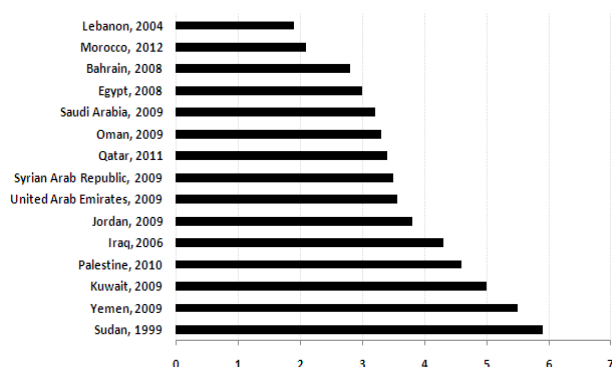
Fast decline in fertility

Most countries in the region have experienced rapid, although delayed, changes in fertility rates over the past few decades, especially since the 1980s. The speed of decline in fertility varied widely across countries, with some showing little or no decline during the past decade, for example in Egypt or Jordan. As a result, current estimates of total fertility reveal marked diversity across the region.

Figure 2.1.9 shows the most recent estimates of total fertility (number of children per

woman) in 13 Arab countries. Total fertility varies significantly from a below or near replacement level in Morocco, Lebanon, and Tunisia (data not shown) to over 5 in Yemen and 5 in Kuwait. Several countries still have rates of approximately 4 children per woman. It should be pointed out that the reported figures for Gulf countries here refer to the national populations, excluding immigrants, and hence tend to be lower than those of the total resident populations.

Figure 2.1.9: Total fertility rates, latest available year (births per women ages 15-49)

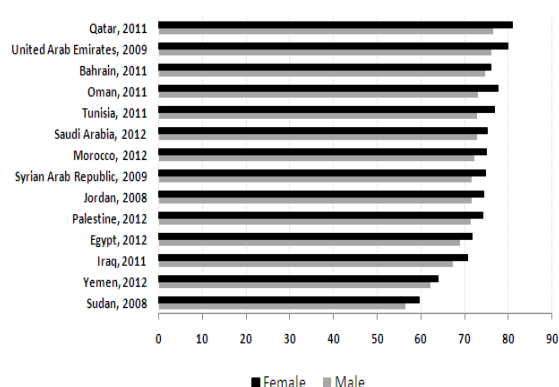


Small female advantage in life expectancy at birth

Over the past few decades, the Arab region has experienced remarkable improvements in population health. According to United Nations estimates, life expectancy at birth has improved by around 20 years since the 1960s (United Nations 2012). However, improvements are not even across the region and poorer countries still have relatively high mortality rates or low life expectancy at birth. Furthermore, gender disparities in health conditions still persist in many countries.

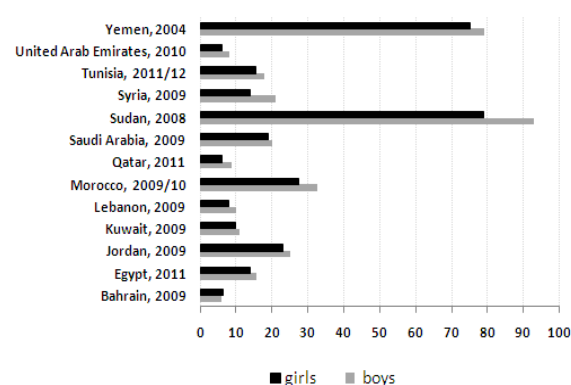
As shown in Figure 2.1.10, recent estimates of life expectancy at birth range from 57-60 years for men and women, respectively in Sudan to 77-81 years in Qatar. Qatar and the United Arab Emirates have the highest life expectancies at birth for both men and women. It is interesting that some middle-income countries such as Morocco, Jordan and the Syrian Arab Republic have fairly similar levels of life expectancy at birth than some richer countries in the Gulf. It is also evident from the data that gender differences in life expectancy at birth are generally small, with a difference of only two years or less in three of the countries (Bahrain, Saudi Arabia, and Yemen). Such small gender differences in life expectancy may indicate female disadvantages in survival chances. However, trend data from a few countries (not shown) reveal that improvements in life expectancy at birth over the past decade are generally better for females than males.

Figure 2.1.10: Life expectancy at birth for total population, latest years, by sex



Wide variations in infant and child mortality rates are also evident across countries in the region. Infant mortality rates range from over 86 deaths in the Sudan and to very low rates of 10 or less deaths in the Gulf countries, excluding Saudi Arabia. The rate of 9 deaths per 1,000 births reported in Lebanon is surprising low as compared to previous estimates (e.g., 2004 Papfam) - this could be due to indirect methods of estimation in the MICS survey (figure 2.1.11). Sex differentials in mortality are generally too small to indicate statistical significance, but they tend to favour females as would be expected in most countries. The lack of gender difference in infant mortality in Bahrain, and to some extent Saudi Arabia, may indicate discrimination.

Figure 2.1.11: Infant mortality rates by sex, latest available year (per 1,000 live births)



Trend data from a few countries on infant and child mortality indicate continued improvements over time. However, reductions in mortality seem stalled in countries with low mortality rates (Gulf), but also in countries with

relatively high levels (Iraq, Jordan, Palestine, the Syrian Arab Republic and Yemen).

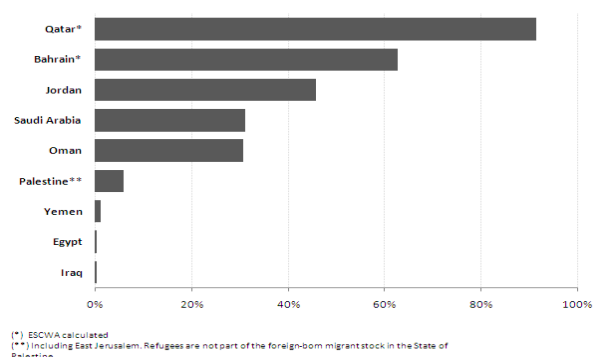
International migrants nearly doubled in 20 years

International migration can have a profound impact on the population age-sex structure of a country, as well as on its economic, social and health conditions. Despite its significance, there is little data or literature on international migration in the Arab region. Here, limited data from international sources are used to highlight the size of migrant and displaced populations and net migratory movements.

The majority of countries in the region have relatively large migrant populations. Data for 2012 reveal that 5 out of 9 countries in the region for which data are available classify at least 25 per cent of their populations as international migrants (figure 2.1.12). The number of international migrants constituted more than 90 per cent of the population in Qatar and United Arab Emirates (in 2010), and over 60 per cent in Bahrain and Kuwait (in 2011). The migrant population is also

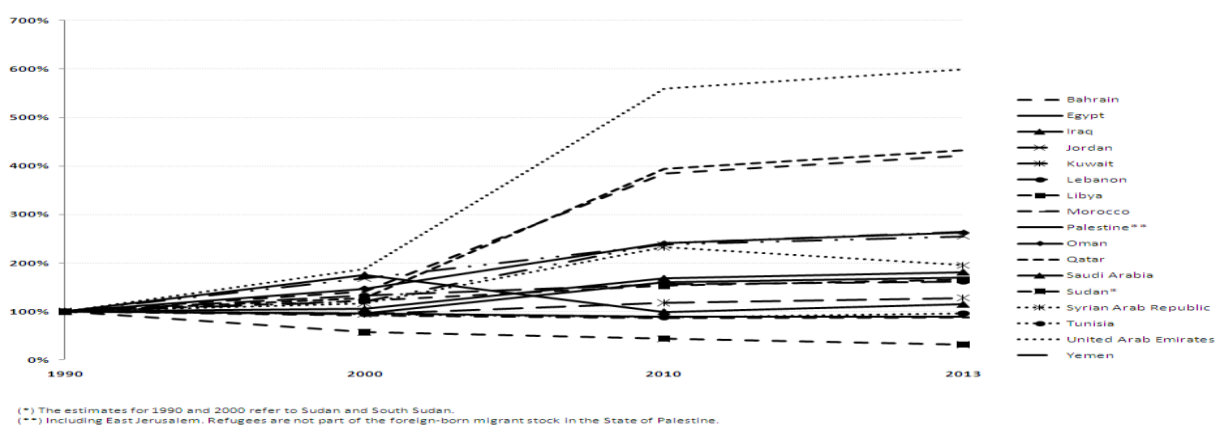
relatively large in Jordan (46 percent), Oman and the Kingdom of Saudi Arabia (31 per cent).

Figure 2.1.12: Proportion of international migrants of total population, 2010



Trends in estimated international migration stocks indicate a substantial increase in international migrants from 1990 to 2013 in 12 out of 17 Arab countries. As compared to 1990, the number of international migrants more than doubled in 6 out of the 17 Arab countries by 2013 and had more than tripled in three of them, namely Bahrain, Qatar and the United Arab Emirates (figure 1.13).

Figure 2.1.13: International migrant stock at mid-year (percentage of base year 1990)



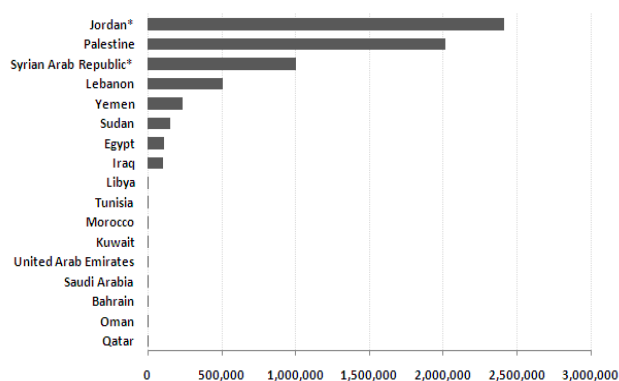
Estimated net migration rates per 1,000 people were positive for 8 of the 17 countries during the period 2010-2015. Oman and Qatar had the highest positive rates at 59 and 49 migrants per thousand population. On the other hand, Syria had the highest negative rate at 16 per thousand population. Trends in these rates show some fluctuations between 1990 and 2010, but

were increasing consistently in the Gulf countries of Bahrain, Kuwait, Qatar, and the United Arab Emirates.

It is widely known that the Arab region has a relatively large number of refugees and displaced populations, with clear demographic and public policy implications. In fact, the region

has the largest number of refugees in the world, with the Palestinians being the largest and oldest group of refugees. As shown in figure 2.1.14, three countries (Jordan, Palestine and the Syrian Arab Republic) each have over 1.5 million refugees, followed by Lebanon with over half a million.

Figure 2.1.14: Refugees by country/territory of asylum, 2007-2009



Sources: UNHCR and UNRWA.

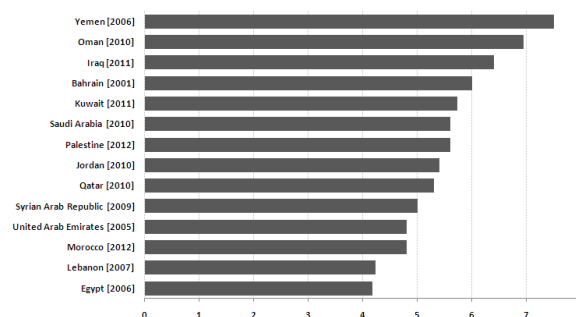
Smaller households

Little is known about recent changes in the the Arab family, including changes in marriage patterns. Changes in family and household formation have important policy implications, particularly on determining housing needs. Traditionally, people in Arab societies lived in large households, often with extended families spanning more than one generation. However, the living arrangements of populations have been changing to varying degrees in many Arab countries owing to shifts in the age structures of populations and also perhaps to changing social ideals and values.

Despite the availability of recent census data in almost all countries of the region, little is documented about changes in family and household composition especially in countries undergoing rapid demographic transitions and in those with significant migration waves. Only data on household size for 14 countries and household headship for 10 countries were obtained from National Statistical Offices. The data are from recent household surveys and population censuses.

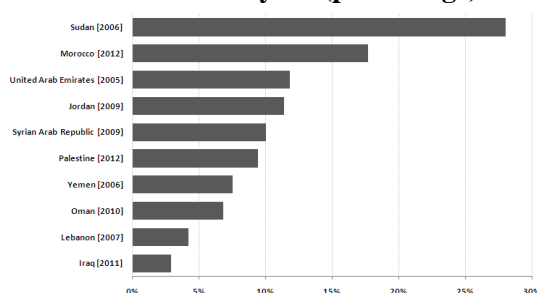
Household size varies considerably from a high of around 7 persons in Yemen to around 4 in Egypt and Lebanon (figure 2.1.15). Thus, all countries have at least 4 persons living in households on average. The countries in the Gulf all have relatively large household, with over 5 persons on average owing perhaps to migrant labour. Although household size is related to fertility rates, the relationship between the two is not consistent across countries. Other factors such as the presence of immigrant or refugee populations, the state of housing markets and preferences for extended living arrangements, all play a role in determining household size in any given population. Qatar for example has a relatively low fertility rate but a large average household size, similar to that of Jordan and the Syrian Arab Republic. Available data on the trends of household sizes in a few countries reveal a consistent, although slow reduction in average household sizes, sometimes reaching a reduction of one person per household in roughly 15 years (Palestine).

Figure 2.1.15: Average household size, latest available year



Female household headship varies considerably across countries. It ranges from a high of 28 per cent in the Sudan (in 2006) to a low of 3 per cent in Iraq (figure 2.1.16). However, six of the ten countries with available data show a relatively low rate of 10 per cent or less for female headship.

Figure 2.1.16: Female headed households, latest available year (percentage)

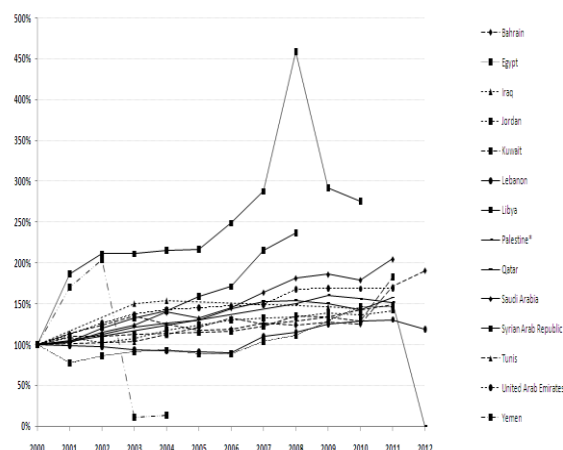


Marriage no longer universal – in some countries

The customary pattern of marriage in Arab society can generally be described as early, widespread and polygamous, with a relatively large age gap existing between spouses. However, these features have been changing recently, with trends emerging towards later marriages, monogamy and higher rates of celibacy in several countries. Until recently, divorce has been largely rare across the region.

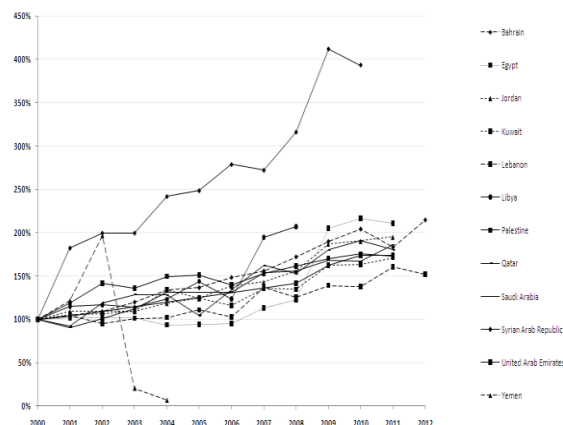
Figure 2.1.17 displays a simple index showing yearly changes in the number of registered marriages as compared to the base line year of 2000. As shown in the figure, the number of marriages has increased consistently since 2000 in most countries for which data are available. The Syrian Arab Republic experienced the most dramatic rise in registered marriages, increasing by more than four times by 2008. Registered marriages in Saudi Arabia also nearly doubled during the same period. However, the number of marriages remained fairly constant until 2007 when figures began to rise, registering a sharp increase since 2010. Recent sharp increases in the number of registered marriages are also evident in GCC countries except the UAE.

Figure 2.1.17: Registered marriages as a per cent of those registered in the year 2000



Trends in registered divorce are fairly similar to those of marriage, but the increase has been more noticeable in several countries since 2007 (figure 2.1.18). Again, the Syrian Arab Republic stands out with a significant rise in the rate of divorce, increasing fourfold by 2008. The number of registered divorces in Bahrain and Egypt also more than doubled, and nearly doubled in Jordan, between 2000 until 2011-12.

Figure 2.1.18: Registered divorces as a per cent of those registered in the year 2000

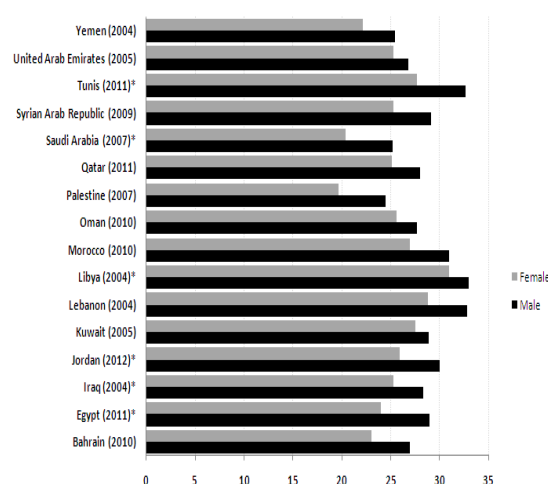


Age at first marriage has increased recently in all countries in the region for both men and women. However, recent estimates from 10 countries reveal wide variations in an individual's age at first marriage (figure 2.1.19). Men and women in Tunis tend to marry later than their counterparts in other countries included here, at the age of 33 and 28 years, respectively. However,

earlier estimates (2004/5) for Kuwait, Lebanon and Libya were already as high or higher than highest reported figures for the last two years. Those in Palestine tend to marry earlier than their Arab counterparts on average at 24 years for men and 19 years for women in 2007.

On average, Men in Egypt and Saudi Arabia tend to marry women around 5 years younger, while men in Bahrain and the United Arab Emirates tend on average to marry women of a similar age.

Figure 2.1.19: Mean age at first marriage by sex, latest available estimate



(*) Only nationals

Current data on marital status from 10 countries in the region indicate that marriage is no longer universal in some countries, especially for women. As shown in figure 2.1.20, more than 8 per cent of women never marry by the age of 50 in Bahrain, Kuwait and Lebanon. On the other hand, teenage marriage is still prevalent in all countries, except Lebanon, and most common in Palestine and the Syrian Arab Republic.

Figure 2.1.20: Proportion of 'never married' by sex and country

Country	Census Year	<20 years		20-49		50+	
		Male	Female	Male	Female	Male	Female
Bahrain	2001	99.7	96.5	38.4	27.8	3.6	2.2
	2010	99.5	94.5	62.5	6.3	21.5	10.5
Egypt	1996	97.8	85.2	33.6	13.6	0.8	1.1
	2003	98.4	89.2	36.3	48.8	3.8	1.1
Jordan	2004	99.2	91.6	40.6	28.2	0.9	2.7
Kuwait	2005	99.4	95.0	35.1	39.2	1.2	8.7
Lebanon	2007	99.9	99.1	53.3	40.8	3.7	8.1
Palestine	1997	98.3	76.5	28.2	18.4	1.1	4.9
Qatar	2004	99.0	96.6
Saudi Arabia	2004	98.3	91.3	28.6	21.0	1.6	1.1
Syrian Arab Republic	2006	99.0	85.3	38.8	26.4	1.2	3.4
United Arab Emirates	2005	97.6	93.2	25.9	26.3	1.5	1.9

Employment

Women and youth participate in the labour force at categorically lower rates than adult men in the Arab region, often by a wide margin. Adults who participate in the labour force typically face high unemployment rates, which are even higher amongst women and youth populations.

The aim of this section is to provide a snapshot of employment in member countries, using data provided by national statistical offices. Specifically, recent data on labour force participation, unemployment, economic activity, employment status and occupation will be presented. The data will be disaggregated by age and sex wherever possible. Trend for two time periods, between 2001 to 2006 and 2007 to 2012 will be shown. Whenever comparison between the two periods is considered, the latest available year within each time period is selected.

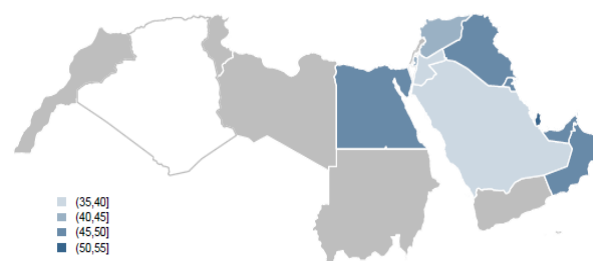
The phrase ‘latest year available’ in this chapter refers to the latest year for which data are provided for a particular indicator and a particular country. Data on nationals were used in all figures for all countries except Lebanon, Libya, Morocco, Tunisia and Yemen, which did not provide us with data disaggregated by nationality.

Labour force participation highest in Qatar, lowest in Saudi Arabia

Labour force participation is a measure of the percentage of adults who are either working or not working but actively seeking work. Labour force participation is low in the Arab region, mainly because of low participation rates amongst women.

For the latest available years, the lowest labour force participation rate was 39 per cent in Saudi Arabia in 2012, and the highest was 51 per cent in Qatar in 2012, followed closely by 49 per cent in Egypt in 2012. However, the data displaced in Figure 2.2.1 may be somewhat deceptive, since overall labour force participation rates varied over a relatively narrow range.

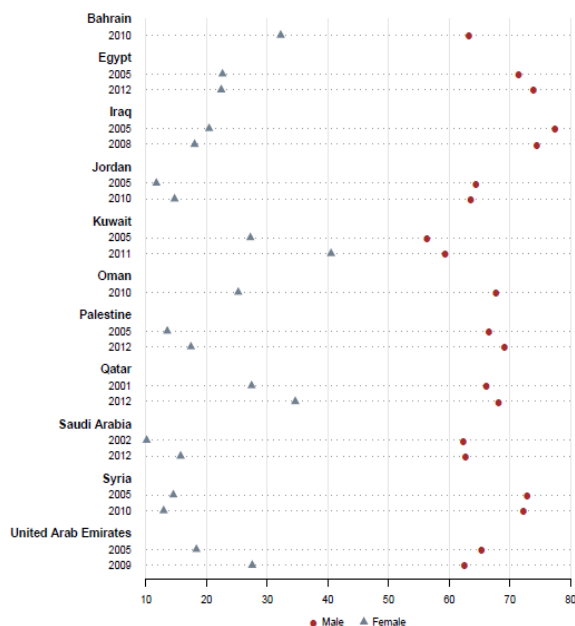
Figure 2.2.1: Labour force participation rates, latest year available



Women labour force participation rates less than half of men's in most countries in the Arab region

All countries, except Kuwait in 2011 and Qatar in 2012, reported labour force participation rates for working-age (15 years and older) women that were less than half the rate for working-age men. In some cases, such as Iraq in 2008, Jordan in 2010, Palestine in 2010 and Saudi Arabia in 2012, working-age men participated in the labour force at over four times the rate of working-age women. This rate increased to five times in the Syrian Arab Republic in 2010. The highest labour force participation rate amongst working-age populations in the 2007-2012 time period was 74 per cent for men in Egypt in 2012 and the lowest was 59 per cent in Kuwait in 2011. As for women labour force participation rate, the highest rate was 40 per cent in Kuwait in 2011 and the lowest was 13 per cent in the Syrian Arab Republic in 2010.

Figure 2.2.2: Male and female labour force participation rates (15+ age group)

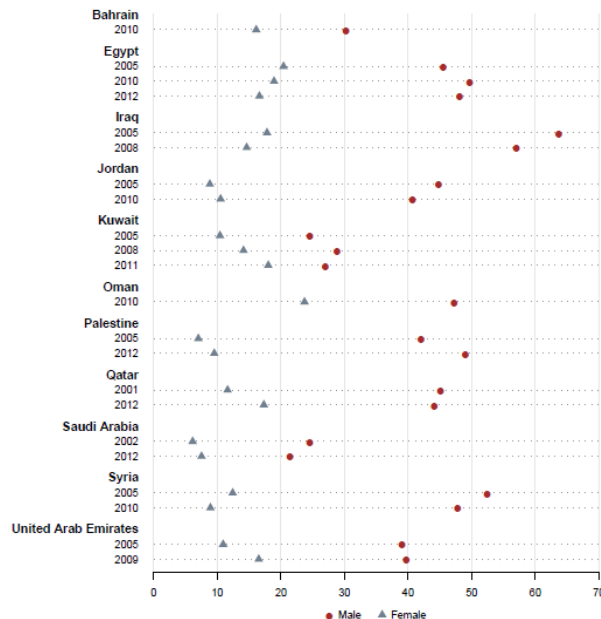


Only 8 per cent of female youth in Saudi Arabia participated in the labour force in 2012

To some extent, lower labour force participation rates are expected among youth because young individuals may be enrolled in school. However, low labour force participation rates do not necessarily correlate to high school enrolment ratios across the region.

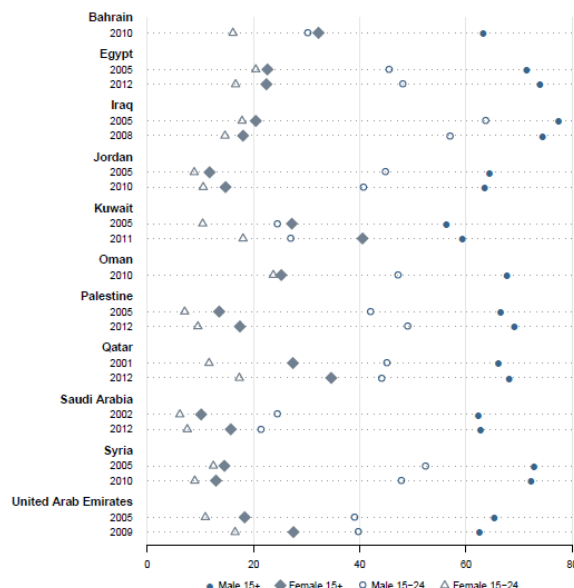
The lowest labour force participation rate in the 2007 to 2012 time period was 8 per cent for females in Saudi Arabia in 2012. The highest recorded was 24 per cent in Egypt in 2012 and Oman in 2010. The largest absolute difference between male and female figures was 42 percentage points in Iraq in 2008 followed by 39 percentage points for the Syrian Arab Republic in 2010 and Palestine in 2012. The largest relative difference was recorded in the Syrian Arab Republic in 2010, where male youth participated in the labour force at 5.4 times the rate of female youth.

Figure 2.2.3: Male and female labour force participation rates among youth (15-24 age group)



For comparison, youth labour force participation rates and working-age population rates are shown on the same scale in Figure 2.2.4.

Figure 2.2.4: Superimposition of sex-disaggregated labour force participation rates for youth and 15+ age groups

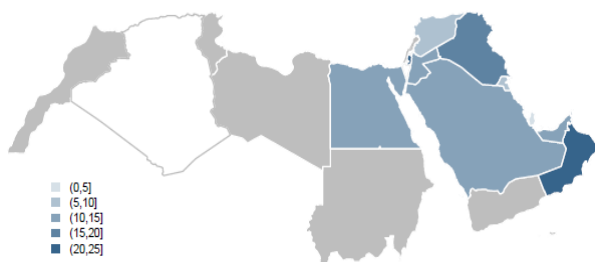


Highest unemployment rate in Iraq, lowest in Qatar

Unemployment, the percentage of those economically active who cannot find work, is perhaps the most often-cited indicator of a country's labour climate. Although it has limitations (for example, unemployment may be low where job quality is also poor), it gives a rough sense of the difficulties faced by the economically active populations in each country.

Iraq reported the highest overall unemployment rate, of 30 per cent, among countries that provided data for the 2007 to 2012 time period. Iraq was followed by Palestine which reported an unemployment rate of 23 per cent in 2012. The lowest unemployment rate was seen in Qatar, which reported a rate of 3 per cent in 2012 followed by Bahrain at a rate of 4 per cent in 2010.

Figure 2.2.5: Unemployment rates, latest year available



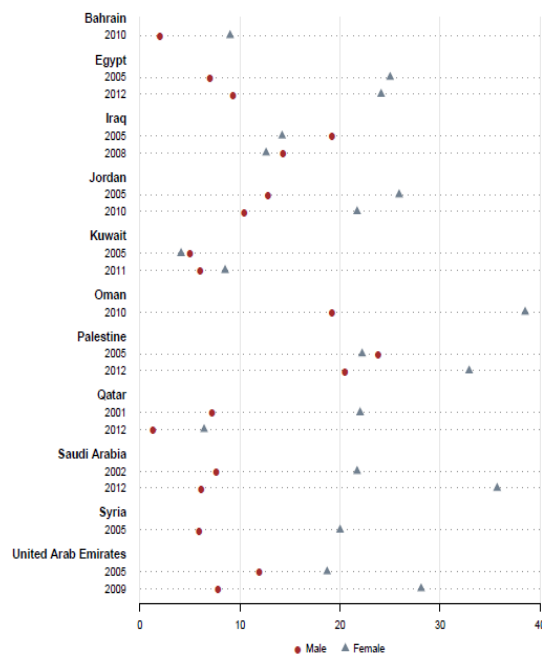
Increased gender gaps in unemployment in all countries except Egypt, Qatar and Yemen

All countries reported higher unemployment among women than men during the 2007 to 2012 time period. The lowest unemployment rate in working-age populations in this period was 1 per cent for men in Qatar in 2012 followed by 2 per cent for men in Bahrain in 2010 and Egypt in 2012. The highest unemployment rate was 39 per cent for women in Oman in 2010.

Between the two observed time periods, the absolute differences between male and female unemployment rates decreased in Egypt, Palestine, Jordan, Qatar, Saudi Arabia and United Arab Emirates, while the rate increased in other countries that responded to the questionnaire. The

relative differences between male and female unemployment rates increased in all countries except Egypt, Qatar and Yemen.

Figure 2.2.6: Male and female unemployment rates (15+ age group)



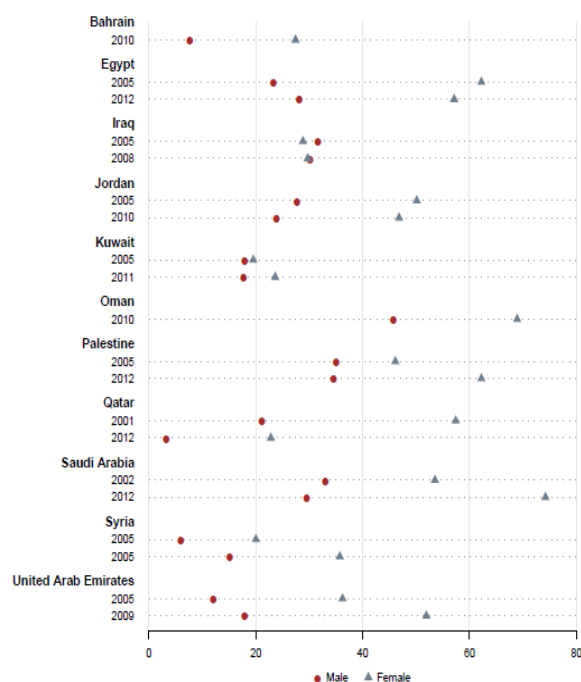
Markedly high unemployment for youth

The combined difficulty of finding work as a woman and finding work as a youth in the region presents an exceptional challenge for female youth seeking employment.

The majority of the countries' most recent data show higher unemployment rates for female youth than male youth. Unemployment rates for female youth were over 50 per cent in five out of the ten countries that reported data for the 2007 to 2012 time period. The highest unemployment rate reported in this time period was a rate of 74 per cent amongst female youth in Saudi Arabia in 2012.

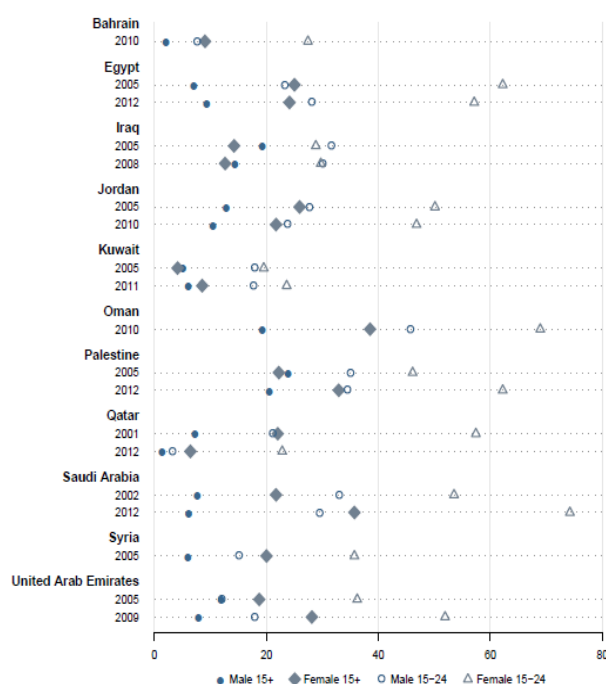
Youth unemployment rates were low; however, in Qatar in 2012: unemployment among male youth was reported at a rate of 3 per cent and unemployed female youth at 23 per cent. The latter was the lowest among gulf countries which reported data within the above mentioned time period.

Figure 2.2.7: Male and female unemployment rates among youth



For comparison, youth labour force participate rates and working-age population rates are shown on the same scale, below.

Figure 2.2.8: Superimposition of sex-disaggregated unemployment rates for youth and 15+ age groups

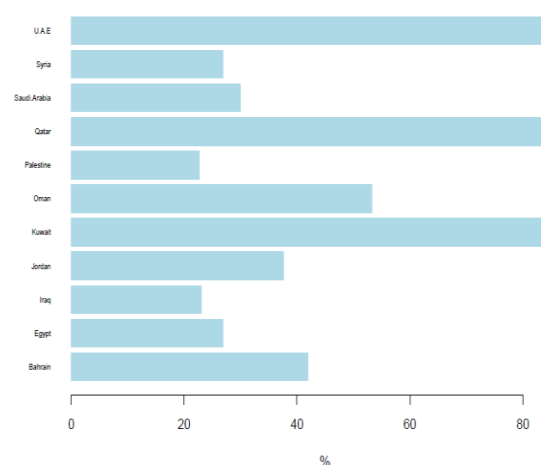


High employment in public sector jobs in the Gulf

In Morocco, 90 per cent of the employed workers are in the private sector. This constitutes a higher percentage than that of any other country which reported the total number of nationals and non-nationals working for the private sector for the latest available years. The next highest figure for employment in the private sector was noted in Lebanon at 87 per cent in 2009. The lowest figure for the latter indicator was reported in Libya with 2 per cent in 2006. The private sector of the Syrian Arab Republic accounted for 73 per cent in 2010, a higher percentage of total employment of nationals than any other country.

The highest percentages of employment in the public sector were found in Kuwait, United Arab Emirates and Qatar at 86 per cent in 2011, 85 per cent in 2009 and 84 per cent in 2012, respectively. The lowest percentage was reported in Palestine at 23 per cent in 2012.

Figure 2.2.9: Percentage of employment in the public sector, latest year available. Private, mixed, and other categories not included

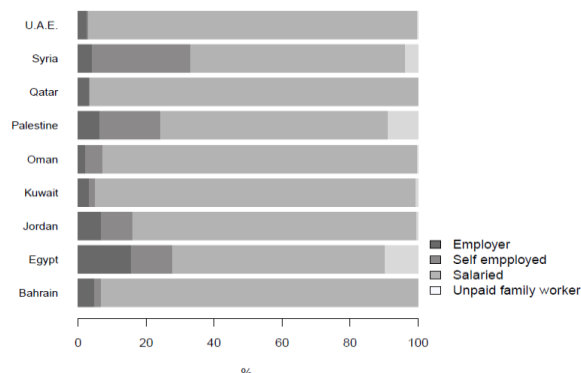


High percentages of self-employed workers in Jordan and Kuwait

Without exception, most workers in the Arab region held salaried jobs in the 2007 to 2012 time period. The only countries that reported nonzero percentages for the national unpaid non-family workers were Jordan and Kuwait, which reported 0.2 per cent in 2010 and 4 per cent in 2008, respectively. Egypt had the highest percentage of jobs, 16 per cent, that fell into the 'Employer' category while Saudi Arabia recorded the lowest with 1.8 per cent in 2012.

The Syrian Arab Republic and Palestine had relatively large percentages of workers who were self-employed and accounted to 29 per cent in 2010 and 18 per cent in 2012 respectively.

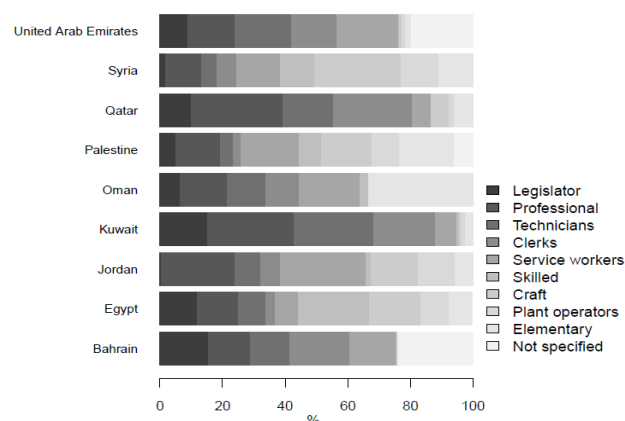
Figure 2.2.10: Percentage of employment by status, latest year available



“Professionals”, the main occupation for female workers in the region.

In some countries, certain occupation groups were dominant in the civilian labor force. Out of the eleven countries for which data are available, 5 showed the dominance of “Service and Shop and Market Sales” over other occupations. These countries are Jordan in 2010, Oman in 2010, Palestine in 2012, Saudi Arabia in 2012 and United Arab Emirates in 2009. ‘Professionals’ was a major category of work in Kuwait in 2011 and Qatar in 2012, making up 28 and 29 per cent respectively of the total employment for civilian nationals. Also, the latter occupation constituted the main occupation for the employed female workers in 7 different Arab countries out of the 11 countries that provided data on the issue. The rate of female workers in the “Professionals” occupation reached 54 and 51 per cent in Jordan in 2010 and Qatar in 2012 respectively.

Figure 2.2.11: Main occupations, latest year available.



Not Specified includes Not specified and Armed Forces

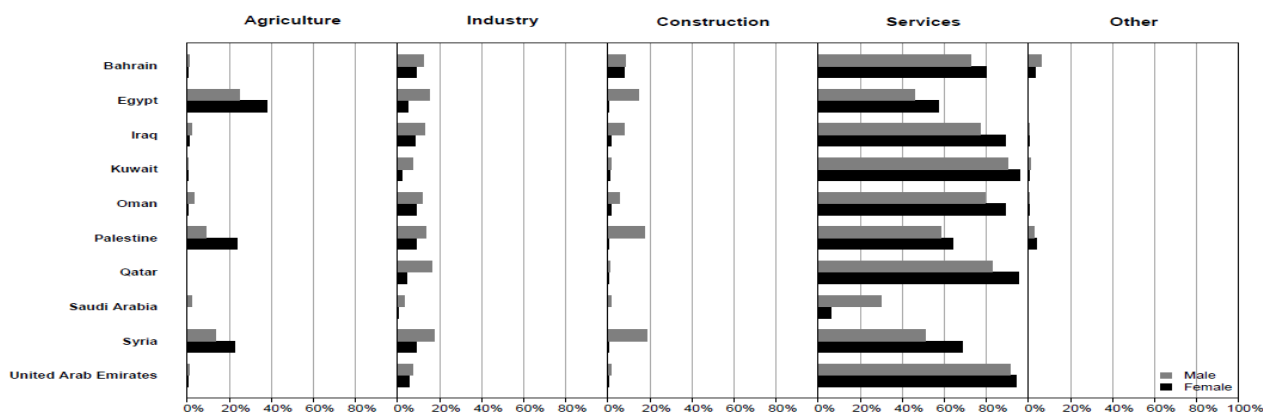
“Services”, the main economic activity in the region.

The highest percentage of the employed workers in the region is attributed to the “Services” sector. Out of the ten observed countries, Kuwait’s services sector accounted for 93 per cent of total employment of nationals in 2011. The next highest figure for employment in the services sector was recorded by United Arab Emirates with 92 per cent in 2009. The lowest figure for the latter indicator was reported in Saudi Arabia at 36 per cent in 2012.

The largest absolute difference between male and female figures for this specific indicator was 24 percentage points in Saudi Arabia in 2012 followed by 18 percentage points for the Syrian Arab Republic in 2010.

The “Agriculture” sector scored the lowest share of the labor force in the region except for Egypt and Saudi Arabia in 2012.

Figure 2.2.12: Sex-disaggregated Economic Activity, latest year available



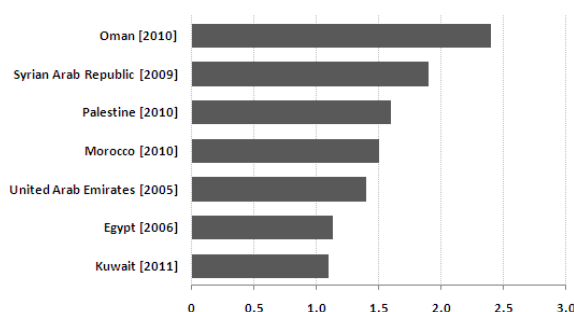
Decent housing is a need and a right for families. It has a direct impact on the health and well being of a population and provides a secure environment for the development of society.

Six indicators on housing conditions are used in this section: average number of persons per room, tenure of housing units, existence of flush toilet inside the housing unit, access to public piped water, availability of public sewage network, and source of electricity. The data used here mainly come from national household surveys and the 2000 and 2010 census rounds.

More than one person per room in all countries¹

Only seven countries in the region provided data for the average number of persons per room. According to the data shown (Figure 2.3.1), it ranges widely from 1.1 person per room for Kuwait to 2.4 for Oman. Although this indicator is a measure of crowding or density, it should be interpreted with care when used interchangeably with the indicator of crowding. According to the UN, housing units with three or more persons per room should be considered overcrowded. It should also be noted that crowding generally refers to people's psychological response to density that is, to their feelings of being crowded, having a lack of privacy or an increase in unwanted interactions or psychological distress (Crothers et al 1993, Gove et al 1979, Jazwinski 1998).

Figure 2.3.1: Average number of persons per room by country, latest available year



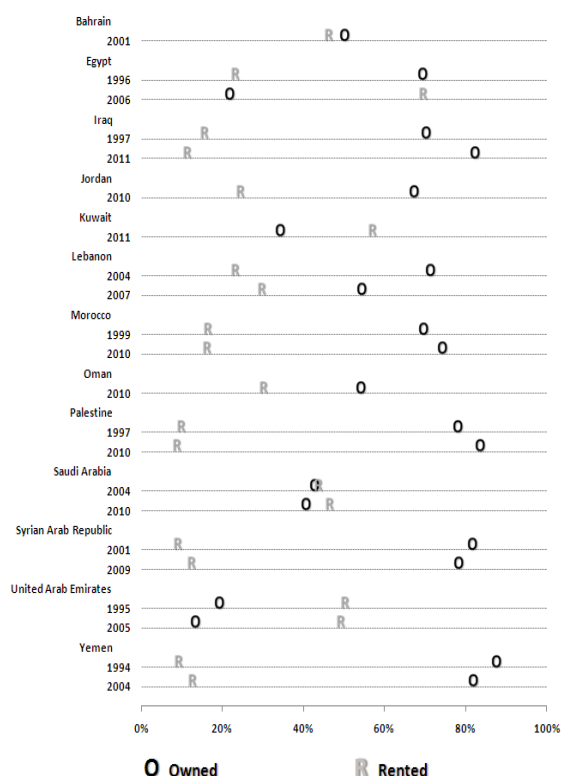
Dramatic drop in housing unit ownership in Egypt

Two categories of tenure of housing units, owned and rented, are compared across 2000 and 2010 census rounds or surveys falling within the two rounds. The majority of countries showed high ownership of housing units (above 50 percent) with the exception of the Gulf countries where the high percentage of rents is attributable to the relatively high number of non-nationals there. The only noticeable differences between the two census rounds are seen in Egypt. There was a noteworthy decrease in housing ownership in Egypt between the two census rounds; decreasing from 69 percent in 1996 to 22 percent in 2006.

The highest percentage of housing unit ownership in 2010 round was in Palestine (90 percent), and the lowest was in United Arab Emirates (13 percent). The highest rental percentage was in Egypt at 69 percent and the lowest was in Syrian Arab Republic at 8.5 percent.

¹ According to *Principles and Recommendations for Population and Housing Censuses, Revision 2*, "the Statistical Commission and the Inter-Agency Working Party on Statistics for Social Programmes agreed that dwellings with densities of three or more persons per room should be considered overcrowded under any circumstances".

Figure 2.3.2: Tenure of housing unit from the last two censuses or corresponding surveys (percentage of total housing units)

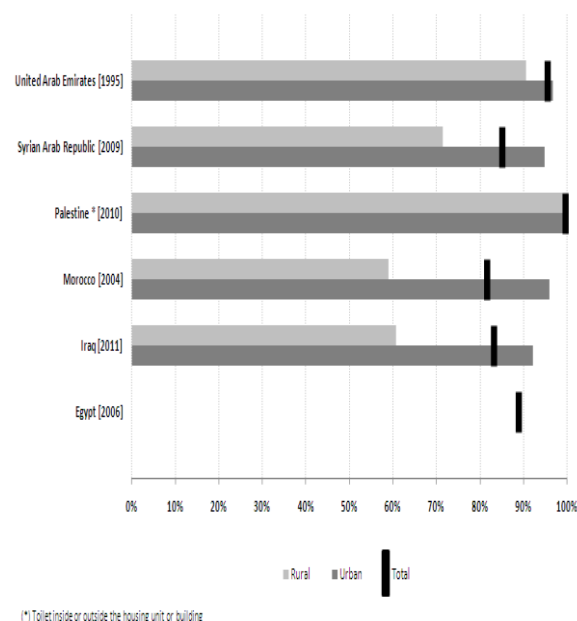


High availability of flush toilets inside the housing unit, but only in urban areas

Only six countries have data for this indicator which is directly related to population health.

Over 90 percent of housing units or buildings in the urban areas contain flush toilets, with the highest for Palestine (100 percent). Figures in rural areas are 60 percent and above, with the highest in Palestine (99 percent) and the lowest in Morocco (59 percent).

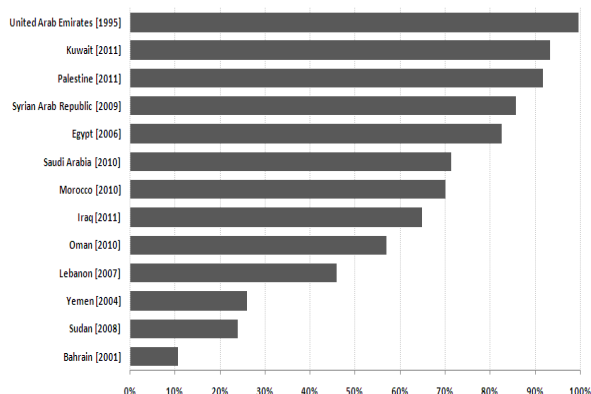
Figure 2.3.3: Existence of flush toilet by country, residence, latest available year (percentage of total housing units)



Wide variations in access to public piped water

Clean and easy access to water has direct effect on health, especially for children and older people, and also increases the risk of bodily injuries while fetching water. Seven out of thirteen countries show more than 70 percent availability of public piped water. The highest for the latest available data is for the United Arab Emirates (99.6 percent), the lowest being for Bahrain (10.6 percent). Other sources like bottled water or water tanks, as well as rivers or any other type of running water have relatively high percentages too.

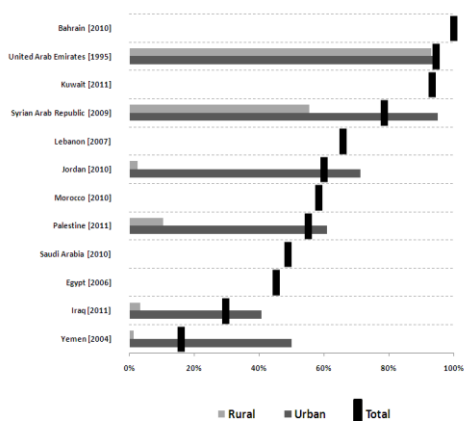
Figure 2.3.4: Availability of public piped water within the housing unit, latest available year (percentage of total housing units)



Wide gap between urban and rural areas in the availability of public sewage network

The gap between urban and rural areas in the availability of public sewage network still persists for most countries in the region. The highest proportion of housing units with public sewage network is in Jordan (97 percent for 2010). Urban areas have much higher access to public sewage network, reaching 100 per cent for Bahrain in 2010, than rural areas.

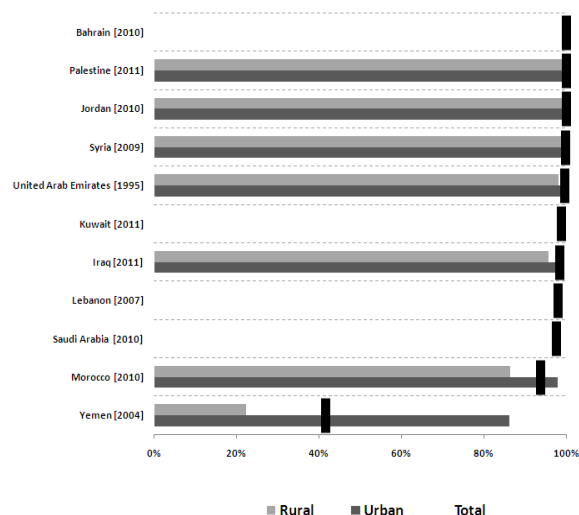
Figure 2.3.5: Availability of public sewage network, latest available year (percentage of total housing units)



High access to electricity from public network in most countries

In most countries, the most recent available data show access to a public electricity network exceeds 94 per cent. With the exception of Yemen (42 percent), every country showed almost equal percentages for urban and rural areas, again with the exception of Yemen, with a large difference between urban (86 percent) and rural (22 percent) areas.

Figure 2.3.6: Access to electricity from public network, latest available year (percentage of total housing units)



The attainment of education in a population is widely recognized as an important factor in socio-economic development. Compulsory education has therefore been a major policy goal in virtually all countries across the globe. Formal schooling equips people with skills required by a modern labour market and is directly related to employment and wages. It also contributes to better health and well being of a population. Data on education are important for designing education policies and plans. As fertility rates are high in Arab countries, the number of pupils increases annually, which necessitates an increase in both human and financial resources for education.

This chapter provides a brief overview of formal education in member countries using data obtained mainly from National Statistical Offices. It focuses on selected indicators on literacy, enrolment, pupil-teacher ratios and government expenditure on education.

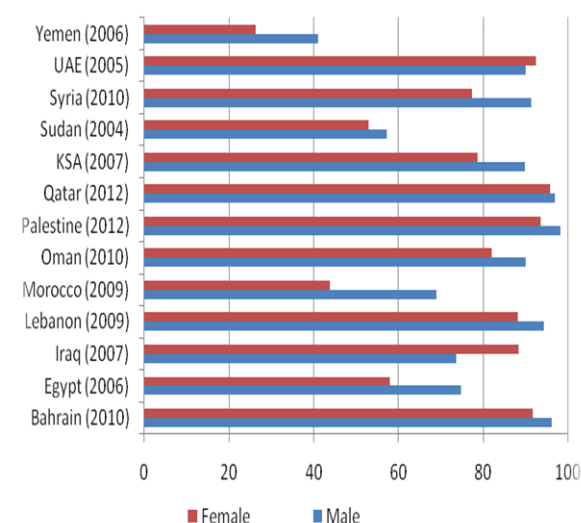
Highest literacy in Palestine and Qatar, lowest literacy in Yemen

Qatar and Palestine reported the highest overall adult literacy of respondent countries, 97 per cent and 96 per cent, respectively. The lowest adult literacy rate of 34 per cent was found in Yemen². However, the year of data provided varied; Qatar and Palestine reported data from 2012, and Yemen from 2006.

Wide-ranging gender gaps in literacy

Figure 2.4.1 presents sex-disaggregated literacy for the most recent data provided by countries. The absolute difference between adult literacy for men and women ranged from 1 percentage points in Qatar to 25 percentage points in Morocco. The gap in Kuwait was the second smallest, at 2 percentage points while the second largest gap was in Yemen at 15 percentage points.

Figure 2.4.1: Adult literacy by sex, latest year



Closing gender gaps in primary school enrolment in most countries

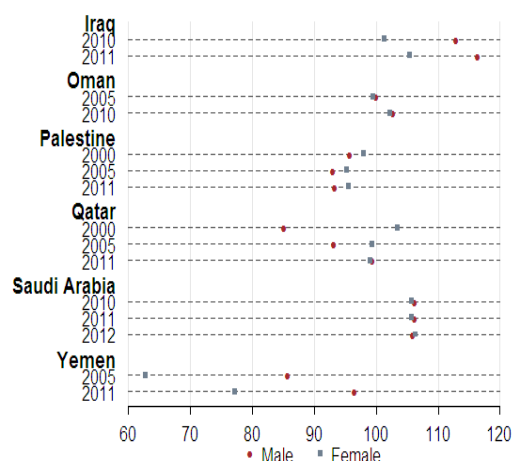
The net enrolment ratio is one of the indicators used to measure the quality of education in a country. The net enrolment ratio ranged from 90 per cent to 99 per cent in the reporting countries, with the exception of Yemen. The highest reported net enrolment ratio for primary education was 98 per cent in Lebanon in 2009 and in Oman in 2011, while the lowest was 82 per cent in Yemen in 2011.

All countries reported an increase in the net primary enrolment ratio for both sexes between 2000 and 2011, and all countries except Lebanon, Palestine and Qatar reported higher net enrolment ratios for men than for women.

Figure 2.4.2 shows that the gender gaps in net enrolment ratios narrowed. In both Yemen and Iraq, a higher percentage of girls enrolled in primary education in 2011 than in 2005. In Qatar, where the female enrolment ratio is higher than the male ratio, the percentage of boys enrolled in primary education increased over the past decade. In 2011, the largest recorded gender gap was in Yemen (90 per cent vs. 73 per cent), while the smallest gap was recorded in both Lebanon and the Kingdom of Saudi Arabia (KSA) (98.4 per cent vs. 98.3 per cent) and 96.6 percent vs. 96.5 per cent) respectively.

² According to UNESCO data, the adult literacy rate was 65 percent for population aged 15 years and above in 2011

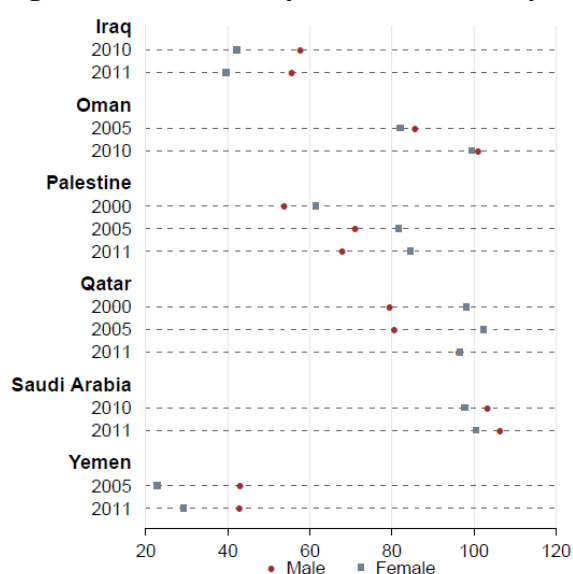
Figure 2.4.2: Primary enrolment ratio by sex



Higher secondary education enrolment among women than men in all countries, except Iraq and Yemen

Net enrolment in secondary education increased for both sexes over the past decade. In Jordan, Lebanon, Oman, Qatar, Palestine, Saudi Arabia, and the Syrian Arab Republic, the net enrolment ratio for women in secondary education was higher than for men. While in Yemen and Iraq, the net enrolment ratio for women in secondary education was lower than for men. In 2011, female net enrolment ratio in secondary education was the highest in Qatar (87 per cent) followed by KSA and Lebanon (85 per cent), while the lowest was in Yemen (22 per cent).

Figure 2.4.3: Secondary enrolment ratio by sex



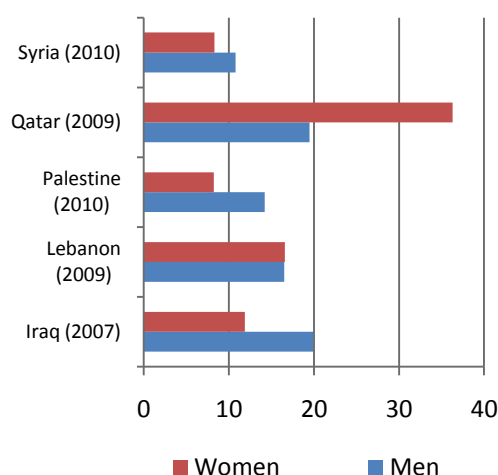
In 2011, the highest (86 per cent) enrolment ratio for both sexes in secondary education was in Qatar and the lowest (27 per cent) was in Yemen.

Higher secondary education enrolment among men than women in all countries, except Qatar

Population with tertiary education increased for both sexes over the past decades in the Arab reporting countries. Figure 2.4.4 shows that the percentage of male population aged 15 years and above is higher than the percentage of female with tertiary education in the all reporting countries except Qatar.

The highest (23 per cent) percentage for both sexes with tertiary education was in Qatar in 2009 and the lowest (10 per cent) was in Syria in 2010.

Figure 2.4.4: Tertiary education attainment by sex in per cent, latest year

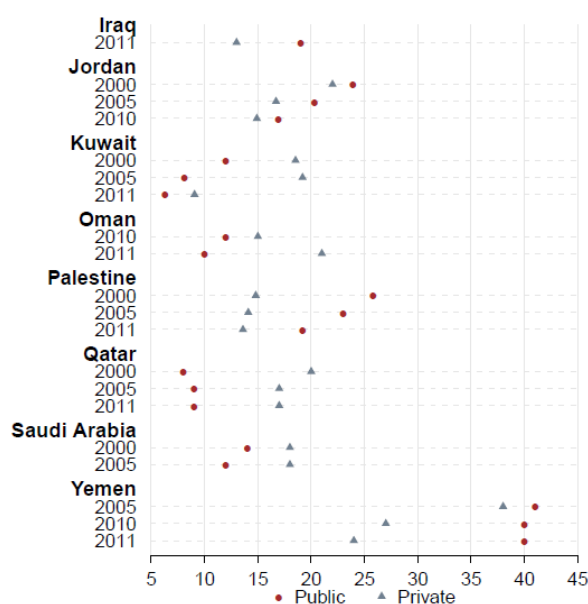


Wide variation in pupil-teacher ratios

According to UNESCO Institute for Statistics (UIS) definition, the pupil-teacher ratio is the number of pupils per teacher and is an indicator of the quality of education. In crowded classrooms that have a high number of students per teacher, the quality of education may suffer. This is partly because teachers may not be able to dedicate enough time to individual needs in overcrowded settings.

Overall, the pupil teacher ratio in primary education is higher than secondary education in the reported countries. In 2011, the pupil-teacher ratio in primary education varied widely from one country to another: 6 in Kuwait; 9 pupils per teacher in Qatar; 10 in Oman; 11 in both KSA and UAE, 17 in the Jordan and 19 in Iraq. Since 2000, pupil-teacher ratio for public schools has decreased in all countries, but especially in Palestine and Jordan.

Figure 2.4.5: Pupil-to-teacher ratio by sector



Morocco, Tunisia spent over 20 per cent of public expenditure on education in 2010

Data on education expenditure are available from the UIS for seven Arab countries. Figures are reported as a percentage of the total government expenditure and as a percentage of the GDP. This information gives an indication of how a country prioritizes education in relation to its overall allocation of resources.

Figure 2.4.6 shows that the trends of countries expenditure on education differ across countries: Lebanon, Saudi Arabia and Yemen

reported a decreased in public expenditure on education as a percentage of total government expenditure between 2000 and 2010, while Morocco and Tunisia reported an increase. During this period, expenditure on education in Saudi Arabia decreased from 23 per cent to 19 per cent and in Yemen from 33 to 16 per cent.

The highest public expenditure on education as a percentage of the total government expenditure in 2010 was 26 per cent in Morocco. Tunisia also spent a relatively large amount of its government expenditure (22 per cent) on education in 2010. The lowest percentage in 2010 was 7 per cent in Lebanon and Qatar.

Oman, Qatar and Syrian Arab Republic increased their public expenditure on education as a percentage of the GDP between 2000 and 2010, while the rest of Arab reported countries reduced it. The highest public expenditure on education as a percentage of the GDP was 6 per cent in Saudi Arabia while the lowest was 2 per cent in Lebanon in 2010.

Figure 2.4.6: Public expenditure on education as a per cent of total government expenditure and as a percentage of the GDP

Country	Percentage of total government expenditure		Percentage of total GDP	
	2000	2010	2000	2010
Bahrain	...	12	...	3
Egypt	...	12	...	4
Kuwait	15	..	7	...
Lebanon	9	7	2	2
Morocco	24	26	6	5
Oman	18	...	3	4
Qatar	...	7	2	3
KSA	23	19	6	6
Syrian	14	19	4	5
Tunisia	17	22	6	6
UAE	22	...	1	...
Yemen	33	16...	10	5

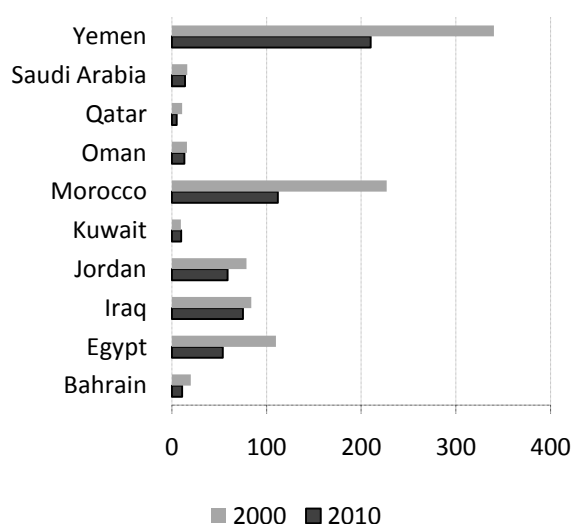
Source: UNESCO Institute for Statistics.

The state of health in a population depends on both the quality of health services and the willingness of individuals to make healthy choices in their lives. This chapter includes 3 sections: (1) maternal health, (2) lifestyle or health risk factors and (3) health resources.

Decrease in maternal mortality in all member countries

The World Health Organization defines maternal mortality ratio (MMR) as the number of deaths of the mother during pregnancy or delivery or within 42 days after delivery, reported per 100,000 births³. Maternal mortality declined in most ESCWA member countries between the years 2000 and 2010. Most notable are decreases in Yemen, Sudan, and Morocco, whose rates fell by 507 (654 in 2006 to 147 in 2010), 130 (210 in 2008 and 340 in 2000) and 115 deaths (112 in 2010 and 227 in 2000), respectively. The most recent national data in 2010 (or latest available) revealed that the highest MMR was recorded in Sudan, at 216, followed by 147 in Yemen and then by 112 in Morocco. The lowest reported ratios in 2010 were 0 in UAE, followed by 5 in Qatar and 10 in Kuwait.

Figure 2.5.1: Maternal mortality ratios, 2000 and 2010



Improvements in births attended by skilled health personnel

According to the WHO, a skilled birth attendant is ‘an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period and in the identification, management and referral of complications in women and newborns¹.

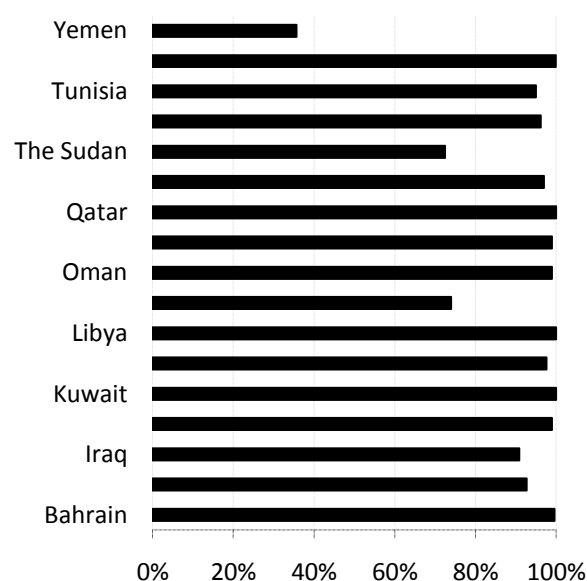
The most recent data available from national statistical offices (NSO) show, the percentage of women who received skilled health assistance during delivery ranged from 36 per cent in Yemen to almost 100 per cent in the Gulf countries and Libya. The other countries reported a range between 90 and 97 per cent of births attended by skilled health personnel except for Sudan and Morocco that reported respectively 73 and 74 per cent of births attended by skilled health personnel.

Although Yemen reported the lowest percentage, it has shown a 20 per cent increase during the period from 2003 to 2006 (respectively 16 per cent and 36 per cent)

During the period 2000 and 2010, all countries witnessed an improvement in the percentage of births attended by skilled health personnel.

³ WHO 2011

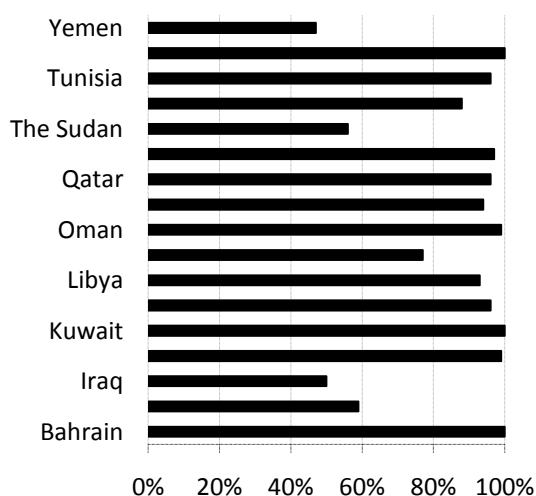
Figure 2.5.2: Per cent of births attended by skilled health professionals, latest available year



Large differences in prenatal care between urban and rural areas

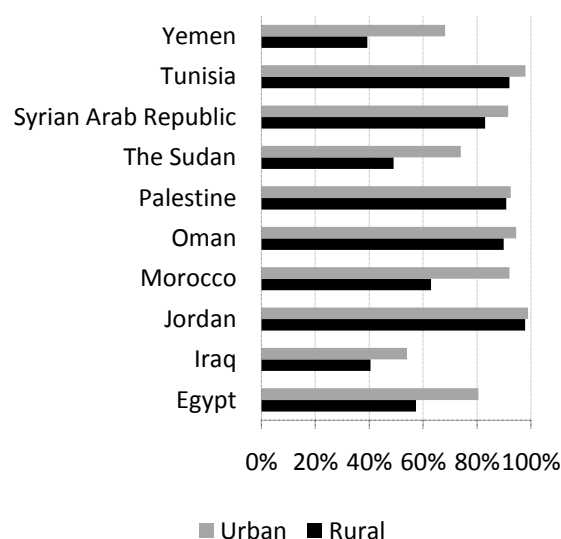
Pregnant women who receive prenatal care are defined as those women who are attended at least four times by skilled health personnel for reasons related to pregnancy. The most recent data provided by the NSO reveal the percentage of women receiving prenatal care for at least one visit ranged from 47 per cent in Yemen (followed by 50 per cent in Iraq) to 100 per cent in Bahrain, Kuwait and UAE.

Figure 2.5.3: Prenatal care rates, latest available year



Data for last available year showed large differences in prenatal care between urban and rural area. The highest difference were in Morocco (92 per cent in urban and 63 per cent in rural) and Yemen (68 per cent in urban and 39 per cent in rural). The same contrast was seen in Sudan and Egypt, which reported respectively 74 (and 81) per cent in urban areas and only 49 (and 57) per cent in rural areas.

Figure 2.5.4: Prenatal care rates by area, latest available year



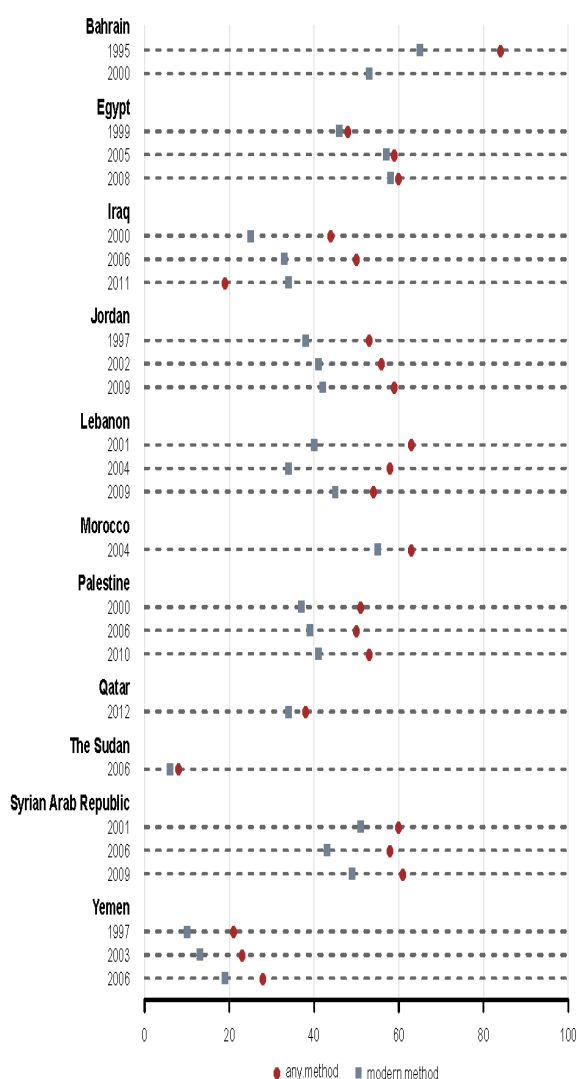
Increase in the use of contraceptives in most countries

The use of contraceptives is becoming more prevalent within the region. The percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception has been increasing. In the region, data are usually reported for married women aged 15 to 49.

During the latest reported years 2008-2011, the Syrian Arab Republic reported the highest use of any method of contraception, at 61 per cent, followed by Egypt and Jordan (60 and 59 per cent respectively). However, the highest recorded use of modern contraceptive methods during the same period (i.e. 2008-2011) was led by Egypt, which reported 58 per cent usage followed by Syria and Lebanon (49 and 45 per cent respectively). Most countries reported an increase in the use of contraceptives between the periods reported;

however, Iraq and Lebanon showed a decrease in the use of any method of contraception compared to an increase in the use of modern method. In Lebanon, contraception use of any method decreased by 25 per cent (from 63 in 2001 to 54 in 2009) and the use of modern methods increased by 5 per cent (40 in 2001 and 45 in 2009). The corresponding proportions for Iraq are 25 per cent (44 in 2000 and 19 in 2011) and an increase of 9 per cent in the modern use of contraception (25 in 2000 and 34 in 2011).

Figure 2.5.5: Per cent of contraceptive use



Low DTP immunization rates in Sudan and Yemen

According to the WHO, DTP3 immunization coverage is the percentage of one-year-olds who have received three doses of the combined Diphtheria, Tetanus, and Pertussis vaccine in a given year¹.

During the 2000's, most of the countries, that reported data on DPT immunization, showed an increase in the coverage. The most noticeable increase was in Sudan (42 in 2000 and 61 in 2010) followed by Yemen (45 in 2003 and 61 in 2006); the same trend was observed for both boys and girls in Yemen. However, for the same period (i.e. during the 2000's), Lebanon, Syria and Palestine showed a decrease in the coverage, for both boys and girls.

For the latest available year, almost full DPT vaccination were reported in the Gulf countries, Egypt and Jordan (rates were between 98 and 100 per cent followed by Palestine (92 per cent) and Sudan, Yemen, Iraq, Lebanon and Syria whereby the rates ranged between 61 and 82 per cent.

Figure 2.5.6: DTP immunization rates by sex. Total provided where sex disaggregation not available

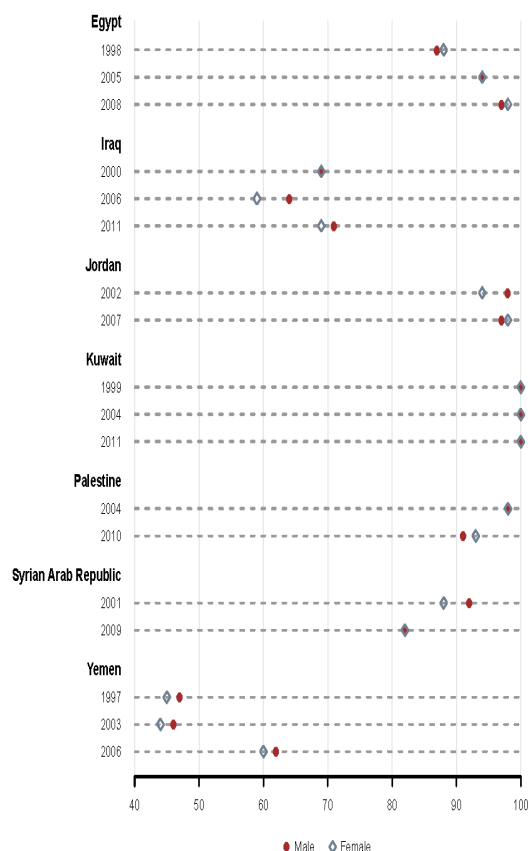
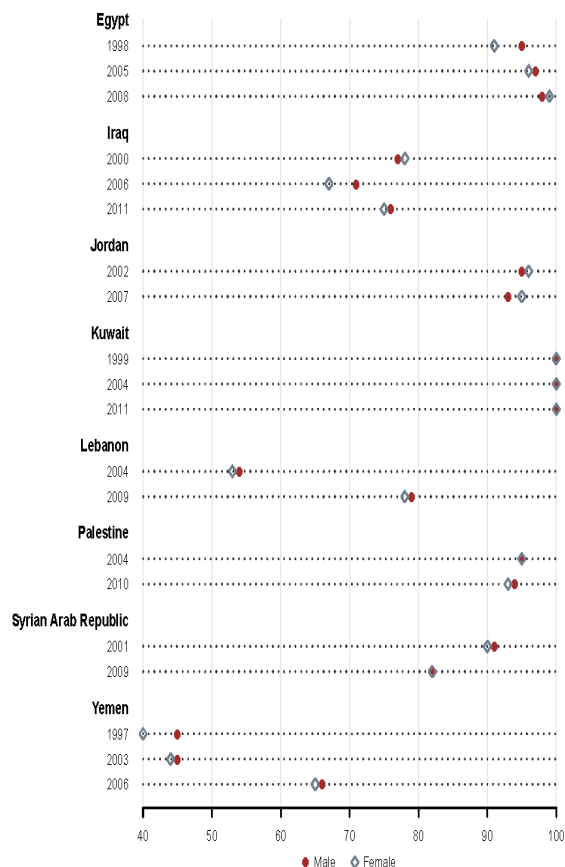


Figure 2.5.7: Measles immunization rates by sex. Total provided where sex disaggregation not available



Measles immunization rates above 90 per cent in most countries

Measles immunization coverage, according to WHO, is 'the percentage children aged 12-23 months who received at least one dose of measles vaccine either any time before the survey or before the age of 12 months.

During the years 2000's, most countries reported measles immunization rates of over 90 per cent. The exceptions being the Syrian Arab Republic Lebanon Iraq, the Sudan, and Yemen where the rates are lower, ranging from 65 per cent to 82 per cent.

Most of the countries witnessed an increase in the coverage for measles immunization, during the same period, noticeably in Yemen (65 in 2006 compared to 45 in 2003) and in Sudan (70 in 2010 and 52 in 2000). Lebanon reported a decrease in the rates 79 in 2009 compared to 88 in 2001.

Men smoke more than women

Smoking is a major cause of lung cancer, cardiovascular disease and chronic pulmonary disease, in addition to asthma. Moreover, research indicates that smoking can reduce life expectancy by seven to eight years⁴.

The latest available national reported data for smoking status for the total population show that the lowest percentage of population smoking is in Yemen (11 per cent) followed by Bahrain (20 per cent); while the highest percentage of population smoking was found in Syria (27 per cent) followed by Lebanon (26 per cent).

Moreover, data reveal a gender difference: men smoke more than women in all

4

[www.nwph.net/nwpho/inequalities/health_wealth_ch20_\(2\).pdf](http://www.nwph.net/nwpho/inequalities/health_wealth_ch20_(2).pdf)

the countries with available data. The least difference was noticed in Lebanon (33 per cent for men and 19 per cent for women) and the largest difference was recorded in Egypt (1 per cent in women and 44 per cent in men)

Figure 2.5.8: Smoking status by sex, latest available year



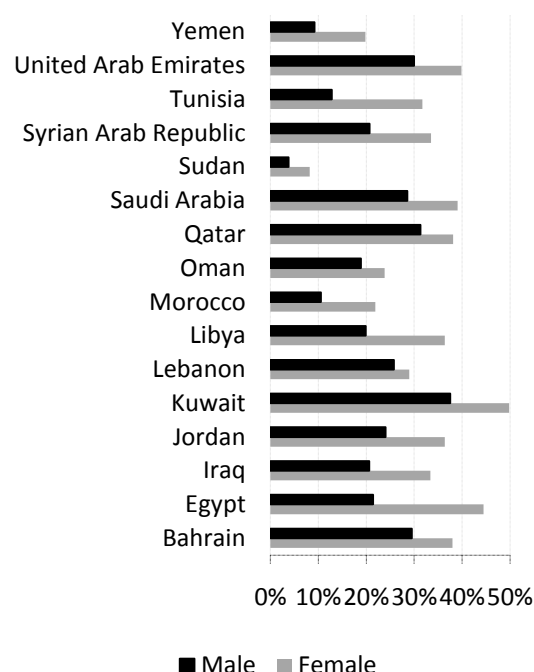
Women more obese than men in all countries

Being overweight can contribute or lead to a range of health conditions, such as heart disease, high blood pressure, diabetes, indigestion. Obesity is measured using the Body Mass Index (BMI) formula, which is based on an individual's height and weight. A BMI of 25 to 29.9 is considered overweight; a score of 30 or above is considered obese.³

WHO data for the year 2008 for adults aged more than 20 years show a difference between men and women: women tend to be more obese than men. Sudan and Yemen have the lower percentage of obesity for both men and women (4.8 and 9.20, respectively) compared to other countries. Kuwait had the higher rates for both men (38) and women (50)

Also the highest difference between women and men was observed in Egypt (21 per cent for men and 45 per cent for women), followed by Tunisia (13 and 32 respectively for men and women). The lowest difference was found in Lebanon; (26 per cent for men and 29 per cent for women), and in Sudan (4 and 8, respectively for men and women).

Figure 2.5.9: Body mass index by sex, latest available year



Gender difference in children's nutritional status; girls

Nutritional status⁵ is a primary determinant of a child's health and well-being; it is assessed through three standard indices of physical growth which are height-for-age (stunting), weight-for-height (wasting) and weight-for-age (underweight). Stunting children are considered short for their age, and this may be the result of a failure to receive adequate nutrition over a long period of time or of the effects of recurrent or chronic illness. Wasting, too thin for their height, represent the failure to receive adequate nutrition. It may be the result of recent episodes of illness or acute food shortages. Underweight children can be underweight for age, because of stunting, or wasting, or both.

National data, where available, showed that the highest percentage of stunted children less than 5 years old was in Yemen (53 per cent) followed by Sudan (35 per cent), the highest percentage of wasted children was in Sudan (16) followed by Syria and Yemen (each 12 per cent)

⁵ www.measuredhs.com/pubs/pdf/FA45/07Chapter07.pdf

and the highest percentage of underweight children was in Yemen (46) followed by Sudan (32). On the other hand, the lowest percentage stunted children were recorded in Jordan (8 per cent) and Tunisia (9 per cent), the lowest wasted children in Jordan (2 per cent) followed by Tunisia (each 3 per cent) and the lowest percentage of children underweight was noticed in Jordan (2 per cent) followed by Tunisia (3 per cent)

For the latest available year, almost all countries showed some gender difference in the three types of nutrition status.

For example, Egypt had 4 per cent point more boys stunted than girls and the least difference was found in Yemen (1 per cent point of difference: 52 for boys and 51 for girls).

Data on wasting status display the highest gender gap in Iraq by 2 per cent points (9 per cent for boys as to 7 per cent for girls). No gap difference was found in Bahrain (boys and girls recorded 5 per cent of wasting status).

It was noteworthy that the gender gap was observed to be more in girls for Bahrain (14 per cent as to 9 per cent in boys). Egypt had the highest gender gap as boys underweight more than girls by 2 per cent point (respectively 7 per cent and 5 per cent).

Figure 2.5.10: Stunting by sex, latest available year

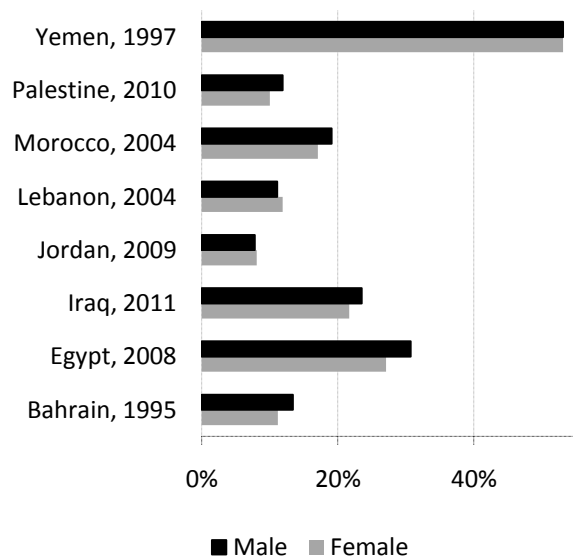


Figure 2.5.11: Wasting by sex, latest available year

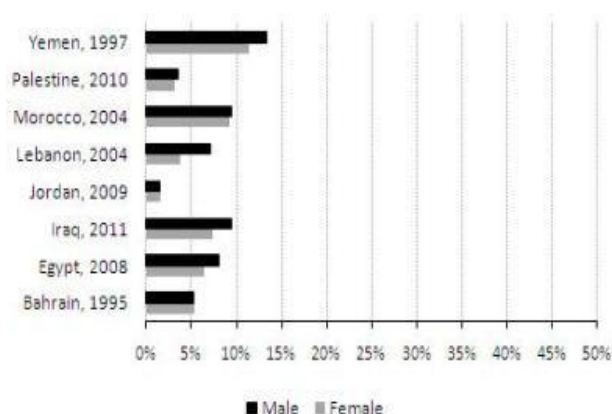
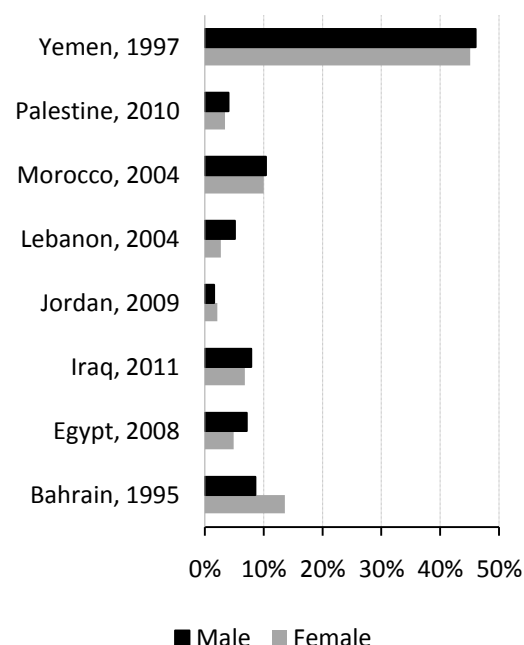


Figure 2.5.12: Underweight by sex, latest available year



Variation in spread of infectious diseases in the region

Until a relatively few years ago, there was a sense of optimism that the long struggle for control over infectious diseases was almost over. But cautious optimism has turned into a fatal complacency that is costing millions of lives every year. Infectious diseases remain the world's leading cause of death, accounting for at least 17 million⁶ deaths each year, which represents one third of annual mortality for the entire planet. Diseases such as malaria and tuberculosis that have always been among our greatest enemies are fighting back with renewed ferocity.⁷

Latest data on malaria and tuberculosis, infectious disease under study in this chapter, reported by the League of Arab States show that:

Yemen had the highest reported malaria cases per 100,000 population (859) whereby the lowest was in Palestine (0.03); Libya, Tunisia, Morocco and Lebanon had the rates less than 1 per 100,000 population.

Data on tuberculosis cases per 100,000 population was higher in Morocco (85) while lowest in Syria (0.5) followed by Palestine (0.8). Oman had also a low rate (3) compared to the other countries with available data.

Disability highest in Sudan, lowest in Qatar

The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions⁸. Disability experience is a complex interaction between the health condition and environmental and personal factors.⁹

The Washington Group on Disability Statistics classifies disability by six major types:¹⁰

- Seeing
- Hearing
- Mobility
- Cognition
- Self-care
- Communication

Understanding the numbers of people with disabilities and their circumstances can improve efforts to remove disabling barriers and provide services to allow people with disabilities to participate in daily living¹¹.

Latest national data for the Arab region show that the prevalence disability ranges from 0.4 and 4.9 per cent in Qatar and Sudan, respectively.

The data show very minimal discrepancy between male and female in disability prevalence: female tend to have a little higher percentage in having more disability than male except for Qatar where male had more than female (0.8 and 0.3 per cent, respectively).

One of the limitations of the reported data on types of disability was that most of the national statistical offices, do not report the type of the disability present in their respective country as per the international classification of disability group or the Washington classification.

However, it was noticed that the main two types prevalent in almost all the member countries were either the physical or visual disabilities. In fact out of 16 countries with data available, 12 countries had the highest prevalence in physical disability compared to 4 countries with highest in the visual disability.

⁶http://www.biomerieux-diagnostics.com/servlet/srt/bio/clinical-diagnostics/dynPage?node=infectious_diseases_2

⁷ <http://www.twinside.org.sg/title/dis-cn.htm>

⁸ <http://www.who.int/mediacentre/factsheets/fs352/en/>

⁹ <http://www.aihw.gov.au/publication-detail/?id=6442467670>

¹⁰

http://www.cdc.gov/nchs/washington_group/wg_questions.htm

¹¹ www.who.int/disabilities/world_report/2011/chapter2.pdf

Figure 2.5.13: Disability prevalence by sex, latest available year

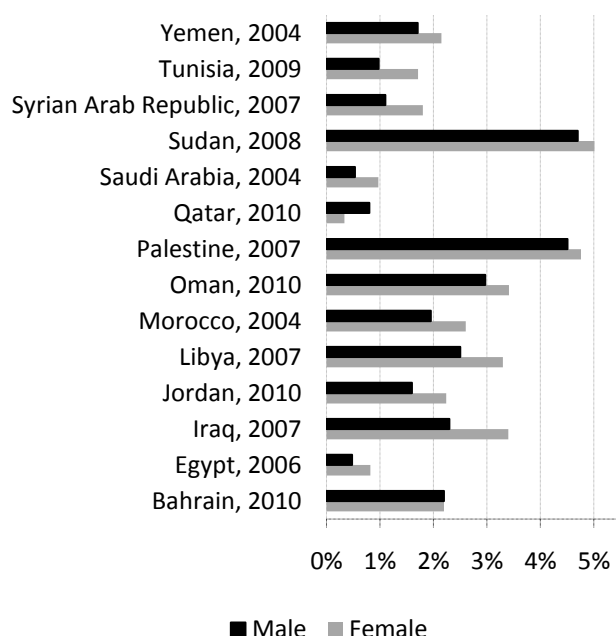
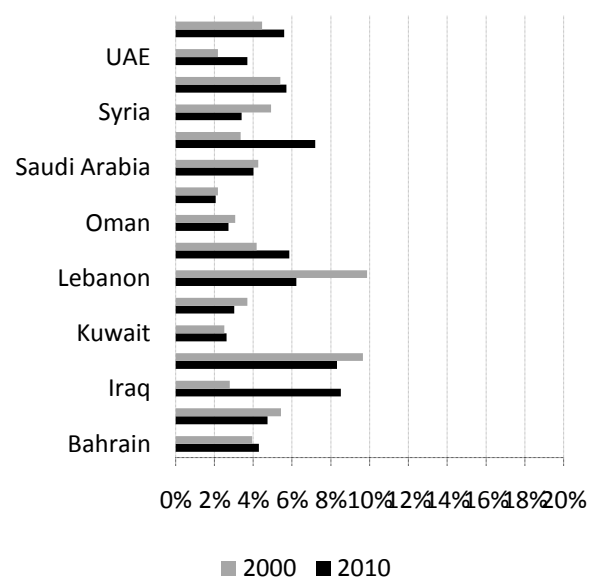


Figure 2.5.14: Total expenditure on health as per cent of gross domestic product (GDP), 2000 and 2010



Source: WHO 2013.

Increase in per capita health expenditure in all countries

Health expenditure¹² will be considered as a percentage of Gross Domestic Product (GDP), as a share of total government spending and in per capita terms.

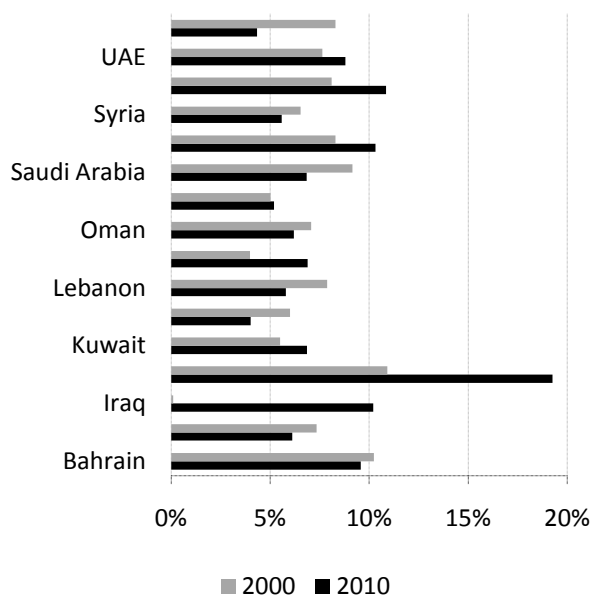
Health-care expenditure statistics present information on the financing of health care in member countries, which is a critical component of health systems. In 2010, expenditure on health as a percentage of gross domestic product (GDP) ranged from 2.1 per cent in Qatar to 8.5 per cent in Iraq. Jordan (8.3 per cent) and the Sudan (7.2 per cent) also spent relatively large amounts on health relative to their GDPs. Qatar, Kuwait and Oman had the lowest amounts spent on health relative to their GDPs (2.1; 2.6 and 2.7 respectively)

During the period 2000-2010, the highest increase was shown in Iraq followed by Sudan and a decrease was recorded in Lebanon followed by Syria.

For the same year, the share of government spending on health ranged from 4 per cent in Libya to 19.3 per cent in Jordan. Tunisia's government spent on health around 11 per cent of its expenditure. The Gulf countries had a percentage ranging between 5 and 10. The highest increase in the share of government spending on health since 2000 was reported in Iraq and Jordan, respectively (0.1 in 2000 and 10.2) and (10.9 in 2000 and 19.3 in 2010) and a decrease in the share of government spending on health was recorded in Yemen (8.3 in 2000 and 4.3 in 2010).

¹² WHO website (www.who.int)

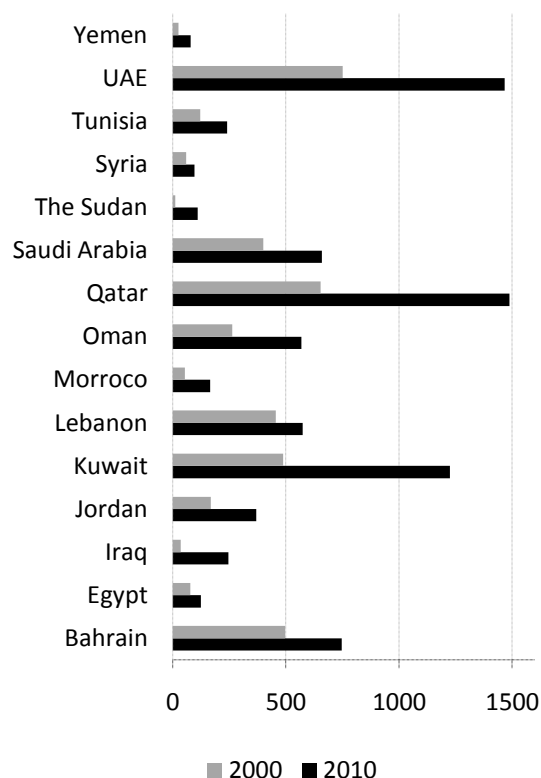
Figure 2.5.15: Expenditure on health as per cent of total government expenditure, 2000 and 2010



Source: WHO 2013.

Per capita health expenditure is also an important indicator to consider, since it reflects the amount of financial resources available for each person, independent of the country's economic standing. Between 2000 and 2010, all ESCWA member countries witnessed an increase in their per capita expenditures on health. Figures are recorded in United States dollars, at the average exchange rate. Most noticeable increases were recorded in Qatar followed by Kuwait then UAE, the least increase was reported in Syria, Egypt and Yemen.

Figure 2.5.16: Total per capita expenditure on health at average exchange rate (US\$), 2000 and 2010



Source: WHO 2013.

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. Some factors to be considered are health care personnel and institutions.

Difference in the density of physicians in the countries

Health human resources also known as “human resources for health” or “health workforce” — is defined as “all people engaged in actions whose primary intent is to enhance health”¹³, to protect and improve the health of their communities. They include mainly physicians, nurses and midwives.

¹³ World Health Organization's World Health Report 2006

Lebanon had the highest rate of physicians per 1000 population (3.6). Four countries had their rate between 2 and less than 3 (in order Oman, Egypt, Jordan and Qatar); 6 countries had their rate between 1 and less than 2 (Libya, Tunisia, Bahrain, Syria, Kuwait and UAE), and the countries reporting the least rate were Yemen, Sudan, Iraq, Morocco and Saudi Arabia.

Figure 2.5.17: Physicians density (per 1,000 population), latest available year

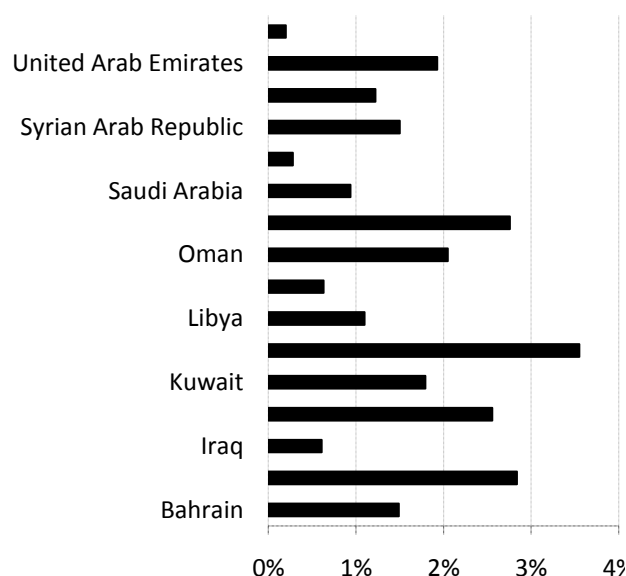


Figure 2.5.18: Nurses and midwifery density (per 1000 population), latest available year



Difference in the density of nurses and midwifery in the region

In regard to the distribution of nurses and midwifery, the data reported here indicate that Qatar had the highest rate of nurses and midwifery per 1000 population (7.4) followed by Libya (6.8). Four countries had their rate between 4 and 5 (Jordan Oman, UAE and Kuwait); Egypt and Bahrain had their rates respectively 3.5 and 3.9. The remaining countries with available data had rates between 0.7 and 2.7.

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Poverty reduction is a priority for many countries in the Arab Region. This was recognized by regional inter-governmental bodies, national governments, civil society organization and researchers. Nearly, half of the population in the Least-Developed Countries of the region is living in poverty, thus effective solutions to fight poverty have become of utmost importance in these countries. Poverty is also of public policy concern in virtually all Middle Income countries.

The aim of this section is to provide a snapshot of living standards in member countries, using data provided by national statistical offices and the World Bank. Specifically, recent data on poverty, using national poverty lines, and inequality using the GINI index and income/consumption share held by the highest and lowest 20 per cent of the population are described. The analysis is based on the national poverty line rather than international poverty lines such as the World Bank \$1 or \$2 a day line. Such lines are typically not adjusted for cost of living or demographic characteristics of households, and may pose problems in comparability across countries.

The phrase ‘latest year available’ in this chapter refers to the latest year for which data are provided for a particular indicator and a particular country. For the GINI index, data for the latest two available years are provided. Data is available for 10 Arab countries namely: Egypt, Iraq, Jordan, Morocco, Qatar, Syrian Arab Republic, Sudan, Tunisia, Palestine and Yemen.

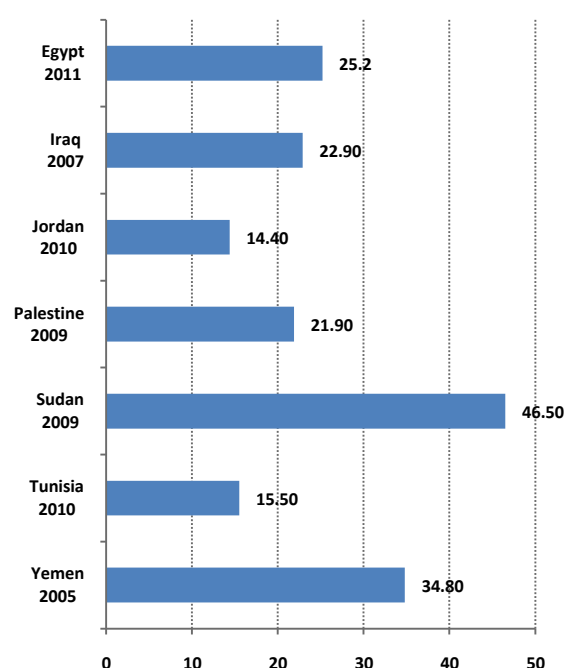
Poverty highest in Sudan, lowest in Jordan

Poverty rates in the Arab region are far lower than other regions like South Asia or sub-Saharan Africa. The least-developed countries in the Arab region witnessed increases in the proportion of their populations living below the poverty line in the last decade and some, like Yemen and Sudan, are among the poorest in the world.

According to the data of the latest available year, Jordan recorded the lowest percentage of population living below the national poverty line at 14.4 per cent in 2010. The latter was followed by Tunisia at 15.5 per cent in 2010. On the other

hand, Sudan and Yemen are the countries with the highest proportions of people living below the national poverty line at 46.5 per cent in 2009 and 34.8 per cent in 2005, respectively.

Figure 2.6.1: Poverty headcount ratio at national poverty line (per cent of population)



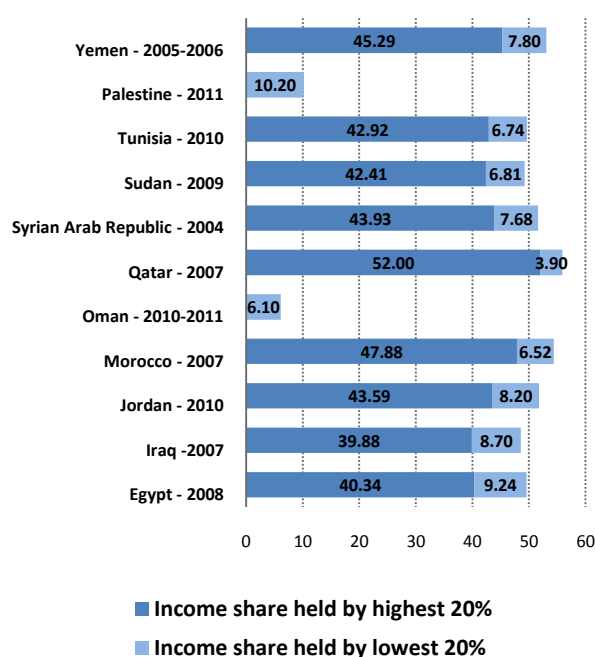
Source: The World Bank, 2013.

Note: the Data Value of Jordan is provided by the NSO.

The poorest 20 per cent of the population had highest share of expenditure in Palestine, lowest in Qatar

The data for the latest available year show that the richest 20 per cent of the people in selected Arab countries accounted for over 40 per cent of the total consumption, while the poorest 20 per cent consumed less than 10 per cent. The highest and lowest percentage of the total working population's income or consumption by the richest 20 per cent of the population is recorded for Morocco and Iraq in 2007 respectively. The highest share of income attributed to the poorest 20 per cent of the population is noted in Palestine in 2011 whereas the lowest share is noted in Qatar in 2007. Figure 2.6.2 compares the share of total income earned by the poorest 20 per cent with the richest 20 per cent income groups.

Figure 2.6.2: Income share held by highest and lowest 20 per cent



Source: The World Bank, 2013.

Note: the Data Value of Jordan for the income share held by lowest 20% is provided by the NSO.

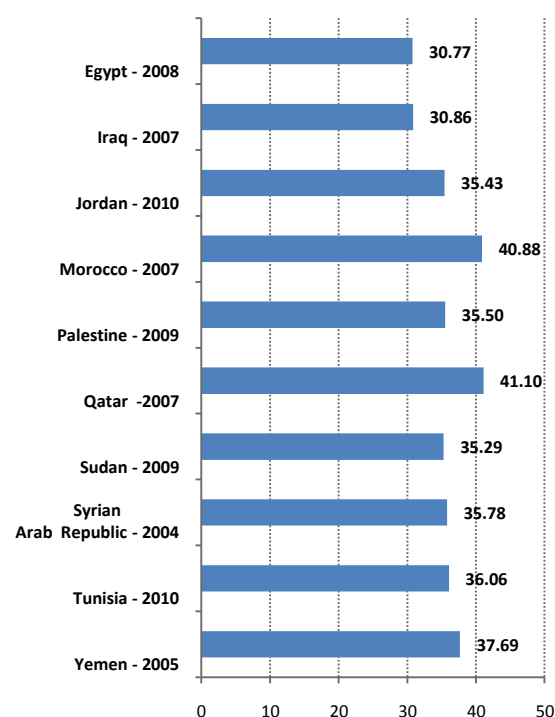
Inequality highest in Tunisia, lowest in Egypt

GINI index is a measure of the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution.

When comparing inequality of income or consumption expenditure, we can conclude that from period of 2001 to 2010, the most unequal society was Qatar followed by Morocco at 41.1 and 40.88 per cent respectively for the GINI index in 2007. The most equal society among the countries that provided data was Egypt and Iraq at 30.7 in 2008 and 30.8 in 2007 respectively.

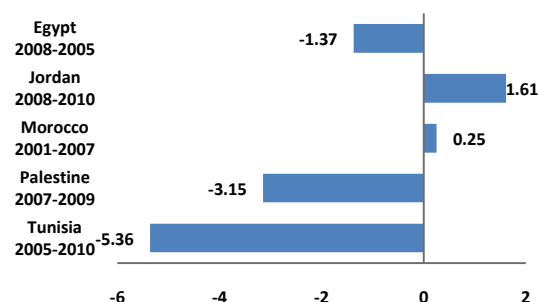
Trends in inequality as measured by changes in the GINI index for the latest two available years are shown in Figure 2.6.2. Tunisia experienced the greatest increase in inequality - the GINI index increased by 5.36 per cent from 2005 to 2010. On the other hand, Morocco experienced the least change in inequality - the index decreased by merely 0.25 per cent from 2001 to 2007.

Figure 2.6.3: GINI index, latest year available



Source: The World Bank, 2013.

Figure 2.6.4: GINI index, Difference between two latest years available



Source: The World Bank, 2013.

Culture

A country's art, history, heritage, music, folklore, food, values and religions – to name a few – all fall under the umbrella of culture. The ESCWA region is one of rich and varied culture. An in-depth analysis of culture in the region is beyond the scope of this chapter, but we will touch upon a few cultural indicators relevant to our discussion.

We will assess one of the keys to historical culture by investigating the quantity of and traffic to museums in recent years. We will also briefly discuss one aspect of more contemporary culture, namely internet usage. Data on cultural 'consumption', including participation in the arts at the population level are lacking for most countries in the region.

Egypt had the greatest number of museums, Palestine the most per capita

Museums keep history alive. They offer visitors a unique, interactive experience and provide them with an unrivalled wealth of information. Museums also play an important role in local economies by attracting tourists and providing employment for residents.

Figure 2.7.1: Number of museums and visitors to museums. (Visitors are in thousands)

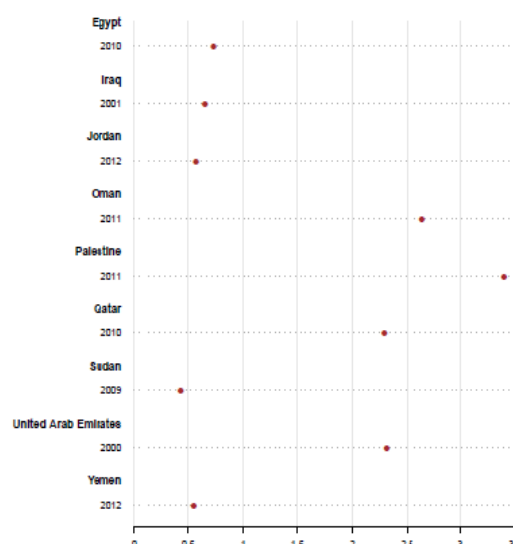
Country	Year	Museums	Visitors
Egypt	2010	57	..
	2010/2011	..	1575
Iraq	2001	16	..
Jordan	2000	4	241
	2005	4	354
	2010	4	632
	2011	4	407
	2012	4	375
Oman	2000	8	110
	2005	8	92
	2010	9	119
	2011	8	108
Palestine	2000	10	118
	2005	5	6
	2011	14	45

Country	Year	Museums	Visitors
Qatar	1999	5	57
	2005	5	15
	2010	4	203
Sudan	2006	17	..
	2009	15	..
UAE	2000	7	..
Yemen	2005	11	32
	2010	13	193
	2011	13	72
	2012	13	137

In Palestine the number of museums has increased in recent years. A decrease, on the other hand, was reported in Sudan, Oman and Qatar. Figures for Jordan and Yemen remained the same.

Egypt had 57 museums in 2010, by far the greatest number of any ESCWA member country. This is perhaps unsurprising, since Egypt is the most populous. It is also useful, then, to consider the number of museums scaled by countries' populations.

Figure 2.7.2: Number of museums per million residents

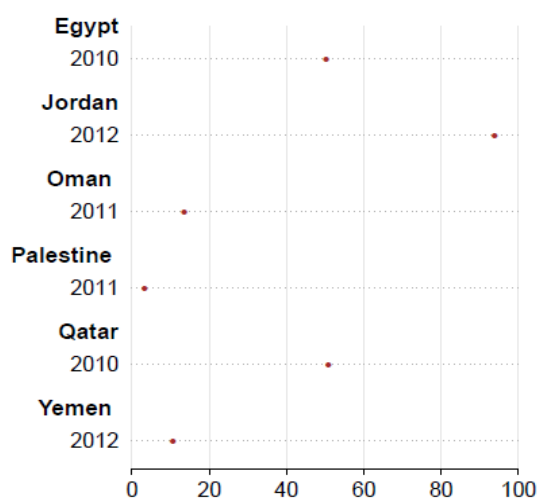


The State of Palestine had the greatest number of museums per capita, reporting 3.4 museums per million residents in 2011. The smallest number was 0.4 museums per million residents, reported by the Sudan in 2009.

Highest traffic per museum in Jordan

Egypt eclipsed all other countries in the total number of visitors to museums in 2010/2011, but again, this figure should be taken in the context of Egypt's greater size. Another way to look at visitor traffic is to scale it by the number of museums in each country. By this measure, the average number of visitors per museum is highest in Jordan and has increased notably over the past decade, rising from 88.5 in 2005 to 93.75 in 2012. Note that average traffic per museum figures were only provided when visitor and museum counts were available in the same year.

Figure 2.7.3: Average number of visitors per museum (in thousands)



Dramatic increase in Internet use

The Internet has become a major part of modern culture in the ESCWA region. Internet usage increased sharply between 2005 and 2012. Some countries, such as Bahrain, Kuwait, Lebanon, Oman, and the United Arab Emirates, experienced an almost tenfold increase in Internet usage.

In 2012, usage rates of over 50 per cent were found in 8 out of the 17 member countries, 4 of which had usage rates of 80 percent and over.

Figure 2.7.4: Internet users per 100 inhabitants in 2012

