



Arab Society Demographic and Social Trends

Issue No. 15



Shared Prosperity Dignified Life





Shared Prosperity **Dignified Life**



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Economic and Social Commission for Western Asia

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Demographic and Social Trends
Issue No. 15**

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Contents

Page

Acknowledgements	iii
Symbols and abbreviations.....	viii
Introduction	1
1. Population.....	5
2. Households and families	17
3. Housing conditions.....	24
4. Health	30
5. Coronavirus disease (COVID-19)	43
6. Education.....	48
7. Labour	55
8. Poverty and inequality.....	63
9. Culture.....	67
<i>References</i>	72

LIST OF FIGURES

Figure 1.1 Annual population growth rate, per cent, 2000-2019	5
Figure 1.2 Population size, in millions, 2000-2019.....	6
Figure 1.3 Sex composition of nationals versus non-nationals in GCC countries, most recent data available	7
Figure 1.4 Population pyramid, percentage, Egypt, 2018 estimates	8
Figure 1.5 Population pyramid, percentage, Saudi Arabia, 2018 estimates	8
Figure 1.6 Sex ratios, 2000-2019 (per 100 females)	9
Figure 1.7 Percentage of population by age group, by sex, latest data available	10
Figure 1.8 Total fertility rates (births per 1,000 women), ages 15-49, 2000-2018	11
Figure 1.9 Life expectancy at birth for total population, by sex, 2000-2019	12
Figure 1.10 Infant mortality rates (per 1,000 live births), 2000-2020.....	13
Figure 1.11 International migrant stock, in millions, 2019	14
Figure 1.12 International migrant stock at mid-year (percentage of base year 2000), 2000-2019.....	15
Figure 1.13 Refugees by country/territory of asylum, in millions, 2000-2019	16
Figure 2.1 Average household size, 2000-2020	17
Figure 2.2 Female-headed households, percentage, 2000-2020.....	18
Figure 2.3 Registered marriages, percentage of those registered in the year 2000, 2000-2020	19
Figure 2.4 Registered divorces, percentage of those registered in the year 2000, 2000-2020	19
Figure 2.5 Women's marital status by age groups, latest available estimates.....	20
Figure 2.6 Percentage ever married among girls aged 15-19, latest available estimates	21
Figure 2.7 Percentage of women aged 15-49 with one or more co-wives, latest available estimates.....	22

Contents (continued)

Page

Figure 2.8	Percentage of women who have never given birth, by age groups, latest available estimates.....	23
Figure 3.1	Occupied housing units by tenure of housing unit, percentage, latest available data.....	24
Figure 3.2	Occupied housing units by type and nationality, percentage, latest available data.....	25
Figure 3.3	Occupied housing units by type and area, percentage, latest available data.....	26
Figure 3.4	Percentage of households using an improved drinking water source, by area, latest available data	27
Figure 3.5	Percentage of households using improved sanitation, by area, latest available data	27
Figure 3.6	Percentage of households with electricity, by area, latest available data.....	28
Figure 3.7	Proportion of urban population living in slums, informal settlements or inadequate housing, 2000-2016	29
Figure 4.1	Contraceptive prevalence rates, percentage, 2000-2019.....	30
Figure 4.2	Prenatal care (at least four visits), percentage, 2000-2018	31
Figure 4.3	Births attended by skilled health professionals, percentage, 2000-2019	32
Figure 4.4	Maternal mortality ratios (deaths per 100 thousand live births), 2000-2020.....	33
Figure 4.5	Immunization coverage rates, percentage, 2000-2020.....	34
Figure 4.6	Stunting by sex, latest available data	35
Figure 4.7	Wasting by sex, latest available data	36
Figure 4.8	Underweight by sex, latest available data.....	36
Figure 4.9	Disability prevalence, percentage, by sex, latest available data	37
Figure 4.10	Obese adults (18 years and older), percentage, by sex, 2000-2016	38
Figure 4.11	Expenditure on healthcare as a percentage of gross domestic product, 2000-2017.....	39
Figure 4.12	Per capita government expenditure on health (PPP in USD), 2000-2020	40
Figure 4.13	Density of healthcare personnel per 10,000 people, 2000-2020	41
Figure 4.14	Number of hospitals, 2000-2020.....	42
Figure 5.1	Number of cumulative confirmed cases of COVID-19 per 100 thousand population, February to November 2020	43
Figure 5.2	Number of cumulative confirmed deaths due to COVID-19 per 100 thousand population, February to November 2020	44
Figure 5.3	Number of cumulative COVID-19 tests per 100 thousand population, February to November 2020	45
Figure 5.4	Smoothed seven-day average of new confirmed COVID-19 cases per 100 thousand population, February to November 2020	46
Figure 5.5	Smoothed seven-day average of new confirmed deaths due to COVID-19 per 1 million population, February to November 2020.....	47
Figure 6.1	Adult literacy, age 15 and over, percentage, by sex, 2000-2019	48

Contents (continued)

Page

Figure 6.2	Youth literacy, age 15-24, percentage, by sex, 2000-2019.....	49
Figure 6.3	Primary enrolment ratio, by sex, 2000-2019.....	50
Figure 6.4	Secondary enrolment ratio, by sex, 2000-2019.....	51
Figure 6.5	Pupil-teacher ratio in primary education, 2000-2019	52
Figure 6.6	Pupil-teacher ratio in secondary education, 2000-2019.....	53
Figure 6.7	Expenditure on education as a percentage of total government expenditure, 2000-2018	54
Figure 7.1	Labour force participation rate, 2000-2019	55
Figure 7.2	Labour force participation rate, by sex, 2000-2019	56
Figure 7.3	Youth labour force participation rate (15-24 years), by sex, 2000-2019	57
Figure 7.4	Unemployment rate, 2000-2019	58
Figure 7.5	Unemployment rate, by sex, 2000-2019	59
Figure 7.6	Youth unemployment rate (15-24 years), by sex, 2000-2019.....	60
Figure 7.7	Employment in public sector, percentage, by sex, 2000-2019	61
Figure 7.8	Employment in agriculture, percentage, by sex, 2000-2019.....	62
Figure 8.1	Poverty headcount ratio, 2000-2017	63
Figure 8.2	Poverty gaps, 2000-2017	64
Figure 8.3	Gini index, 2000-2018	65
Figure 8.4	Income (expenditure) share held by richest and poorest quintiles, 2000-2017.....	65
Figure 8.5	Allocation of consumption expenditure, latest available data	66
Figure 9.1	Religiosity, percentage, by sex, latest data available	67
Figure 9.2	Percentage of respondents who believe most people can be trusted, by sex, latest data available	68
Figure 9.3	Cinema visits per capita, and screens per 100 thousand inhabitants, 2000-2017	69
Figure 9.4	Internet users, percentage of population, 2000-2018.....	70
Figure 9.5	Mobile-cellular subscriptions per 100 inhabitants, 2000-2018.....	71

Symbols and abbreviations

..	In tables: data not available
BCG	Bacillus Calmette-Guerin
DHS	Demographic Health Surveys
DTP	Diphtheria, tetanus, and pertussis
ESCWA	Economic and Social Commission for Western Asia
GCC	Gulf Cooperation Council
GDP	Gross domestic product
MICS	Multiple Indicator Cluster Surveys
PPP	Purchasing power parity
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

Introduction

This publication is the latest in a series published biennially by the Statistics Division of the Economic and Social Commission for Western Asia (ESCWA). Previously, this publication was titled *Arab Society: A Compendium of Demographic and Social Statistics*; the title has since been changed to *Arab Society: Demographic and Social Trends*, as there is a renewed focus on displaying data over time. Focusing on population dynamics, household composition, family formation, housing conditions, health, education, labour, poverty, inequality and culture and social participation, the report presents a broad illustration of Arab society and the ways in which it has been changing.

Data have been drawn primarily from the national statistical offices of ESCWA member States, supplemented by publicly accessible data from international agencies, such as the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the International Labour Organization (ILO), the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

The report shows that the population in the Arab region continues to grow rapidly and that as it does, it is diversifying. Population growth varies widely from country to country, from less than 1 per cent to over 4 per cent per year. Average population growth for the region is 1.9 per cent per year. Based on the current rate of growth, population of the region would be expected to double in size in approximately 35 years.

The population is young overall, but there is considerable heterogeneity in age-sex profiles of countries, owing to varying demographic transitions, size of migrant labourer population and influx of refugees in some countries. For example, children below 15 years of age make up less than 15 per cent of population in Qatar, but over 40 per cent in the Sudan. Sex ratios for all countries in the Gulf Cooperation Council (GCC) are large; in Qatar, almost 300 males per 100 females.

Total fertility ranges from below or near the replacement level (of 2.1 children per woman) in Bahrain, Lebanon, Morocco, Tunisia, and the United Arab Emirates to over 4 children per woman in Mauritania, the State of Palestine, and the Sudan. Over the past few decades, the Arab region as a whole has experienced a decline in total fertility rates. However, the speed of that decline differs across countries, with some showing little or no decline in the last decade, and in more recent years, some, such as Mauritania, have even been experiencing a slight increase.

Improvements in health and longevity are evident, although data show clear disparities across countries. Life expectancy at birth currently ranges from 61 years for males and 64 years for females in the Sudan to 81 years for males and 83 years for females in Kuwait. Sex differences in life expectancy at birth are generally small, less than 2 years in countries such as Bahrain, Jordan, and Yemen. These figures are suggestive of discrimination against girls, since on purely biological grounds, differences should be greater in favour of females.

The number of international migrants in the region consistently increased from 2000 to 2019 in all 18 countries (United Nations, 2019). GCC countries have relatively large migrant populations, consisting primarily of labourers from South and Southeast Asia. As of 2019, the region also has the largest number of refugees and displaced populations worldwide, with four countries (Jordan, Lebanon, the State of Palestine, and the Sudan) hosting over 1 million refugees each (UNHCR, 2020; UNRWA, 2020).

Most countries in the region have moved away from traditional extended-family households and increasingly show a nuclear household structure. According to recent data, average household size ranges from a high of around 7 persons in Oman and Yemen to around 4 in Egypt, Lebanon, and Tunisia. Female household headship is generally low in the region, except in Mauritania, where more than one third of households are headed by women.

Throughout the region, numbers of registered marriages and divorces have surged in recent years, except in the Syrian Arab Republic, where registered marriages have declined precipitously since 2009, owing to the prolonged conflict there. In Mauritania and the Sudan, the proportion of girls aged 15 to 19 years who have ever married lies above 20 per cent. Polygyny is no longer prevalent in the region, except in the Sudan, where over 20 per cent of females are in marriages with one or more co-wives. On average, females tend to start bearing children soon after marriage and few among those aged 45 to 49 are childless.

The latest available data show that in most countries in the region, more than 60 per cent of all households own the homes in which they live. The exception is in GCC countries, where low levels of home ownership are attributable to the high number of non-nationals living there. Within countries that have substantial urban areas, such as Egypt, Jordan, Kuwait, Qatar and the State of Palestine, apartments are the more prevalent form of housing in urban areas, while freestanding houses and villas are more prevalent in rural areas.

Availability of improved drinking water sources varies across countries and is generally higher in urban areas than in rural areas. In most countries, more than 90 per cent of households have improved sanitation facilities and electricity. The exceptions are Mauritania, the Sudan and Yemen, where improved sanitation facilities and electricity can be rare in rural areas.

Reproductive and maternal health have improved significantly in the region, but disparities persist. Contraceptive use ranges from around 70 per cent in Morocco to below 20 per cent in Mauritania and the Sudan. According to recent data, most pregnant women make at least four antenatal visits, and most births are attended by a skilled health professional and delivered in health facilities. However, these rates are not homogenous; in Yemen in 2013, less than 50 per cent of births were attended by a skilled health professional and only a quarter of pregnant women received four or more prenatal visits.

Childhood immunization coverage is high in most countries. In recent years, almost all children in Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, the State of Palestine, and Tunisia received vaccinations for diphtheria, tetanus, and pertussis (DPT), measles, tuberculosis (known as BCG) and polio. Mauritania, the Sudan, and Yemen have the lowest immunization coverage, although rates have been increasing. Children's nutritional statuses are also particularly poor in these three countries, where more than 25 per cent of boys and girls are stunted.

Adult obesity is common, particularly among women. The highest rates are in Egypt, Jordan, Kuwait, Qatar, and Saudi Arabia, where at least 40 per cent of women are obese. Adult obesity is the lowest in the Sudan, where 11 per cent of women and 3 per cent of men are obese.

In most countries of the region, there are roughly twice as many nurses as physicians, and there are fewer pharmacists than nurses and physicians. GCC countries reported the highest density of healthcare personnel in the region; Qatar and Kuwait both reported over 70 nurses per 10,000 people in the most recent year for which data are available. Qatar also reported the highest number of physicians per 10,000 people, at 33 in 2018. In the most recent data available, the State of Palestine reported the highest density of pharmacists, at 16 per 10,000 people in 2018.

The first case of COVID-19 was confirmed in the Arab region by the United Arab Emirates on 29 January 2020 and has since spread to the rest of the region, with all 18 ESCWA member-states reporting at least one confirmed case by 10 April 2020 when Yemen reported their first (Dong, Du and Gardner, 2020). The pandemic has exacerbated ongoing challenges related to social and demographic realities, such as violence and conflict, inequalities, unemployment, poverty, inadequate social safety nets, human rights concerns, and insufficiently responsive institutions and governance systems (UNESCWA, 2020).

The GCC countries of Bahrain, Qatar, Kuwait, and Oman have reported the highest numbers of cases per capita in the region since the COVID-19 pandemic broke out, followed by Lebanon, the United Arab Emirates, and Iraq. Bahrain, Iraq, Egypt, Oman, Qatar, Saudi Arabia, Mauritania, the State of Palestine, the Sudan, and Yemen all reported summer spikes in pandemic-caused daily deaths, and in some countries further surges were observed afterwards.

The region has in recent decades experienced a dramatic expansion of education. In Kuwait, Oman, Saudi Arabia, and the State of Palestine, approximately 99 per cent of young people are literate. The lowest youth literacy rate, at around 70 per cent, is reported by Mauritania. Enrolment in primary schools is generally high and has been increasing in the low-income countries of Mauritania, the Sudan, and Yemen. In some countries the gender gap in the net enrolment ratio has significantly narrowed in recent years (for example, in Iraq and Morocco). Enrolment in secondary education is lower than in primary education, and although the gender gap in net secondary enrolment has narrowed over time in Iraq, it has increased in the State of Palestine.

Labour force participation is low in the region, mainly due to very low participation rates by women. Most countries with recent data report labour-force participation rates for women are less than half of those for men. Bahrain, Kuwait, Libya, Qatar, and the United Arab Emirates are the only countries where female labour-force participation rate is over 35 per cent. Total labour-force participation in these countries has increased due to increased participation by women; otherwise, gains observed in labour-force participation within the region have been marginal.

Recent data show that unemployment in most non-GCC countries exceeds 10 per cent. The State of Palestine has steadily reported the highest unemployment rates in the region, in excess of 20 per cent since 2001. Unemployment among women is consistently higher than among men. Youth unemployment is also high, exceeding 20 per cent in most countries. Employment in agriculture is very low in the GCC countries and has been decreasing in the State of Palestine due to consistently fewer women working in agriculture since 2007.

Proportion of population living below the national poverty line varies widely across the region, from less than 10 per cent in Morocco to nearly 50 per cent in Yemen. Incidence of poverty in Mauritania and Tunisia has steadily decreased since 2000, by about 20 and 10 percentage points, respectively. Most countries have relatively low to moderate levels of inequality.

Education and health accounts for the smallest share of consumption expenditure in the region. In Egypt, Jordan and the State of Palestine, expenditure on food and non-alcoholic beverages accounts for the largest share of total consumption expenditure; while in Kuwait and Lebanon, the largest share goes to housing, water, electricity, and gas and other fuel types.

ESCWA member States

Bahrain	Oman
Egypt	Qatar
Iraq	Saudi Arabia
Jordan	State of Palestine
Kuwait	The Sudan
Lebanon	Syrian Arab Republic
Libya	Tunisia
Mauritania	United Arab Emirates
Morocco	Yemen

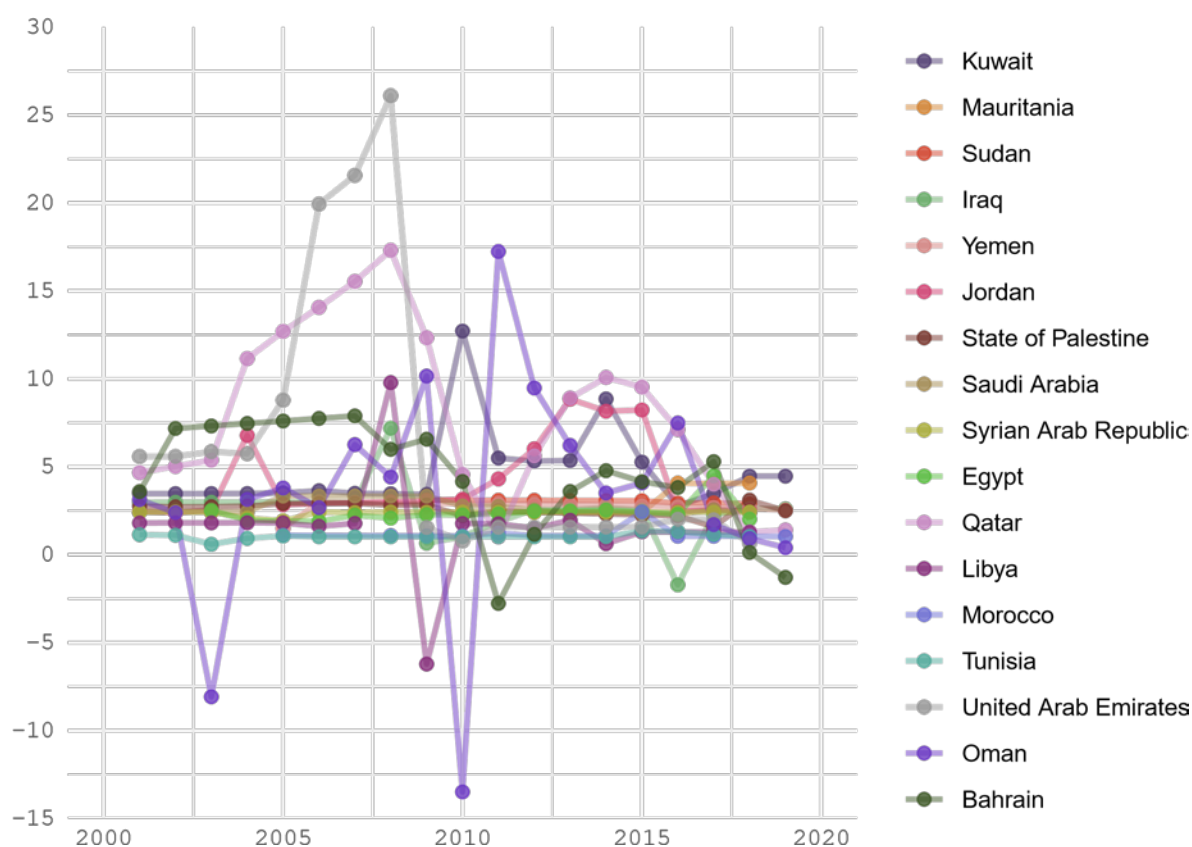
The overwhelming majority of adults in the region practice a religion. Of the countries for which recent data are available, the lowest proportion is in Tunisia, reported at roughly 70 per cent. Women tend to be more religious than men; in Tunisia, the difference is 30 percentage points. Trust in other people is low; the country reporting the highest proportion of adults believing that most people can be trusted is Yemen, at about 38 per cent.

1. Population

The Arab region has a heterogeneous demographic profile, with countries at different stages of demographic transition. This is due to a wide range of country-specific social, economic, political, and cultural factors (Tabutin and Schoumaker, 2012), as well as to interregional and international population movements. Currently, countries of the region have markedly different population sizes, growth rates and population compositions, including the age-sex structure; features determined by the speed of three main components of demographic change, namely fertility, mortality, and international migration (both labour migration and conflict-related population displacement).

Reliable data on the size and structure of populations, as well as on components of demographic change, are essential for understanding social and economic trends and for informing national public policy decisions. Such data are also important for measuring performance against internationally agreed Sustainable Development Goals (SDGs). Using data mainly from national statistical offices (NSOs), this section provides a descriptive account of demographic trends in various Arab countries for which official data are available, describing changes in population size and structure, and the three drivers of demographic change (fertility, mortality, and migration).

Figure 1.1 Annual population growth rate, per cent, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

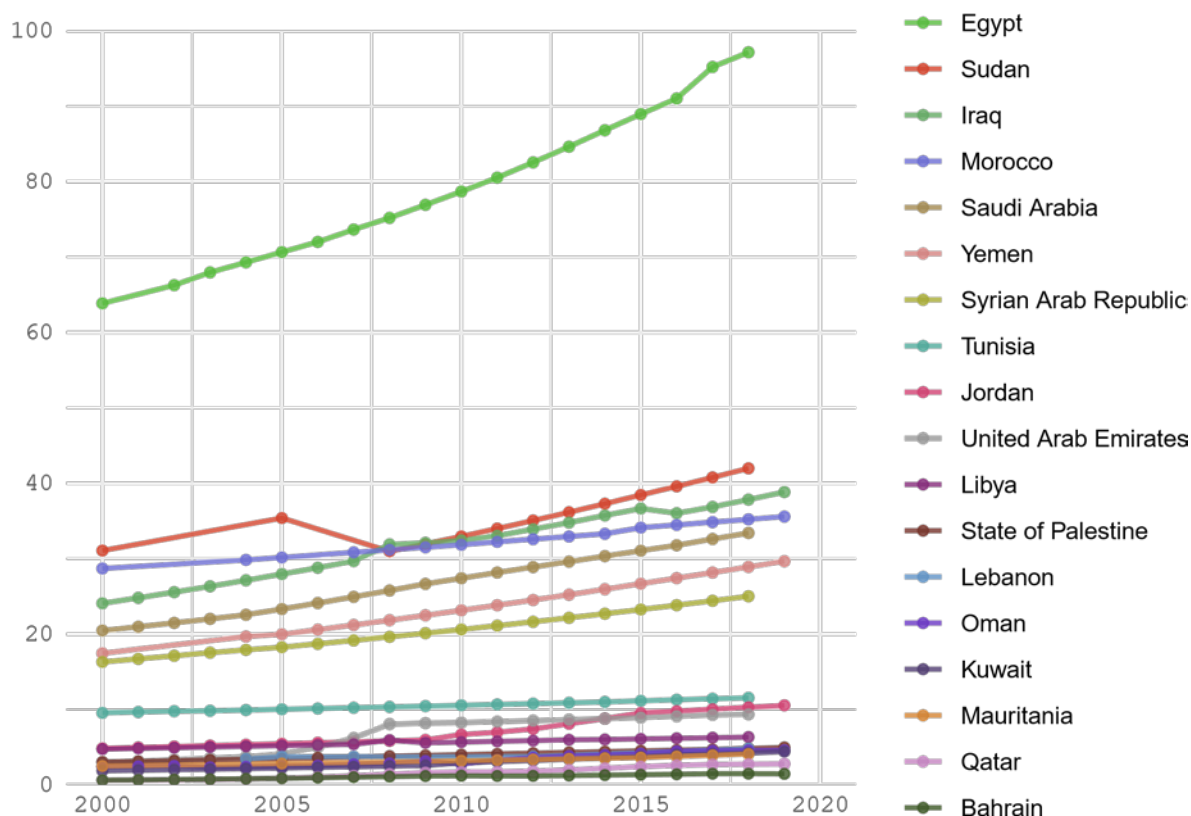
A growing population

From a policy perspective, understanding demographic change is crucial, for it affects almost all aspects of life and has important implications for the labour market, economic growth, housing needs and demand for education, health, and social services. Demographic transitions in the Arab region have followed the standard pattern of a rapid decline in mortality, followed by a delayed decline in fertility. Decline in

mortality started in the 1960s and, about two decades later, fertility started to decline in several countries (Rashad, 2000). Variations in speed of demographic transition across countries, coupled with unique migration patterns, including massive labour migration, and forced population displacement, resulted in a rather polarized demographic profile and considerable variations in population growth rates across countries. Indeed, the region houses both one of the lowest and the highest rates of national population growth in the world.

According to United Nations estimates, the Arab region experiences a population growth rate of about 1.6 per cent per annum, well above the world average (United Nations, 2019). Were this rate of growth to continue, the population of the region would be expected to double in size in approximately 35 years. However, current population estimates for the period 2000-2019, obtained from 18 NSOs, exhibit large differences in population growth rates across countries (figure 1.1). For example, data for 2015-2019 show growth rates ranging from 1.3 per cent in Tunisia to about 9.5 per cent in Qatar (2015). Estimates for the past three years show lower population growth rates in the Gulf countries, and the most recent complete estimates for 2018 show that, at 4.4 and 4 per cent, respectively, Kuwait and Mauritania had the highest population growth rate. Countries of the region can be generally grouped into three different demographic “regimes”. The first group has fairly high population growth rates of about 3 per cent or more per annum and includes Mauritania and a few GCC countries. The second group is comprised of countries with ongoing demographic transitions and growth rates of 2.5 to 2.9 per cent per annum, including Egypt, Jordan, and the Sudan. The last group is at an advanced transitional stage with fairly low growth rates, including Lebanon, Morocco, and Tunisia.

Figure 1.2 Population size, in millions, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

Trends over time in population growth rates show wide fluctuations in the GCC countries, owing to changes in net international migration. Except for a few cases, consistent downward trends in population

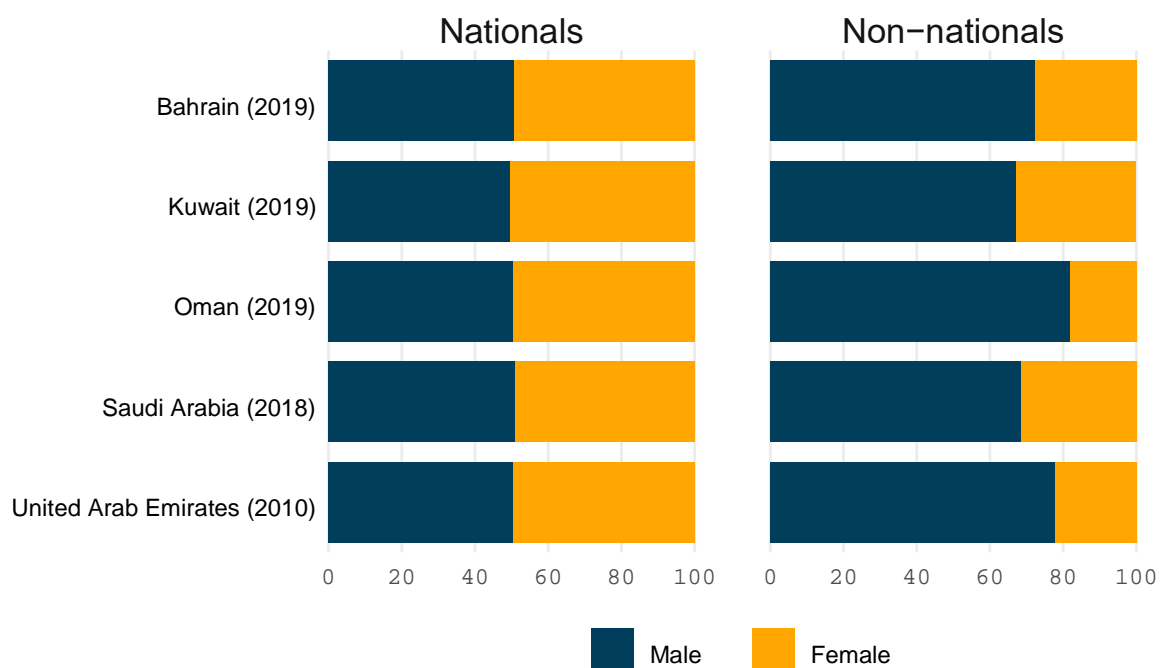
growth have not been observed across countries during this period. Indeed, although population growth rates have been declining in the region as a whole, the population will continue to grow rapidly over the next few decades.

A young population, overall

Current population estimates for 18 countries during the period 2000-2019 show that population size varies considerably across countries, ranging, in 2018, from 97 million in Egypt to about 1.5 million in Bahrain (figure 1.2). Due to large-scale population displacement caused by ongoing conflicts, population size and composition for some countries (such as Iraq, the Syrian Arab Republic, Yemen, and Libya) no longer reflect the current situation. The 2015 census of population in Jordan, for example, enumerated a total population of 9.5 million, about 2 million more than previous population estimates, which is mainly due to influx of Syrian refugees into Jordan. Reported population estimates, especially in the GCC countries, are also affected by presence of relatively large migrant (non-citizen) populations.

Data from five GCC countries show that all have a significant migrant population, with three (United Arab Emirates, Qatar, and Kuwait) having much larger numbers of non-nationals than nationals. Figure 1.3 displays the overall sex distribution of populations in the five countries. Evidently, there is a disproportionate number of males compared with females; in fact, about 70 per cent or more of non-nationals are men. Surprisingly, Jordan also has a distorted sex distribution, with about 113 males for every 100 females in 2018.

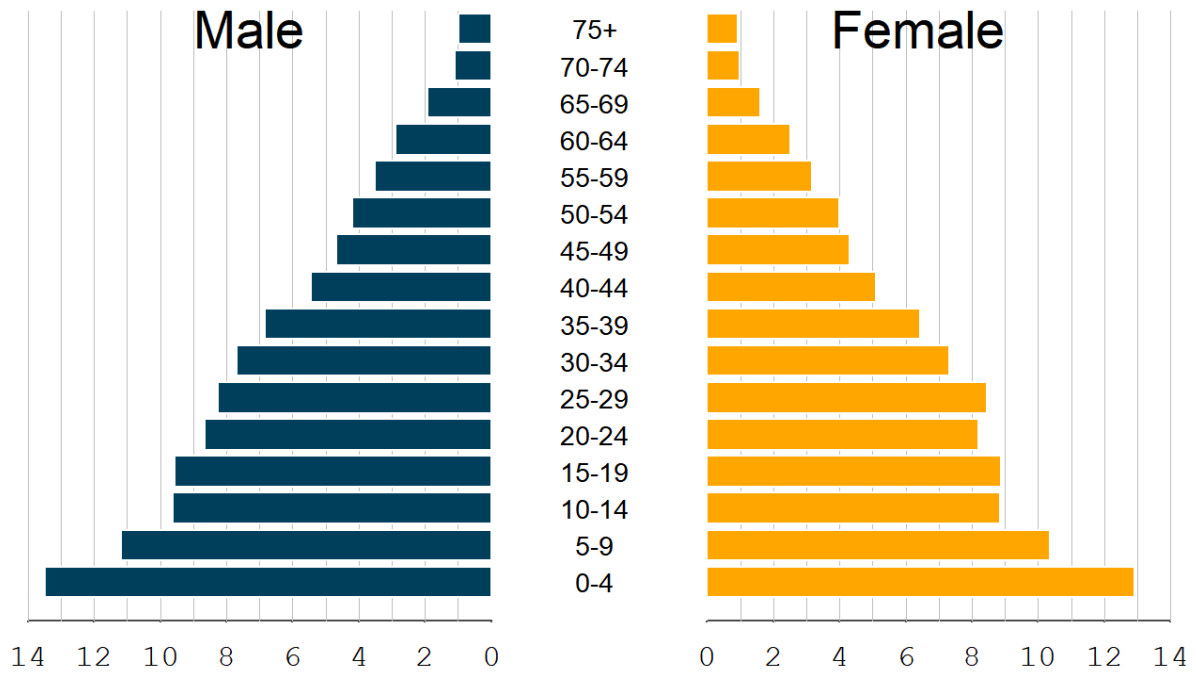
Figure 1.3 Sex composition of nationals versus non-nationals in GCC countries, most recent data available



Source: Data from national statistical offices, compiled by ESCWA.

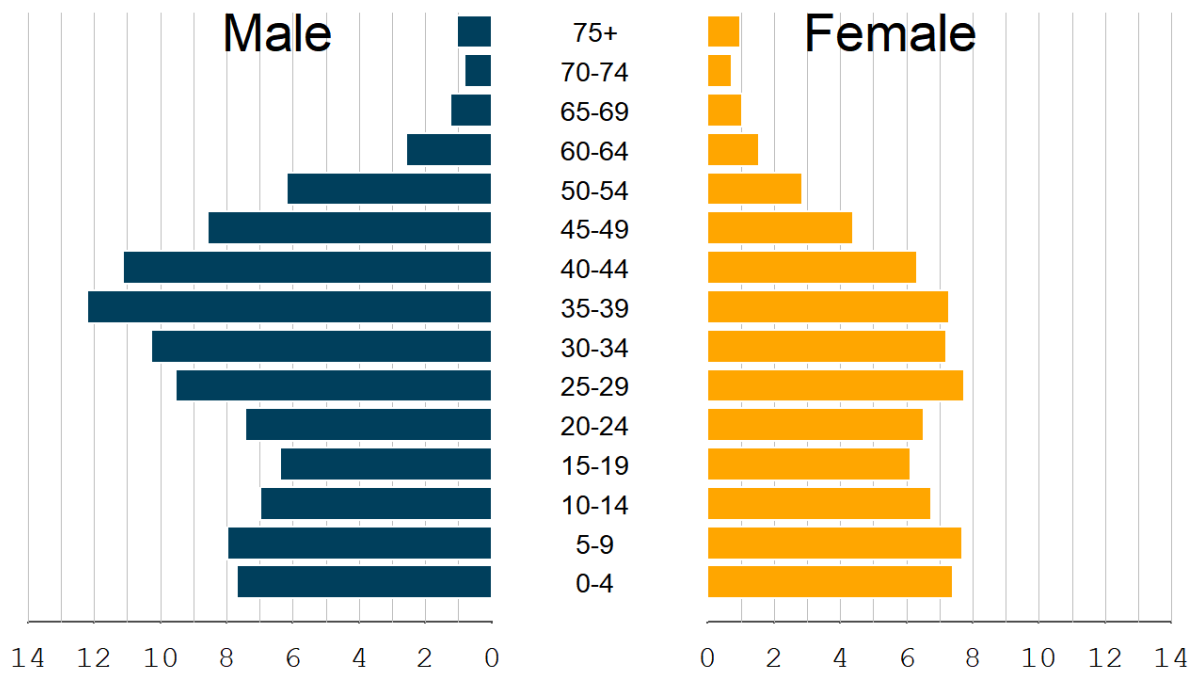
Thus, presence of non-nationals has a significant impact on the age-sex structure of every GCC country, as well as of Jordan. Such age- and sex-distorted population structures are most visible in an age pyramid. Figure 1.4 and figure 1.5 contrast, for the year 2018, the age pyramid of Egypt, a country with a relatively small number of migrant labourers, with that of Saudi Arabia, a country with a significant number of migrant labourers.

Figure 1.4 Population pyramid, percentage, Egypt, 2018 estimates



Source: Data from national statistical offices, compiled by ESCWA.

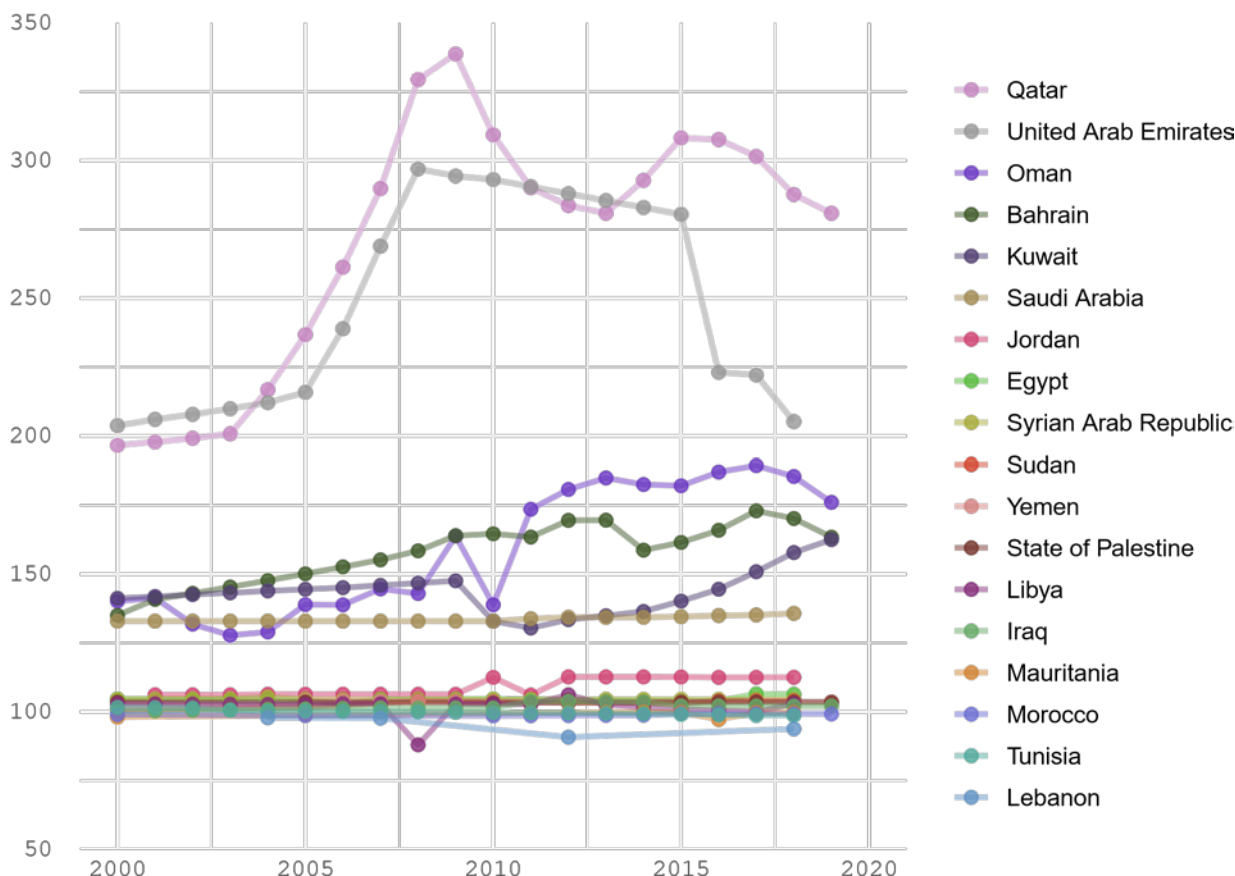
Figure 1.5 Population pyramid, percentage, Saudi Arabia, 2018 estimates



Source: Data from national statistical offices, compiled by ESCWA.

As a result of labour migration, population sex ratios, defined as males per 100 females, are large for all GCC countries (figure 1.6). From 2000 to 2009, these increased dramatically in Qatar and the United Arab Emirates; from 197 to 339 in the former and from 204 to 294 in the latter. In both, these ratios have decreased since to 281 in Qatar (2019) and 205 in the United Arab Emirates (2018). Outside of the GCC, the highest sex ratios are found in Jordan (2018) at 113 and Egypt (2018) at 106.

Figure 1.6 Sex ratios, 2000-2019 (per 100 females)

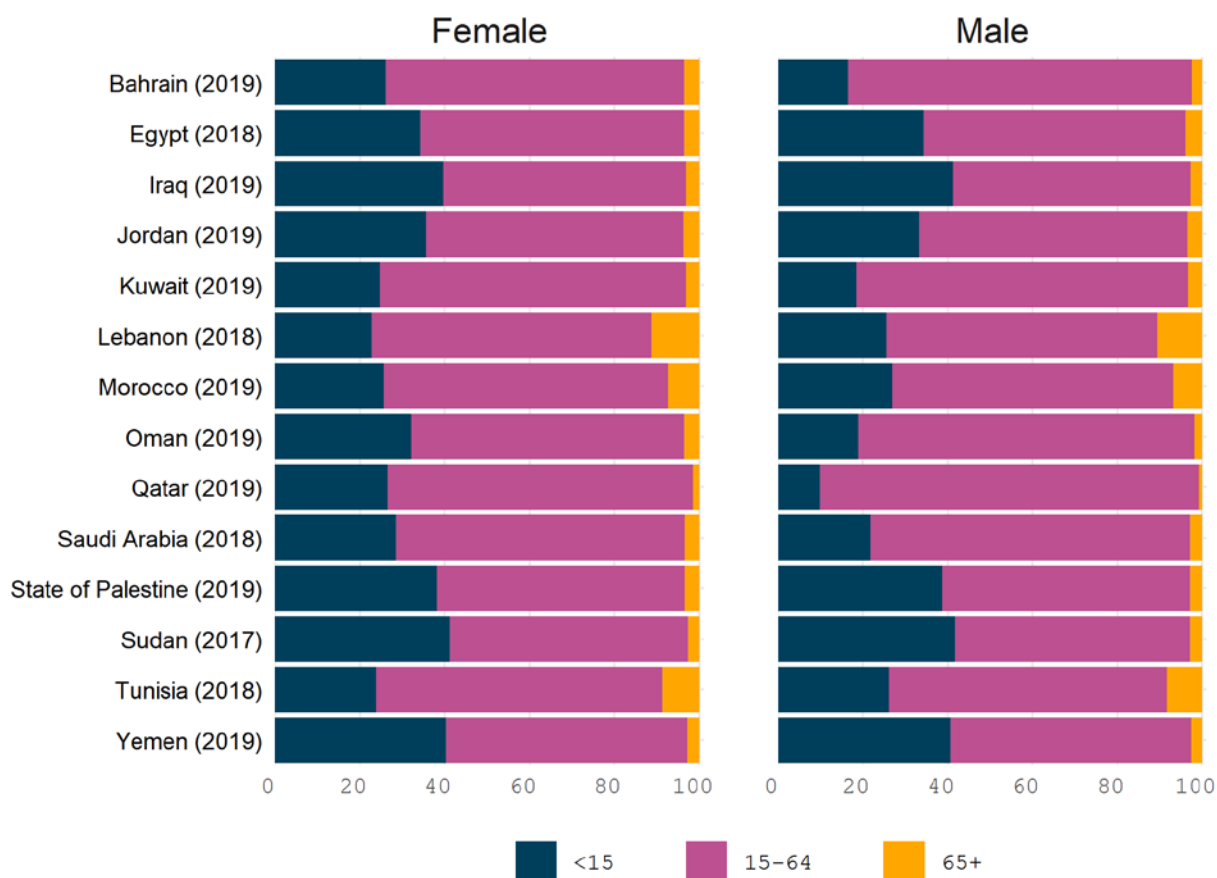


Source: Data from national statistical offices, compiled by ESCWA.

According to United Nations estimates, the region has a relatively young population overall, with a median age of only 22 years, compared with a world average of 28.5 years (United Nations, 2019). However, as shown in figure 1.7, there is considerable heterogeneity in age distribution across countries, owing to varying demographic transitions and size of migrant labour populations. According to the most recent data available, proportions of children less than 15 years of age range from a low of 14 per cent in Qatar (2019) to a high of 41 per cent in the Sudan (2017), followed by Iraq (2019) and Yemen (2019) at 40 per cent. In contrast, the proportionate size of working age population in Qatar is 85 per cent (2019), compared with 56 per cent in the Sudan and Iraq and 57 per cent in Yemen. Available data reveal that proportion of elderly persons (age 65 and above) to total population is still small; less than 4 per cent in most countries, aside from Morocco, Tunisia, and Lebanon, where they are 7 per cent (2019), 9 per cent (2018), and 11 per cent (2018), respectively.

Finally, data clearly show “distorted” sex distributions of populations in the GCC countries, which are due to disproportionately large labour-related migration of males compared with females in the working age populations of between 15 and 64 years. This “distortion” is most noticeable in Qatar, where the proportions of working age population are 89 per cent for males and 72 per cent for females, and Oman (2019), where the proportions are 79 per cent and 64 per cent, respectively.

Figure 1.7 Percentage of population by age group, by sex, latest data available



Source: Data from national statistical offices, compiled by ESCWA.

Rapid decline in fertility, but recent stall or increase in a few countries

Over the past few decades, several countries in the region have experienced rapid, though delayed, decline in fertility. The speed of decline varied widely across countries, with some showing little or no decline over the past decade, and even a slight increase more recently (in Egypt, Iraq, Mauritania, and Tunisia). As a result, current estimates of total fertility (number of children per woman) across the region reveal marked diversity. Since 2000, these varied significantly from a below or near replacement level in Bahrain, Morocco, Lebanon, Qatar, Tunisia, and United Arab Emirates to over 4 children per woman in Mauritania, the State of Palestine, and the Sudan. Reported figures for GCC countries refer to total population, including non-nationals, and hence tend to be relatively low. However, with the exception of Bahrain, recent fertility estimates for these countries over the national population indicate over 3 children per woman.

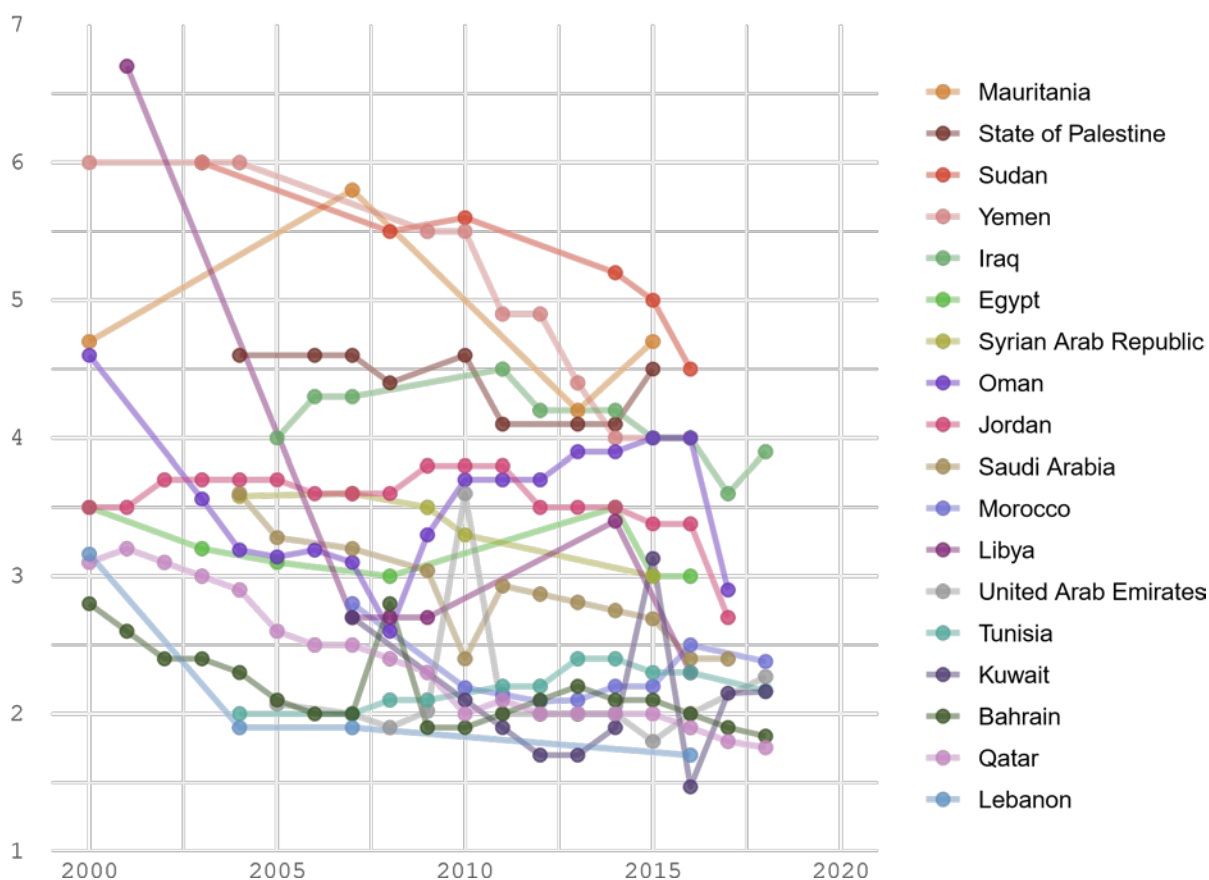
Fertility tends to go down with time almost everywhere in the world. Trends in recent estimates of total fertility (number of children per woman) in 18 Arab countries (figure 1.8) show a mixed picture, with a rapid decline in some countries, slow decline or stall in others, and a slight increase in a few. Seven countries show rapid decline of about 2 per cent per annum. Four – Kuwait, Oman, State of Palestine, and the Sudan – show a slow average decline of about 1 per cent or less per annum. Surprisingly, a few countries show recent stalls or even a slight increase in fertility. These include Egypt, Iraq, Mauritania, and Tunisia. After remaining relatively stable for some years (2000-2012), fertility in Jordan began a slight decline from 3.7 children per woman in 2002 to 3.5 in 2012 and 3.4 in 2016. Recent data from the 2017 Demographic

and Health Survey (DHS) from Jordan show a sharp decline from 3.5 in 2010-2015 to 2.7 in 2013-2017 for Jordanians. Also, after a prolonged stall, recent estimates from Egypt show a recent rise in from 3 in 2008 to 3.5 in 2014, a return to the same level as in 2000.

Fertility trends in the GCC countries are largely a reflection of migration rather than actual change in behaviour. Fertility is much higher among national women as compared to non-citizens, and trends in fertility for the national population show little change since 2000.

Changes in age-specific fertility over the region show a noticeable rise in almost all age groups; especially sharp for women aged 20-24 years, coinciding with recent conflicts and could be due to a rise in marriage rates, increased demand for children, or both.

Figure 1.8 Total fertility rates (births per 1,000 women), ages 15-49, 2000-2018

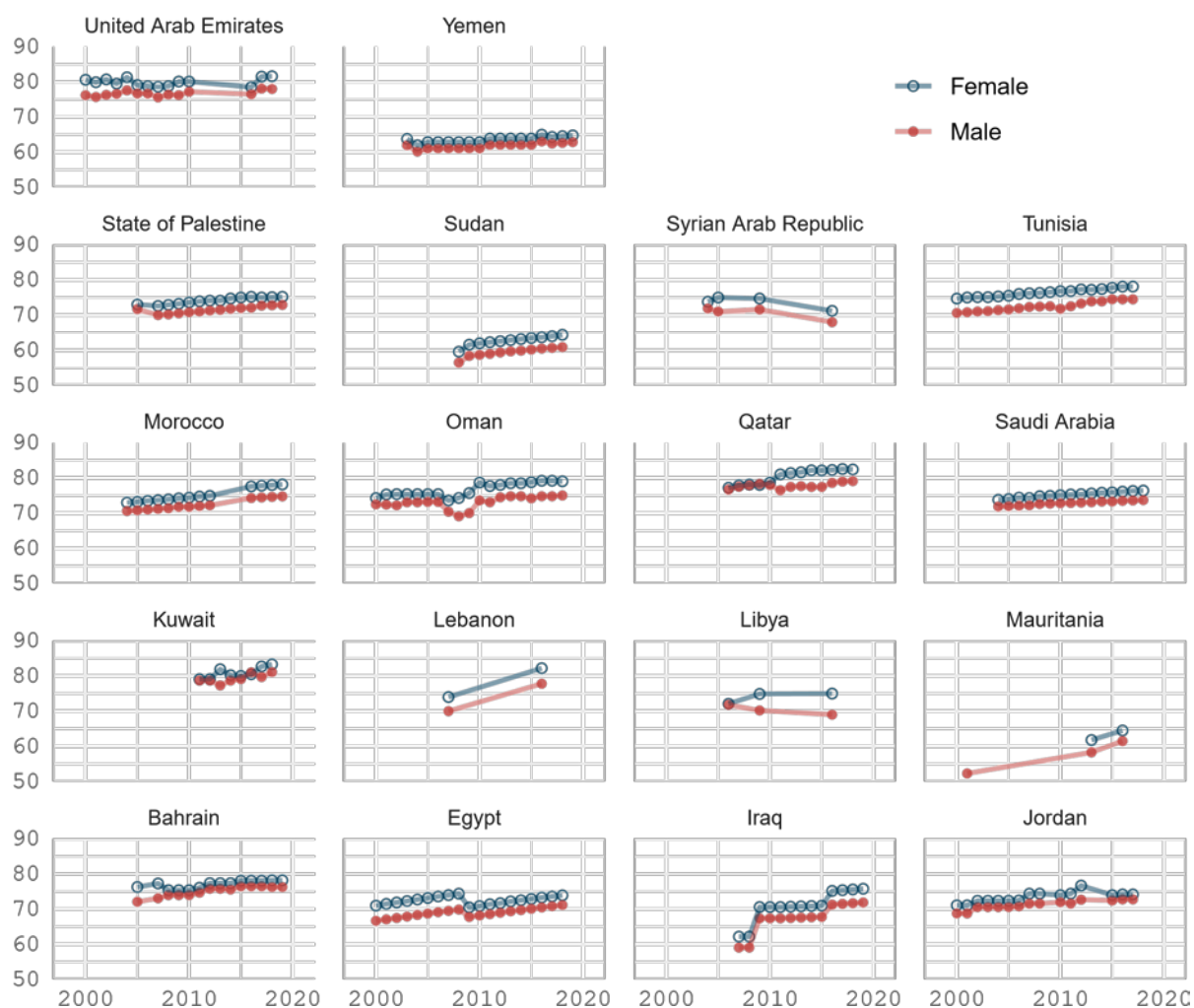


Source: Data from national statistical offices, compiled by ESCWA.

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, since the 1960s, life expectancy at birth has improved by about 20 years (United Nations, 2019). However, improvements are not evenly distributed across the region. Poorer countries still have relatively high mortality rates or low life expectancy at birth. Furthermore, gender disparities in health status persist in many countries.

Figure 1.9 Life expectancy at birth for total population, by sex, 2000-2019



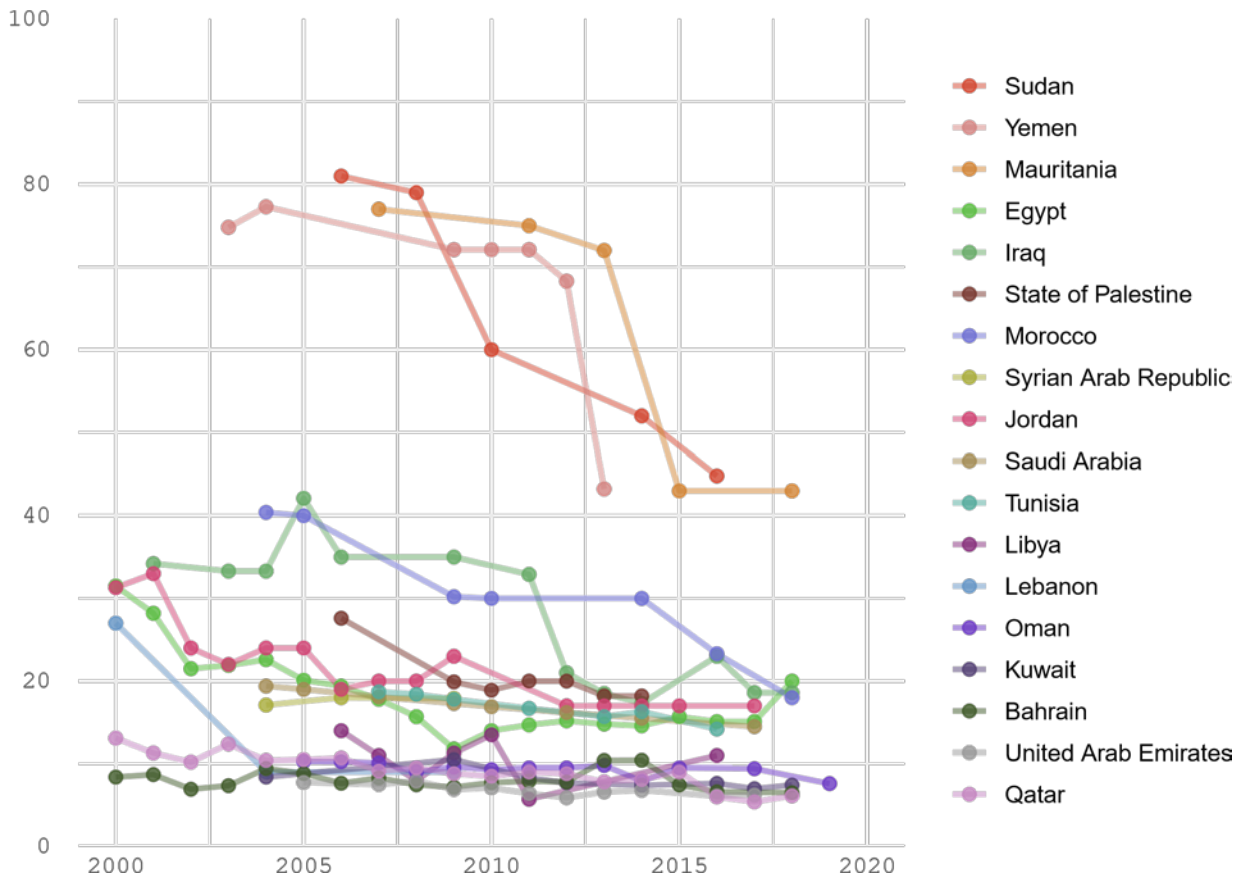
Source: Data from national statistical offices, compiled by ESCWA.

Trends in life expectancy at birth are available for 18 countries in the region. As shown in figure 1.9, estimated life expectancy at birth generally increased over time. Expectedly, richer countries have higher life expectancy, with the highest being in the GCC States, e.g., Qatar and the United Arab Emirates have the life expectancies at birth for both males and females. Interestingly, some middle-income countries, such as Morocco and Tunisia, have similar levels as some of the richer countries in the GCC. Estimates of life expectancy at birth range from 62 years for males and 65 females in Mauritania in 2016 to 79 years for males and 82 for females in Qatar in 2016-2018. Gender differences are generally small, with a difference of less than two years in three countries (Jordan, Bahrain, and Yemen). Such a small gender difference may indicate a disadvantage in chances for survival for females, arising from differential treatment of the sexes, perhaps in the form of access to healthcare and nutrition (Coale, 1991). Using model life tables, Coale (1991) estimated a narrow variation in sex ratios of life expectancy at birth, ranging from -0.924 to 0.946. Values above 0.94 may indicate discrimination. Scientific evidence indicates that when female life expectancy is lower than that of males, the reason is possibly poorer treatment of girls; for example, boys are fed more than girls or sent to the doctor more often. Except for Qatar, all countries with data on life expectancy by gender show values above 0.94, suggesting notable gender disparities in longevity. However, trend data from a few countries reveal that improvements over the past decade are generally better for females than for males.

Continuous improvement in health status is also evident in decreased infant and child mortality (number of deaths per 1,000 live births) over time across countries in the region (figure 1.10). However, reductions

in infant mortality seem to be stalled, not only in countries with relatively high rates (such as Egypt and Iraq), but also in those with low rates (specifically, GCC States). Although current data are not available, infant mortality in countries undergoing conflict (such as the Syrian Arab Republic and Yemen) are probably stalled or have increased during the past few years. Recent estimates from Jordan (17 in 2017) and the State of Palestine (18 in 2014) show sharp declines in recent years. In recent years, infant mortality rates range from 79 in the Sudan in 2008 to very low rates of 10 or less in the GCC countries. The figure clearly shows that the poorer countries of Mauritania, the Sudan, and Yemen all have similarly high rates of about 40 during the 2000-2019 period, although these rates have declined sharply over the years.

Figure 1.10 Infant mortality rates (per 1,000 live births), 2000-2020



Source: Data from national statistical offices, compiled by ESCWA.

While sex differentials in mortality are generally too small to indicate statistical significance, they tend to favour females, as would be expected, in most countries (Coale, 1991). In Egypt, recent estimates show a male advantage in mortality. In gender egalitarian countries, such as Sweden, the sex ratio of infant mortality rates is around 1.20. In only 6 out of the 18 countries of the region for which data on infant mortality rate by sex are available, sex ratios are above 1.20. Lack of gender differences in infant mortality rates in 10 out of the 18 countries may indicate discrimination against girls, such as limited access to health services or nutrition (Coale, 1991).

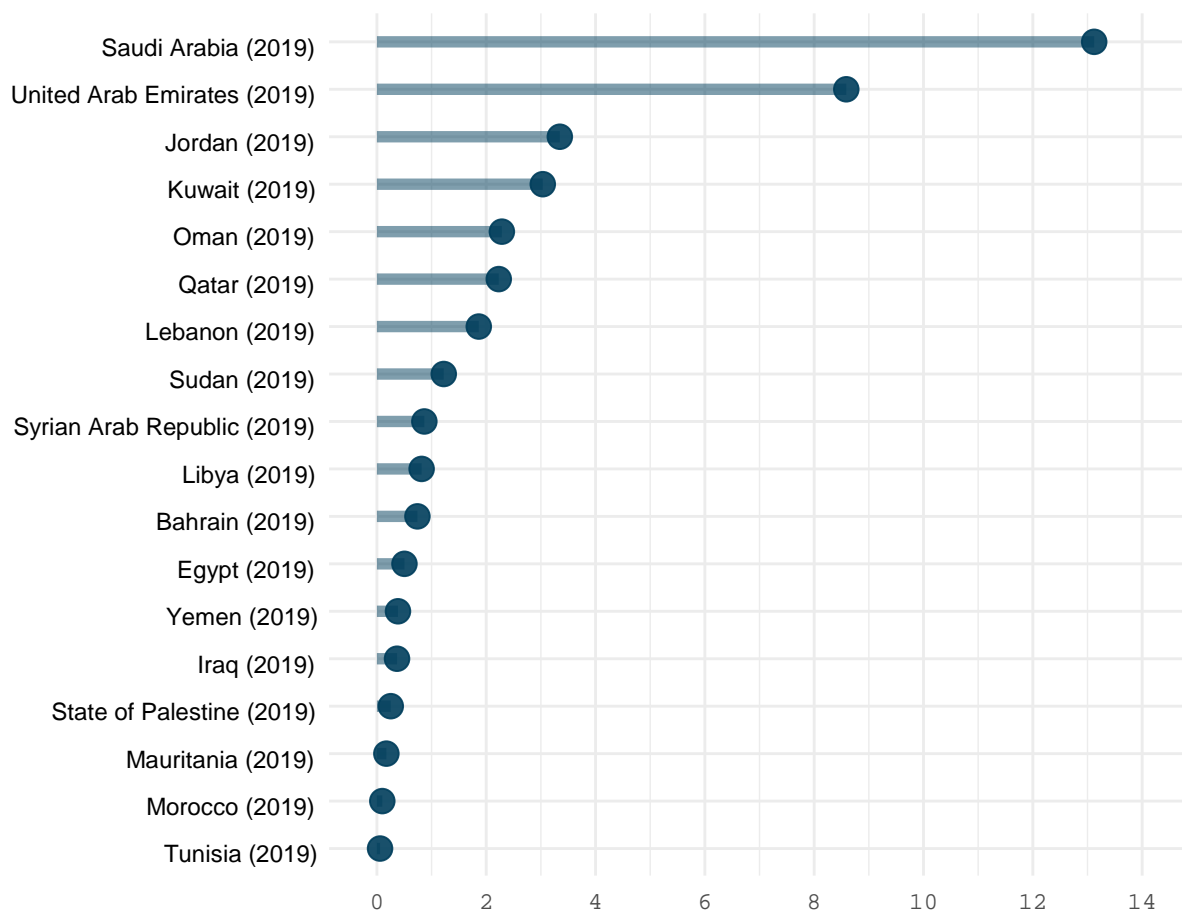
International migration nearly doubled in 20 years

International migration can have a profound impact on the population size and age-sex structure of a country, as well as on its economic, social and health conditions. Despite its significance, there is very little data or literature on international migration in the Arab region. In this report, the limited data

available from international sources are used to shed light on the size of migrant and displaced populations, as well as on net migratory movements.

Most countries in the region have relatively large migrant populations. Data for 2019 reveal that Saudi Arabia and United Arab Emirates have the largest number of international migrants, followed by Jordan (figure 1.11). Eight out of 18 countries classify at least 25 per cent of their populations as international migrants, and they constituted more than 80 per cent of population in the United Arab Emirates and more than 40 per cent in Kuwait, Qatar, Bahrain, and Oman. Migrant populations are also relatively large in Jordan, Lebanon, and Saudi Arabia. However, unlike in the GCC countries, migrants in Jordan originate largely from neighbouring Arab countries; mainly Egypt, Iraq, the State of Palestine, and the Syrian Arab Republic.

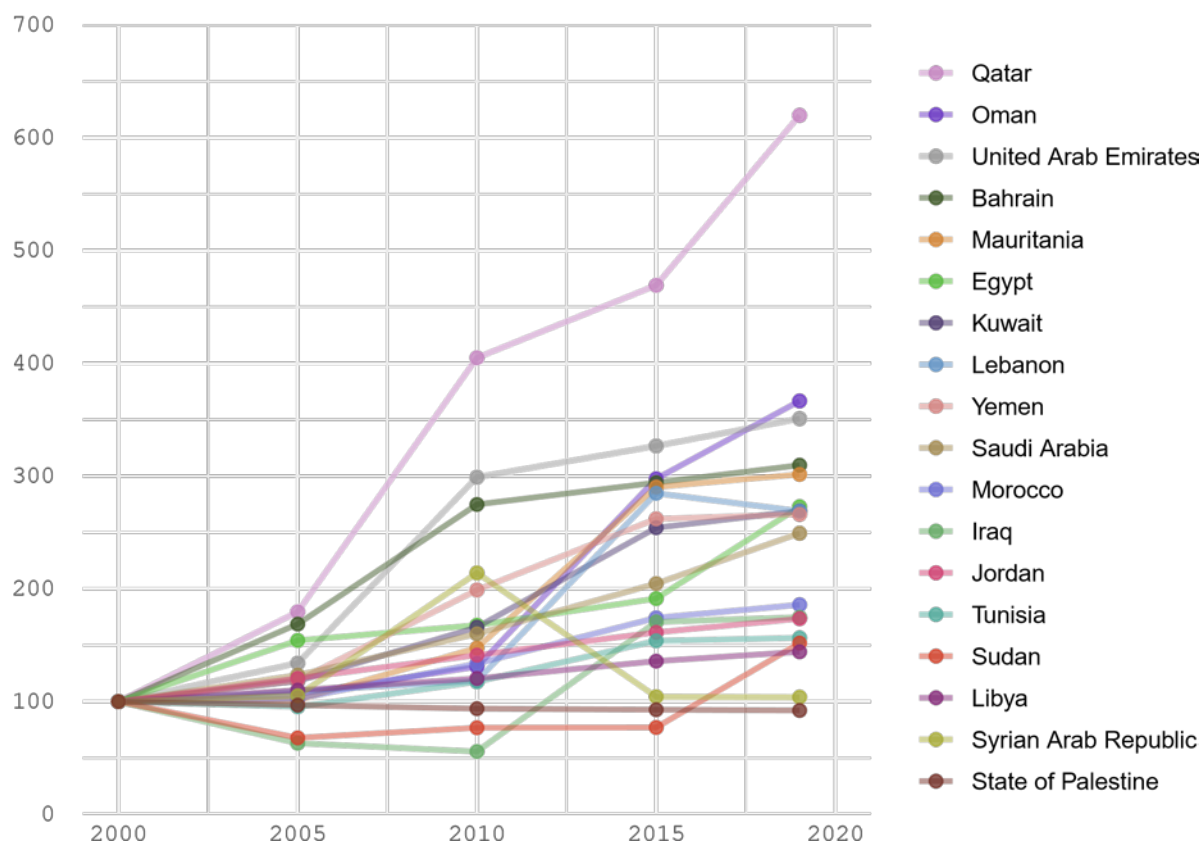
Figure 1.11 International migrant stock, in millions, 2019



Source: United Nations, 2020.

In 18 Arab countries, trends in estimated international migration stocks indicate a substantial increase from 2000 to 2019. During the period, numbers more than doubled in 11 countries and more than tripled in five; namely, Bahrain, Mauritania, Oman, Qatar and the United Arab Emirates (figure 1.12). For the 18 countries as a group, the number of international migrants has increased by nearly 250 per cent since 2000.

Figure 1.12 International migrant stock at mid-year (percentage of base year 2000), 2000-2019

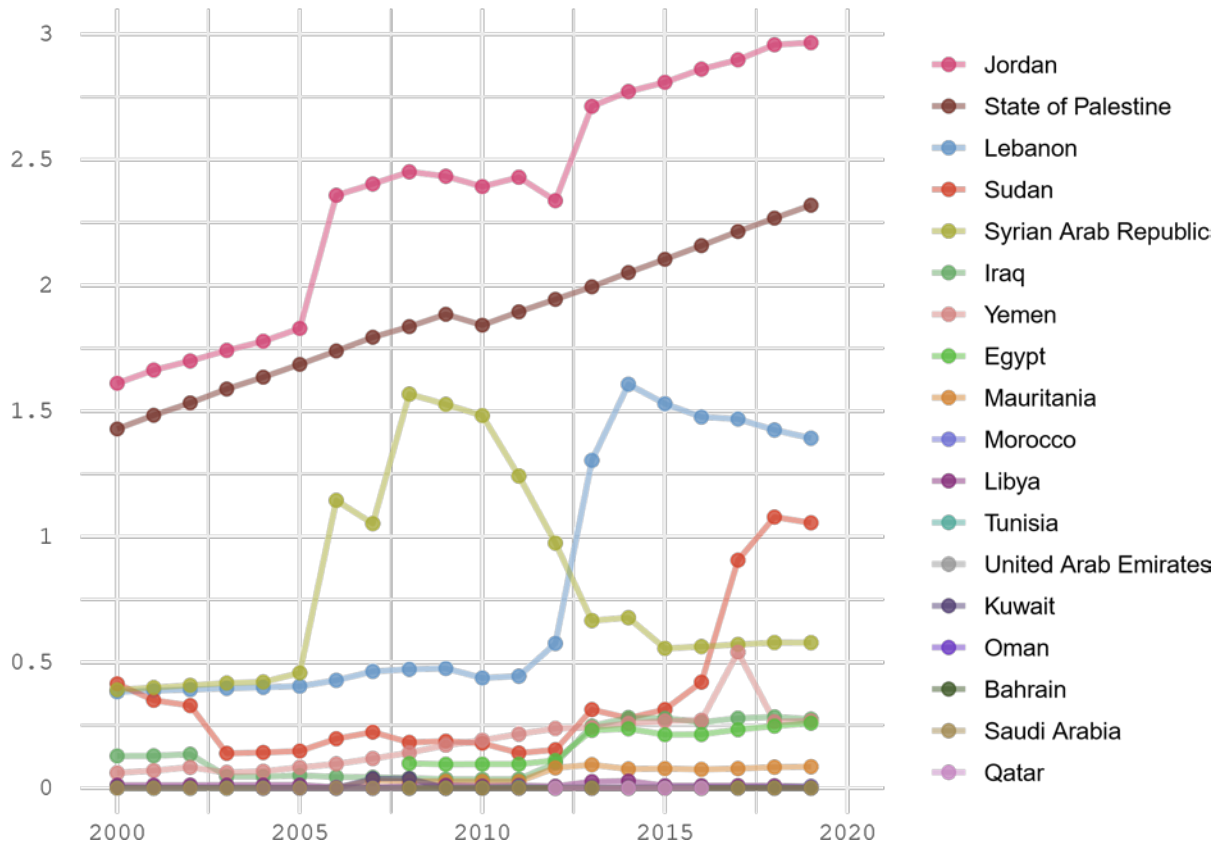


Source: United Nations, 2020.

During the 2015-2020 period, estimated net migration rates per 1,000 population were positive for 9 of the 18 countries. At 31 and 23, respectively, Bahrain and Oman had the highest positive rates. In contrast, at -24, the Syrian Arab Republic had the largest negative rate. While there is some fluctuation in these rates between 2015 and 2020, the trend was decreasing consistently in all GCC countries.

It is widely known that the Arab region has the largest number of refugees and displaced populations worldwide, with the Palestinians being the largest and oldest group (UNHCR, 2017; UNRWA, 2017). As shown in figure 1.13, four countries – Jordan, State of Palestine, Lebanon, and the Sudan – each have over 1 million refugees. The large size of the refugee population in Lebanon and Jordan relative to their national populations has important implications for their labour markets and their capacity to provide adequate health, education, and social services.

Figure 1.13 Refugees by country/territory of asylum, in millions, 2000-2019



Sources: UNHCR, 2020 and UNRWA, 2020.

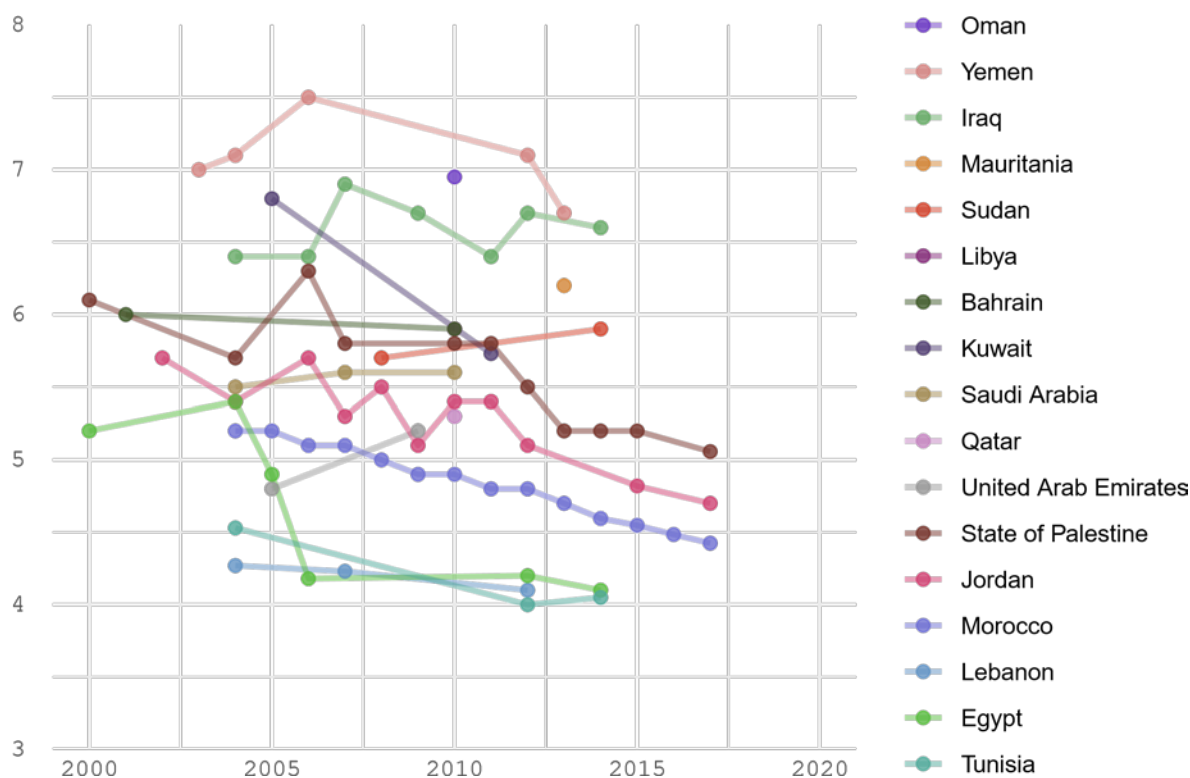
2. Households and families

The composition of a household shapes the lived experience of its members and provides some broad indications of their social and economic well-being (Deaton, Ruiz-Castillo, and Thomas, 1989). Throughout the Arab region, the family is widely regarded as a core social institution (Salehi-Isfahani, 2013). Early studies on household dynamics in the region focused on the move away from a tradition of extended-family households toward a nuclear household structure (Barakat, 1985). More recently, Khadr and El-Zeini (2003) confirmed that the nuclear family has become the most common living arrangement.

Customary patterns of marriage in the region can generally be described as early, universal, and polygynous. However, economic and societal changes in recent decades have had important effects on the timing and nature of marriage. In particular, increasing industrialisation of the labour market, urbanisation of the population and rising educational attainment have been linked in several Arab countries to a shift towards later marriage, monogamy, and higher rates of celibacy (Rashad, Osman and Roudi-Fahimi, 2005).

In this section, we provide a descriptive overview of household composition and family formation. Our analysis draws on official statistics reported by national statistical offices, as well on available data from recent Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

Figure 2.1 Average household size, 2000-2020



Source: Data from national statistical offices, MICS, and DHS, compiled by ESCWA.

Largest household size in Oman, Yemen, and Iraq; smallest in Lebanon, Tunisia, and Morocco

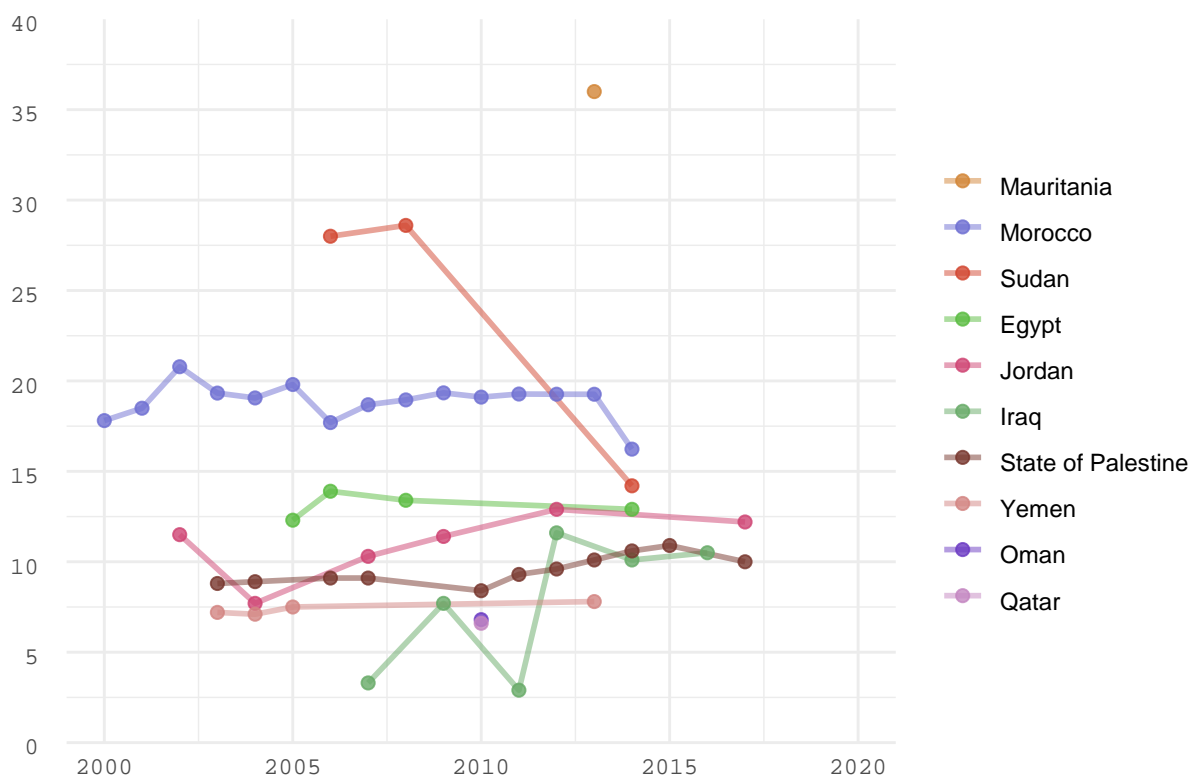
Figure 2.1 displays average household size across the Arab region based on available data for recent years. Household size ranges from a high of around 7 persons in Iraq, Oman, and Yemen to around 4 in Lebanon, Morocco, and Tunisia. Although household size is related to fertility rate, the relationship 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 contribute to determining household size in any given population. For example, Bahrain has a relatively low fertility rate but a large average household size of around six persons, similar to that of the Sudan.

Low rates of female-headed households, except for Mauritania

Rates of female-headed households are shown in figure 2.2. The most recent official data from Mauritania suggests that 36 per cent of households are headed by female (2013), whereas in Qatar and Oman female-headed households account for less than 7 per cent (2010). Out of the 10 countries with available data, eight show a relatively low proportion of less than 15 per cent.

Figure 2.2 Female-headed households, percentage, 2000-2020



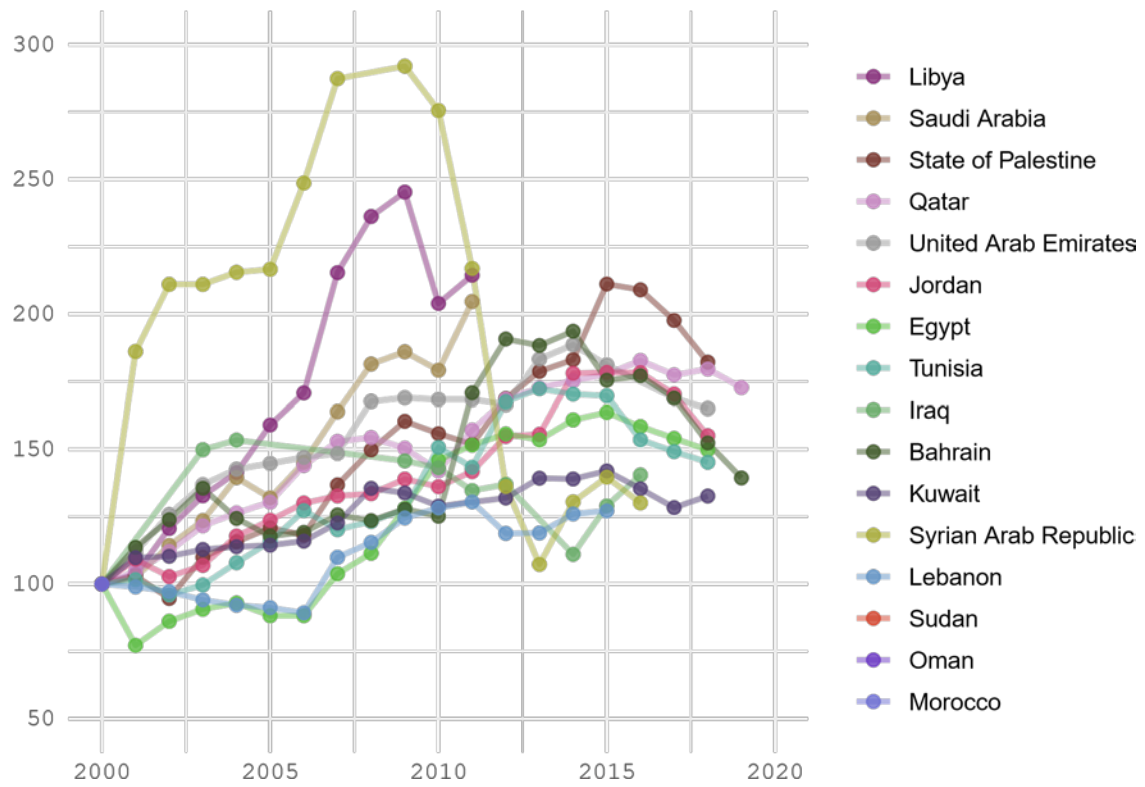
Source: Data from national statistical offices, compiled by ESCWA.

Consistent rise in number of registered marriages and divorces

Figure 2.3 is a simple index showing yearly changes in number of registered marriages, compared with the baseline year of 2000. In most countries for which data are available, the number has increased consistently since 2000. The State of Palestine also experienced a doubling between 2000 and 2015, before numbers decreasing yearly from 2016 to 2018. Conversely, registered marriages in the Syrian Arab Republic have dropped from a high of around 240,000 in to just 108,000 in 2016.

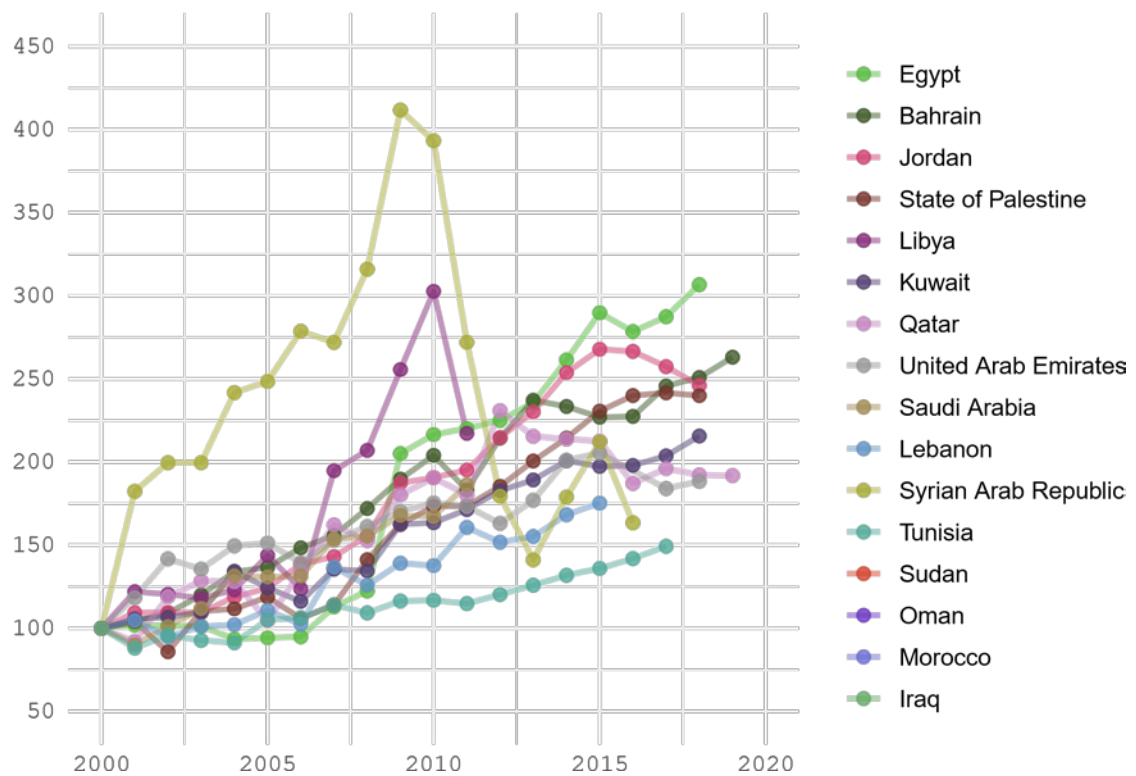
The index in figure 2.4 shows that the number of registered divorces has increased even more than the number of registered marriages. In all Arab countries with recent available data, the number of registered divorces has at least doubled, except for Tunisia and Lebanon where it has increased by 49 (2000 to 2017) and 75 (2000 to 2015) per cent, respectively. In the Syrian Arab Republic, Registered divorces have declined precipitously since 2009 to a greater extent than registered marriages; quadrupling from 2000 to 2009, before declining in 2016 to just 125 per cent of the base year 2000.

Figure 2.3 Registered marriages, percentage of those registered in the year 2000, 2000-2020



Source: Data from national statistical offices, compiled by ESCWA.

Figure 2.4 Registered divorces, percentage of those registered in the year 2000, 2000-2020



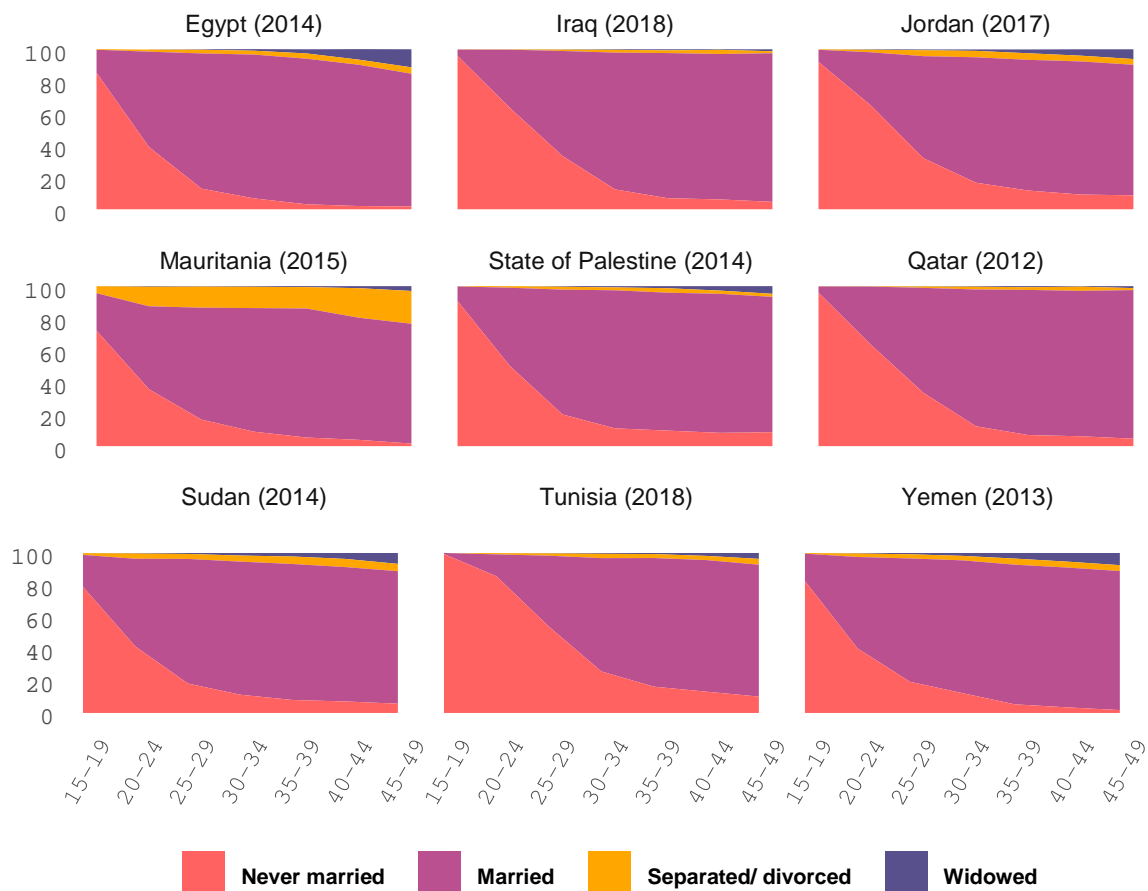
Source: Data from national statistical offices, compiled by ESCWA.

Most women are married by age 20-24 in Egypt, Mauritania, the Sudan, and Yemen

Figure 2.5 displays marital status of women by age groups. According to the latest DHS and MICS data, by 20-24 years of age, between 50 and 60 per cent of women are married in Egypt, Mauritania, the Sudan, and Yemen, while in Jordan and Tunisia, the percentage is significantly lower, at 33 and 14, respectively.

Figure 2.5 also shows that marriage is nearly universal among women aged 45-49 in Egypt, Yemen, and Mauritania. However, this is no longer the case in Tunisia, the State of Palestine, Jordan, Iraq, Qatar, and the Sudan, where the rate of never married women aged 45-49 ranges between 6 and 13 per cent. Divorce increases with age but remains below 5 per cent in all countries with available data, except for Mauritania where about 16 per cent of women aged 45-49 are divorced or separated. The highest rate of widowed women is found in Egypt and Yemen, where around 11 and 8 per cent of women aged 45-49, respectively, have lost their husband.

Figure 2.5 Women's marital status by age groups, latest available estimates



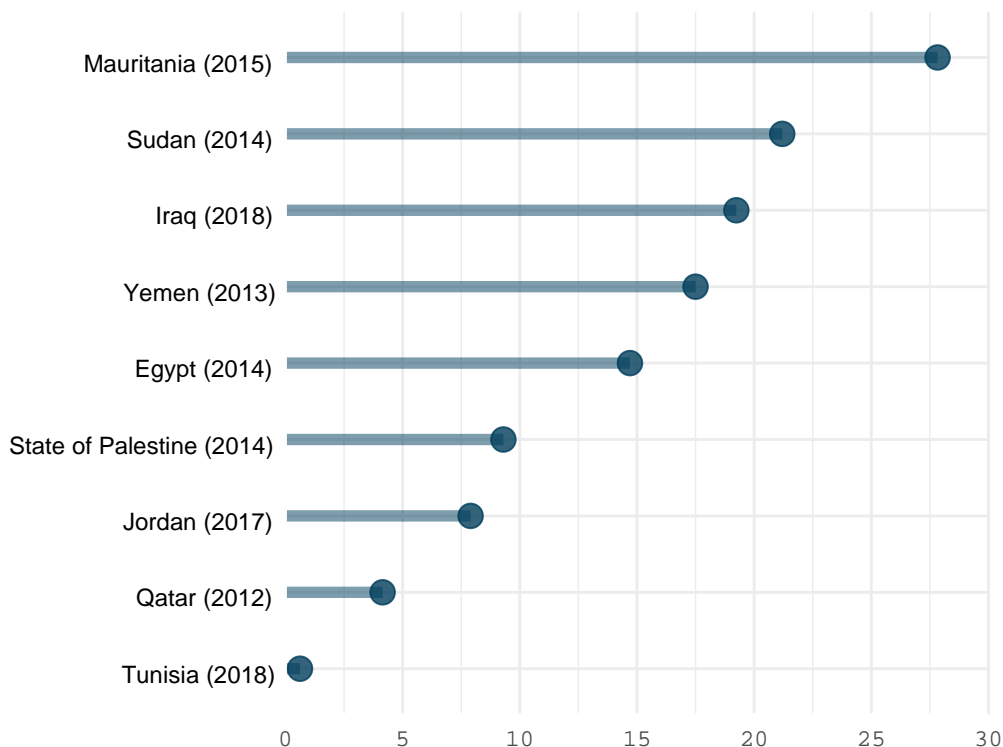
Source: Data from MICS and DHS.

Wide variation in child marriage

Throughout the Arab region, mean age at first marriage has increased for both men and women. However, due to a complex combination of cultural norms, poverty, and restrictions on geographic mobility, child marriage, defined as formal marriage before age 18, is still common among girls in some Arab countries (Roudi-Fahimi and Ibrahim, 2013). The practice often results in the start of childbearing at an early age, high fertility and reduced educational and labour market opportunities (Bunting, 2005).

Figure 2.6 shows the variation in the estimated percentage of ever married among girls aged 15-19 for countries in the region that have recently conducted a DHS or MICS. In Mauritania, 28 per cent of these girls were ever married in 2015, compared with 21 per cent in the Sudan in 2014, 19 per cent in Iraq in 2018, 18 per cent in Yemen in 2013, 15 per cent in Egypt in 2014, 9 per cent in the State of Palestine in 2014, 8 per cent in Jordan in 2017, 4 per cent in Qatar in 2012, and 1 per cent in Tunisia in 2018.

Figure 2.6 Percentage ever married among girls aged 15-19, latest available estimates

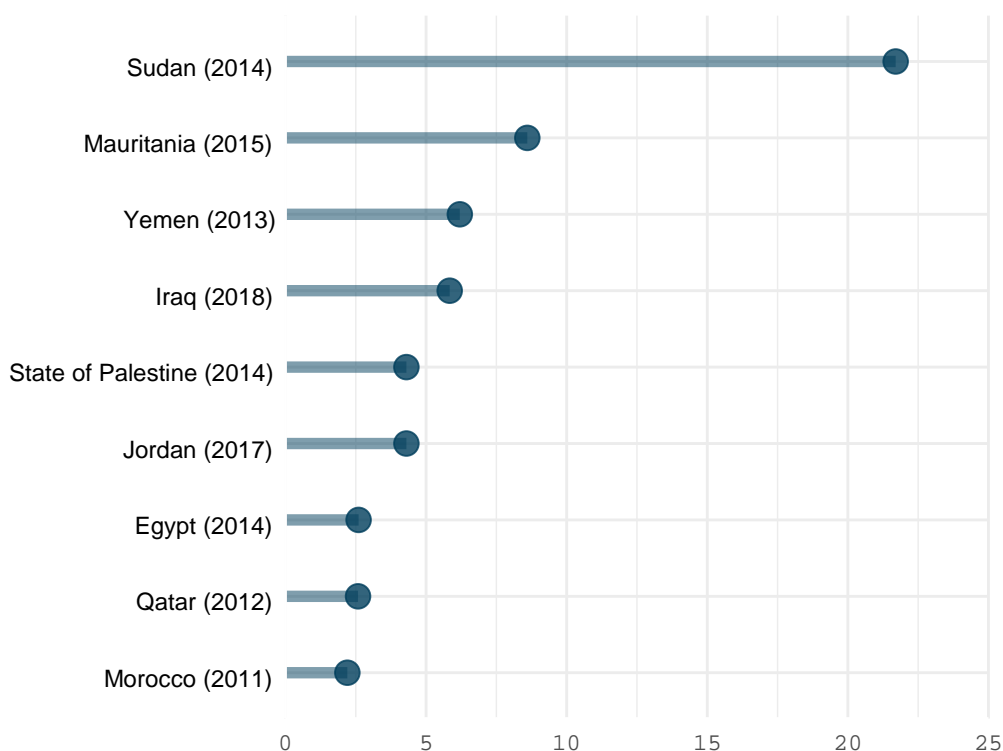


Source: Data from MICS and DHS.

Low rates of polygyny, except for the Sudan

Polygynous marriage is no longer prevalent in most Arab countries. According to recent DHS and MICS data, only around 3 per cent of women aged 15-49 in Egypt are in marriages with one or more co-wives, compared with 4 per cent in the State of Palestine, 4 per cent in Jordan, 6 per cent in Iraq and Yemen, and 9 per cent in Mauritania. The highest rate of polygyny is found in the Sudan, with 22 per cent of women in Polygynous marriages.

Figure 2.7 Percentage of women aged 15-49 with one or more co-wives, latest available estimates



Source: Data from MICS, DHS, and PAPFAM.

Women tend to start childbearing soon after marriage

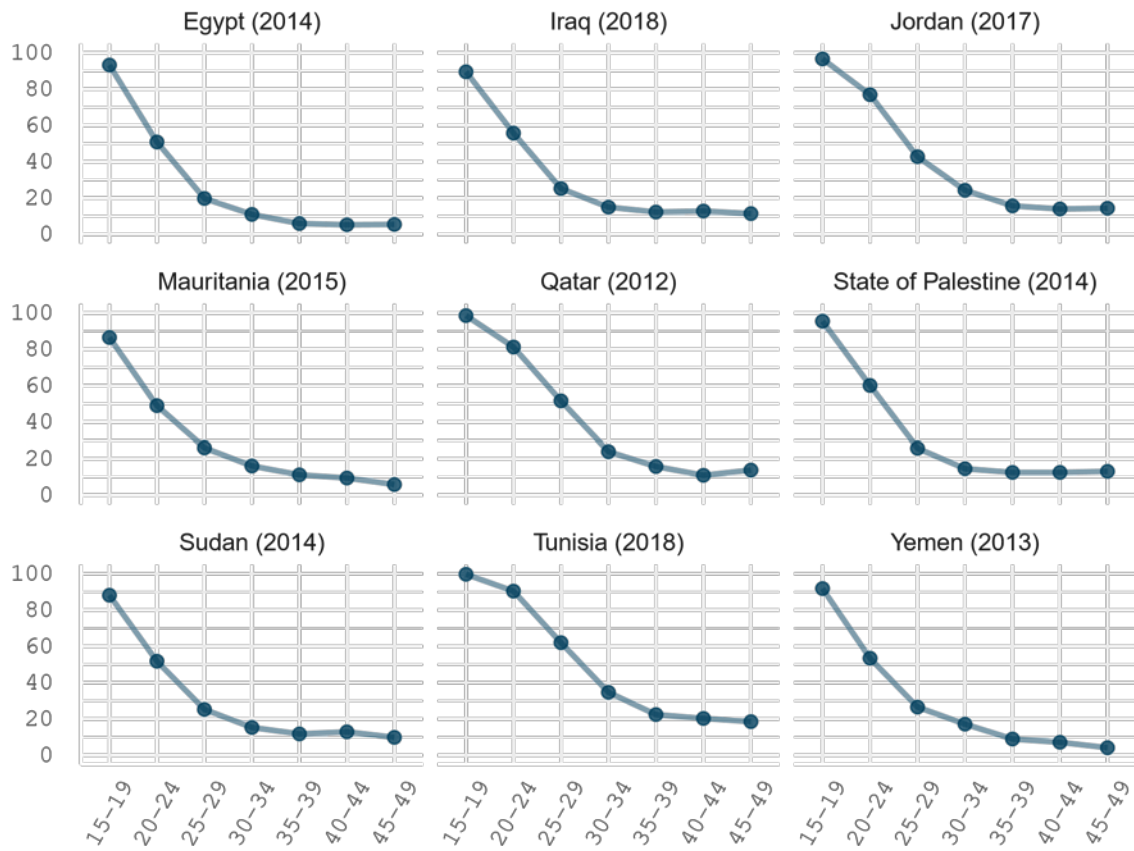
Figure 2.8 shows the estimated percentage of women who are childless (meaning having no children ever born) by age group. In the Arab region, women tend to start childbearing soon after marriage. As the mean age at marriage has increased in the last few decades, so has the mean age at first birth.

However, according to the latest DHS and MICS data, 13 per cent of girls aged 15-19 in Mauritania have already started childbearing, compared with 12 per cent in the Sudan; 10 per cent in Iraq; 8 per cent in Yemen; 7 per cent in Egypt; 5 per cent in the State of Palestine; and 3 per cent in Jordan. Early childbearing before the onset of adulthood poses multiple serious risks to both the mother and child. For the mother, early pregnancy is associated with adverse health, education, and economic outcomes, while for the child, there are substantially increased risks of perinatal and infant death (UNFPA, 2013).

Approximately one in two women in Iraq, Egypt, Mauritania, and the Sudan have started childbearing by 20-24 years of age. Conversely, 90 per cent of women aged 20-24 in Tunisia, 81 per cent in Qatar, and 77 per cent in Jordan have never given birth.

Childlessness among women aged 45-49 ranges between 20 and 10 per cent in Tunisia, Qatar, Jordan, the State of Palestine, Iraq and the Sudan, but is notably lower in Mauritania, Egypt and Yemen, at 6 per cent, 6 per cent and 4 per cent, respectively.

Figure 2.8 Percentage of women who have never given birth, by age groups, latest available estimates



Source: Data from MICS and DHS.

3. Housing conditions

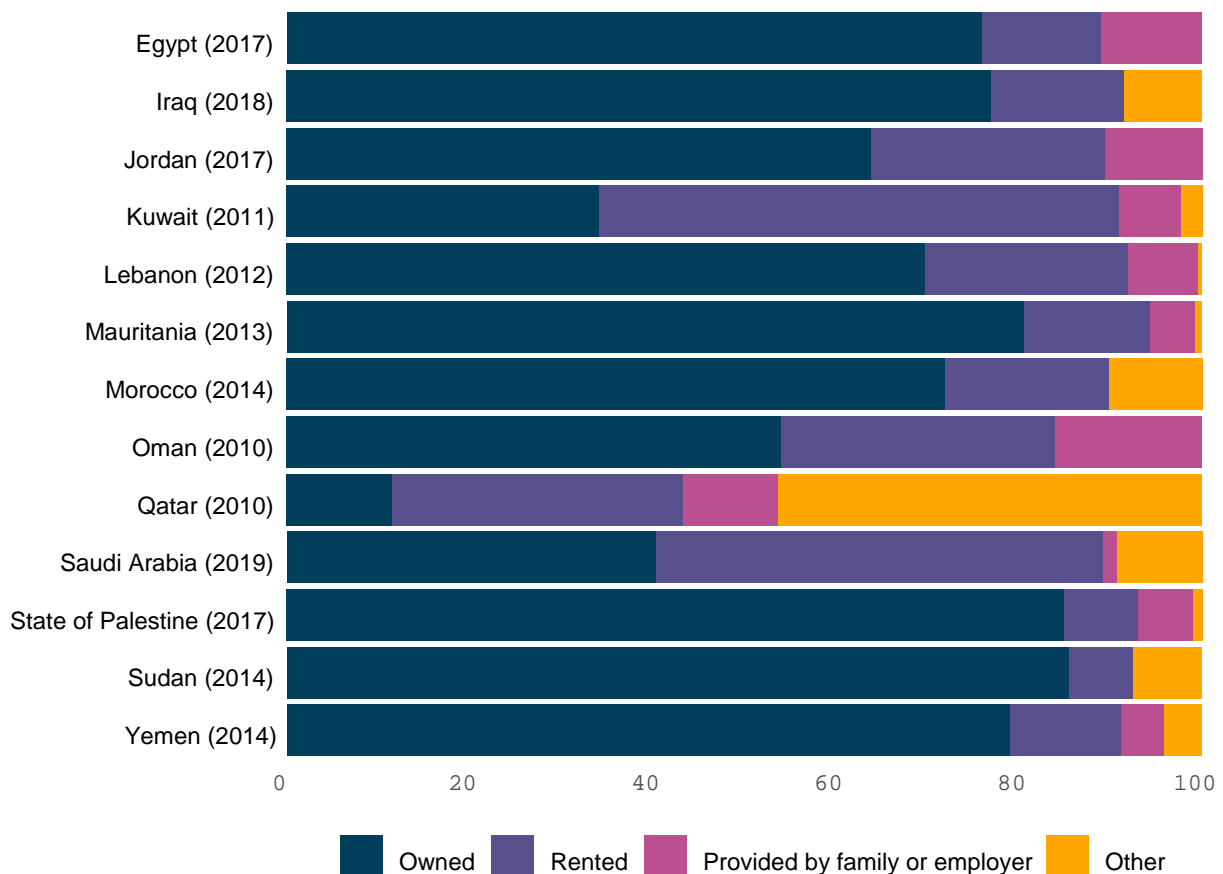
Housing is one of the most important aspects of people’s lives and adequate housing is recognized as a basic human right. Being sheltered from weather conditions and having a sense of security, privacy and personal space is a basic need. Adequate housing is also essential for people’s health and affects childhood development (Organisation for Economic Co-operation and Development, 2011). Housing issues figure prominently in Sustainable Development Goal (SDG) 11 of the 2030 Agenda for Sustainable Development: “Make cities and human settlements inclusive, safe, resilient and sustainable” and in SDG target indicator 11.1 that aims to measure the “Proportion of urban population living in slums, informal settlements or inadequate housing”.

This chapter presents the latest available data on housing conditions in Arab countries, describing types of housing units, tenure in housing units, usage of improved drinking water sources, usage of improved sanitation facilities, availability of electricity, and proportion of urban populations living in slums. As statistics on housing conditions are calculated from decennial censuses and periodic housing surveys, time-series data for the relevant indicators in the Arab region are sparse.

The majority of households own the housing unit in which they live, except in GCC countries

According to the latest available data, home ownership exceeds 60 per cent in the Arab region, except in GCC countries (figure 3.1). In the latter, the low proportion of households living in housing units they own is attributable to the high numbers of non-national residents (figure 3.2).

Figure 3.1 Occupied housing units by tenure of housing unit, percentage, latest available data

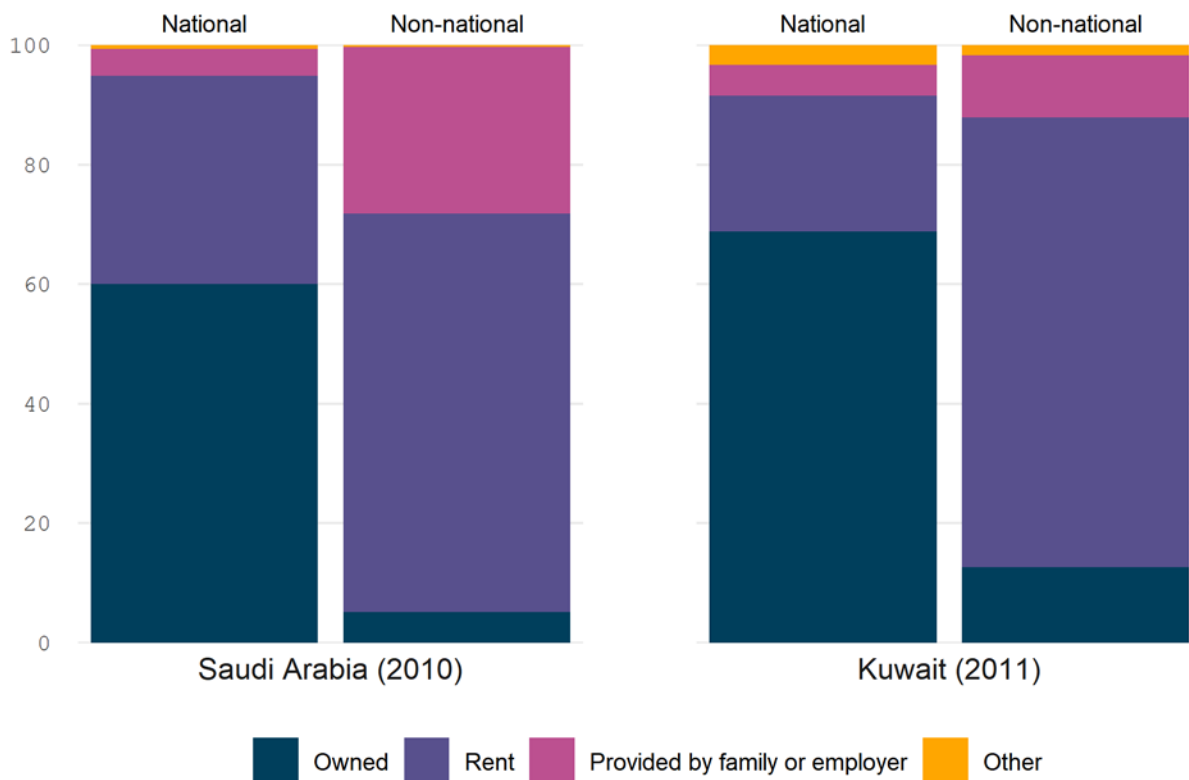


Source: Data from national statistical offices, compiled by ESCWA.

For total population (combining national and non-national), Qatar (2010), at 12 per cent, had the lowest home ownership rate, with 32 per cent of housing units rented. Similarly, in Kuwait (2011), just 34 per cent of housing units were owner occupied, while 57 per cent were rented. At 85 per cent, the State of Palestine (2017) had the highest proportion of households living in housing units they own.

In GCC countries, home ownership rates vary widely between national and non-national households (figure 3.2); larger proportions of national households tend to own their housing units, whereas non-nationals are more likely to rent. In 2010, about 60 per cent of national households lived in owned housing units in Saudi Arabia, compared with just 5 per cent of non-national households. In Kuwait, in 2011, the proportion of Kuwaiti national households owning their housing units was 69 per cent, compared with about 13 per cent of non-national households. A larger proportion of non-nationals than nationals in Kuwait and Saudi Arabia also occupy housing units that are provided by employers or family. In 2010, Saudi Arabia reported that about 28 per cent of non-nationals lived in such housing units, versus about 5 per cent of national Saudis. In Kuwait, at about 10 per cent, the proportion for non-nationals was roughly twice that of nationals.

Figure 3.2 Occupied housing units by type and nationality, percentage, latest available data



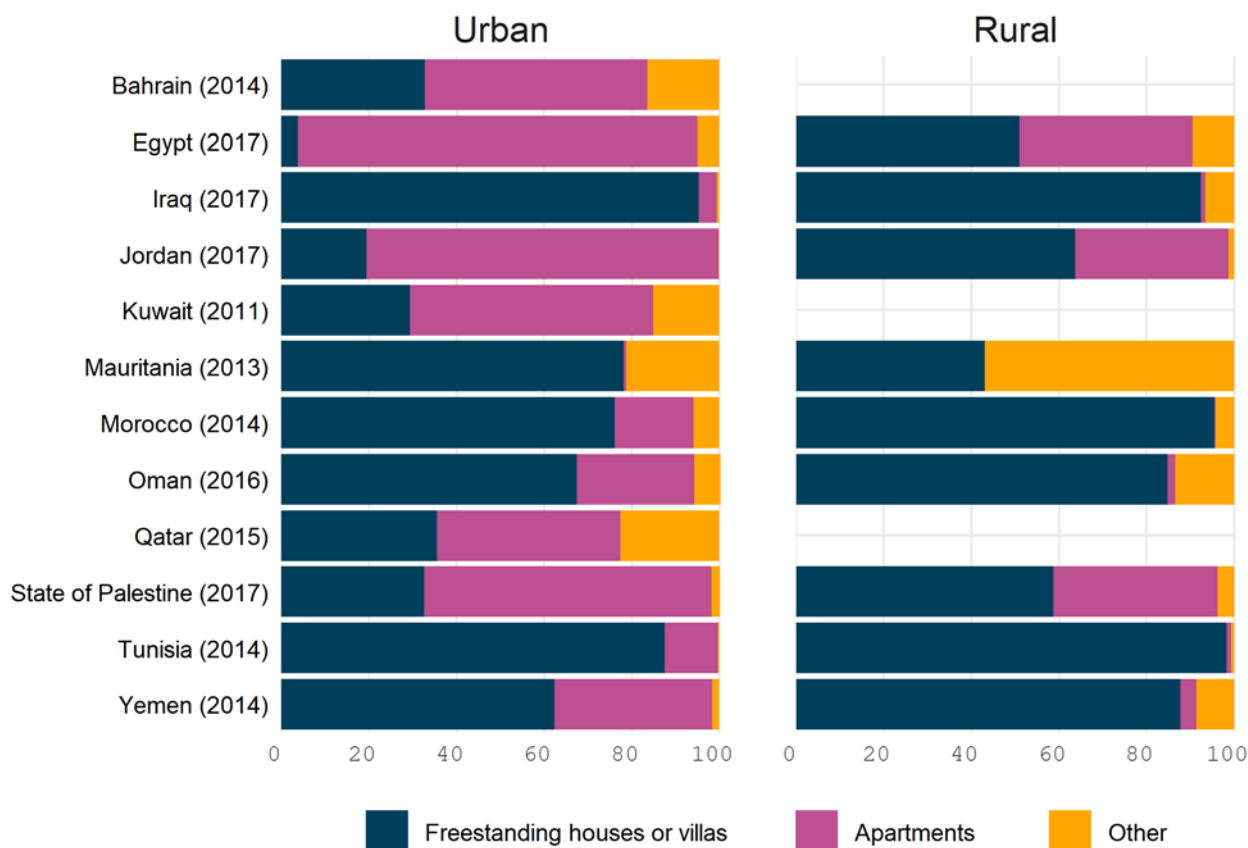
Source: Data from national statistical offices, compiled by ESCWA.

Higher percentages of apartments in urban areas

Apartments are more widespread in urban areas than rural areas in the Arab region (figure 3.3). Recent estimates from Egypt, Jordan, and the State of Palestine (2017) show that apartments are more than twice as prevalent in urban areas than freestanding houses or villas; in Egypt, over 90 per cent of housing units in urban areas are apartments. In Kuwait and Qatar, countries comprised only of urban areas, apartments account for 56 and 42 per cent of housing units, respectively. Freestanding, or independent, houses and villas are more popular in the urban areas of Iraq, Mauritania, and Morocco, where they represent 95, 78, and 76 per cent of housing units, respectively.

A few countries in the region reported a noticeable proportion of housing units that are not defined as apartments or freestanding houses or villas. This category can include separate rooms, institutional housing and improvised housing; the latter of which includes huts, shacks, tents, and mobile homes. In rural Mauritania, 56 per cent of housing units are huts, shacks, or tents, which is the largest proportion in the region by far.

Figure 3.3 Occupied housing units by type and area, percentage, latest available data



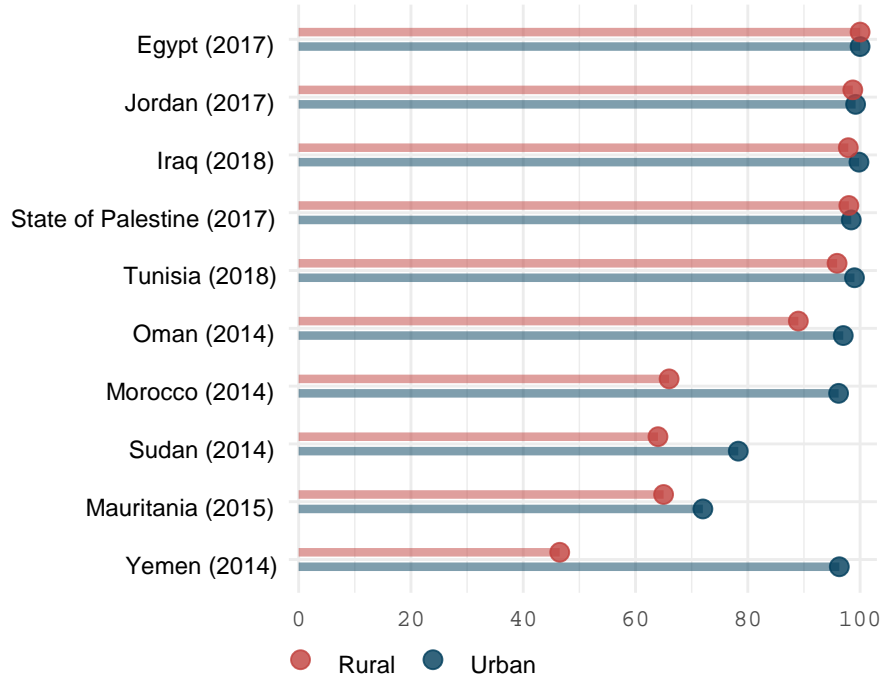
Source: Data from national statistical offices, compiled by ESCWA.

Wide variation in availability of improved drinking water sources

Figure 3.4 shows the estimated proportion of households using an improved drinking water source in 10 countries. Such sources are defined as likely to provide safe drinking water and include a piped source within the dwelling, a public tap, a borehole, a protected well or spring, rainwater, and bottled water. These are generally more readily available in urban areas. However, in the State of Palestine, this is not the case, for urban households are less likely to use an improved drinking water source than rural households. Indeed, in the Gaza strip, a largely urban region, there is widespread use of water from tanker trucks, which is not an improved water source.

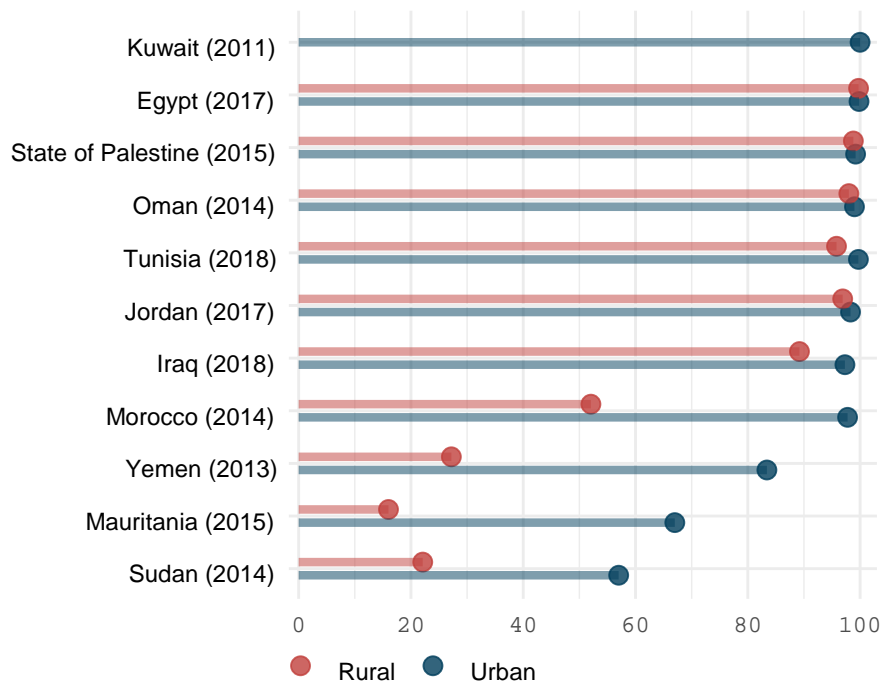
According to the most recent estimates, more than 95 per cent of urban households have access to an improved source of drinking water in six out of 11 countries (figure 3.4). Egypt and Jordan (2017) reported noticeably high percentages in both urban and rural areas; 99 and 98, respectively, in Egypt, and 99 and 97, respectively, in Jordan. Although the State of Palestine has one of the lower percentages in the region for urban households, they reported the third highest percentage for rural households, 90. The percentage for rural households is low in Morocco, the Sudan, Yemen, and Mauritania, at 66, 64, 50, and 43, respectively.

Figure 3.4 Percentage of households using an improved drinking water source, by area, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

Figure 3.5 Percentage of households using improved sanitation, by area, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

Low availability of improved sanitation in Mauritania, the Sudan and Yemen

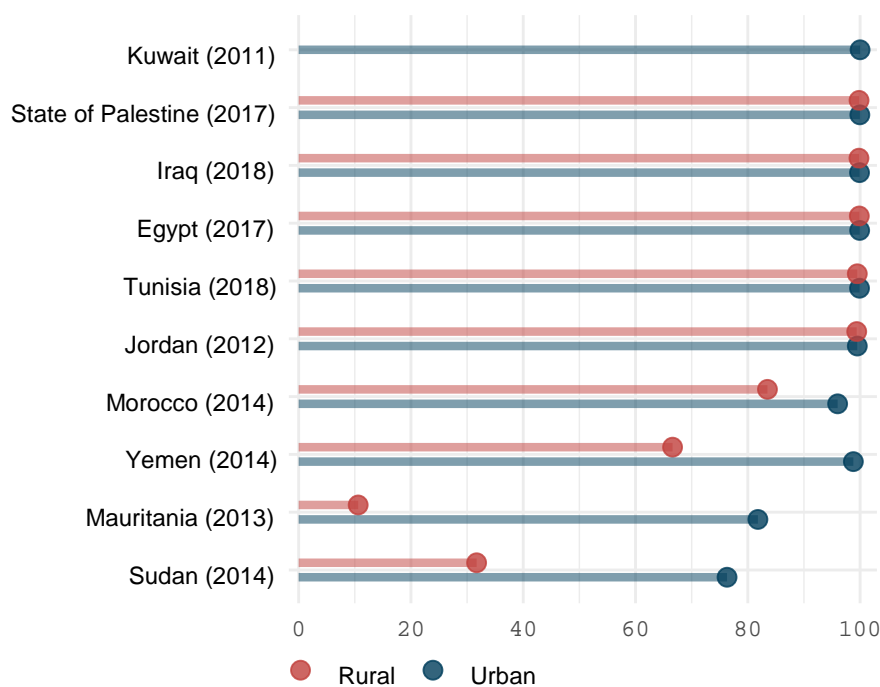
Figure 3.5 shows the proportion of households with improved sanitation: a modern or traditional flush toilet that empties into a public sewer, a vault, or a septic system. In eight out of eleven countries, more than 90 per cent of households in urban areas use improved sanitation. The figure is highest for Kuwait, at 100 per cent, and the lowest in the Sudan, at 57 per cent.

The proportion of households using improved sanitation in rural areas lies above 80 per cent in six countries (as Kuwait has no rural areas) but is very low in the Sudan, Mauritania, and Yemen, at 22, 16, and 27 per cent, respectively. The difference between urban and rural areas in these three countries is stark; in Yemen, it is 56 percentage points; in Mauritania and the Sudan, 51 and 35, respectively.

High access to electricity except in Mauritania, the Sudan and Yemen

As shown in figure 3.6, in six out of nine countries, the proportion of households with electricity is over 95 per cent in both urban and rural areas. In Yemen (2013), 99 per cent of households have electricity in urban areas, compared with just 65 per cent in rural areas. Access to electricity is particularly low in rural Mauritania and rural areas of the Sudan. In Mauritania, 82 per cent of urban households have electricity, compared with only 11 per cent of rural households, while the ratio in the Sudan are 76 per cent and 32 per cent, respectively.

Figure 3.6 Percentage of households with electricity, by area, latest available data¹



Source: Data from national statistical offices, compiled by ESCWA.

High proportion of population living in slums in Mauritania, the Sudan, and Yemen

Figure 3.7 below refers to SDG indicator 11.1.1: “Proportion of urban population living in slums, informal settlements or inadequate housing”.

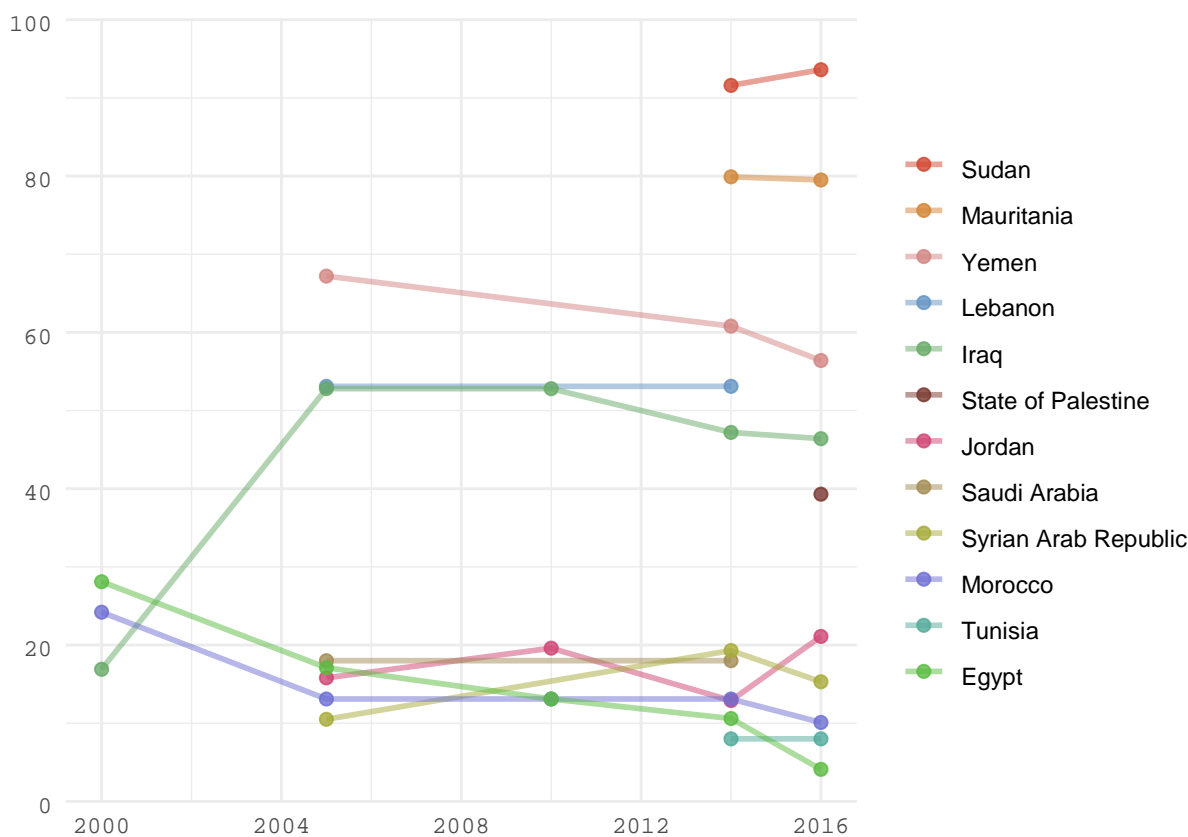
¹ In Iraq, the State of Palestine and the Sudan, access to electricity does not mean a continual current of electricity.

Slums are households whose members suffer one or more of the following household deprivations: lack of access to improved water source, lack of access to improved sanitation facilities, lack of sufficient living area. A quarter of the world's urban population live in slums (UN-Habitat, 2016; UN-Habitat, 2015b). In several cities, poor families struggle to access adequate housing. Living in central locations often leads to inadequate living conditions, while living in peripheries, where housing can be more affordable, entails deprivation of basic services, urban amenities, and access to livelihoods.

Figure 3.7 presents information for twelve Arab countries that have reported data on proportion of urban population living in slums. A third of those twelve countries have over half of their urban populations living in slums. At 94 per cent, the Sudan has the highest percentage, while the lowest percentages are for Egypt and Tunisia, at 4 and 8 per cent, respectively.

Recent increases have been observed in the Sudan and Jordan; from 2014 to 2016, the proportion of urban populations living in slums increased in the Sudan by two percentage points and in Jordan by 8. From 2005 to 2016, the proportion steadily decreased in Egypt, Iraq, Morocco, and Yemen.

Figure 3.7 Proportion of urban population living in slums, informal settlements or inadequate housing, 2000-2016



Source: Data from UN-Habitat.

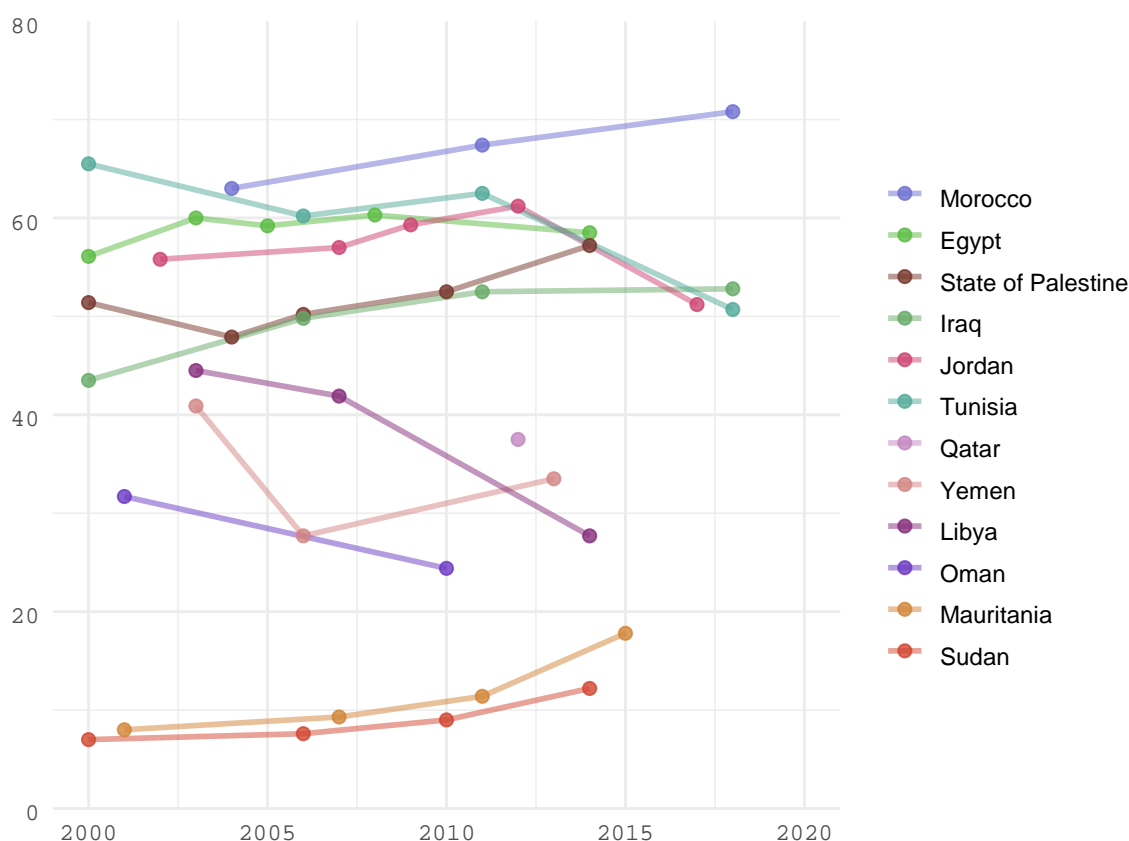
4. Health

The state of health in a population is shaped by prevalent sanitary and environmental conditions, quality and accessibility of health services and ability of individuals to make healthy choices in their lives. This section provides a descriptive account of trends in health status, access to healthcare and health systems in the Arab region, using data from national statistics offices (NSOs) and the World Health Organization (WHO). It is organized as follows: first, contraceptive prevalence, prenatal care, delivery care and maternal mortality across the region are described. Secondly, a brief overview of children's immunization coverage and nutritional status are presented. Thirdly, key adult health indicators, such as body-mass index (BMI), smoking prevalence, non-communicable diseases (NCDs), disabilities, and leading causes of death, are reviewed. Finally, the section concludes with a summary of health expenditure patterns and per capita health worker resources across countries in the region.

Increase in contraceptive use

The contraceptive prevalence rate refers to the percentage of married women aged 15 to 49 who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used. Modern methods include female and male sterilization, oral hormonal pills, intrauterine devices, male condoms, injectables, implants, vaginal barriers, female condoms, and emergency contraception. Traditional methods include periodic abstinence, withdrawal, the lactational amenorrhea method and folk methods (UNSD, 2015). Most of the countries of the region for which data are available have shown increases in use of contraception during the period 2000 to 2019 (figure 4.1).

Figure 4.1 Contraceptive prevalence rates, percentage, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

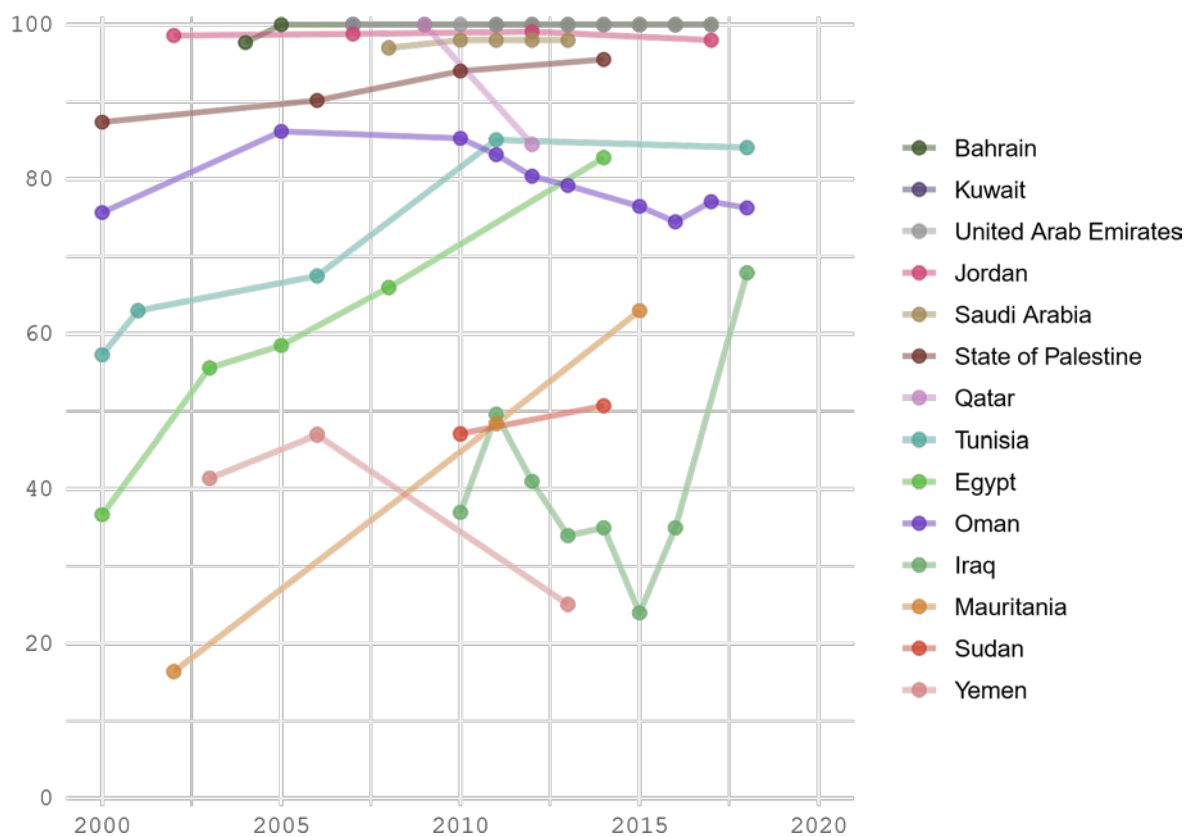
The lower-income countries of Mauritania, the Sudan, and Yemen have shown significant increases in contraceptive prevalence rates since 2000; in Mauritania, the rate more than doubled from 2000 to 2015, from 8 to 18 per cent. In the Sudan, the rate was 7 per cent in 2000, 9 per cent in 2010, and 12 per cent in 2014, the most recent estimate. Yemen witnessed an 11-percentage point increase from 2003 to 2013, from 23 to 34. Rates also increased in Iraq, from 44 per cent in 2000 to 57 per cent in 2014. Similarly, use of contraception increased in Jordan from 51 per cent in 2000 to 57 per cent in 2014. Similarly, use of contraception increased in Jordan from 56 per cent in 2002 to 61 per cent in 2012 but has since decreased to 52 per cent in 2017; a decrease probably attributable to influx of Syrian refugees in the past few years.

Percentage of pregnant women receiving four or more prenatal visits steadily increasing in Egypt, decreasing in Iraq

The World Health Organization (WHO) recommends that pregnant women receive a minimum of four antenatal visits by a skilled health professional. Such visits are to include measurements of blood pressure, weight and height and an analysis of urine and blood (WHO, 2011a).

During the period 2000 to 2018, Bahrain, Jordan, Saudi Arabia, the State of Palestine, and the United Arab Emirates have consistently reported that over 90 per cent of pregnant women receive four or more prenatal visits.

Figure 4.2 Prenatal care (at least four visits), percentage, 2000-2018



Source: Data from national statistical offices, compiled by ESCWA.

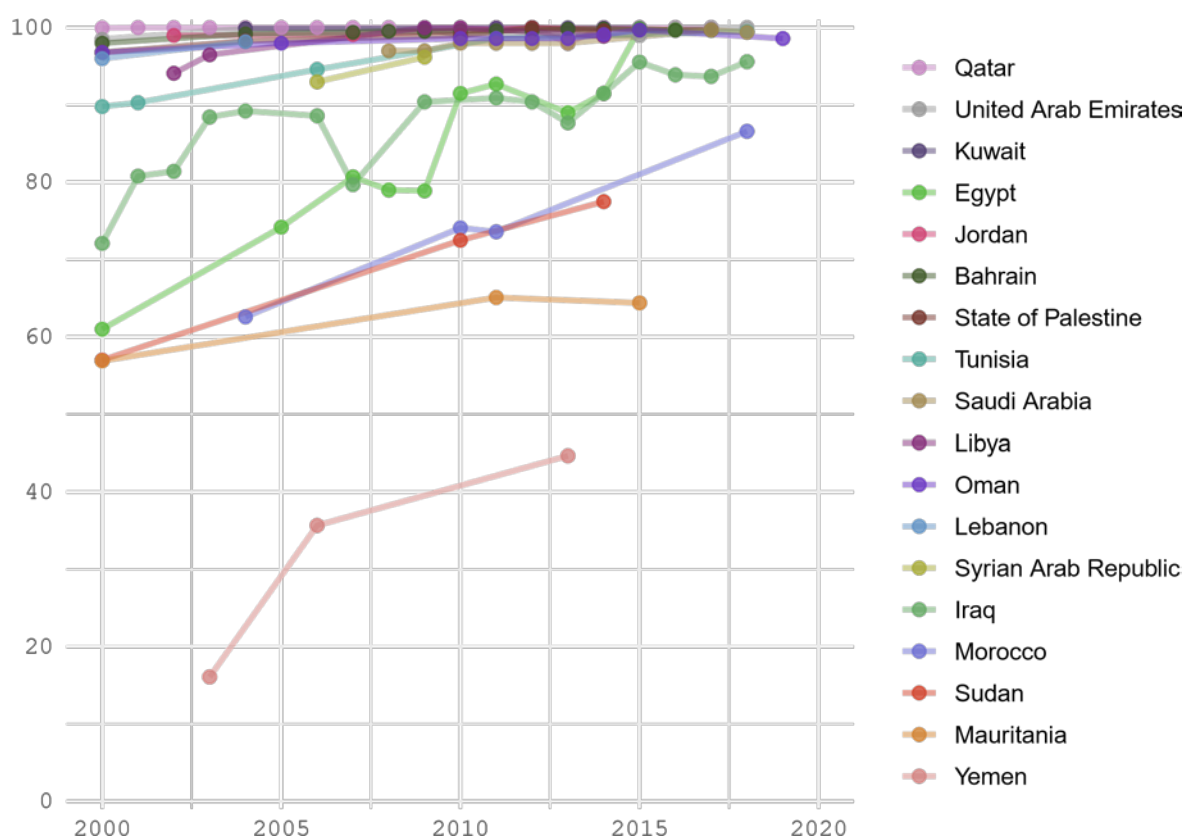
The highest increases have been in Mauritania and Egypt, at 47 and 46 percentage points, respectively. In Mauritania in 2001, the rate was 16 per cent, compared with 48 per cent in 2011 and 63 per cent in 2015. In Egypt, the rate has also steadily increased from 37 per cent in 2000, to 66 in 2007 and 83 in 2014. After reporting a sharp decrease from 50 per cent to a low point of 24 per cent in 2015, Iraq showed a 44 percentage point increase, to 68 per cent in 2018.

Most births attended by a skilled health professional

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 new-borns to a doctor (WHO, 2011a).

Overall, proportions of births attended by a skilled health professional have been generally high in recent years across countries of the region, reaching 90 per cent or higher in 15, and the maximum 100 per cent in 8. Low proportions were observed in Yemen, Mauritania, and the Sudan, at 45 per cent in 2013, 64 per cent in 2015, and 78 per cent in 2014, respectively. All countries reported increases over the period, as shown below in figure 4.3. Egypt showed the highest increase by 39 percentage points, from 61 per cent in 2000 to 100 per cent in 2016. GCC countries have reported consistently high proportions, at or above 97 per cent for all years from 2000 to 2018 in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates.

Figure 4.3 Births attended by skilled health professionals, percentage, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

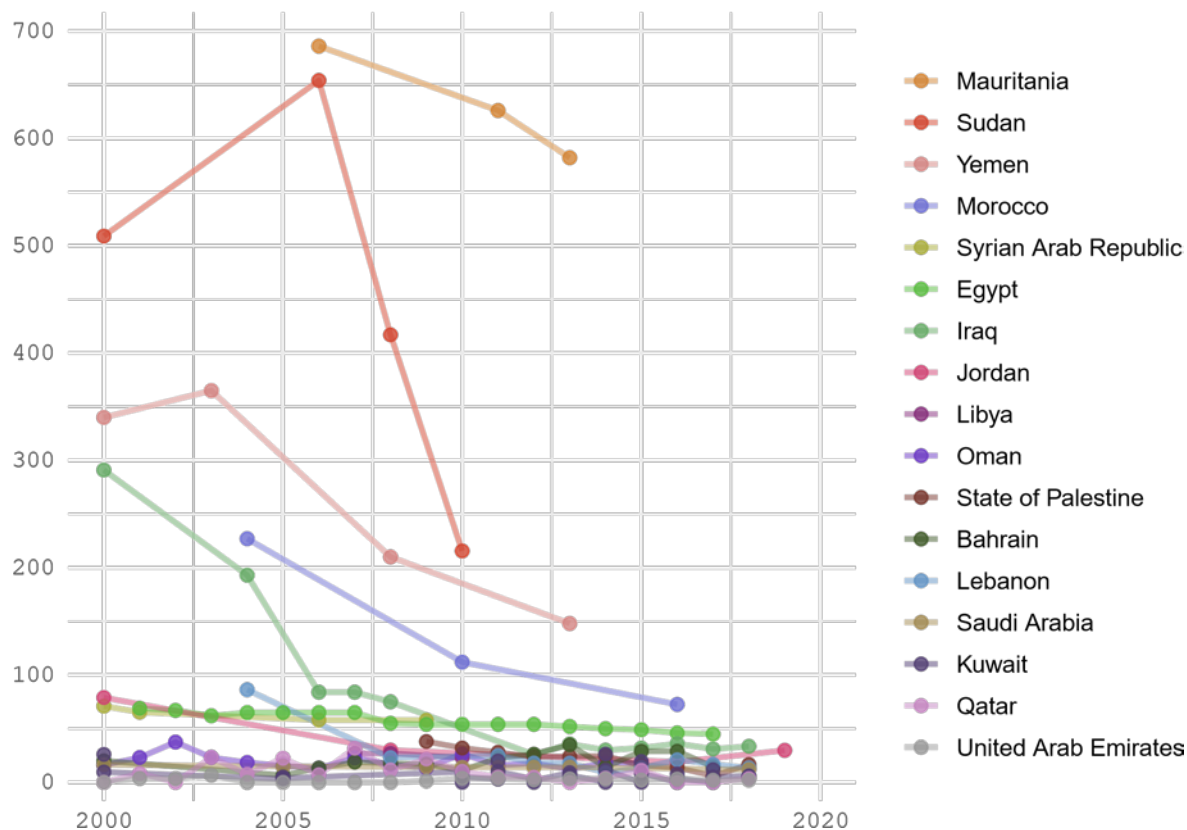
High maternal mortality in Mauritania, the Sudan and Yemen

The maternal mortality ratio is the annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100 thousand live births, for a specified period.²

² See SDG 3 targets, available at <https://unstats.un.org/sdgs/files/metadata-compilation/Metadata-Goal-3.pdf>.

Recent estimates of maternal mortality ratios are below 75 deaths per 100 thousand live births for 11 out of 16 countries that have provided estimates since 2010 (figure 4.4), and are at or below 20 in Bahrain (15 in 2017), Kuwait (5 in 2018), Lebanon (13 in 2018), Oman (18 in 2015), the State of Palestine (17 in 2018), Qatar (4 in 2018), Saudi Arabia (12 in 2018), and the United Arab Emirates (2 in 2018).

Figure 4.4 Maternal mortality ratios (deaths per 100 thousand live births), 2000-2020



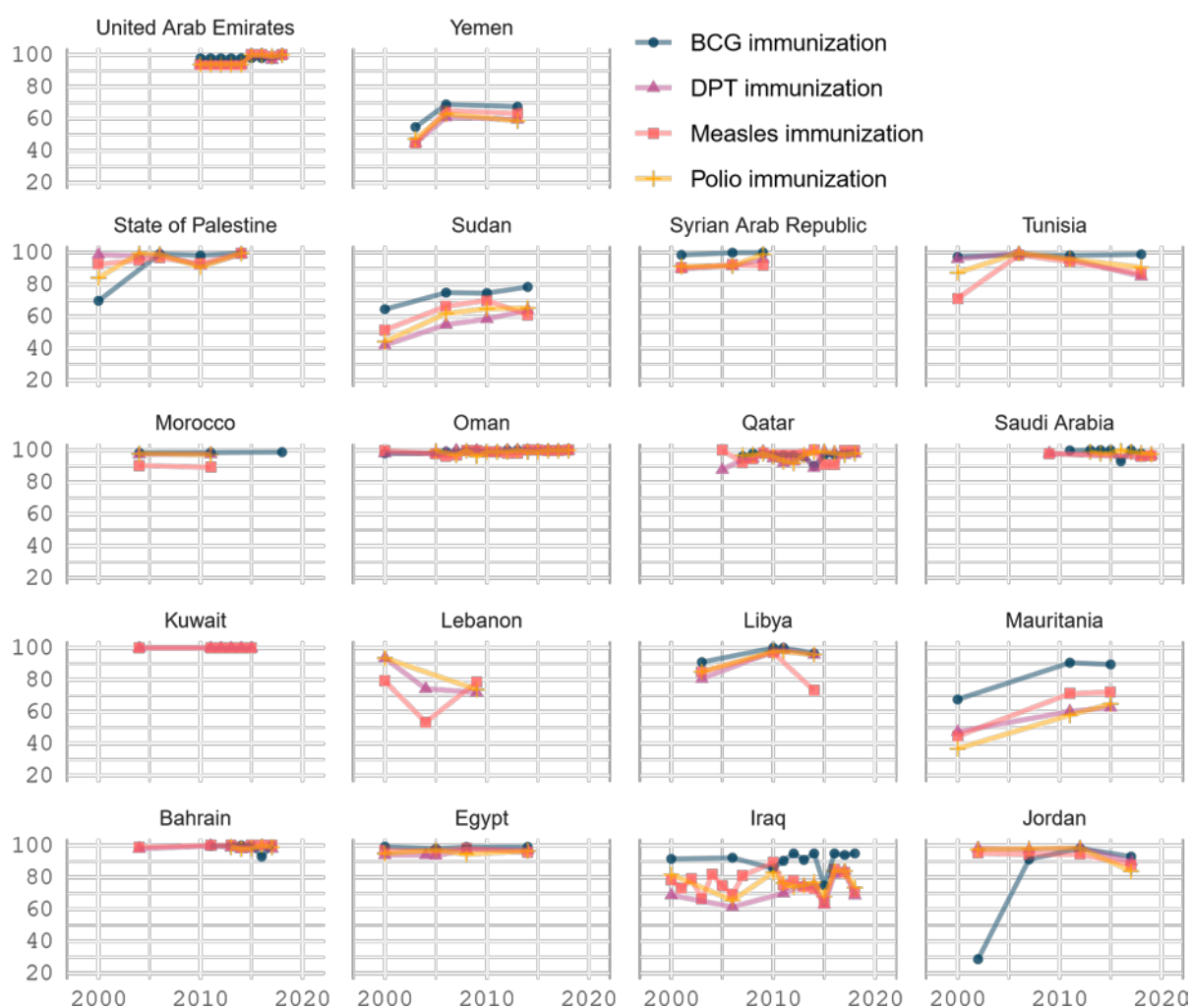
Source: Data from national statistical offices, compiled by ESCWA.

Maternal mortality in the Arab region has decreased greatly since 2000, especially within the countries that report the highest estimates. In Mauritania in 2006, the maternal mortality ratio was 686; by 2013, it had decreased by 104 to 582. In the Sudan in 2010 (216), the ratio was a third of the estimate for 2006 (654). In Yemen, the ratio steadily decreased from 365 in 2003 to 210 in 2008 and to 148 in 2013, prior to the most recent ongoing conflict which started in 2015.

High childhood immunization coverage in most countries

Immunization is an effective approach to reducing under-five mortality. Vaccination rates for BCG, DTP, hepatitis B and measles are defined as the percentage of children aged 12 to 23 months who have received the vaccine either at any time before the survey or before the age of 12 months. Polio coverage is calculated as the percentage of one-year-olds who have received three doses of polio vaccine in a given year (WHO, 2019).

Figure 4.5 Immunization coverage rates, percentage, 2000-2020



Source: Data from national statistical offices, compiled by ESCWA.

Over the last two decades, most countries in the Arab region have shown an increase in immunization coverage of children less than 2 years old (figure 4.5). Large increases were observed in Jordan for BCG (from 29 in 2002 to 93 in 2015), in the Sudan for DPT (from 42 in 2000 to 64 in 2014), and in Mauritania for Measles (from 45 in 2000 to 72 in 2015) and for Polio (from 37 in 2000 to 65 in 2015). The smallest gains were observed among GCC countries where immunization rates have been high for most of the observed period and are now, by all recent estimate, at or above 97 per cent of all four vaccines.

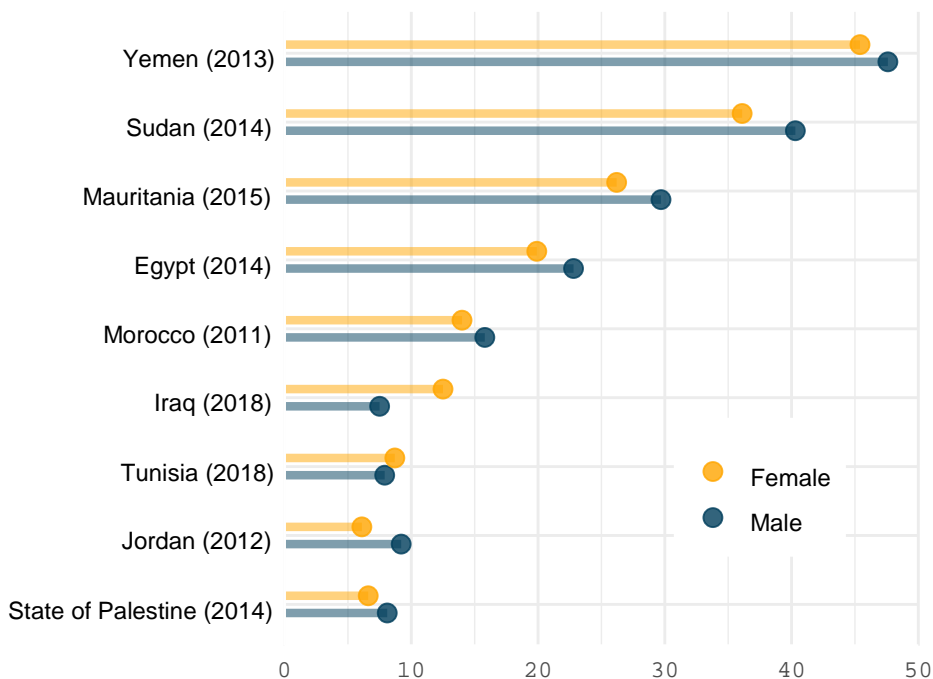
Aside from the GCC countries, vaccination rates for all four vaccines are also high in Egypt (2014) and the State of Palestine (2014), where over 94 per cent of children have the DPT, BCG, measles, and polio vaccines. In some countries vaccination rates vary by type; for example, in Mauritania in 2015 around 90 per cent of children had been given the BCG vaccine, 63 per cent the DPT vaccine, 72 per cent the measles vaccine and 65 per cent the polio vaccines. In Iraq in 2018, 95 per cent of children had been given the BCG vaccine and 69 per cent the DPT vaccine, and 71 per cent had been vaccinated for measles and 74 per cent for polio.

Poor child nutrition in Mauritania, the Sudan and Yemen

Nutrition is a primary determinant of child health and well-being. Nutritional levels in children are generally assessed using three standard indices of physical growth, namely, stunting (insufficient height for age), wasting (insufficient weight for height) and being underweight (insufficient weight for age). Stunting may be the result

of long-term inadequate nutrition or of recurrent or chronic illness. Wasting results from inadequate nutrition, possibly caused by recent illness or acute food shortages. Being underweight children can result from stunting, wasting or both. Trend data on child nutrition in the Arab region are sparse. In this section, we report on the most recent data on nutrition from selected countries in the region.

Figure 4.6 Stunting by sex, latest available data

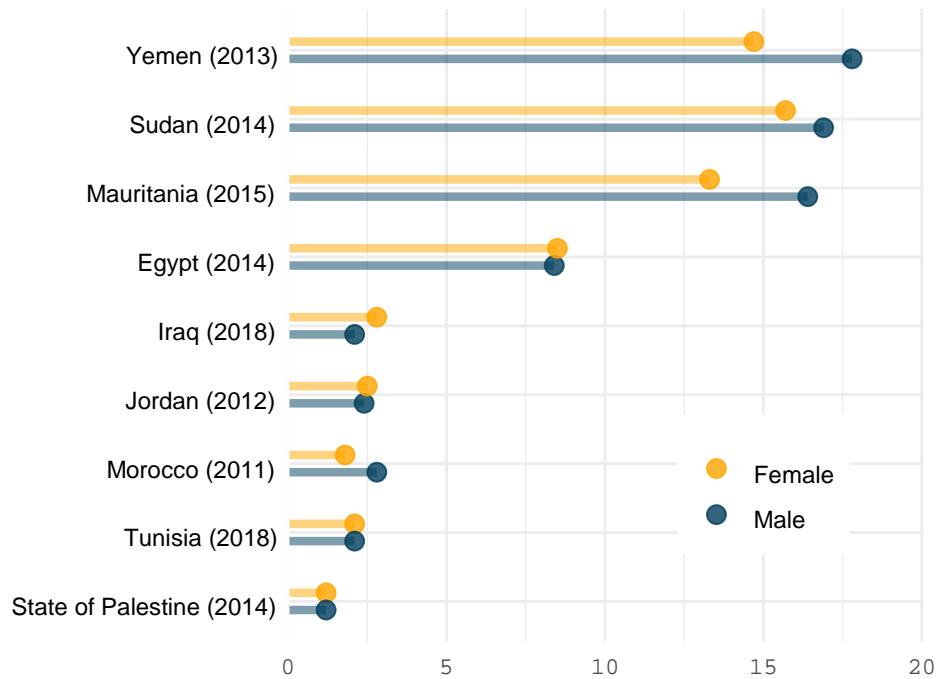


Source: Data from national statistical offices, compiled by ESCWA.

In 2014, one in five children in Egypt were stunted (figure 4.6). The nutritional statuses of children in Mauritania, the Sudan, and Yemen are particularly poor, compared with the rest of the region; Yemen reported that 47 per cent of children in 2013 were stunted, the highest rate in the region, followed by the Sudan at 38 per cent in 2014 and 28 per cent in Mauritania in 2015. The State of Palestine reported in 2014 that 7 per cent of children are stunted, the lowest in the region, followed by Jordan (2012) and Tunisia (2018), at 8 per cent. As shown in the figure, boys are generally more likely to be stunted than girls, but the differences by sex are rather small. The largest differences were observed in the Sudan in 2014 and in Mauritania in 2015, at 4 per cent.

Wasting is less common than stunting in all countries for which recent data are available. In all countries, less than half as many children are wasted than stunted (figure 4.7). Yemen (2013) and the Sudan (2014) both reported that 16 per cent of children were wasted, the highest rates in the region, followed by Mauritania at 15 per cent in 2015. The lowest rate was reported in the State of Palestine, at 1 per cent. The largest disparities in wasting prevalence between boys and girls were observed in Mauritania and Yemen, at 3 percentage points.

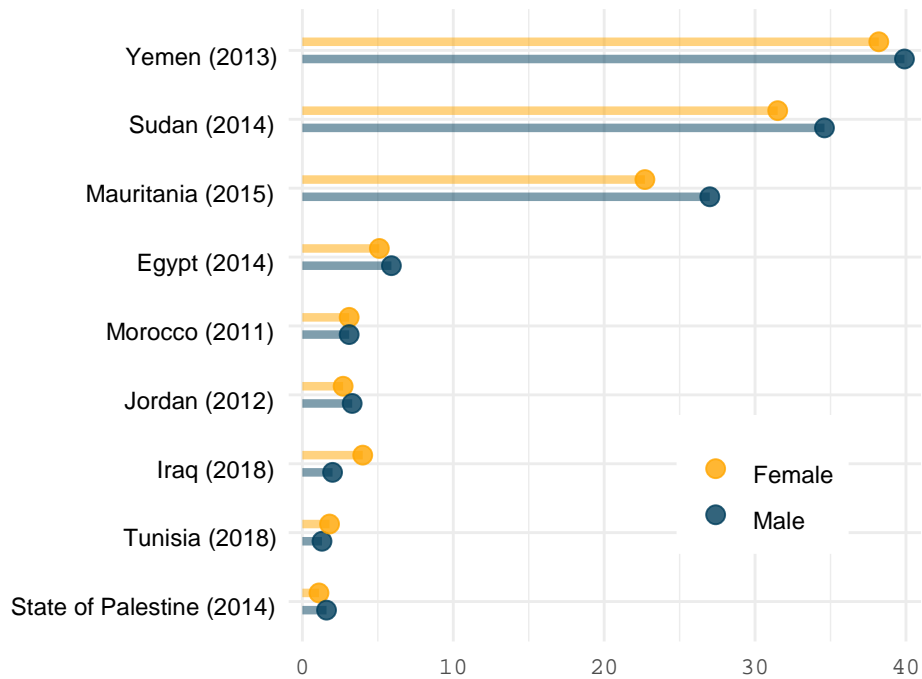
Figure 4.7 Wasting by sex, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

The proportion of children who are underweight was below 10 per cent in all countries for which recent data are available, except Mauritania, the Sudan and Yemen (figure 4.8).

Figure 4.8 Underweight by sex, latest available data



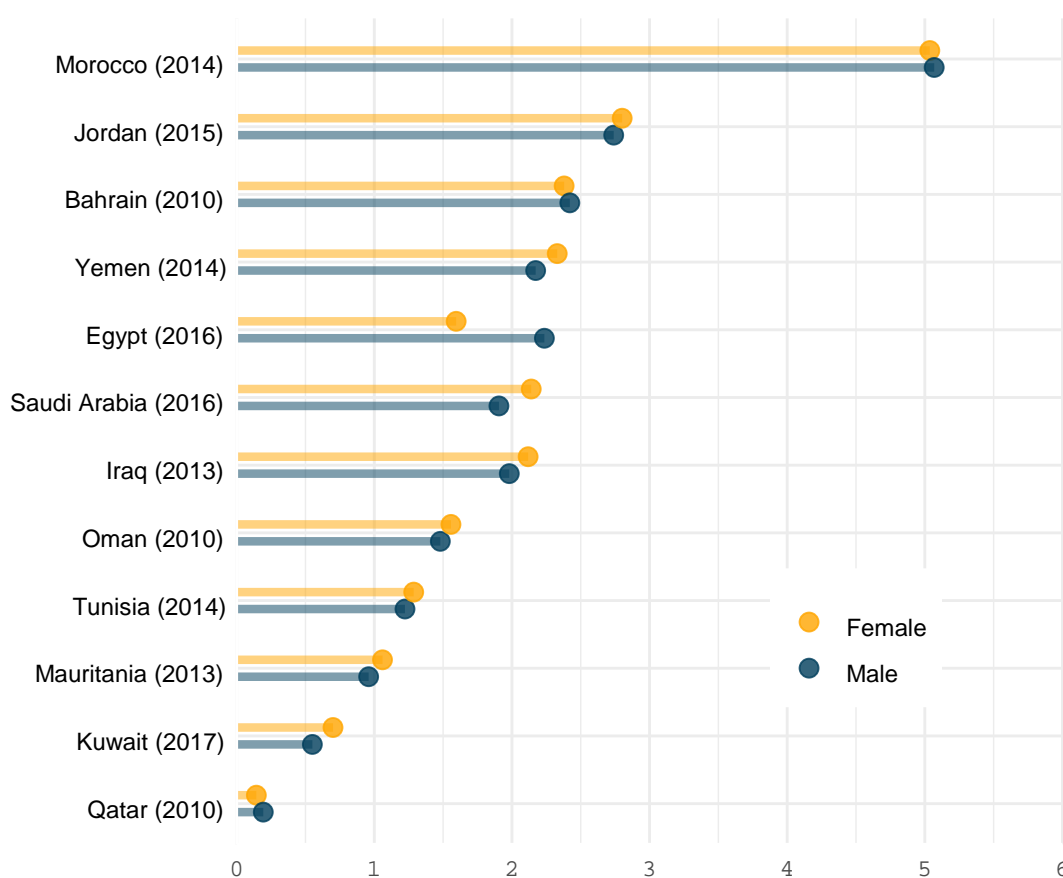
Source: Data from national statistical offices, compiled by ESCWA.

Yemen reported the highest proportion of underweight children, at 39 per cent in 2013, followed by the Sudan at 33 per cent in 2014 and Mauritania, at 25 per cent in 2015. Throughout the region, the nutritional status of boys is worse than that of girls, although differences by sex are small.

Disabilities most prevalent in Morocco

The WHO International Classification of Functioning, Disability and Health defines disability as an umbrella term for impairments, limitations on activity and restrictions to participation (WHO, 2011b). Figure 4.9 shows the most recent available data on disability prevalence rates per 100 thousand people. These ranged between almost 0 per cent of men and women in Qatar in 2010 to 5 per cent of men and women in Morocco in 2014. The rates were similar for men and women, with all countries reporting gender gaps less than one percentage point.

Figure 4.9 Disability prevalence, percentage, by sex, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

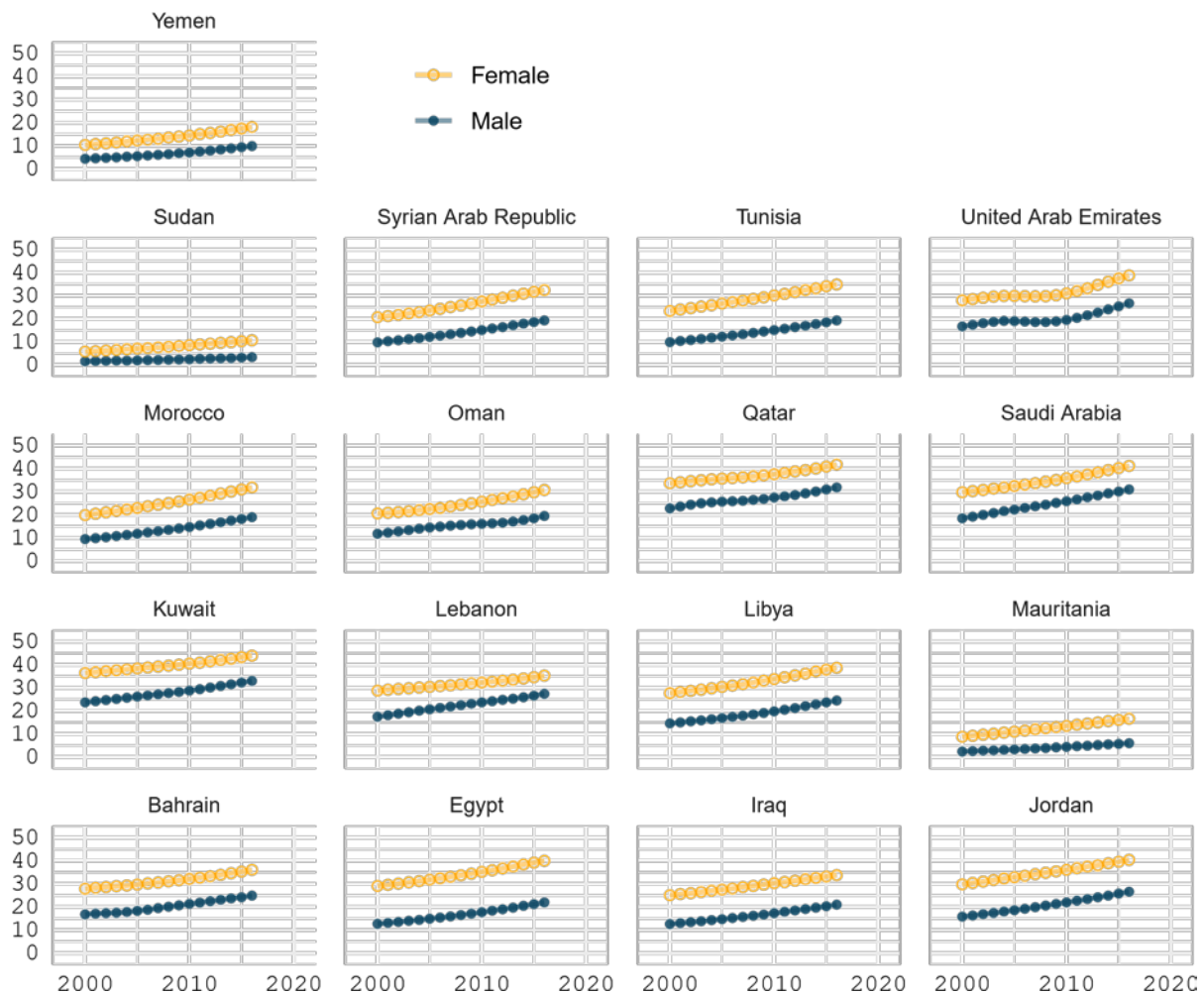
Obesity increasing throughout the Arab region, more prevalent among women

Being overweight can contribute to a range of health conditions, such as heart disease, high blood pressure, diabetes, and indigestion. Obesity can be measured using the body mass index (BMI), which for an individual expresses weight relative to height. A person with a BMI of 30 or more is generally considered obese, and one with BMI equal to or more than 25 is considered overweight.³

³ See the WHO definition at <https://www.who.int/topics/obesity/en/>.

According to the WHO, obesity is increasing throughout the Arab region, and women are more likely to be obese than men. Obesity prevalence is particularly high in the GCC; in 2016, 44 per cent of women and 33 per cent of men in Kuwait were obese, the highest proportions in the region, followed by 42 per cent of women and 32 per cent of men in Qatar. Outside the GCC, Jordan and Egypt reported the highest proportions of women being obese at 40 per cent in 2016, whereas Lebanon reported the highest proportion of men being obese at 27 per cent in 2016. Egypt reported the largest gender disparity in obesity prevalence, with the proportion of women who were obese almost twice that of men, at 40 per cent and 22 per cent respectively, in 2016. From 2000 to 2016, obesity among women in Egypt increased by 11 percentage points, whereas among men it increased by 9.

Figure 4.10 Obese adults (18 years and older), percentage, by sex, 2000-2016



Source: Data from World Health Organisation (WHO).

Since 2000, obesity among women has increased the fastest in Morocco and Tunisia, by 12 percentage points. The largest observed increase in obesity among men was in Saudi Arabia, from 19 per cent in 2000 to 31 per cent in 2016, an increase of 12 percentage points. Obesity is lowest and increasing in the Sudan, where in 2000, 2 per cent of men and 6 per cent of women were obese, compared with 3 per cent and 11 per cent, respectively, in 2016.

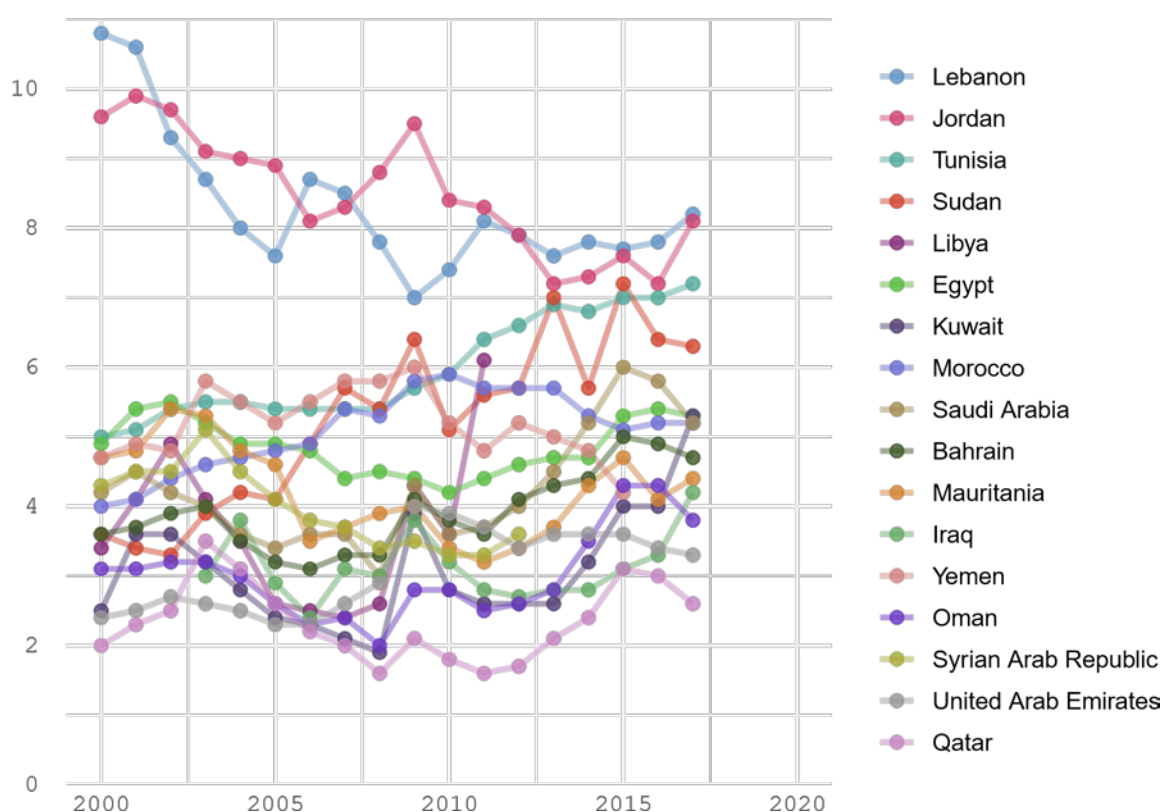
Expenditure on healthcare as a share of GDP decreasing in Lebanon and Jordan

Adequate financing of healthcare is critical in providing access to health services and thus improving the health status of the population. The next two figures concern total healthcare expenditure as a share of gross domestic product (GDP) and per capita government expenditure.

In 2017, of the countries for which recent data were available, healthcare expenditure as a share of GDP ranged from 3 to more than 8 per cent; the lowest being in Qatar and the highest in Lebanon. From 2000 to 2017, Lebanon reported a decrease of 3 percentage points from 11 in 2000 to 8 per cent in 2017, the largest decrease in the region; followed by Jordan, from 10 in 2000 to 8 in 2017.

The largest observed increase in the region from 2000 to 2017 was around 3 per cent, reported in Kuwait and the Sudan.

Figure 4.11 Expenditure on healthcare as a percentage of gross domestic product, 2000-2017



Source: Data from World Health Organisation (WHO).

Per capita expenditure on health increasing among GCC states

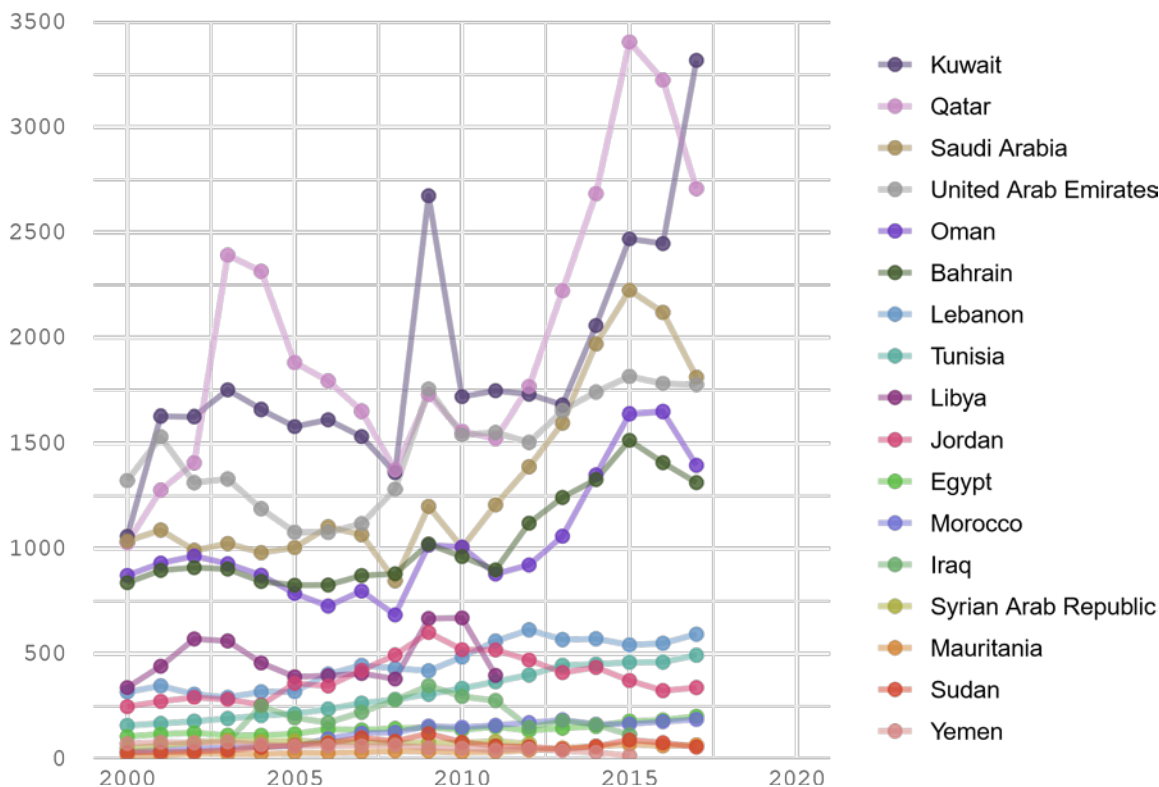
Per capita healthcare expenditure across the region converted to United States dollars at average exchange rates show that GCC countries reported the highest amount in 2017, most notably Kuwait, Qatar, and the United Arab Emirates, where it was \$3,318, \$2,708 and \$1,777, respectively. The countries with the lowest ratios were the Sudan, Mauritania, and Yemen (2015), at \$56, \$68, and \$14, respectively.

All countries for which data are available between 2005 and 2017 increased their per capita expenditure on healthcare over that period, with the exception of Jordan and the Sudan. In Iraq and Yemen, where the most recent data available are from 2015, per capita expenditure on health also decreased from 2005. The highest

numerical increases were reported in the GCC countries; from 2005 to 2017, per capital government expenditure on health in Kuwait increased by \$2,259, the highest in the region, followed by Qatar by \$1,682.

In Mauritania, per capita expenditure on health was \$14 in 2000, compared with \$68 in 2017. In the Sudan, per capita expenditure on health rose from \$30 in 2000 to a high of \$120 in 2009, before decreasing to \$57 in 2017. Yemen, the only country to report a decrease from 2000 to 2015 saw its ratio decrease from \$73 in 2000 to \$14 in 2015.

Figure 4.12 Per capita government expenditure on health (PPP in USD), 2000-2020



Source: Data from World Health Organisation (WHO).

Wide variation in density of healthcare personnel

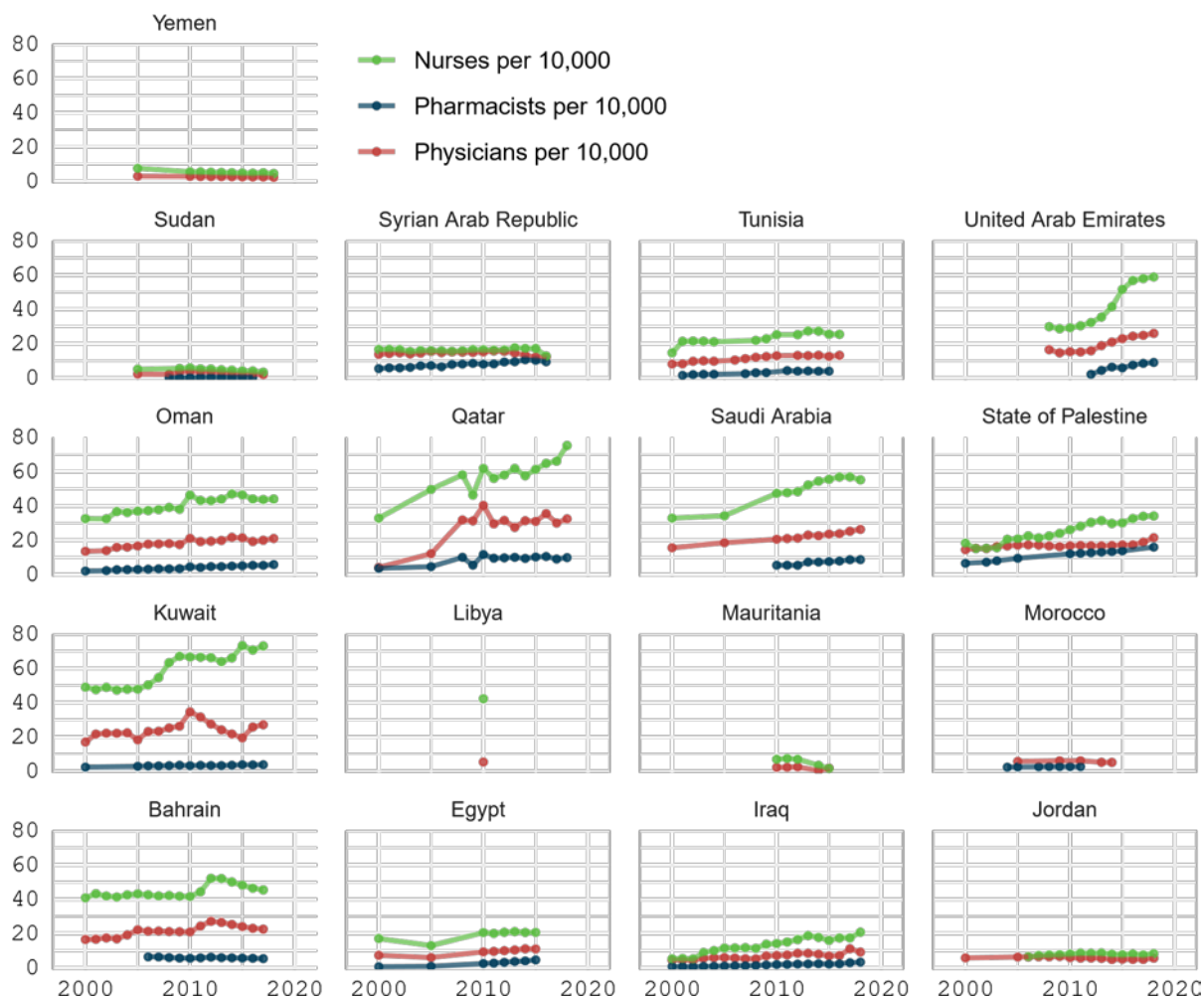
In most countries of the Arab region, there are roughly twice as many nurses as physicians, and fewer pharmacists than nurses and physicians. In the most recent year for which data are available, per 10,000 people, GCC countries reported the highest density of healthcare personnel in the region. Qatar (2018) and Kuwait (2017) both reported over 70 nurses; Qatar (2018) also reported the highest number of physicians at 33; and the State of Palestine (2018) the highest density of pharmacists, at 16.

Mauritania (2015), the Sudan (2017), and Yemen (2018) reported the lowest estimates, where there were less than five physicians and nurses per 10,000 people. Data on pharmacists are not available for Mauritania and Yemen, but in the Sudan the density of pharmacists was also low at less than one per 10,000 people in 2016. In Iraq, there were only 3 pharmacists per 10,000 people in 2018, which is also low compared with the rest of the region.

Increases over time in the density per 10,000 people of nurses and physicians have been observed across the region, but the trends are not uniform. In the State of Palestine, density of nurses has nearly doubled over the past two decades, from 18 in 2000 to 23 in 2018, and density of physicians also increased from 15 in 2000 to 21 in 2018. In Kuwait, while the density of nurses steadily increased from 2000 to 2017, from 49 to 73 respectively,

growth in density of physicians has been inconsistent; there were more physicians per capita in Kuwait in 2010 (35 per 10,000 people) than there were in 2017 (27).

Figure 4.13 Density of healthcare personnel per 10,000 people, 2000-2020



Source: Data from national statistical offices, compiled by ESCWA.

Number of hospitals steadily increasing in Iraq and Saudi Arabia

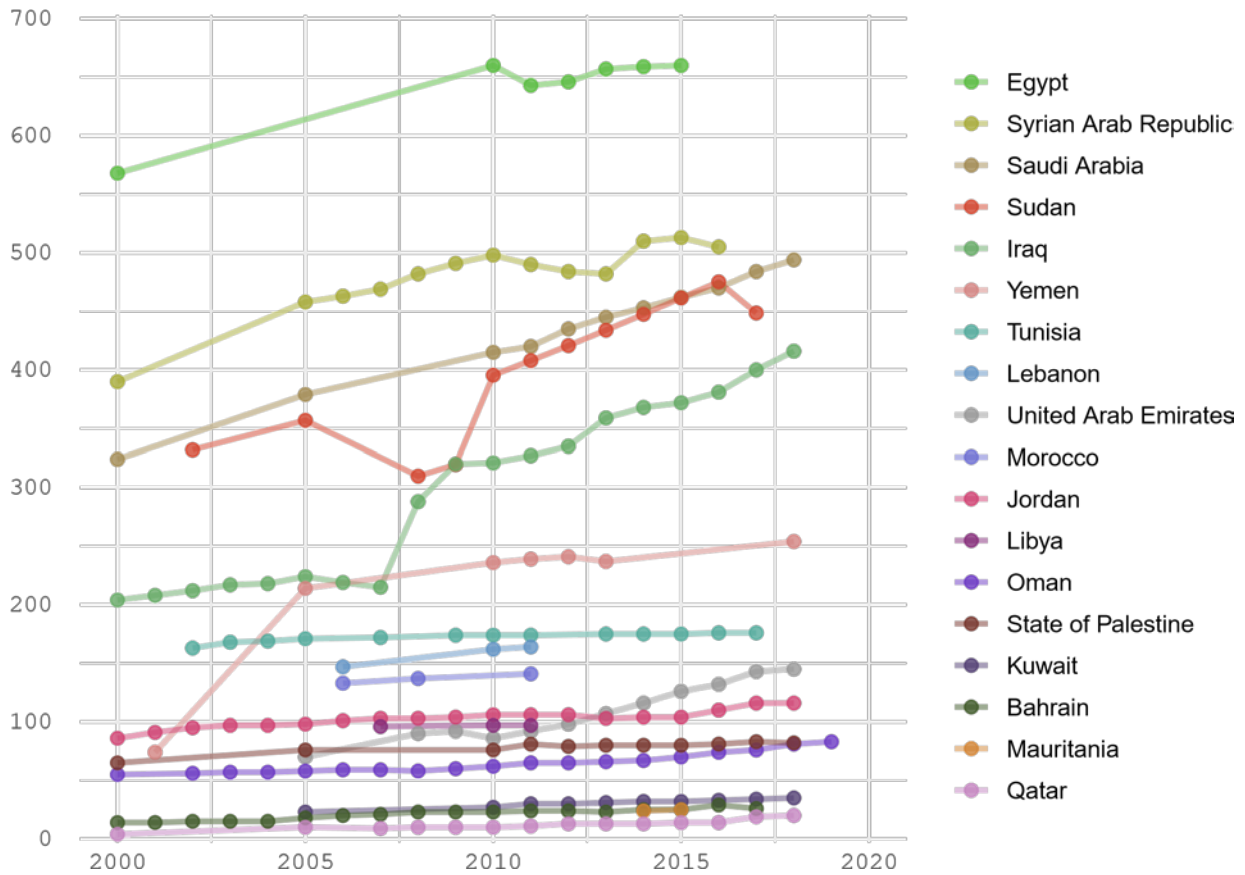
Hospitals are institutions providing healthcare services ranging from prevention to treatment and operations, rehabilitation and often teaching. They include a wide variety of health personnel, such as technicians, nurses, and physicians, as well as administrative personnel.

At 660 hospitals in 2015, Egypt reported the highest number of hospitals of any country within the Arab region that provided recent estimates, and reported the same number in 2010. In general, more populous countries have more hospitals, although the most recent estimate from Morocco, which is the fourth most populous country of the region, would have ranked it ninth in the year it was reported, 2011. The less populous Qatar, Mauritania and Bahrain reported the lowest number of hospitals, at 20 in 2018, 25 in 2015 and 26 in 2017, respectively.

Consistent increases in the number of hospitals have been observed in Iraq, Saudi Arabia, and the Sudan. Since 2007, the number in Iraq has increased every year from 215 in 2007 to 335 in 2012 and 400 in 2017, an increase of 185 over 10 years. There were 379 hospitals in Saudi Arabia in 2005, which increased to 415

in 2010 and to 484 in 2017. In the Sudan in 2005, there were 357 hospitals, compared with 429 in 2013. The number in the United Arab Emirates has doubled since 2005, from 70 in 2005 to 143 in 2017, while the number in Tunisia has been relatively constant, from 171 in 2005 to 176 in 2017. Despite a large increase in Yemen in the beginning of the twenty-first century, from 74 in 2001 to 214 in 2005, the number has not continued to grow at the same pace and there were only 237 hospitals in 2013.

Figure 4.14 Number of hospitals, 2000-2020



Source: Data from national statistical offices, compiled by ESCWA.

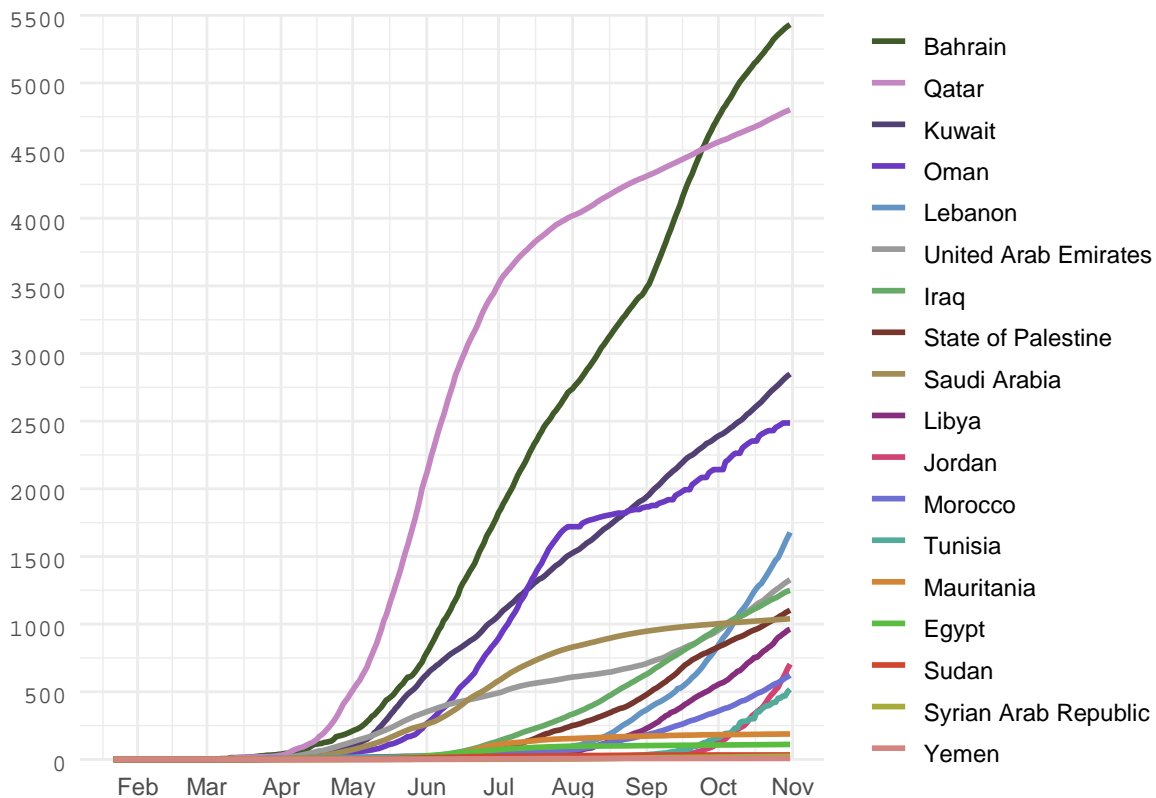
5. Coronavirus disease (COVID-19)

The first case of COVID-19 in the Arab region was confirmed by the United Arab Emirates on 29 January 2020. The pandemic has since spread to the rest of the region, with all 18 ESCWA member-states reporting a confirmed COVID-19 case by 10 April 2020 when Yemen, the last country, reported their first confirmed case (Dong, Du and Gardner, 2020). Ongoing challenges related to socio-economic and demographic realities of the region, such as violence and conflict, inequalities, unemployment, poverty, inadequate social safety nets, human rights concerns, and insufficiently responsive institutions and governance systems, have been exacerbated by the pandemic (UNESCWA, 2020).

Data for this section have been drawn from an online COVID-19 dashboard hosted by Johns Hopkins University (Dong, Du and Gardner, 2020), Our World in Data (OWID), supplemented by data from NSOs, to give a broad overview of three important tracking measures: confirmed cases, confirmed deaths, and tests performed. Specifically, data are presented on cumulative cases, deaths, and tests, as well as on seven-day averages of new cases, new deaths, and positivity rates (share of tests performed that are positive). To make the data more readable, seven-day average statistics have been smoothed using a LOESS regression. Presentation of cumulative statistics is useful for understanding which countries have been hit hardest, whereas seven-day rolling averages are useful in highlighting spikes and lulls in transmission from 1 February to 31 October 2020.

Figure 5.1 below displays the cumulative number of confirmed cases per 100 thousand population for all 18 ESCWA member-states. GCC countries of Bahrain, Qatar, Kuwait, and Oman have reported the highest numbers of cases per capita for the majority of the period shown, followed by Lebanon, the United Arab Emirates, and Iraq.

Figure 5.1 Number of cumulative confirmed cases of COVID-19 per 100 thousand population, February to November 2020



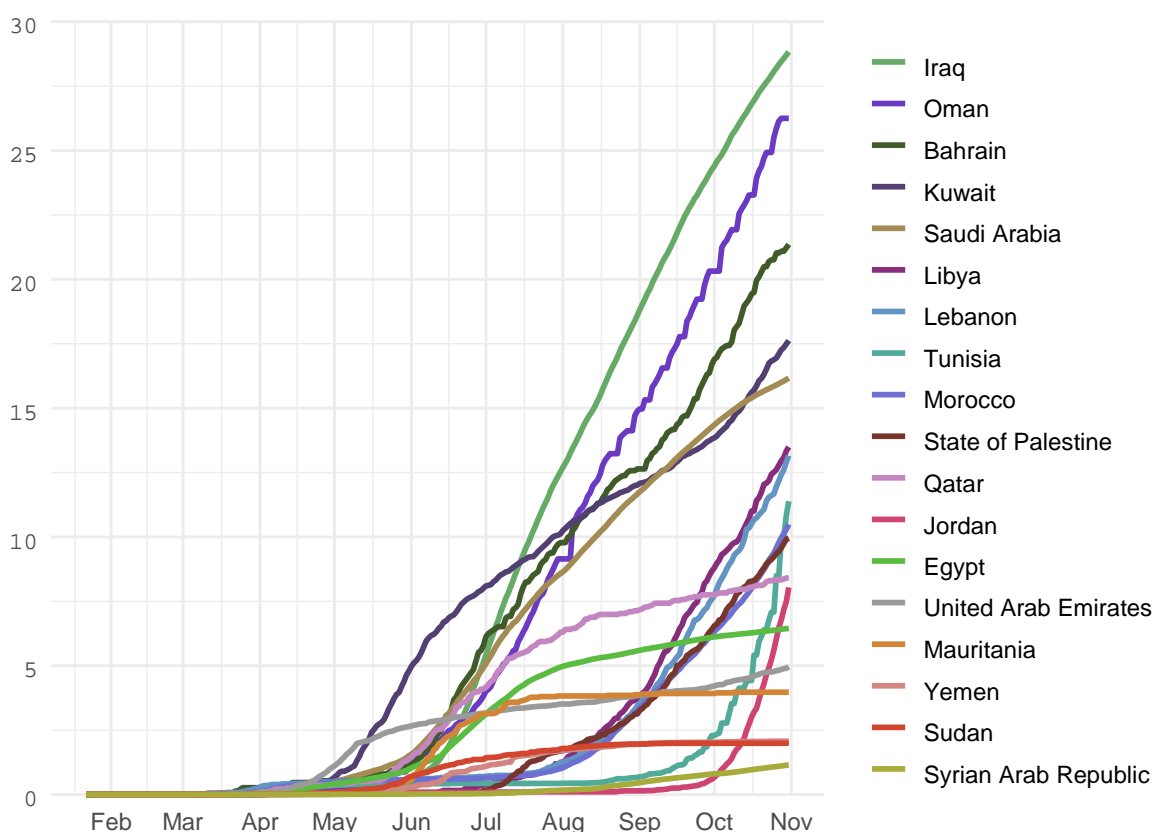
Source: Data from national statistics offices, OWID, and JHU, compiled by ESCWA.

As of 31 October 2020, Bahrain had reported 5,432 cases per 100 thousand people, the highest cumulative case count per capita in the region. Countries such as Yemen, the Syrian Arab Republic, the Sudan, Egypt, and Mauritania have comparatively reported very low numbers of confirmed cases, with less than 200 cases per 100 thousand people testing positive. However, this is likely due to underreporting or lack of testing, as testing data are not available in any of these countries (figure 5.3).

Deaths due to COVID-19 highest in Iraq, followed by Oman and Bahrain

The cumulative number of confirmed COVID-19 cases per capita in Iraq has steadily increased from February to November, and as of 31 October, the country ranked seventh highest in the region, at 1,249 cases per 100 thousand population. Moreover, as shown below in figure 5.2, Iraq has had the highest number of confirmed deaths per capita due to the pandemic since mid-July; as of 31 October, there were 10,910 confirmed deaths, or 29 per 100 thousand population. This suggests that Iraq's testing capacity may not reveal the extent of transmission within the country, and that the pandemic-caused fatality rate could be higher there than in some other countries of the region.

Figure 5.2 Number of cumulative confirmed deaths due to COVID-19 per 100 thousand population, February to November 2020



Source: Data from national statistics offices, OWID, and JHU, compiled by ESCWA.

Following Iraq, Oman consistently reported the highest number of pandemic-caused deaths since August, reporting, as of October 31, 1,208 total deaths or 26 deaths per 100 thousand population. Bahrain reported the third highest rate since mid-August; reporting 321 total deaths or 21 deaths per 100 thousand people.

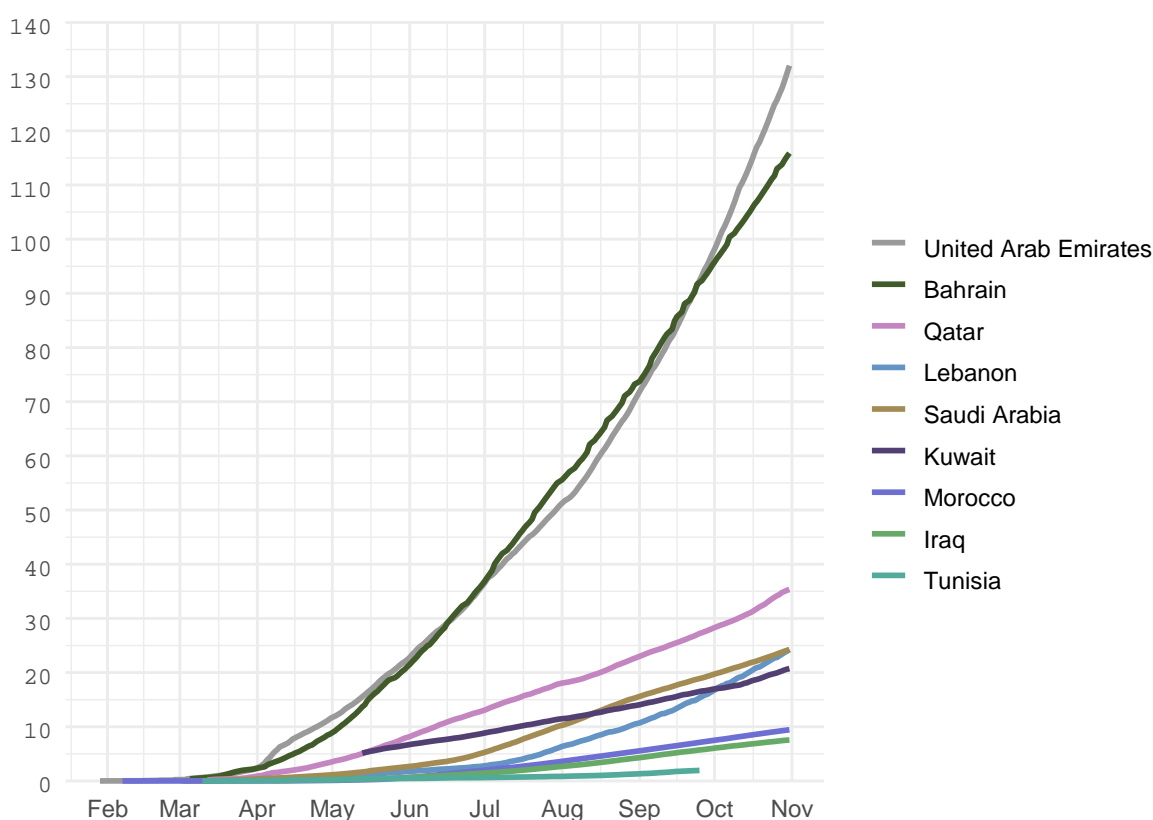
In comparison with the rest of the region, the Syrian Arab Republic, the Sudan, Yemen, Mauritania, and Egypt reported low numbers of both confirmed cases and deaths per capita. Qatar and the United Arab Emirates reported high numbers of confirmed cases. However, their reported numbers of confirmed deaths per capita

are low in comparison; as of 31 October, Qatar reported a total of 8 deaths per 100 thousand population and the United Arab Emirates reported a total of 5.

United Arab Emirates and Bahrain doing the most tests for COVID-19

Data on numbers of COVID-19 tests performed are not as widely available as data describing cases and deaths. Yet, they are an important source of information in determining the spread of contagion across the region. The United Arab Emirates and Bahrain consistently reported having the greatest testing capacities; from February to November, both countries reached over 100 tests per 100 population, suggesting that inhabitants had been tested more than once, on average. The next highest number of cumulative tests performed per capita by 31 October was reported in Qatar, at 35 tests per 100 population, followed by Lebanon, Saudi Arabia, and Kuwait, at 24, 24, and 21, respectively.

Figure 5.3 Number of cumulative COVID-19 tests per 100 thousand population, February to November 2020



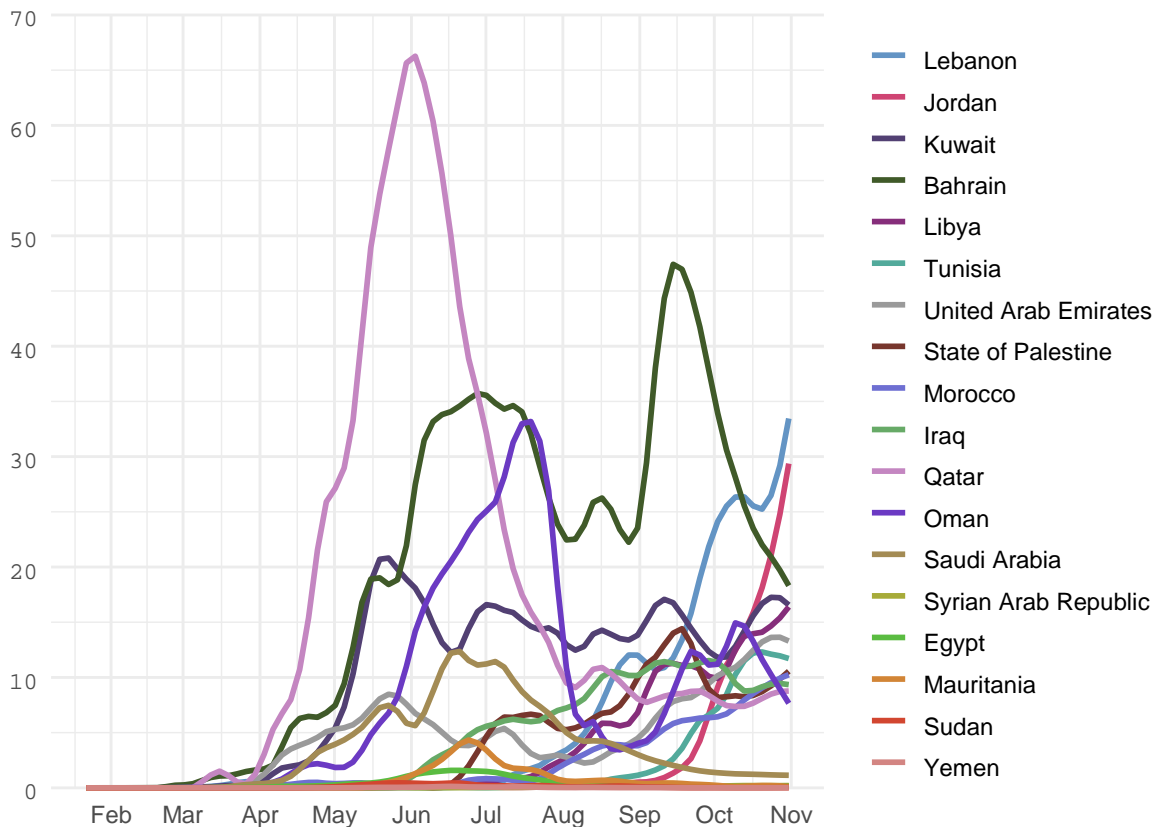
Source: Data from national statistics offices, OWID, and JHU, compiled by ESCWA.

GCC countries witnessed summer surge in COVID-19 transmission; Lebanon and Jordan spiked recently

Figure 5.4 below displays a seven-day average of new confirmed COVID-19 cases per 100 thousand population from February to November 2020, which highlights when transmission spiked in certain countries. In Qatar, for example, the seven-day average peaked at the beginning of June, as it approached 70 new confirmed cases a day and has since receded, stabilizing to between 7 and 9 since late August. Figure 5.4 also shows that other GCC countries spiked around the same time: Saudi Arabia witnessed the peak in June at around 13 daily cases; Kuwait reported its highest seven-day average at above 20 in mid-May; and Oman, at above 30 new daily cases, witnessed a surge in mid-July, not long after Qatar. Seven-day averages of new confirmed cases reached their highest values in Jordan and Lebanon recently, with upward trajectories that

have yet to taper off. On 28 October, Lebanon surpassed 30 daily cases per 100 thousand people for the first time, which was double the seven-day average a month earlier in mid-September. The seven-day average of new cases had remained below 1 per 100 thousand population in Jordan until mid-September, but quickly spiked to over 30 as of 31 October.

Figure 5.4 Smoothed seven-day average of new confirmed COVID-19 cases per 100 thousand population, February to November 2020



Source: Data from national statistics offices, OWID, and JHU, compiled by ESCWA.

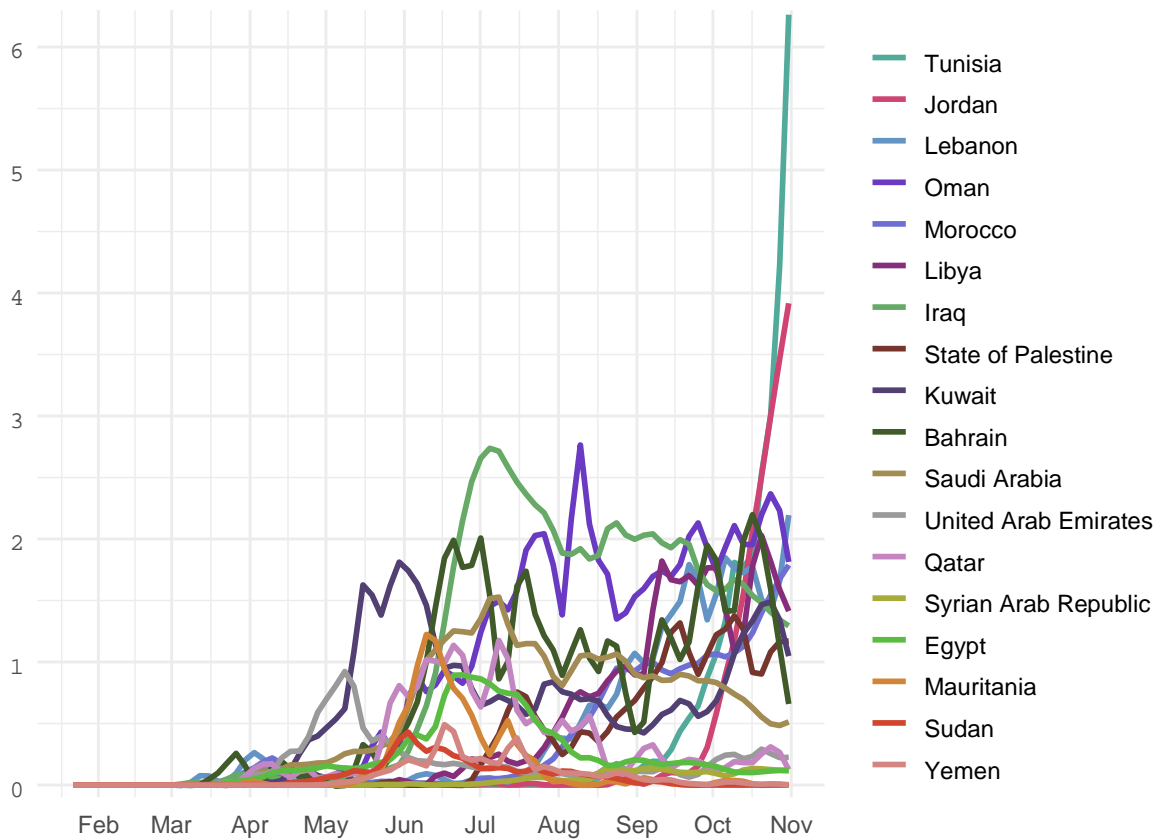
Summer spike in reported deaths per capita in many Arab countries, recent spikes in Lebanon, Jordan, and Tunisia

As of 31 October, the highest seven-day averages of daily deaths per capita in the Arab region were reported by Tunisia, followed by Jordan, coinciding with surges in cases. Tunisia's increased by a factor of about six in October alone; on 1 October, Tunisia was reporting an average of 12 per day, or one per million population, compared with 71 daily deaths on 31 October, or six per million population. Jordan witnessed a similar trajectory in the month of October; even at a faster rate, from 5 daily deaths on average on 1 October, or one death per million population every two days, to 41 deaths per day on 31 October, or 4 per million.

Although Jordan and Lebanon witnessed similar spikes in transmission recently, as evidenced by upticks in confirmed cases, Jordan far outpaced Lebanon in confirmed daily pandemic-caused deaths. At the beginning of October, Lebanon was reporting six deaths a day on average, or roughly one per million people. By 31 October, these numbers roughly doubled, to 11 per day on average or about 2 per million. Comparatively, Jordan's seven-day average of daily deaths increased by a factor of 8 over the same period.

Bahrain, Iraq, Egypt, Oman, Qatar, Saudi Arabia, Mauritania, the State of Palestine, the Sudan, and Yemen all reported summer spikes in daily pandemic-caused deaths, and in some countries further surges were observed afterwards. Iraq reported a high of 106 deaths per day on average in early July, or about 3 per million, which was the highest per capita average in the region at the time. The seven-day average of new confirmed deaths per million people steadily increased over the summer in Oman, to a peak in mid-August of 16 daily deaths on average, or over 3 per million.

Figure 5.5 Smoothed seven-day average of new confirmed deaths due to COVID-19 per 1 million population, February to November 2020



Source: Data from national statistics offices, OWID, and JHU, compiled by ESCWA.

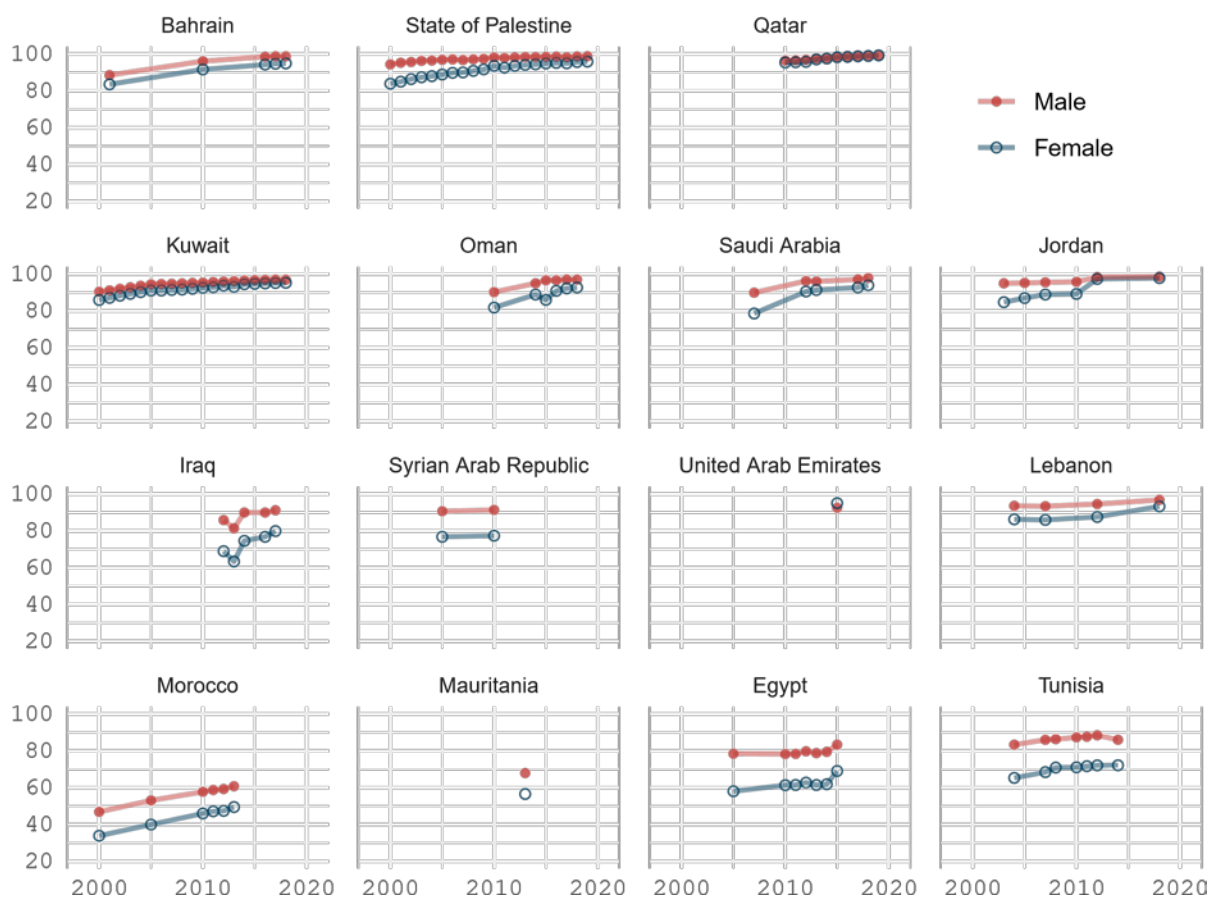
6. Education

Education is a key factor in fostering sustainable development. Formal schooling equips people with the skills required by modern labour markets and is directly related to employment and wages. It also contributes to the health and overall well-being of a population. In recent decades, the Arab region has experienced a dramatic expansion of the education sector. Meanwhile, because of high population growth, the number of school-age children increases every year, necessitating an increase in both human and financial resources required. The data used in this section were obtained from national statistical offices and UNESCO Institute of Statistics (UIS).

Literacy in Arab region has increased, with higher literacy rates among men than women

Recent estimates indicate that adult literacy exceeds 90 per cent in 8 of the 15 countries displayed below in figure 6.1, with nearly all showing gains since 2000. From 2000 to 2013, the adult literacy rate among men in Morocco increased by 14 percentage points and that of women by almost 16 percentage points. Adult men tend to be more literate than women throughout the region, particularly in Northern Africa. In Morocco in 2013, percentage of literate men was about 11 points higher than that of women. At about 14 percentage points, the difference was also high in Tunisia in 2014 and Egypt in 2015. In Jordan, the gender gap in adult literacy rates has narrowed over time, as 95 per cent of men were literate in 2003 compared with 85 per cent of women, whereas in 2018, rates were 99 and 98 per cent, respectively.

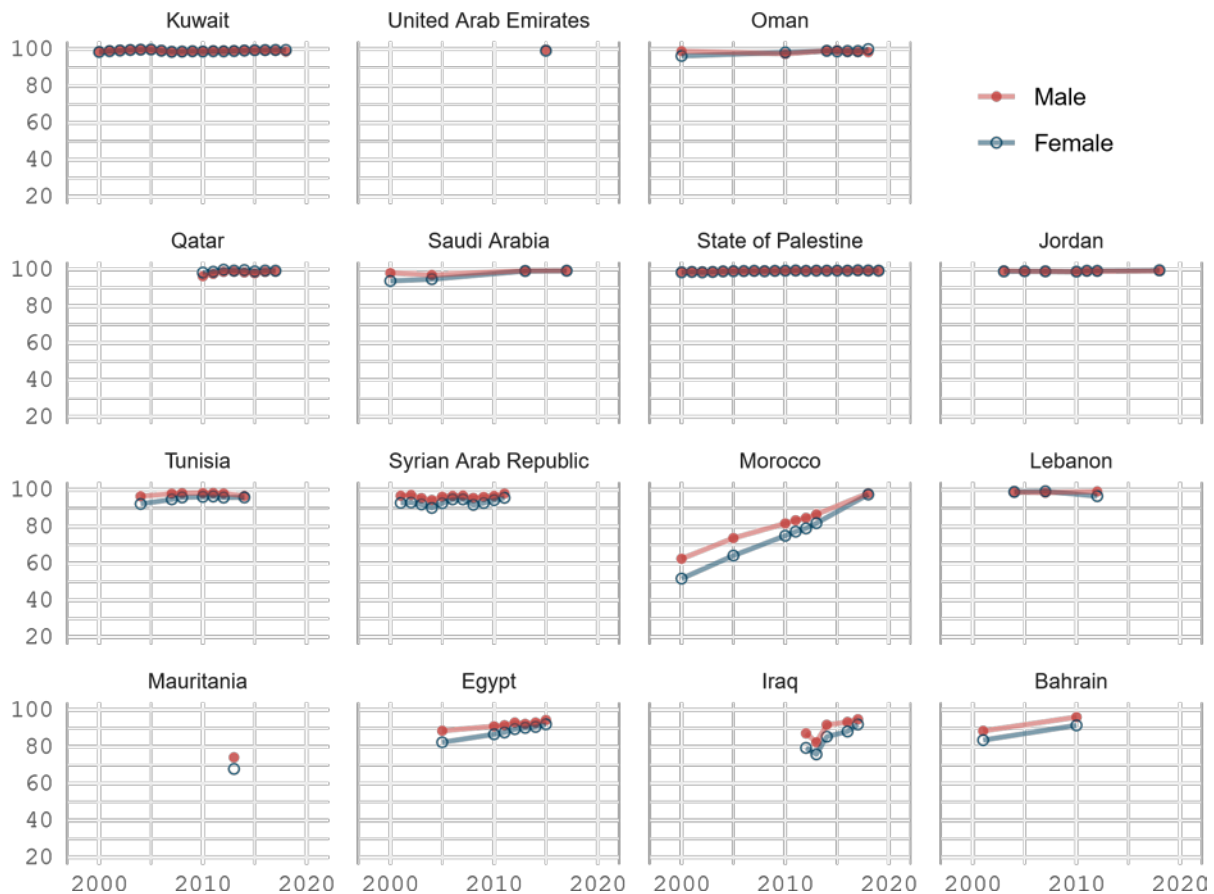
Figure 6.1 Adult literacy, age 15 and over, percentage, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

Figure 6.2 shows literacy rate trends for young men and women aged 15 to 24. Youth tend to be more literate than the overall adult population (aged 15 and over), and although young men are generally more literate than young women, the difference is much less pronounced than it is within the adult population. Iraq and Morocco reported noticeable increases in youth literacy rates for both men and women over time, and a narrowing of the gap between genders. In Iraq in 2012, 87 per cent of young men and 79 per cent of young women were literate, and both increased in 2017 to 95 and 92 per cent, respectively. In Morocco in 2000, 63 per cent of young men and 52 per cent of young women were literate, compared with 98 and 97 per cent, respectively, in 2018.

Figure 6.2 Youth literacy, age 15-24, percentage, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

Gender gap in net enrolment ratio in primary education has narrowed in Iraq, Morocco

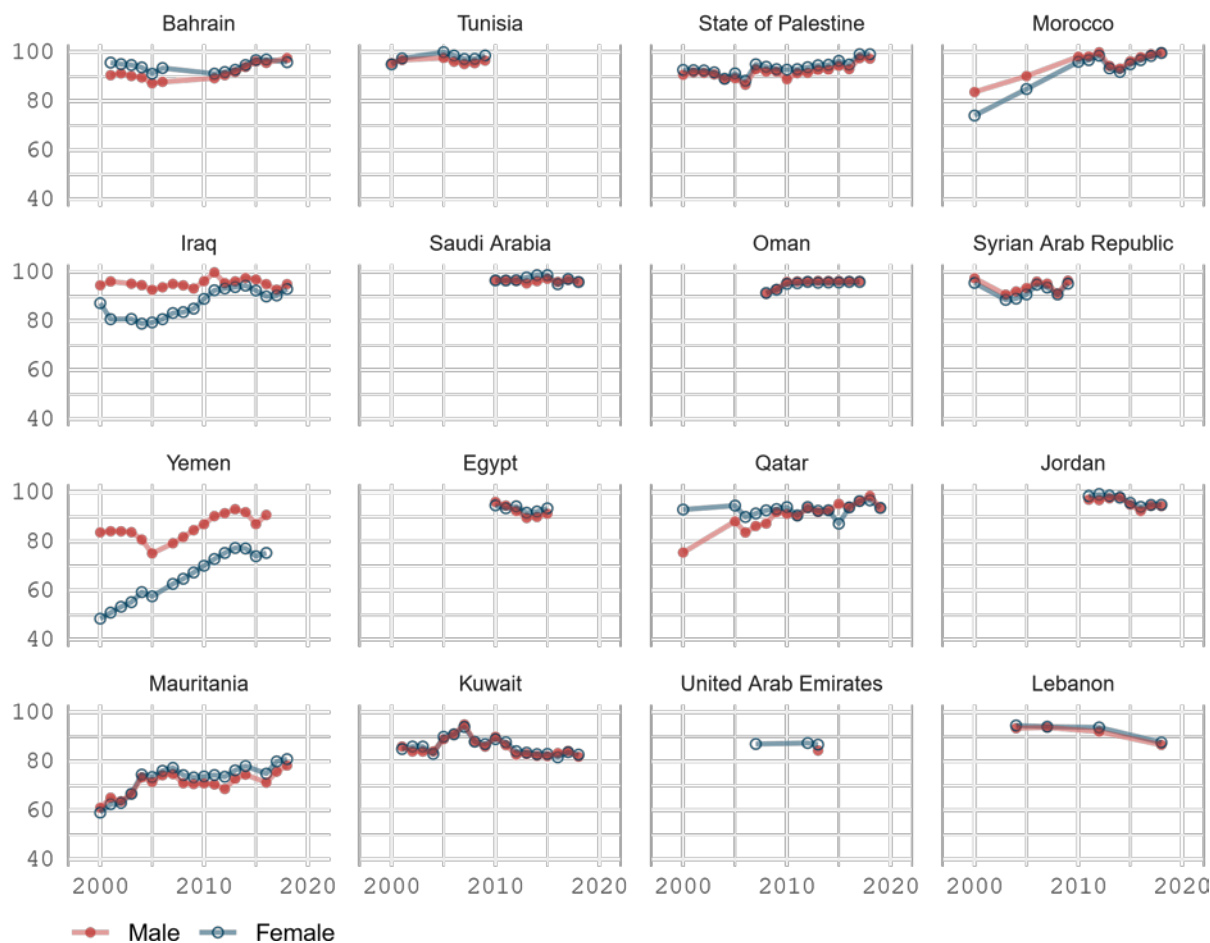
The gender gap in primary enrolment ratios has narrowed in Iraq and Morocco since 2000. In Iraq, it decreased from 7 percentage points in 2000 to 2 percentage points in 2018. In Morocco in 2000, 84 per cent of primary school age boys and 74 per cent of primary school age girls were enrolled in primary school, whereas in 2018, these ratios were 100 for both.

Figure 6.3 displays net enrolment ratios in primary education. Net enrolment ratios are defined as the total number of students in the theoretical age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group.⁴ Recent estimates in the Arab region reveal high net enrolment ratios; above 90 per cent for boys and girls in 11 of the 16 countries displayed.

⁴ According to the UNESCO Institute of Statistics (UIS) definition.

Net enrolment among girls in Yemen increased significantly since 2000, when 49 per cent of primary school age girls were enrolled in primary school, compared with 75 per cent in 2016.

Figure 6.3 Primary enrolment ratio, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

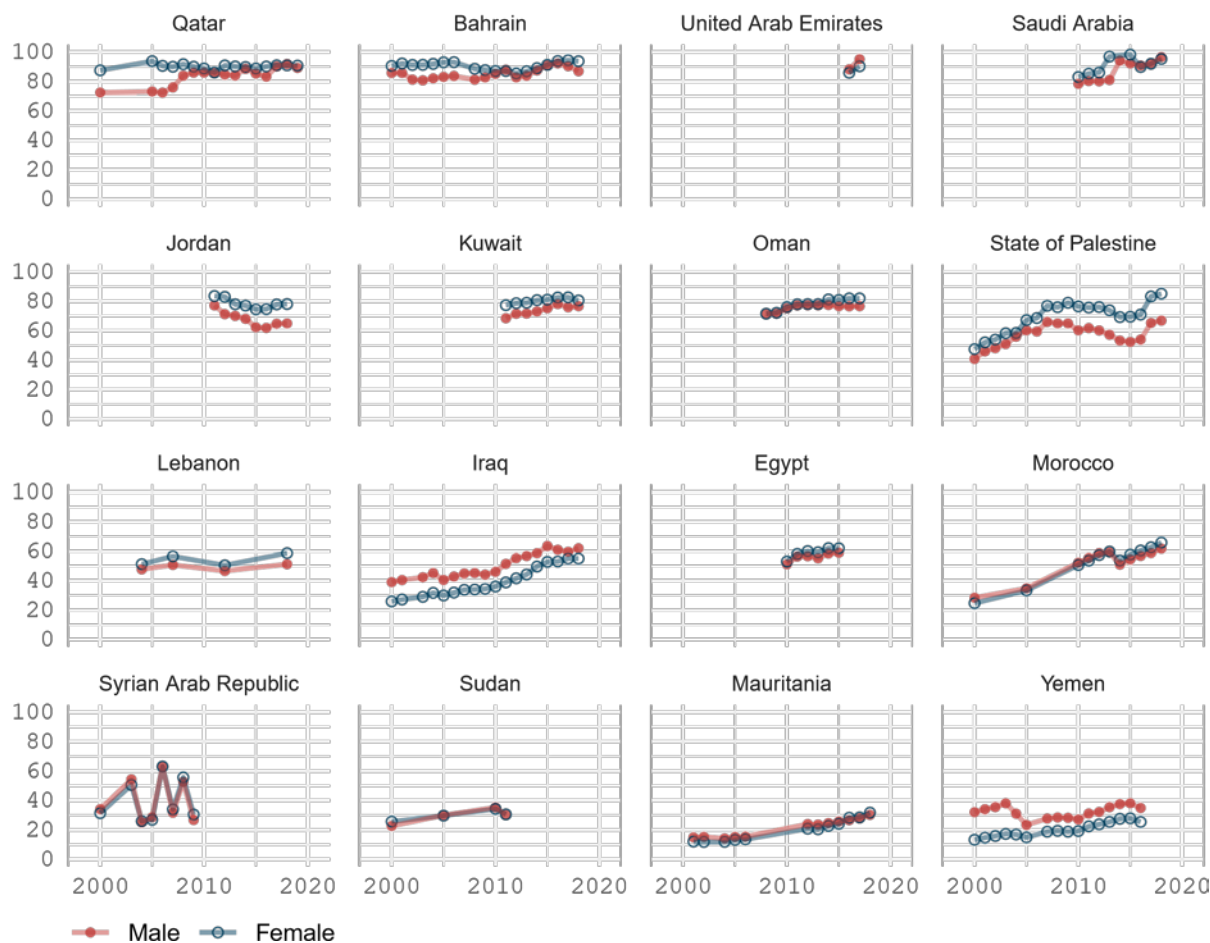
Net enrolment ratios in secondary education highest in GCC countries

Enrolment in secondary education is lower than in primary education in the Arab region, with some countries witnessing an increase in their secondary enrolment over time. Over time, net enrolment ratios in secondary education have been consistently lower for girls than boys in Iraq and Yemen; higher for girls in Bahrain, Egypt, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, the State of Palestine, and Oman, although the difference in Oman was consistently marginal at around one per cent until the year 2013. The gender gap in the state of Palestine widened over time; in 2000, 48 per cent of secondary age girls were enrolled in secondary school compared with 41 per cent for boys, compared with 85 and 67 per, respectively, reflecting an increase in the gender gap in favour of girls from 7 to 18 percentage points (figure 6.4).

The highest net enrolment ratios in secondary education are consistently reported in GCC countries. Iraq, Morocco, Mauritania, and the State of Palestine consistently witnessed significant increases over time, whereas smaller gains were made in GCC countries (Kuwait, Oman, Qatar, Saudi Arabia) and Egypt. In Mauritania in 2001, just 15 per cent of secondary school-age boys and 12 per cent of secondary school-age girls were enrolled in secondary education; by 2018, these ratios had more than doubled to 30 and 32 per cent, respectively. Between 2000 and 2018, Morocco and the State of Palestine saw a similar increase: from 28 and 25 per cent

to 62 and 66 per cent for Morocco and from 41 and 48 per cent to 67 and 85 per cent for the State of Palestine. Over the same period, the increase in Iraq was as large: from 39 and 26 per cent to 62 and 55 per cent.

Figure 6.4 Secondary enrolment ratio, by sex, 2000-2019



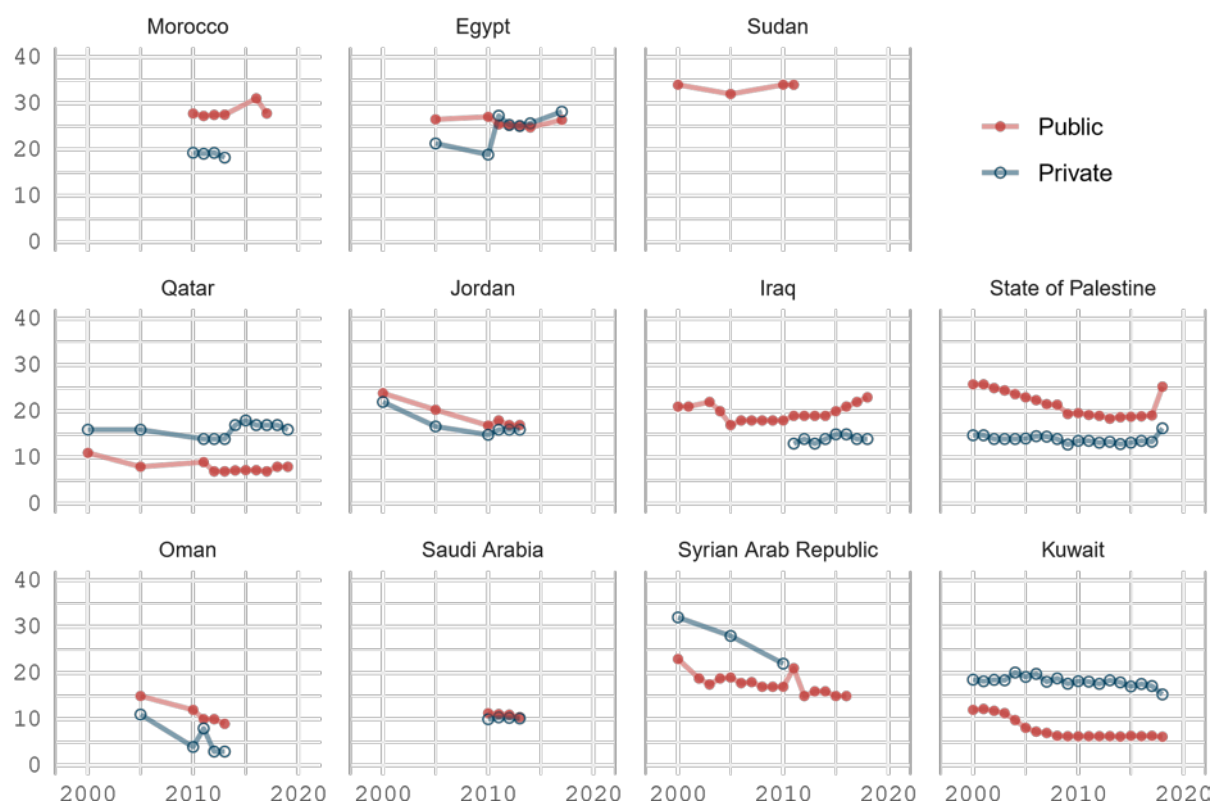
Source: Data from national statistical offices, compiled by ESCWA.

Pupil-teacher ratios in primary schools highest in the Sudan

Pupil-teacher, or student-teacher, ratios can be indicators of quality of education. In crowded classrooms, quality of education may suffer as teachers may not be able to dedicate enough time to the needs of every pupil. Since 2000, the Sudan has consistently reported the highest pupil-teacher ratio in primary schools in the region (figure 6.5). This ratio decreased in Jordan and the Syrian Arab Republic, from 24 and 23, respectively, in 2000 to 17 in Jordan in 2013 and 15 in the Syrian Arab Republic in 2016.

The average pupil-teacher ratio in public primary schools in Iraq in 2018 (23) was higher than in private schools (14). Over time, private primary schools in Iraq consistently had lower pupil-teacher ratios than public primary schools, which was also the case in Morocco, Oman, and the State of Palestine. Conversely, Kuwait and Qatar consistently reported higher average pupil-teacher ratios in private primary schools. In 2018 in Kuwait, the average ratio in private primary schools (15) was more than double that in public primary schools (6). In Qatar, a similar relationship was observed in 2019; 16 students for one teacher, on average, in private primary schools, compared with 8 in public primary schools. Average pupil-teacher ratios in public and private schools were equitable in Jordan and Saudi Arabia, according to the two most recent years available for each country, with differences no larger than one student per teacher.

Figure 6.5 Pupil-teacher ratio in primary education, 2000-2019⁵



Source: Data from national statistical offices, compiled by ESCWA.

Pupil-teacher ratios in secondary schools consistently low in GCC countries

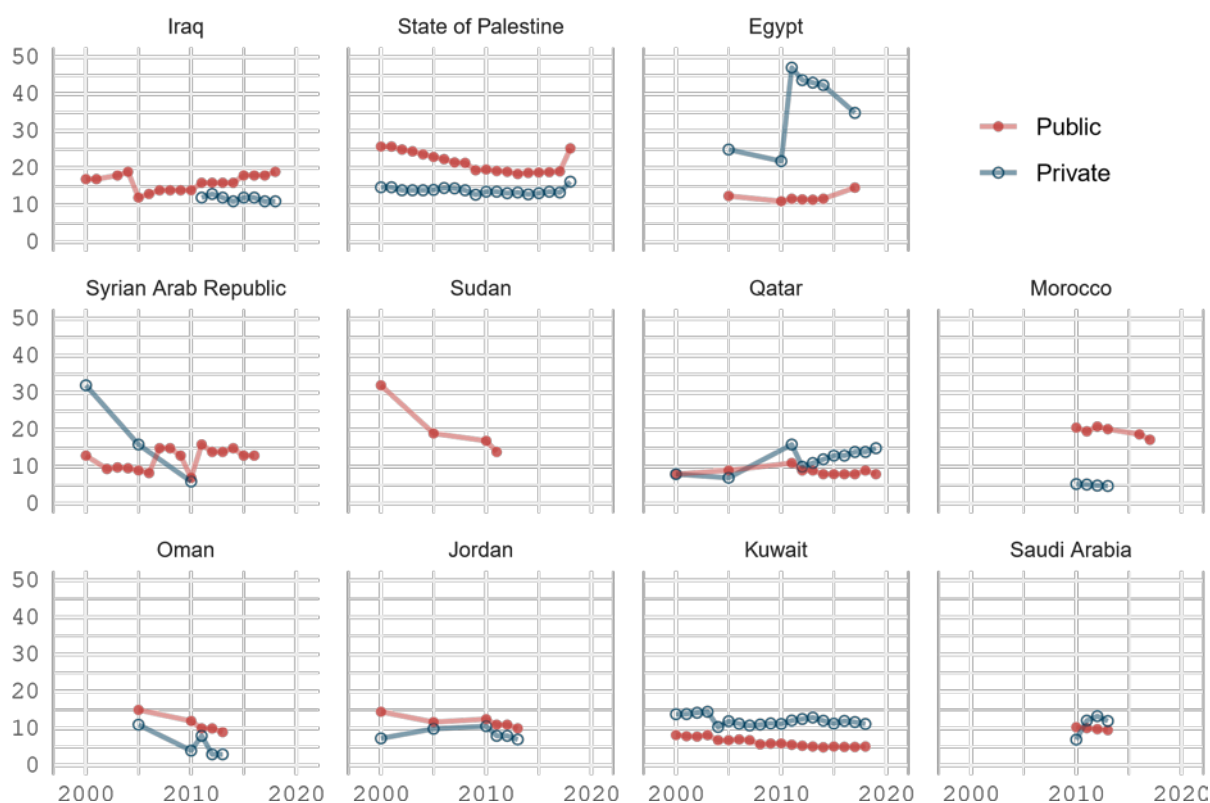
Trends in pupil-teacher ratios are not necessarily constant across different levels of education and between public and private education. In Egypt from 2010 to 2014, the average pupil-teacher ratio in public secondary schools remained about the (figure 6.6). However, between 2010 and 2011, the country reported a much larger increase in average pupil-teacher ratio in private secondary schools than in private primary schools: in the latter, the average ratio increased from 19 to 27, whereas in the former, the ratio more than doubled from 22 to 47. In Morocco from 2010 to 2013, the average ratio in public secondary schools (20) was consistently four times higher than that in private secondary schools (5).

From 2000 to 2011 in the Sudan, the average ratio in public primary schools remained fairly constant at around 34, while in public secondary schools, it decreased from 32 to 14.

The GCC countries of Kuwait, Oman, Qatar, and Saudi Arabia have consistently reported ratios in secondary education that are among the lowest of the region, in both public and private schools. In Kuwait in 2018, on average, the ratio was 5 in the former schools and 11 in the latter. The ratios in public schools in Saudi Arabia were similarly low and constant between 2010 to 2013, at 10.

⁵ The Sudan only reported pupil-teacher ratios for public schools.

Figure 6.6 Pupil-teacher ratio in secondary education, 2000-2019

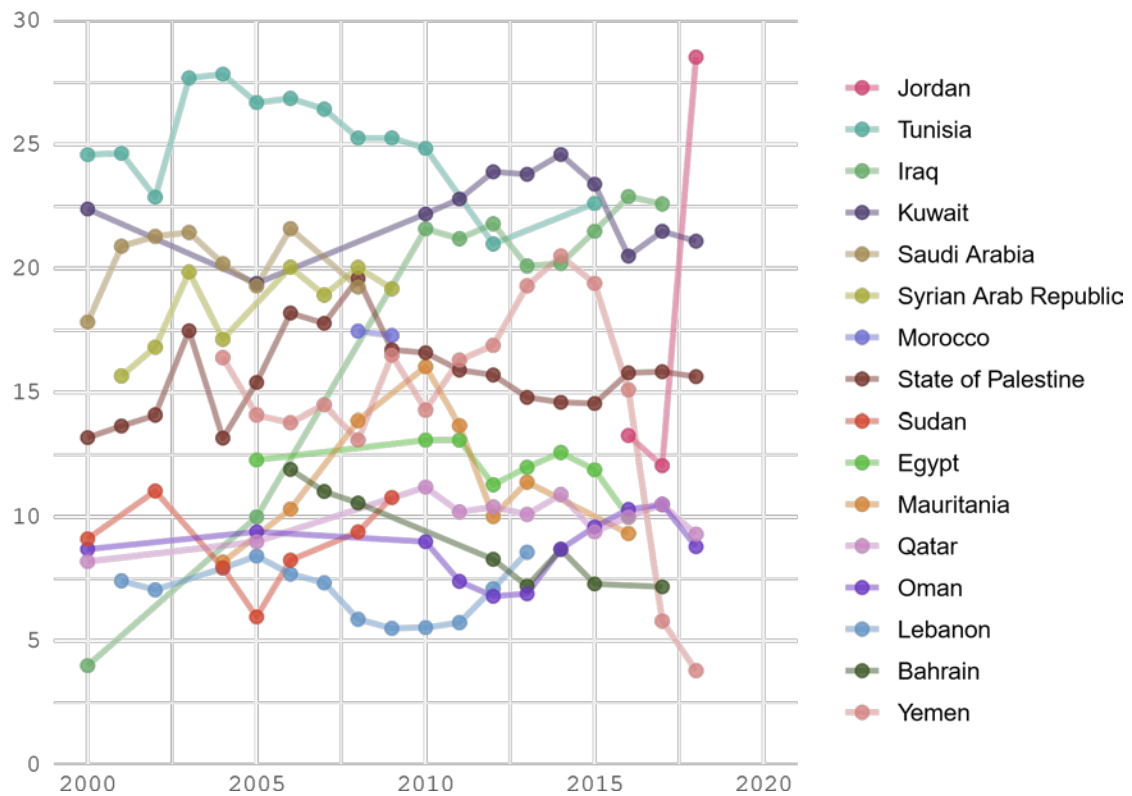


Source: Data from national statistical offices, compiled by ESCWA.

Public expenditure on education increased in some countries, decreased in others

The UNESCO Institute for Statistics (UIS) provides data on expenditure on education for most Arab countries. Figures are reported as a percentage of total government expenditure and as a percentage of GDP, indicating how each country prioritizes education in relation to overall resources. Public expenditure on education as a percentage of total government expenditure increased over time in some countries and decreased in others (figure 6.7), although, in general, there are no prevalent significant trends. From 2000 to 2017, In Iraq, the percentage increased from 4 to 22, but has remained relatively constant since. In 2016, Mauritania reported a ratio of 9 per cent, which was almost half of the percentage reported in 2010 (16 per cent). From 2003 to 2015, Tunisia had a decrease from 28 to 23 per cent.

Figure 6.7 Expenditure on education as a percentage of total government expenditure, 2000-2018



Source: Data from national statistical offices, compiled by ESCWA.

7. Labour

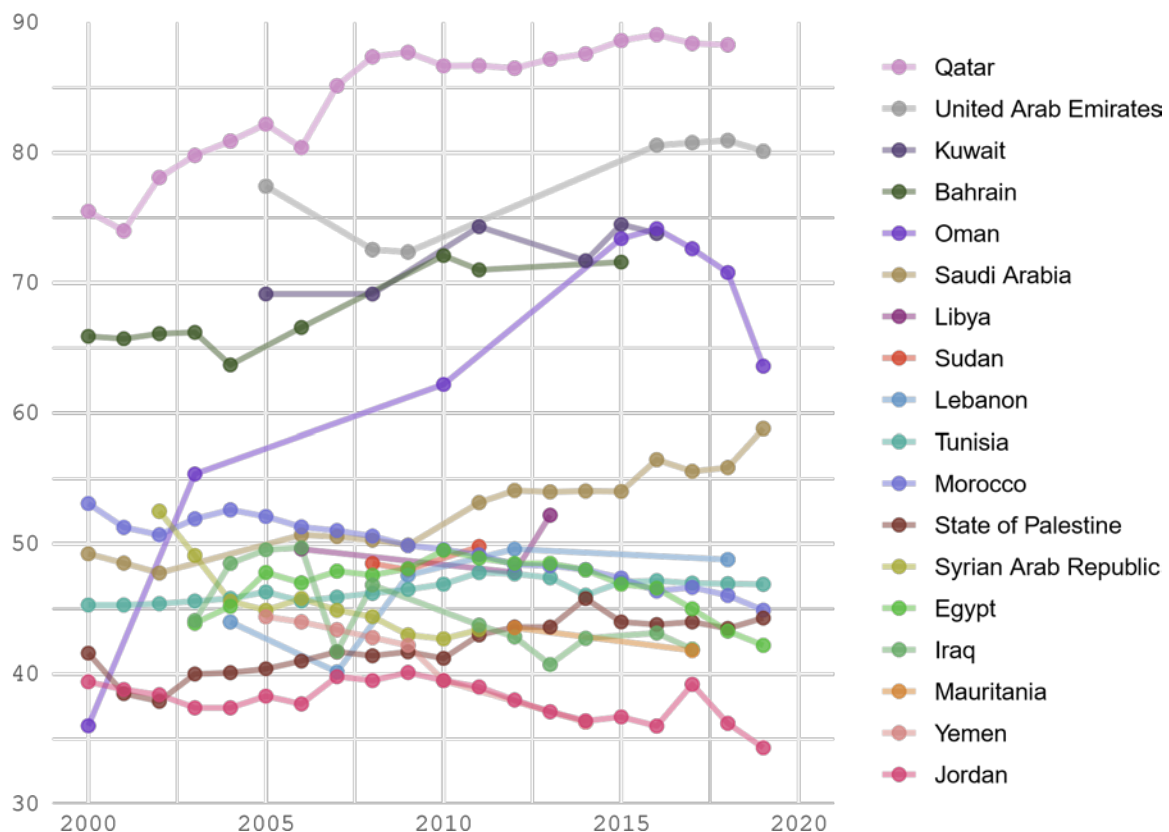
Labour market composition and trends are important determinants of macroeconomic performance. In the Arab region, women participate in the labour force at much lower rates than men, often by a wide margin. Youth and women who participate in the labour force in the region typically face high unemployment rates (Assaad and Krafft, 2014). Across the region, influx of migrant workers affects the composition of labour markets, with these workers accounting for sizeable proportions of labour markets, especially in the GCC, Jordan, and Lebanon. The ILO estimates that the Arab region hosted 23 million migrant workers in 2017. Proportions of employed non-nationals in the GCC are among the highest in the world, ranging, in 2019, from 58 per cent in Saudi Arabia to 95 per cent in Qatar.

This section provides a brief overview of labour markets in Arab countries using data from labour force surveys and population censuses provided solely by NSOs. The statistics shown concern total populations, except in the case of Jordan. Jordanian labour force surveys began including non-nationals only after 2016. Hence, for consistency, estimates shown here only concern Jordanian national population.

Low labour-force participation outside of the GCC

Labour-force participation is the percentage of adults (15 years and older) who are either working or not working but actively seeking work. Labour force participation is low in most of the Arab region, specifically outside of the GCC; as seen below in figure 7.1, no country outside the GCC reported a rate above 55 per cent for any year from 2000 to 2019; mainly due to the low participation rate of women.

Figure 7.1 Labour force participation rate, 2000-2019



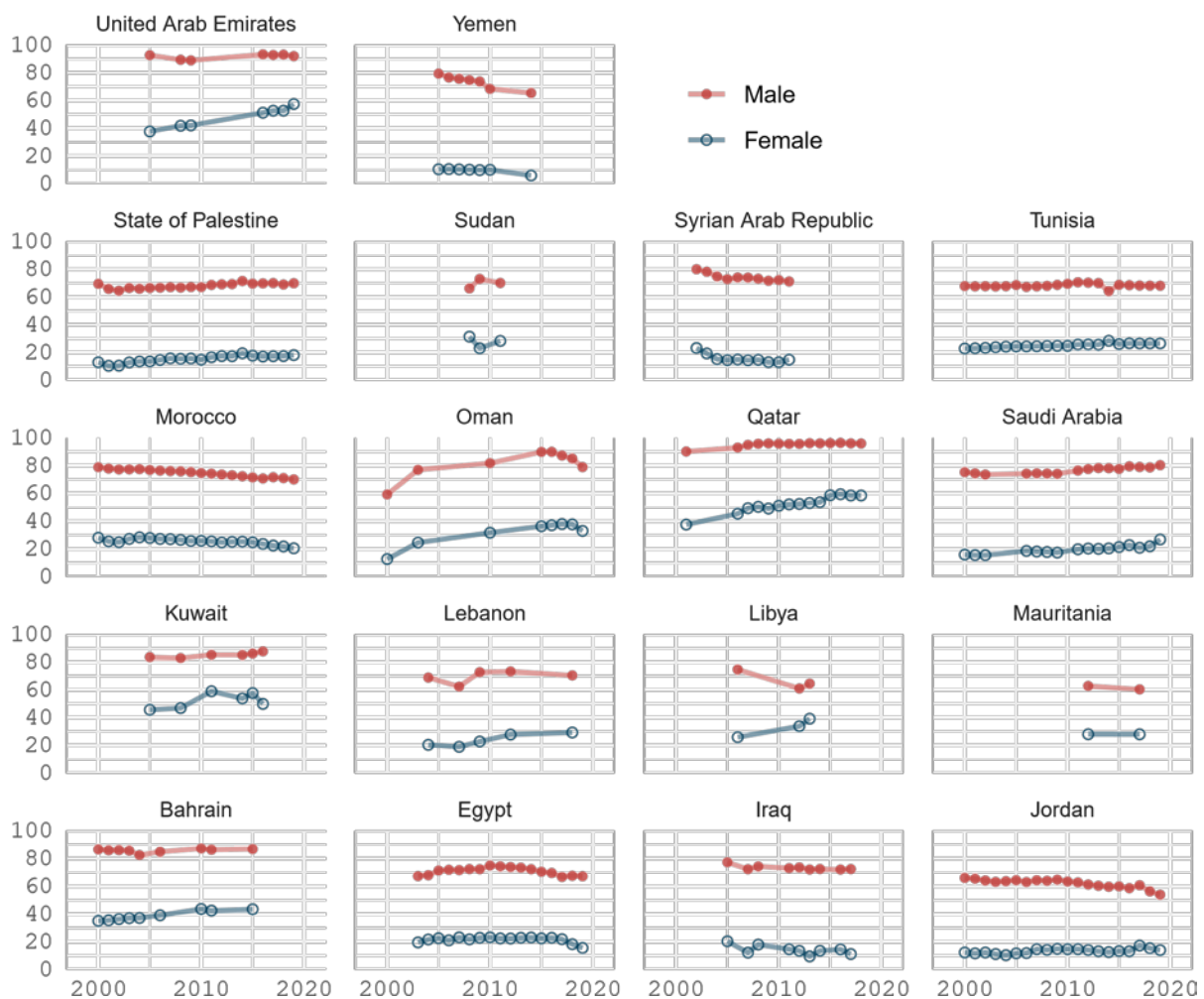
Source: Data from national statistical offices, compiled by ESCWA.

Labour force participation rates vary across the region. Based on the most recent data available, Jordan reported a rate of 34 per cent in 2019, the lowest in the region, behind Yemen at 36 per cent in 2014. Qatar consistently reported the highest rate in the region, with the rate steadily increasing from 76 to 88 per cent from 2000 to 2018. Most countries reported rates between 35 and 55 per cent for all years in which data are available, and there no prevalent significant trends. For example, in Tunisia from 2000 to 2019, the rate remained between 45 and 48 per cent.

Women participate in labour force much less than men

In all 18 ESCWA member States, women participate in the labour force less than men, and in 14 out the 18 participation rates for women are less than half those for men (figure 7.2). This gender gap decreased in some countries over time, specifically in Qatar, where an increase in total labour force participation rate is being driven by increasing participation among women, from 45 per cent in 2006 to 59 per cent in 2018, compared with a smaller three percentage points increase among men from 93 to 96 per cent over the period.

Figure 7.2 Labour force participation rate, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

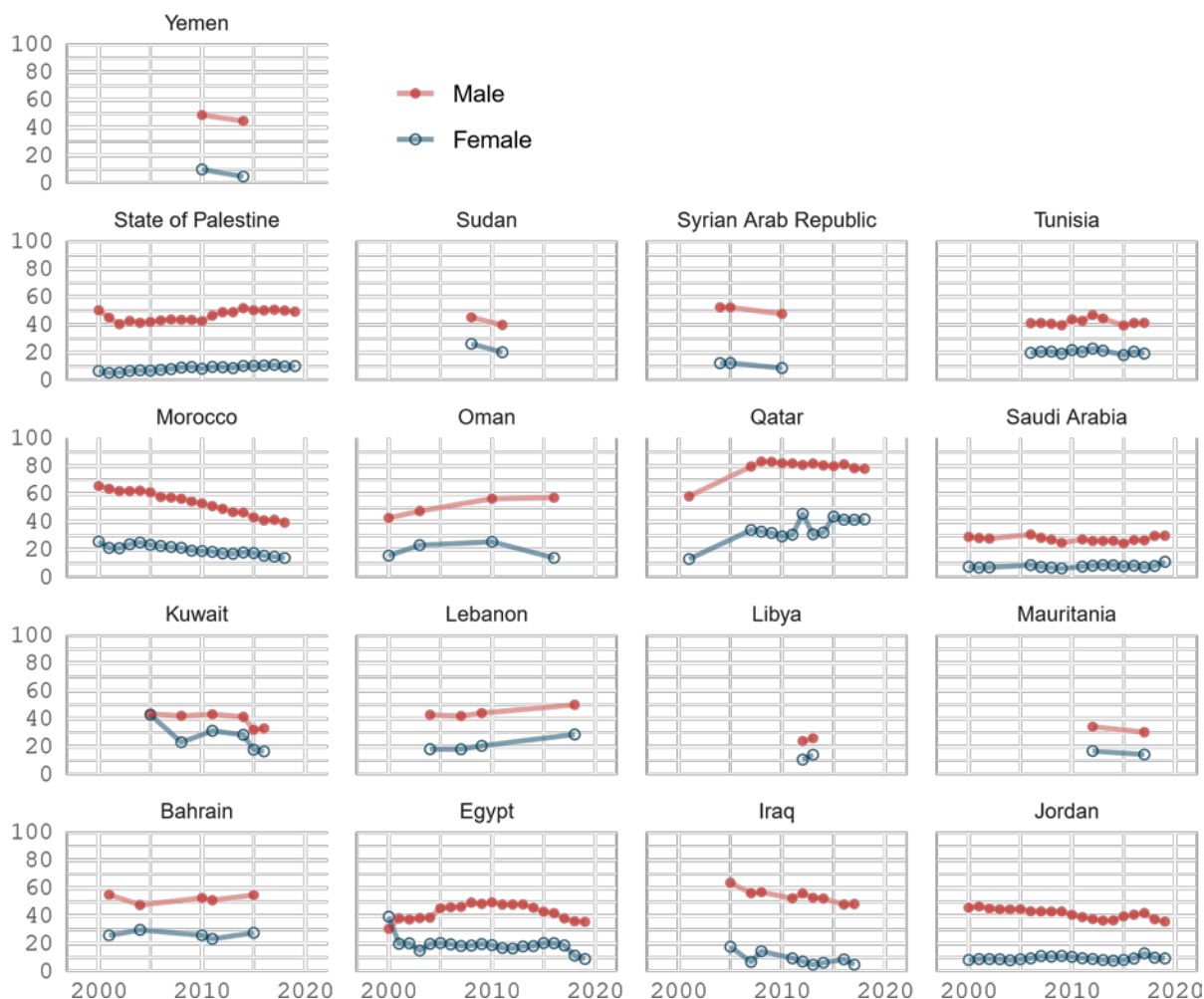
In Morocco, participation rates decreased, albeit slowly, from 79 per cent of men and 28 per cent of women in 2006 to 70 and 21 per cent, respectively, in 2019. In Yemen, decreases in participation for both men and women were more pronounced; from 79 per cent for men and 11 per cent for women in 2005 to 65 and

6 per cent, respectively, in 2014. Thus, according to the most recent data available, female labour force participation in Yemen is the lowest in the region.

Youth labour force participation rates decreasing in Iraq and Morocco, increasing in the State of Palestine

As in the case of adults, young men participate in the labour force at higher rates than young women (figure 7.3). However, trends in adult labour force participation rates are not necessarily reflected in trends in youth labour force participation rates, and vice versa. In Iraq and Morocco, youth labour force participation rates decreased more rapidly than those of adults. From 2005 to 2017 in Iraq, the rate for young men steadily decreased from 64 to 49 per cent, and for young women from 18 to 5 per cent. In Morocco over a similar period, the percentage of young men participating in the labour force steadily decreased from 61 (2005) to 39 (2018), and that of young women steadily decreased from 23 (2005) to 14 (2018).

Figure 7.3 Youth labour force participation rate (15-24 years), by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

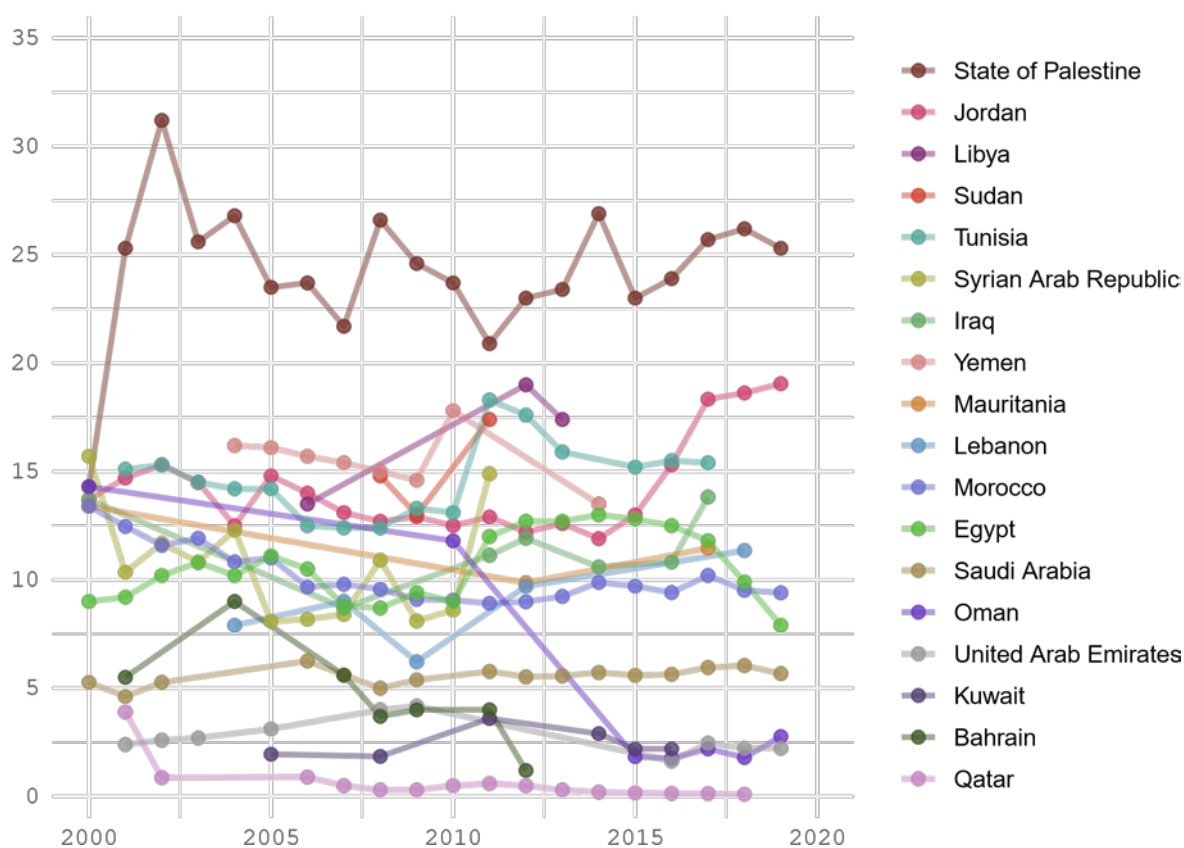
Youth labour force participation increased in the State of Palestine, from just 43 per cent of young men and 8 per cent of young women in 2010 to 49 and 10 per cent, respectively, in 2019.

Highest unemployment rate in State of Palestine

As seen below in figure 7.4, the GCC countries of Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates consistently report the lowest unemployment rates in the region. In 2018, the rate in Qatar was almost 0 per cent. In Saudi Arabia, which reported the highest rate among these five countries, the rate was 6 per cent in 2019.

Over the 2000 to 2019 period, the State of Palestine consistently reported the highest unemployment rate in the region, in excess of 20 per cent each year since 2001. The rate for neighbouring Jordan is also high and increased recently, from 12 per cent in 2014 to 19 per cent in 2019; the second highest of the region among the countries that reported unemployment figures since 2015. Over the same period, Egypt's rate steadily decreased from 13 per cent in 2014 to 8 per cent in 2019. Unemployment may be higher, and increasing at a faster pace, in countries in conflict, such as Libya, the Syrian Arab Republic, and Yemen, but recent data to verify this are not available.

Figure 7.4 Unemployment rate, 2000-2019



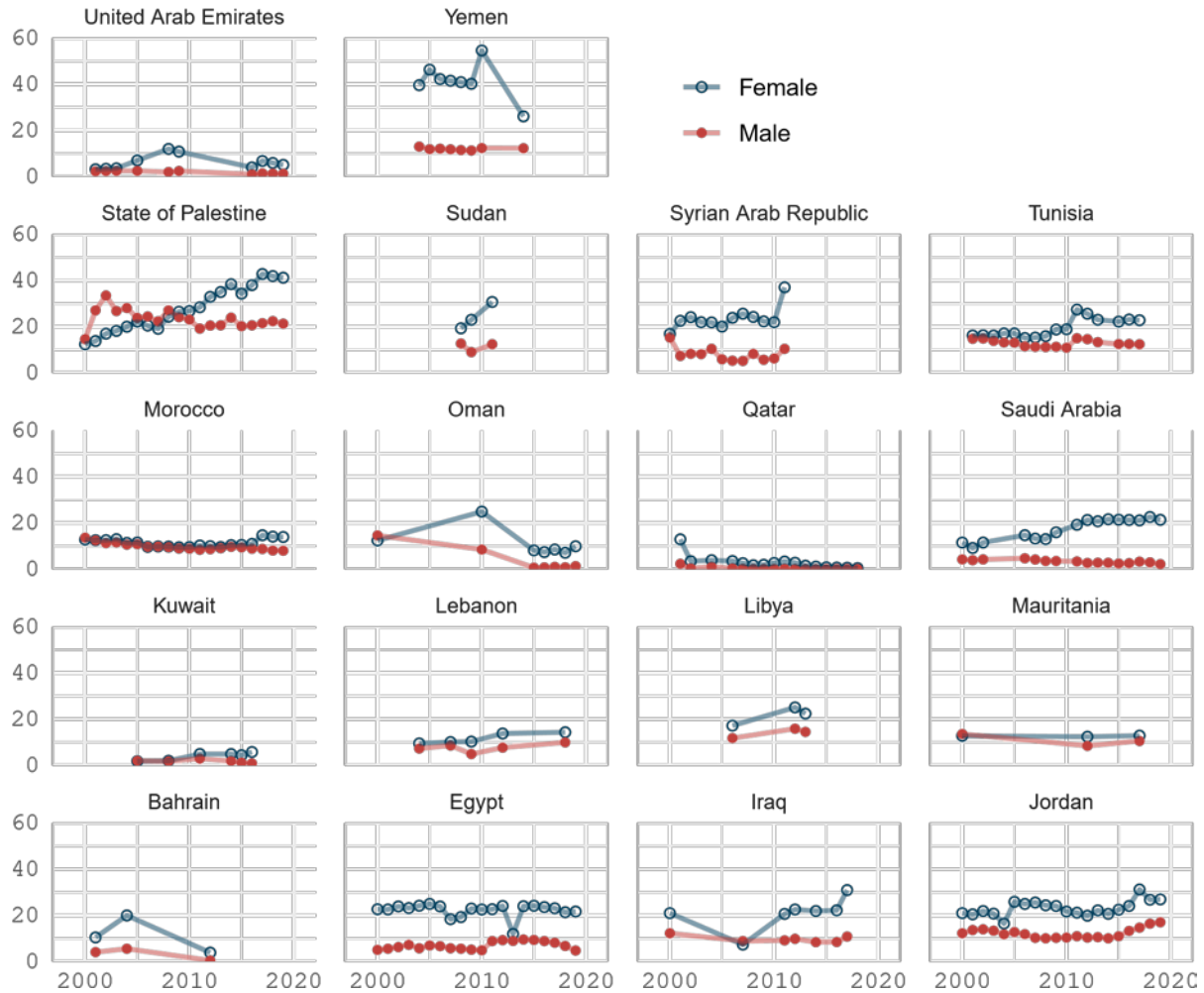
Source: Data from national statistical offices, compiled by ESCWA.

Female unemployment higher and increasing in the State of Palestine

Although women participate in the labour force at much lower rates than men do in the Arab region, the extent of this disparity is not necessarily reflected in unemployment rates, which are more gender equitable in some countries. In Qatar, for example, the rates for women were similar to or just marginally higher than for men and remained so over time (figure 7.5). In Morocco, rates of men and women were until recently similar; from 2005 to 2015, they differed by less than a percentage point, but female unemployment jumped to 14 per cent in 2019, whereas male unemployment decreased to 8 per cent.

Nevertheless, women are more likely to be unemployed than men in the Arab region, to an extent that increased recently in Iraq, Kuwait, Morocco, Saudi Arabia, and the State of Palestine. Female unemployment in Tunisia spiked in 2011 to 27 per cent, widening the gender gap to 12 percentage points; while in 2008, the gender gap was just 5. After 2011, it decreased only slightly, to 10 percentage points in 2017.

Figure 7.5 Unemployment rate, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

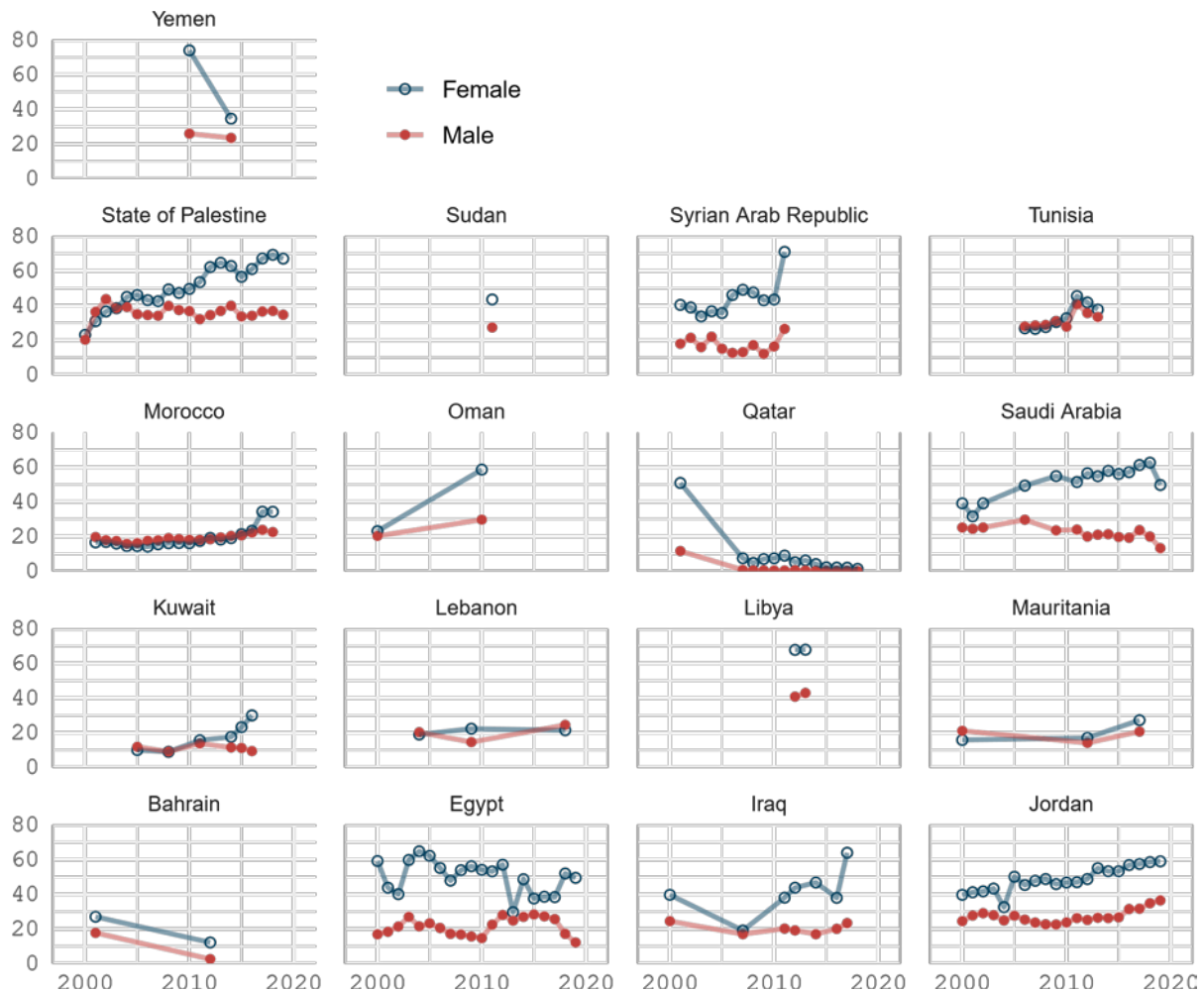
After 2000, female unemployment increased in Saudi Arabia and the State of Palestine, widening the gender gap as male unemployment steadily decreased in the former and fluctuated in the latter. In 2006, in Saudi Arabia, unemployment was 15 per cent for females and 5 per cent for males; by 2011, female unemployment had increased to 19 per cent and male unemployment had decreased to 3 per cent. According to most recent estimates, in 2019, female unemployment was 21 per cent and male unemployment 2 per cent, which represents a doubling of the gender gap from 2006, from 10 to 19 percentage points.

Prior to 2009, female unemployment in the State of Palestine was in fact lower than male unemployment; since then, female unemployment rapidly increased while male unemployment stagnated. In 2019, the female unemployment rate was 41 per cent, compared with 27 per cent in 2009. Conversely, the male unemployment rate was 24 per cent in 2009, and decreased to 19 per cent in 2011, the lowest reported male unemployment rate since 2000. Male unemployment rose since then to 21 per cent in 2019.

Youth unemployment decreasing among men in Egypt, increasing in Jordan and the State of Palestine

Trends in adult unemployment rates within the Arab region are largely reflected in youth unemployment, which is low (compared with the region as a whole) in the GCC countries of Kuwait and Qatar, and high in Jordan, the State of Palestine and Tunisia. Since 2015, youth unemployment decreased in Egypt due to decreasing male youth unemployment even as female youth unemployment has increased. In 2019, male youth unemployment was 12 per cent, less than half of the rate in 2015 at 28 per cent, but over the same period, female youth unemployment increased from 38 to 50 per cent.

Figure 7.6 Youth unemployment rate (15-24 years), by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

From 2005 to 2015, the gender gap in youth unemployment in Morocco remained small, similar to that in adult unemployment. Over this period, unlike any other country in the region, Morocco reported youth unemployment rates marginally lower for young women than for young men. However, female youth unemployment spiked in 2017 to 34 per cent, compared with 27 per cent for young men.

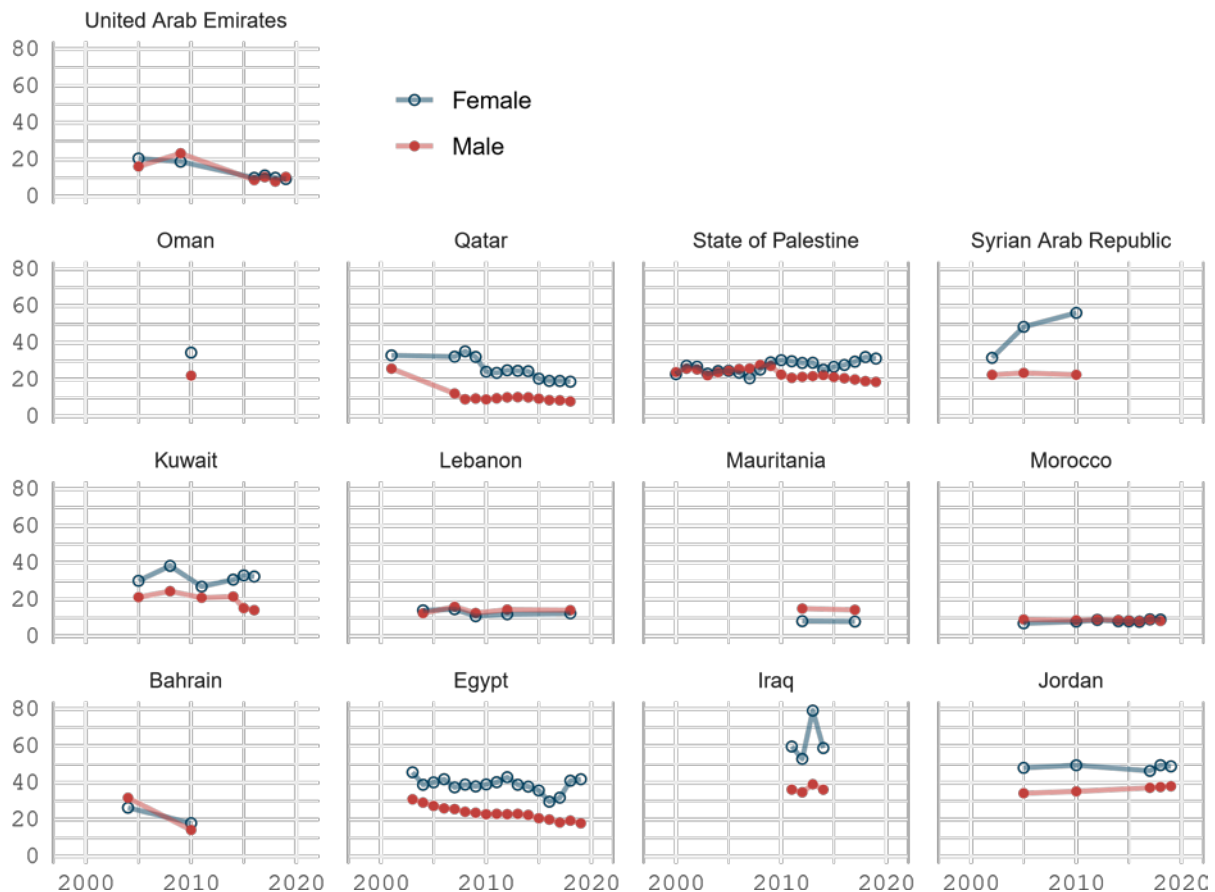
Jordan and to a greater extent the State of Palestine experienced sustained increases in youth unemployment since 2009, driven mainly in the latter by increasing unemployment among young females. Male and female youth unemployment rates rose in Jordan from 23 and 46 per cent, respectively, in 2009 to 36 and 59 per cent, respectively, in 2019. Over the same period, female youth unemployment in the State of Palestine increased

from 47 to 67 per cent, the highest in the region, whereas male youth unemployment decreased by 2 percentage points to 35 per cent.

Employment in public sector decreasing among females in Qatar and males in Kuwait

Data on employment by sector in the Arab region are not as available as they are labour force participation and unemployment. Of the nine countries that provided estimates since 2015 (figure 7.7), overall employment in the public sector is highest in Jordan, amounting in 2019 to 49 per cent of employed females and 38 per cent of employed males.

Figure 7.7 Employment in public sector, percentage, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

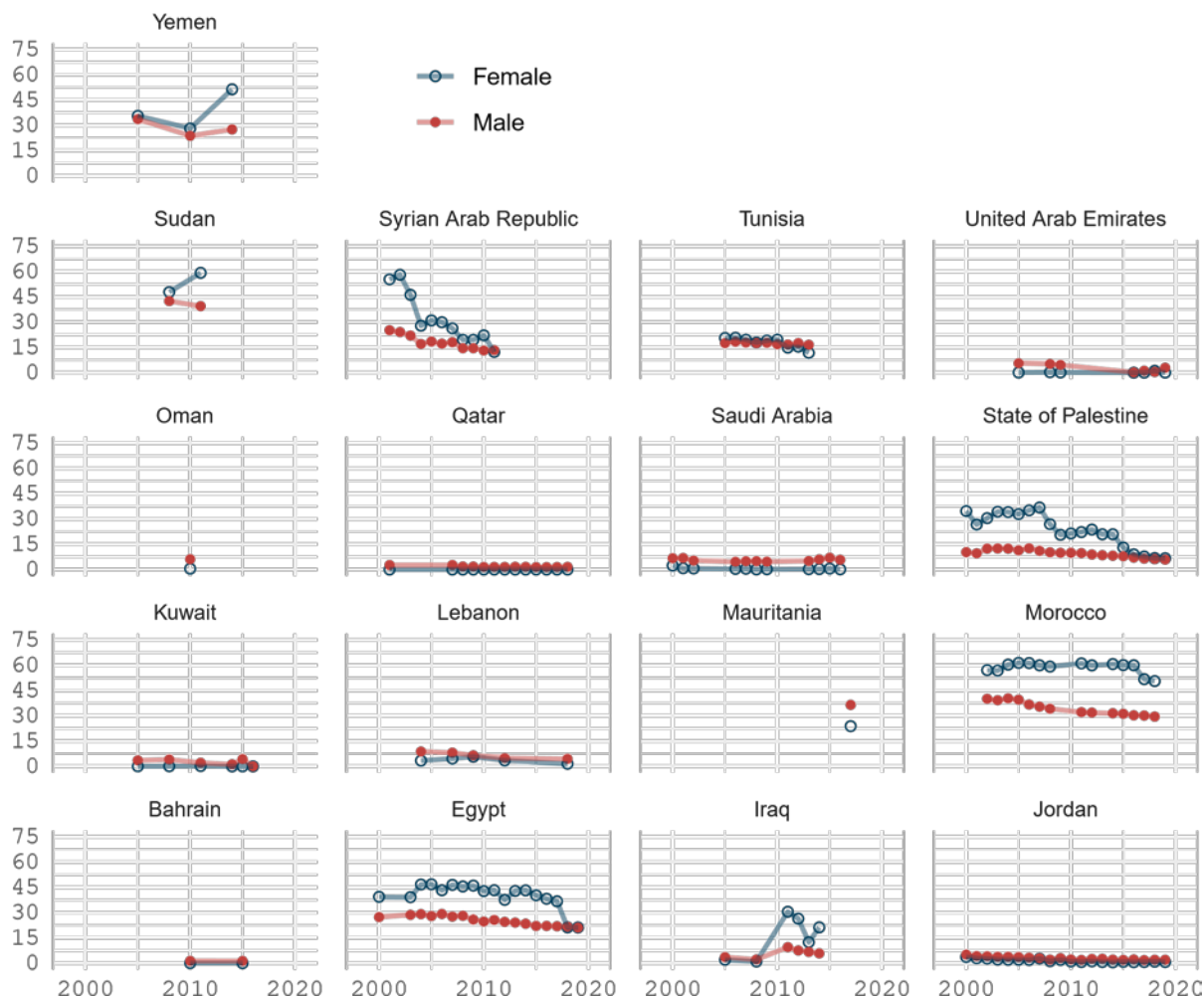
From 2014 to 2016, male employment in the public sector in Kuwait noticeably decreased from 22 to 14 per cent, while female employment marginally increased from 31 to 33 per cent. In Qatar, female employment in the public sector steadily decreased, from 32 per cent in 2009 to 19 per cent in 2018, while the percentage for employed males decreased by only 2 percentage points, from 10 to 8 per cent.

Employment in agriculture decreasing in Egypt, Morocco, and the State of Palestine

Labourers in GCC countries are seldom employed in agriculture: from 2000 to 2019, less than 10 per cent of males and females worked in agriculture in each GCC country (figure 7.8). For GCC countries that provided estimates since 2015, the highest proportion of males or females working in agriculture was in Saudi Arabia in 2016, when 6 per cent of employed males worked in it.

Estimates for Jordan and Lebanon show similarly low employment rates in agriculture, and these were decreasing over time for both genders. In Jordan, 4 per cent of employed males and 2 per cent of employed females worked in agriculture in 2005; by 2019, the ratios dropped to just 2 per cent and less than 1 per cent, respectively. In Lebanon, the ratio for males decreased from 7 per cent in 2009 to 4 per cent in 2018, and, similarly, from 6 to 2 per cent for females.

Figure 7.8 Employment in agriculture, percentage, by sex, 2000-2019



Source: Data from national statistical offices, compiled by ESCWA.

Conversely, in Egypt and Morocco, though decreasing over time, significant proportions of the labour forces work in agriculture. In Egypt, 28 per cent of employed males and 47 per cent of employed females worked in agriculture, but these proportions dropped to 25 and 43 per cent, respectively, in 2010 and continued to decrease steadily to 21 per cent of both genders in 2019. In Morocco, from 2005 to 2016, male employment in agriculture decreased steadily, while that of females remained constant. In 2017, a sharp decrease was reported for females, from 60 per cent in 2016 to 52 per cent in 2017, and subsequently to 51 per cent in 2018.

The State of Palestine experienced decreasing employment in agriculture for both genders, but at a faster rate for women. Female employment in agriculture peaked in 2007 at 37 per cent and steadily decreased since, to 7 per cent in 2019, while male employment decreased from 11 to 6 per cent.

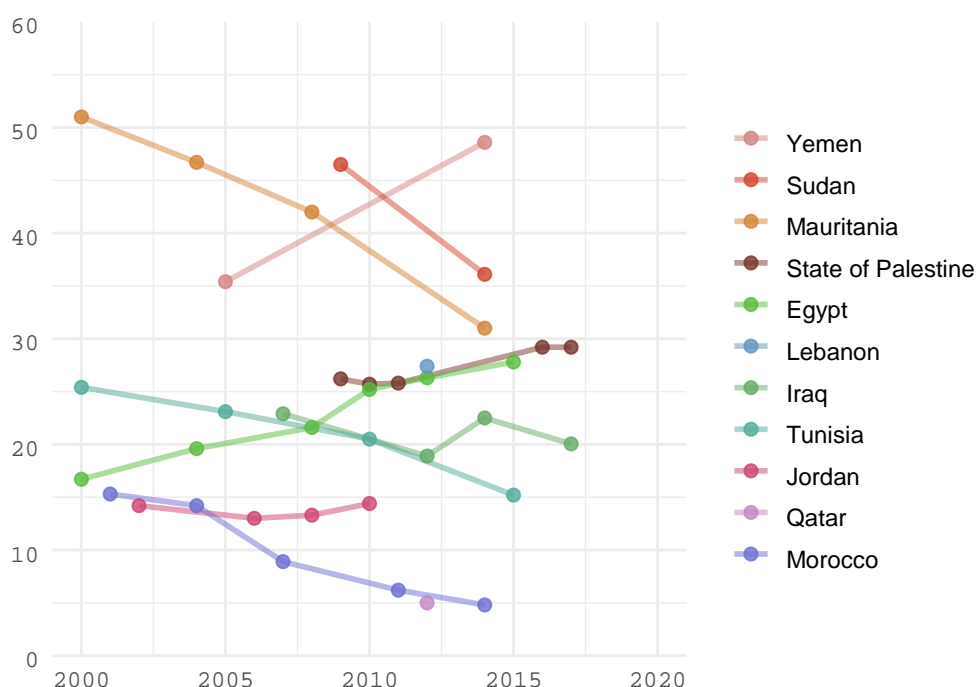
8. Poverty and inequality

Reducing poverty has been a priority on the international development agenda and is the first of the 17 Sustainable Development Goals. Appropriately, policymakers in the Arab region have been giving more attention to reducing poverty and eradicating extreme deprivation.

Poverty increasing in some countries

The poverty headcount ratio is defined as the percentage of the population living below the national poverty line of a country. Figure 8.1 shows such ratios in 11 Arab countries for which data are available. Of these, Lebanon and Qatar had only one estimate for the 2000-2019 period. As clearly shown, there is no consistent trend in poverty across countries during this period, for it was been increasing in some countries while decreasing in others. Qatar recorded the lowest ratio, at 5 per cent in 2010, while Yemen reported the highest, at 49 per cent in 2014. With a significant gap, the Sudan follows Yemen with the second highest ratio, at 36 per cent in 2014.

Figure 8.1 Poverty headcount ratio, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

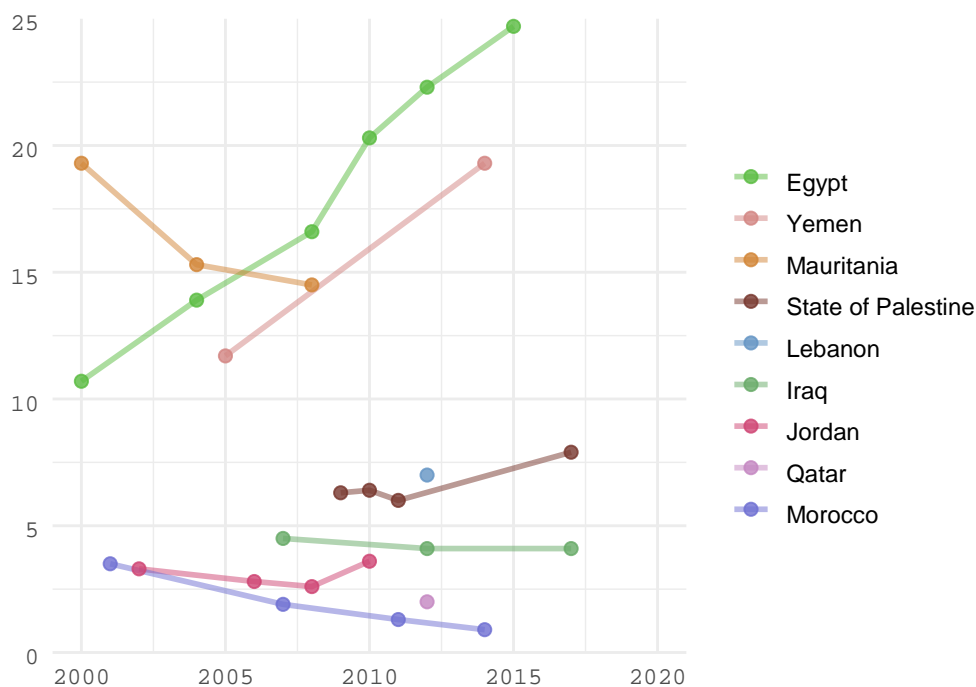
Egypt has the widest poverty gap

The poverty gap expresses the intensity or depth of poverty. Unlike the headcount ratio, which is the simple ratio of the number of people below the national poverty line over the total population, the poverty gap, expressed as a percentage of the national poverty line, shows how far, on average, the poor fall short of that poverty line.

Figure 8.2 gives a comparison of the poverty gaps for nine countries during the period 2000-2017, with one country having no trend data. Trends in poverty gaps are similar to those for poverty headcounts, as countries with increasing poverty headcounts also have increasing poverty gaps, and vice versa. Notably, for the majority of countries, poverty gap ratios are rather small, with only three countries having ratios above 10 per cent.

Egypt reports the highest poverty gap, which steadily increased from 11 per cent in 2000 to 20 per cent in 2010 and 25 per cent in 2015.

Figure 8.2 Poverty gaps, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Inequality is greatest in Saudi Arabia and smallest in Qatar

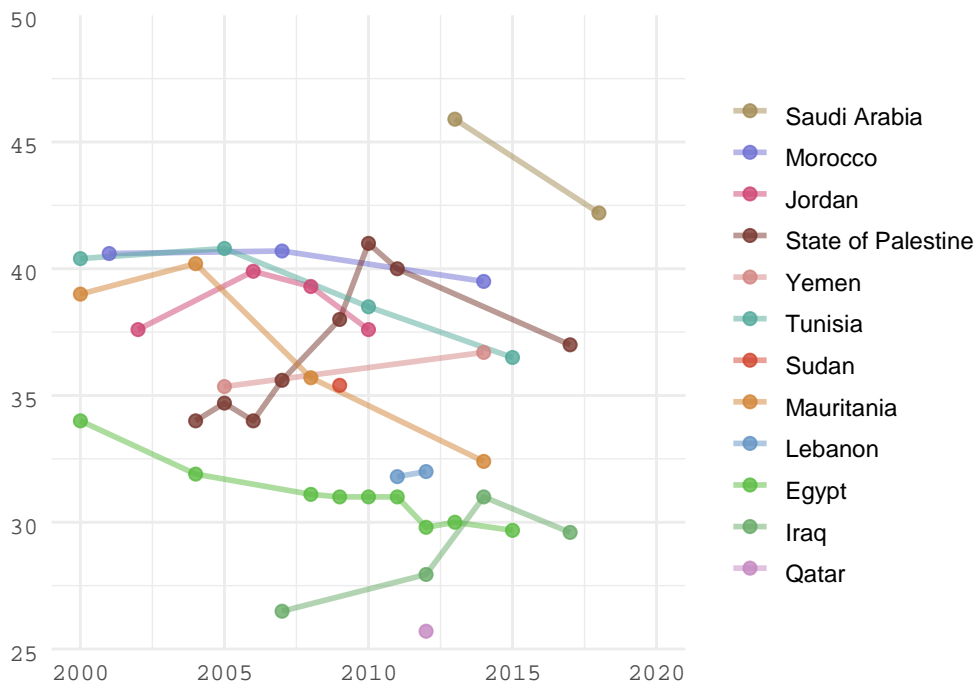
The Gini index measures the extent to which the distribution of income or, in some cases, consumption expenditure among individuals or households within an economy deviates from a state of perfectly equal distribution, ranging from 0 for perfect equality, to 100 for perfect inequality.

Trend data for the Gini index are available for 12 countries. As shown in figure 8.3, two countries showed a modest increase in inequality and eight a modest decrease, while the others remained relatively stable over time. Most countries had relatively low to moderate levels of inequality. On the basis of the most recent data available, the most unequal distribution was in Saudi Arabia, which had a Gini index of 46 in 2013, followed by Morocco at 40 in the same year; while Qatar was the country with the least unequal distribution, at 26 in 2012, followed by Iraq, at 28 in the same year.

Large gaps in total consumption expenditure between the richest and the poorest quintile of population

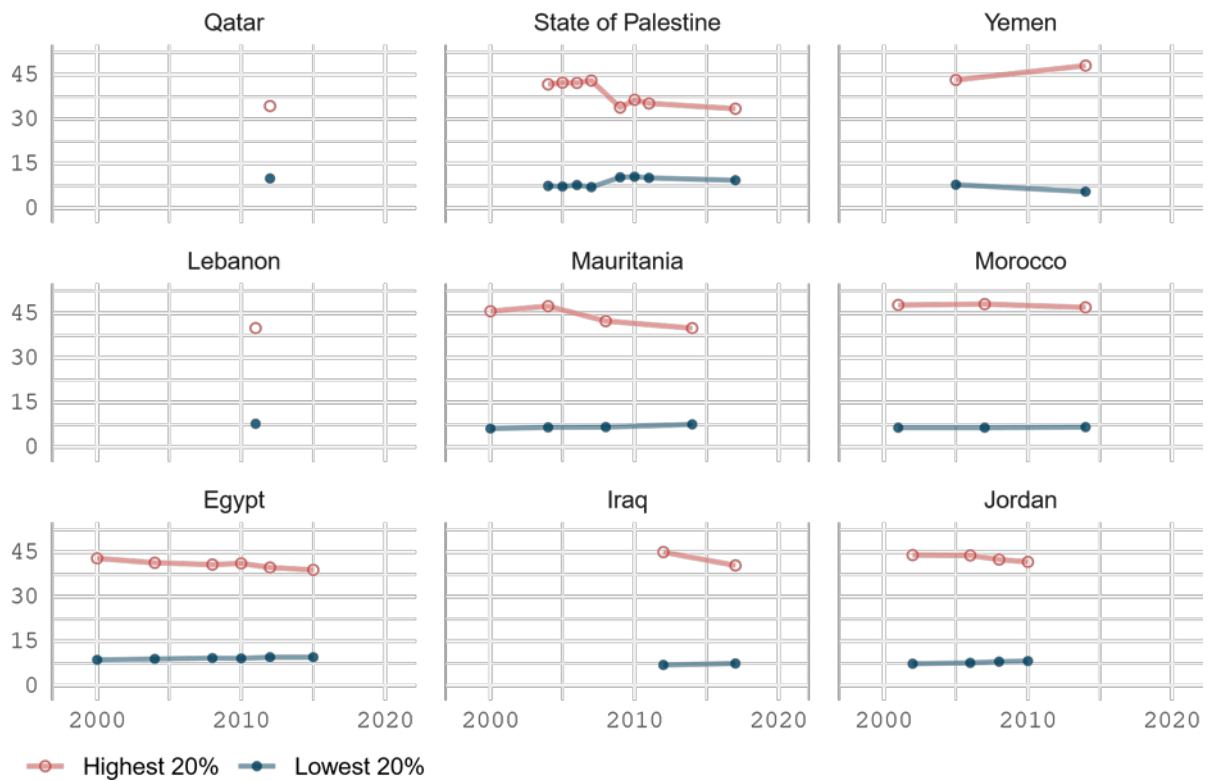
Another widely used measure of inequality is the income/expenditure share of total consumption by the richest and poorest quintiles. Figure 8.4 shows trend data for these expenditure shares for seven countries, and a single estimate for two. Five countries showed a slight decrease in inequality, while two showed a slight increase or no change over time.

Figure 8.3 Gini index, 2000-2018



Source: Data from national statistical offices, compiled by ESCWA.

Figure 8.4 Income (expenditure) share held by richest and poorest quintiles, 2000-2017



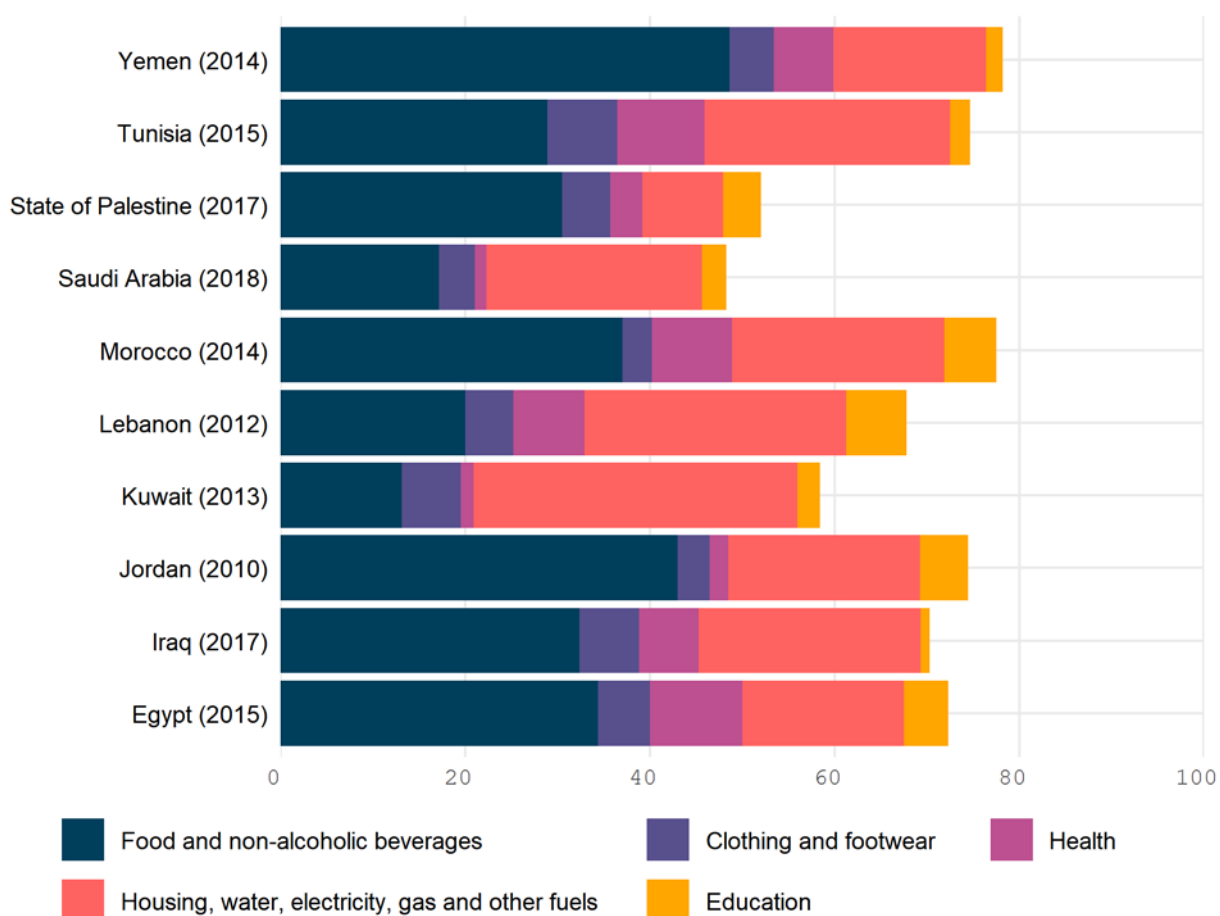
Source: Data from national statistical offices, compiled by ESCWA.

The richest quintile in both Morocco and Yemen (2014) spends the largest share of total consumption expenditure for any country measured (48 per cent); Qatar (2012) and the State of Palestine (2017) the smallest (34 per cent). Conversely, in Egypt (2015) and the State of Palestine (2017), the poorest quintile spends the largest share of total expenditure (10 and 9 per cent) and the smallest share is in Morocco, Sudan and Yemen (less than 7 per cent).

Consumption expenditure on education and health is lowest

Figure 8.5 shows how consumption expenditure is allocated to major expenditure categories in ten countries in the region. Food and non-alcoholic beverages account for the largest share in Jordan (43 per cent), Egypt (34 per cent), Iraq (32 per cent), the State of Palestine (31 per cent), and Yemen (49 per cent). In Kuwait, Lebanon, and Saudi Arabia, the largest share goes to housing, water, electricity, gas, and other fuels. In all the countries for which recent data are available, the smallest share was spent on education or health, except in Morocco, where it was on clothing and footwear (2 per cent).

Figure 8.5 Allocation of consumption expenditure, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

9. Culture

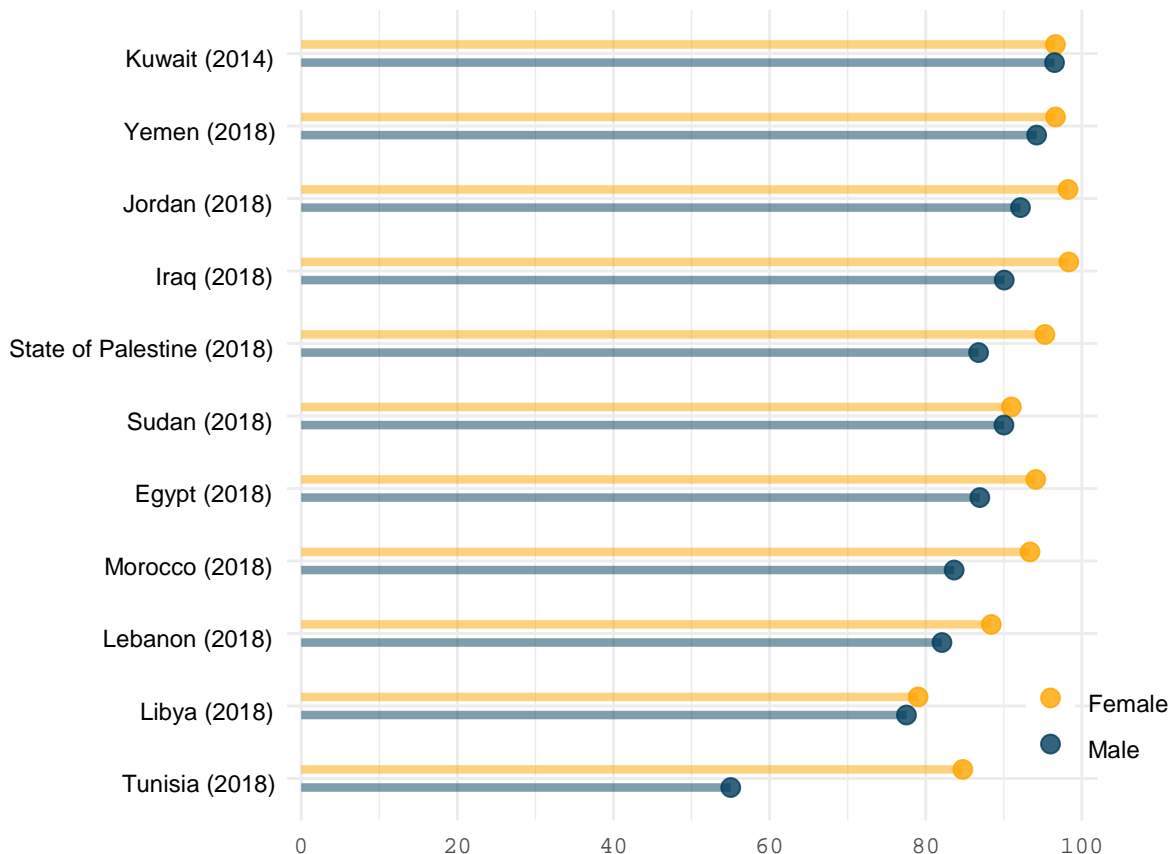
The culture of a region can be defined as an amalgamation of distinctive physical, spiritual, substantive, and historical features and practices that characterize its population. The culture of the Arab region is particularly rich and varied.

In addition to data provided by NSOs, data used in this section have been taken from the Arab Barometer survey, and two online databases, UIS.Stat of UNESCO and the World Telecommunication/ICT indicators database of the International Telecommunication Union (ITU). The Arab Barometer survey has been conducted in five waves: 2006-2009, 2010-2011, 2012-2014, 2016-2017, and 2018-2019. In this section, we focus only on the most recent wave, in which data were collected in 2018 from Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, the State of Palestine, the Sudan, Tunisia, and Yemen.

High religiosity, marginally higher among women

In the Arab Barometer survey, respondents are asked to rate themselves as religious, somewhat religious, or not religious. For the purposes of the present analysis, the categories “religious” and “somewhat religious” have been joined and will together be referred to as religious. The results of the survey are shown in figure 9.1.

Figure 9.1 Religiosity, percentage, by sex, latest data available



Source: Data from the Arab Barometer survey.

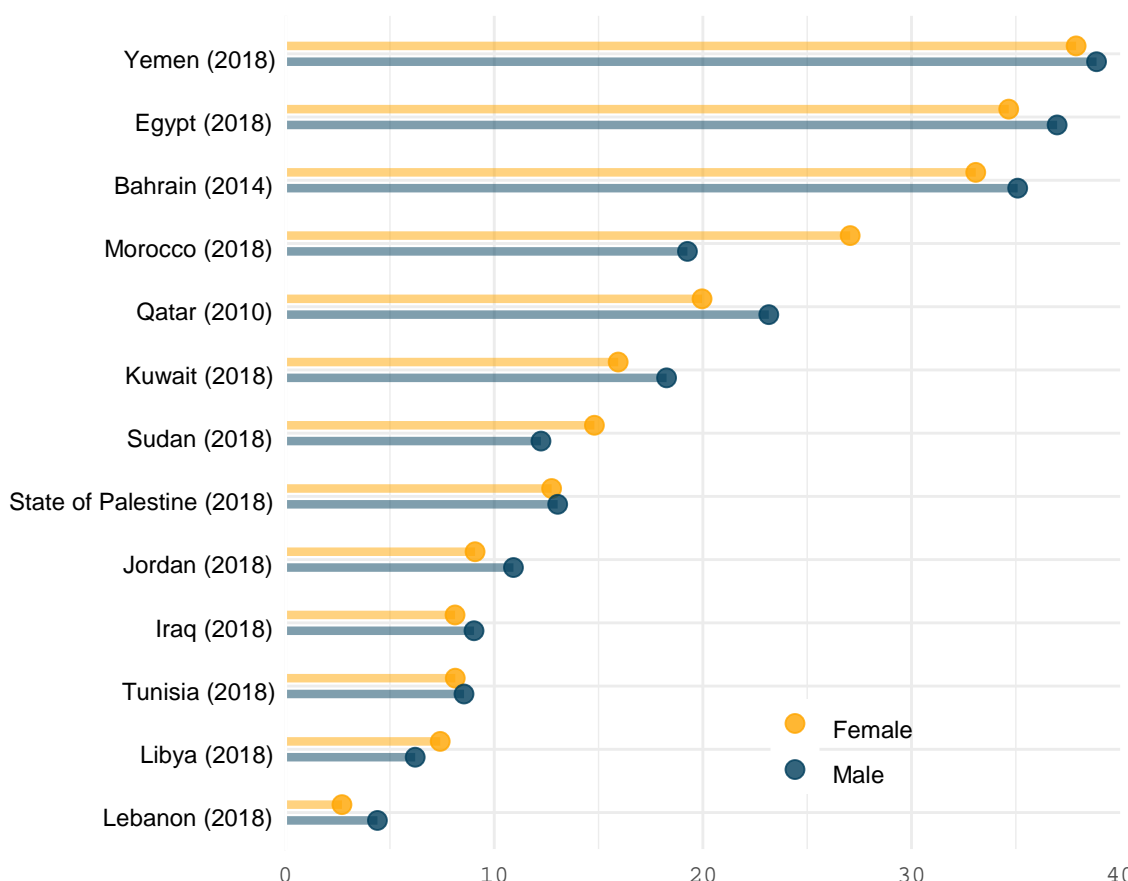
Adult population of the Arab region is largely religious. Libya and Tunisia are at the lower end of the spectrum, with 78 and 70 per cent of population being religious, respectively. Over 95 per cent of the populations of Yemen and Jordan are religious, the highest proportions in the region. As shown in figure 9.1, to varying

degrees, women are more religious than men in all countries; notably Tunisia, where the gender difference in religiosity is about 30 percentage points.

Low trust

Trust in others is generally low (figure 9.2). In all countries, other than Yemen and Egypt, fewer than 1 in 4 respondents reported that most people could be trusted. The lowest rate was found in Lebanon, where only four per cent of men and 3 per cent of women answered that most people were trustworthy, compared with 39 and 38 per cent, respectively, in Yemen, which are the highest proportions in the region.

Figure 9.2 Percentage of respondents who believe most people can be trusted, by sex, latest data available



Source: Data from the Arab Barometer survey.

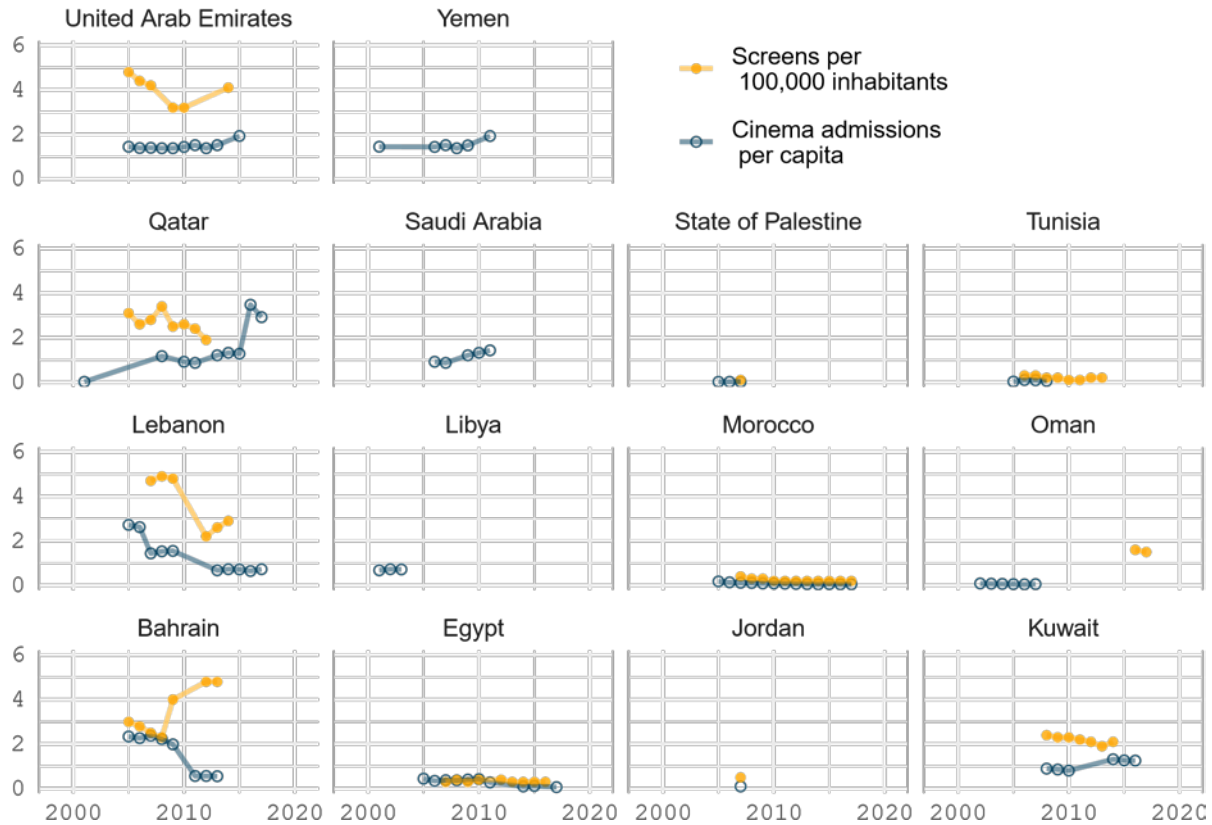
Low cinema attendance and infrastructure

Figure 9.3 below displays cinema admissions per capita and screens per 100 thousand inhabitants. The data show that cinema attendance is relatively low and cinema infrastructure is lacking. Out of the six Arab countries for which there are data since 2015, only Qatar ranked in the top 10 per cent of countries worldwide, reporting 3 cinema visits per capita in 2017, more than doubling from 2008, when the ratio was 1. Otherwise, recent estimates indicate below 2 visits per capita for the countries that provided recent data. Bahrain and Lebanon reported decreasing attendance since 2005, from 2 to 1 in 2013 and 3 to 1 in 2017, respectively.

Density of screens is similarly low; the highest in the region was reported in Bahrain (4.8 screens per 100 thousand inhabitants in 2013), which would be outside the top 25 countries worldwide in 2017. In comparison, Spain, which ranked tenth worldwide in 2017, had 9 screens per 100 thousand inhabitants,

nearly double the number for Bahrain. Screen density was increasing in Bahrain even though cinema visits per capita decreased over the same period; from 2005 to 2013, screens per 100 thousand inhabitants increased from 3 to 5. Conversely, decrease in cinema visits in Lebanon generally coincided with a decrease in screen density, from 5 screens per 100 thousand inhabitants in 2007 to 3 in 2014.

Figure 9.3 Cinema visits per capita, and screens per 100 thousand inhabitants, 2000-2017



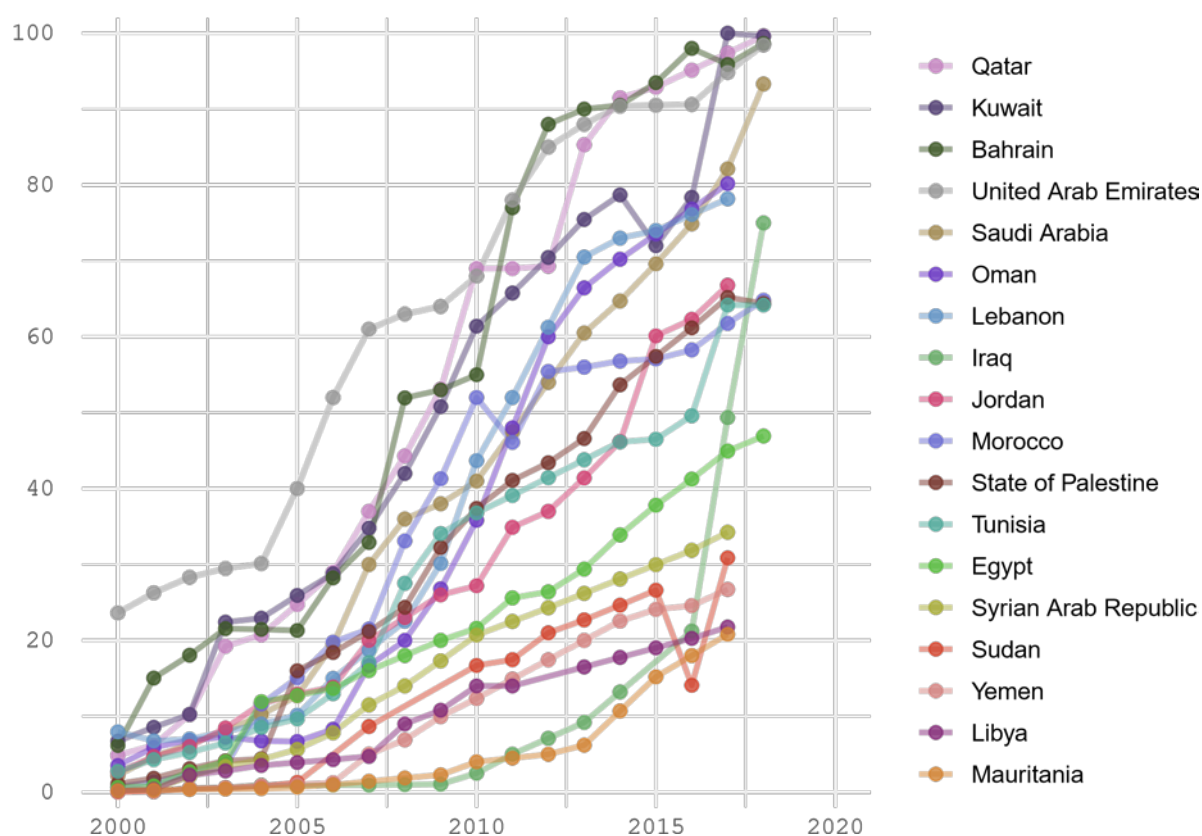
Source: UIS-Stat database, UNESCO.

Dramatic increase in Internet usage

Internet usage in the Arab region increased dramatically since 2005, when less than 50 per cent of inhabitants in all 18 ESCWA member States used the Internet (figure 9.4). The Internet has since become a major part of modern culture in the region, especially in GCC countries, which experienced an almost tenfold increase in the number of internet users. The sharpest increase over the past ten years was in Iraq, from just 3 subscriptions per 100 inhabitants in 2010 to 75 in 2018. Internet usage increased dramatically also in Bahrain, from 55 per cent of inhabitants in 2010 to 99 per cent in 2018. In Qatar and the United Arab Emirates, usage also increased notably between 2010 and 2018, from 69 to 99 per cent and from 68 to 98 per cent, respectively.

More than twice as many people in Jordan used the internet in 2017 than in 2010, from 27 per cent of the population in 2010 to 67 per cent in 2017. The State of Palestine experienced a similar increase, from 37 per cent in 2010 to 64 in 2018. Although internet usage has steadily increased in the Arab region over the past decade, in some countries it is still not as extensive. As of 2017, less than half of the populations of Egypt, the Syrian Arab Republic, the Sudan, Yemen, Libya, and Mauritania used the internet.

Figure 9.4 Internet users, percentage of population, 2000-2018



Source: ITU World Telecommunication/ICT Indicators database.

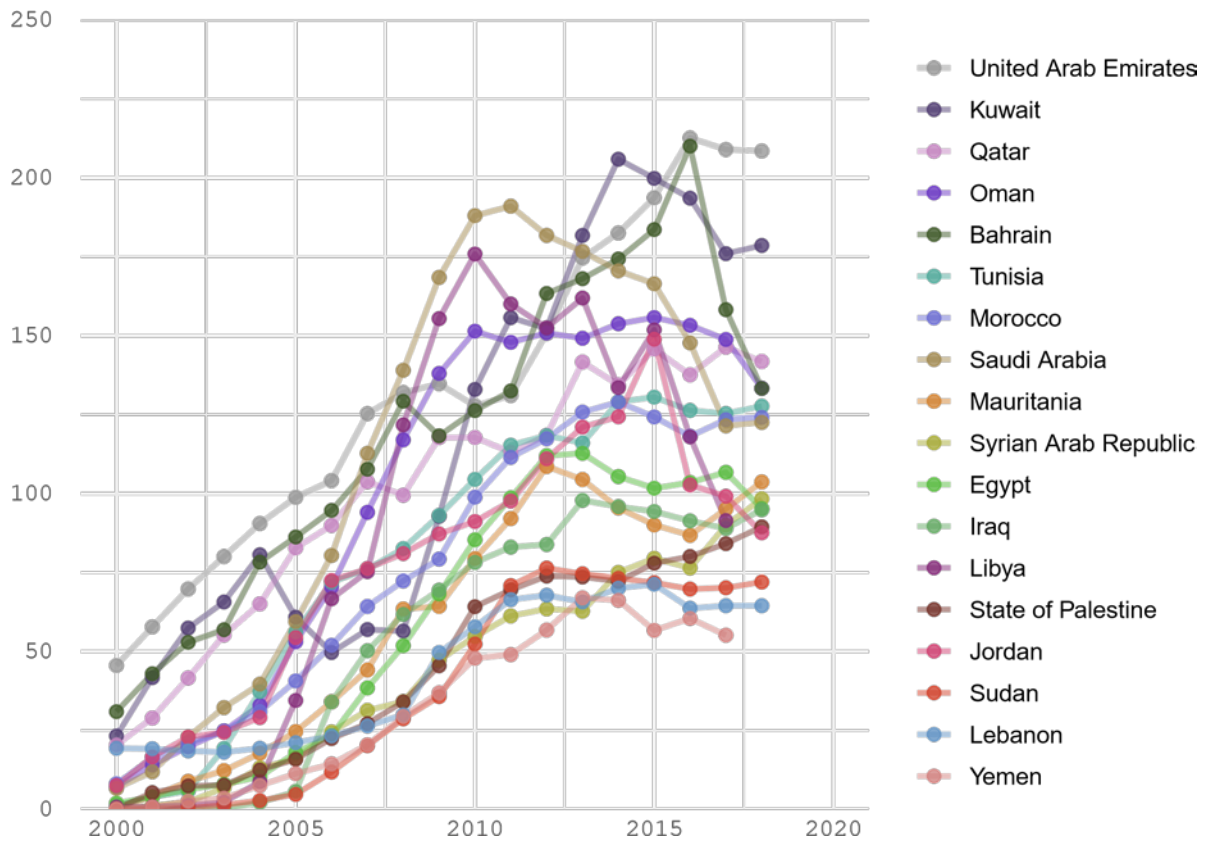
Mobile-cellular subscriptions increased dramatically from 2000 to 2010

Similar to rates of Internet usage, GCC countries have consistently reported the highest rates of mobile cellular subscriptions (figure 9.5). According to the most recent data available, Lebanon and Yemen reported the lowest number of subscriptions per 100 inhabitants, at 67 in 2018 and 55 in 2017, respectively. In comparison, all GCC countries reported at least 120 in 2018 and the highest was 209 in the United Arab Emirates.

From 2000 to 2010, mobile subscriptions increased rapidly across the region. Iraq, the State of Palestine, the Sudan, the Syrian Arab Republic and Yemen all reported zero mobile subscriptions per 100 inhabitants in 2000; by 2010, there were 78 in Iraq, 64 in the State of Palestine, 52 in the Sudan, 55 in the Syrian Arab Republic and 48 in Yemen. The largest increases from 2000 to 2010 were observed in Saudi Arabia, Libya, and Oman, reaching 181, 175, and 144 mobile-cellular subscriptions per 100 inhabitants, respectively.

From 2010 to 2018, mobile subscriptions increased throughout the region at a much slower rate than in the previous decade; in fact, the countries that had the largest increases in mobile-cellular subscriptions per 100 inhabitants from 2000 to 2010, namely Libya, Oman and Saudi Arabia, had decreases from 2010 to 2018. In Libya, the ratio decreased by almost half, from 176 in 2010 to 91 in 2017, while the United Arab Emirates had the largest increase, from 128 in 2000 to 209 in 2018.

Figure 9.5 Mobile-cellular subscriptions per 100 inhabitants, 2000-2018



Source: ITU World Telecommunication/ICT Indicators database.

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This publication is the latest in a series published biennially by the Statistics Division of the Economic and Social Commission for Western Asia (ESCWA). Previously, this publication was titled Arab Society: A Compendium of Demographic and Social Statistics; the title has since been changed to Arab Society: Demographic and Social Trends, as there is a renewed focus on displaying data over time. Focusing on population dynamics, household composition, family formation, housing conditions, health, education, labour, poverty, inequality and culture and social participation, the report presents a broad illustration of Arab society and the ways in which it has been changing.

Data have been drawn primarily from the national statistical offices of ESCWA member States supplemented by publicly accessible data from international agencies such as the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the International Labour Organization (ILO), the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

