

ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA (ESCWA)

**CHARTING THE PROGRESS OF THE MILLENNIUM
DEVELOPMENT GOALS IN THE ARAB REGION
A STATISTICAL PORTRAIT**



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A STATISTICAL PORTRAIT – 2009**

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Foreword

We will remember the year 2009 as a year of great challenges for development and, in particular, for achieving progress towards the attainment of the Millennium Development Goals (MDGs). While the global financial crisis slowed economic growth in most regions, it reversed growth in others. The impact was felt most severely by the poorest and most vulnerable populations.

We stand today at the beginning of 2010 and at the beginning of a new decade, just five years from 2015, the target year for the fulfilment of the promises we made as individuals, United Nations agencies and Governments concerning the MDGs. We have only five years to meet the commitments set out in the Millennium Declaration.

In this context, the Economic and Social Commission for Western Asia (ESCWA) continuously endeavours to offer its stakeholders practical, transparent and high-quality analytical tools to monitor development and its progress since the early 1990s. ESCWA evaluates the achievements made across the Arab region, identifies the main gaps and highlights needs that have yet to be addressed in terms of capacity-building of national statistical information systems.

To this end, the report *Charting the Progress of the Millennium Development Goals in the Arab Region: A Statistical Portrait – 2009* provides in-depth analysis of the gains and setbacks on the path towards achieving the MDGs. The report sets out a comparison of subnational, national, subregional and regional trends, providing policymakers and planners with insight, and serving as a source of information to stimulate regional cooperation opportunities that support member countries in their efforts to achieve the MDGs.

It is with pleasure that I present this innovative publication, our regional perspective focused on progress in Arab societies. It is intended as a platform to help target assistance to those in need, share knowledge and encourage member countries as they continue to strive towards the achievement of the MDGs in our region.

Bader Omar Al Dafa
Under-Secretary-General
Executive Secretary, ESCWA

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Overview

The Millennium Development Goals (MDGs) derive from the United Nations Millennium Declaration, adopted by 189 nations in 2000. Most of the goals and targets were set to be met by 2015, based on progress achieved since 1990.

At the national level, monitoring progress towards achieving the MDGs is crucial for Governments and development partners to gauge the success of the strategies implemented with a view to achieving the goals by 2015. At the regional level, monitoring the MDGs provides Government policymakers and stakeholders in the development process with the most comprehensive and up-to-date assessment of regional progress towards attaining the goals.

Charting the Progress of the Millennium Development Goals in the Arab Region assesses the prospects of achieving the MDG goals and targets, and sets out the need for targeted policymaking where necessary. Highlighting disparities at the subregional, national and subnational levels, the report focuses on inequality between urban and rural areas, women and men, and girls and boys. It also reveals data gaps at the country level for statistical capacity-building.

The report presents an analysis of the progress achieved by each Arab country to date. In addition, data relating to four sub-groups are presented. Countries have been assigned to a sub-group based on a number of criteria, including per capita income, geographical proximity and similarities in economic and social characteristics. The subregions are as follows:

Arab Mashreq: Egypt, Iraq, Jordan, Lebanon, Palestine and Syrian Arab Republic;

Maghreb: Algeria, Libyan Arab Jamahiriya, Morocco and Tunisia;

Gulf Cooperation Council (GCC): Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates;

Arab least developed countries (LDCs): Comoros, Djibouti, Mauritania, Somalia, the Sudan and Yemen.

The analysis of these groups was based primarily on the United Nations Statistics Division (UNSD) MDG database as at July 2009.¹ It should be noted that data for certain regional aggregates are not available. This is due to two main factors: first, limited data is available, and second, certain indicators are not relevant to some of the countries considered.

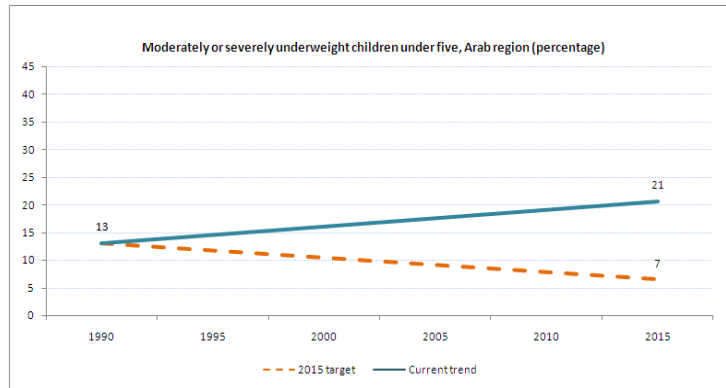
¹ UNSD MDG website: <http://mdgs.un.org/unsd/mdg/Data.aspx>.

Charting Progress at a Glance

1

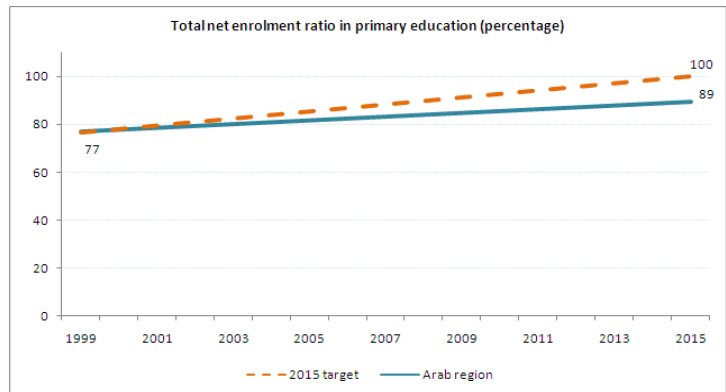
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Levels of poverty, child malnutrition and population undernourishment remain high and are not on track to achieve the target.



Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

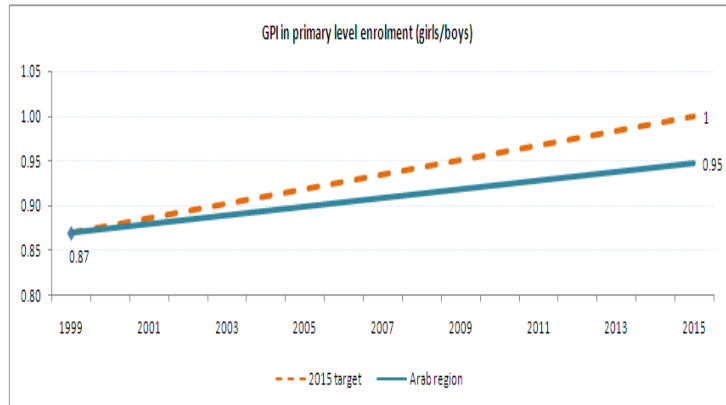
Enrolment and survival rates for children in primary education are on track to achieve the target.



2

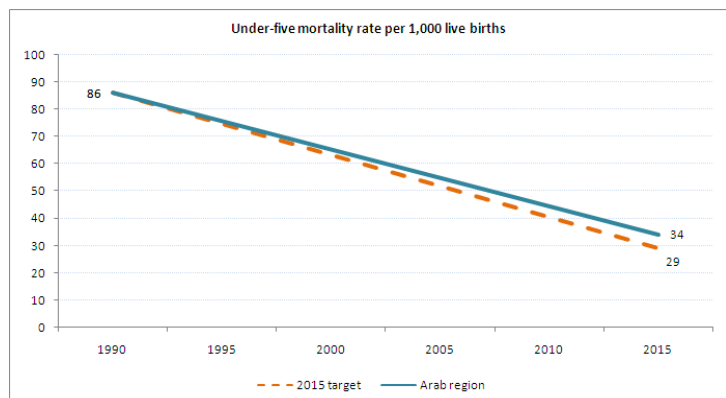
Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015

Elimination of gender disparity in education has been attained in both primary and secondary education. However, empowerment of women remains a distant goal.



Reduce infant and child mortality rates by two thirds between 1990 and 2015

Significant reductions have been made in both infant and child mortality. The region is progressing well towards meeting its target.

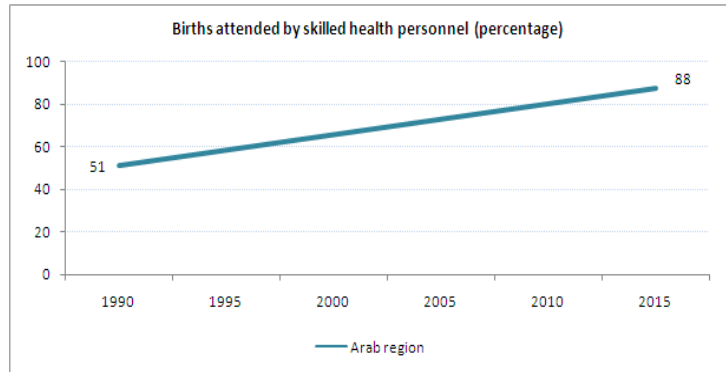


3

5

Reduce the maternal mortality ratio by three quarters between 1990 and 2015

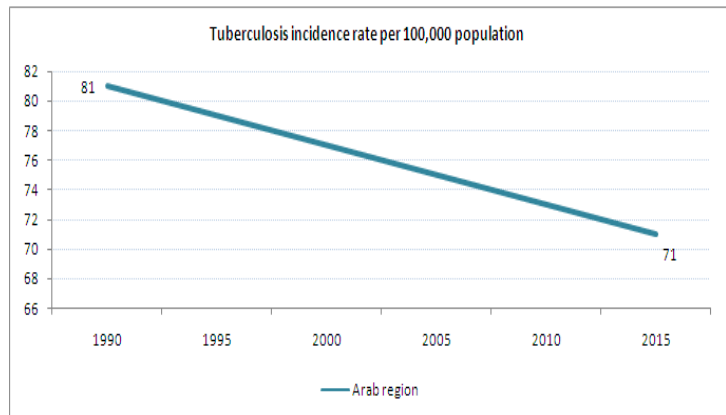
Despite a marked increase in the number of births attended by skilled health personnel since the early 1990s, recent data show alarming rates of both maternal mortality and adolescent births.



6

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

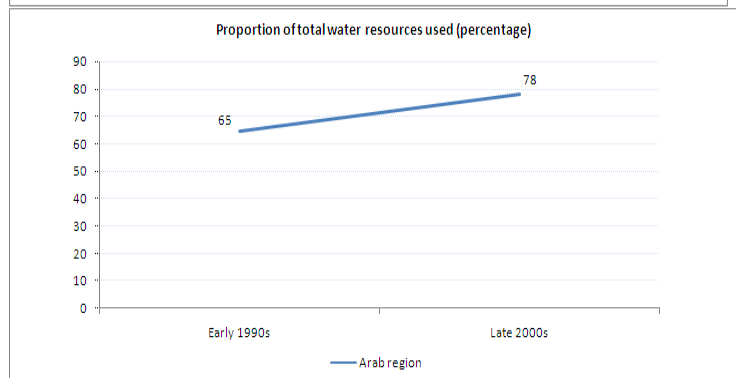
While there has been a marginal decrease in the incidence of tuberculosis since 1990, the region still has much progress to make.



7

Integrate the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources

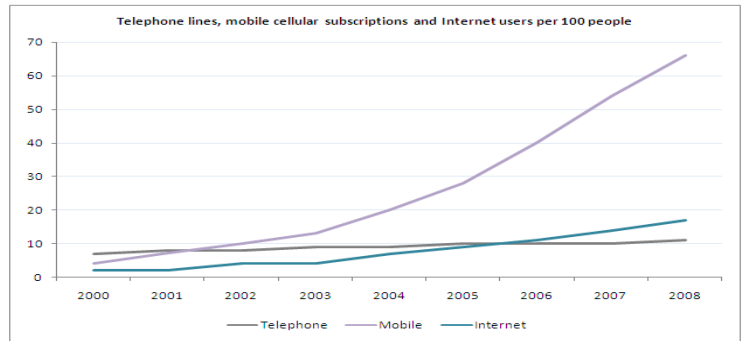
The Arab region has considerably decreased its consumption of ozone-depleting substances. However, it has significantly increased both its use of water resources and its CO₂ emissions since the 1990s.



8

In cooperation with the private sector, make available the benefits of new technologies, especially in information and communication

There has been a significant increase in mobile telephone and Internet use in recent years.



Poverty

Goal 1: Eradicate extreme poverty and hunger

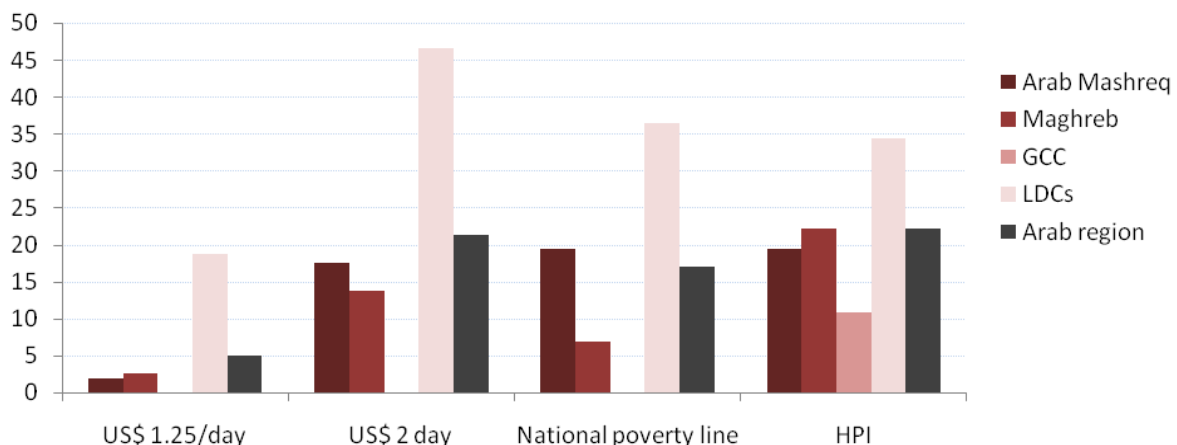
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day

In 2007, some five per cent of the Arab population was living below the international poverty line of US\$1.25 a day. However, this figure was based on just eight middle and low income Arab countries: Algeria, Djibouti, Egypt, Jordan, Morocco, Tunisia, Mauritania and Yemen. The population of these countries represents some 55 per cent of the total population of the Arab countries (321,578 million people).

However, when the threshold was raised to US\$2, the picture became decidedly bleaker; the population living in poverty increased fourfold, representing 21 per cent of the total population in the region in 2007. Latest data also show that the regional average for national extreme poverty lines was estimated at 17 per cent of the total population. In 2007, the Human Poverty Index (HPI) for the Arab countries shows that, excluding Kuwait and Somalia, an average of 22 per cent of the population was deprived of basic health and education services and a decent standard of living.

“Poverty is pain; it feels like a disease. It attacks a person not only materially but also morally. It eats away one’s dignity and drives one into total despair.”

Chart 1. Population below poverty lines, latest data, and Human Poverty Index 2007



However, there has been some improvement, with recent figures showing a decline in the population below national poverty levels since 1990, with some variations among the subregions. Poverty levels in the Arab Mashreq decreased from 21 to 20 per cent, attributable primarily to decreases in Egypt (from 24 to 22 per cent), Jordan (from 15 to 13 per cent) and the Syrian Arab Republic (from 14 to 12 per cent). Poverty levels in the LDCs also decreased from 41 to 37 per cent, attributable to falls in Comoros (from 47 to 37 per cent), Mauritania (from 50 to 47 per cent) and Yemen (from 40 to 35 per cent). Moreover, the Maghreb nearly halved its poverty level from 13 to 7 per cent as a result of notable decreases in Algeria (from 14 to 6 per cent), Morocco (from 13 to 9 per cent) and Tunisia (from 7 to 4 per cent). Data were not available for the GCC countries.

There is still considerable disparity in poverty levels at the subnational level. For example, during the 1990s, urban poverty levels ranged from as low as 3.5 per cent in Tunisia to as high as 30 per cent in Mauritania and Yemen, while in rural areas they ranged from 13 per cent in Tunisia to 66 per cent in Mauritania.

Box 1. Feminization of poverty and gender inequality

The feminization of poverty in the Arab region is reflected in the increasing number of poor households headed by women and a lack of adequate social welfare systems.

Gender inequality contributes to making women vulnerable to poverty. Women lack employment opportunities, face discrimination at work and in pay, and lack participation in decision-making.

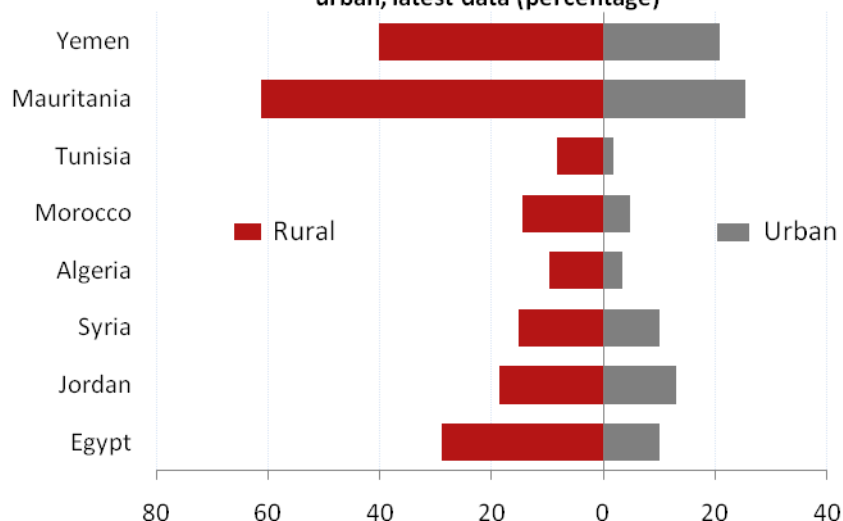
Care work is neither valued as a contribution to development, nor distributed equally, and limits the opportunities available to women to pursue education and engage in income-generating employment.

Women also face discrimination in property and inheritance rights. Most women do not own or control such assets as land and residential property, which limits their economic options and reduces their opportunities to obtain loans and credit.

Certain countries have managed to reduce poverty levels significantly: since the 1990s, Jordan has reduced poverty by almost one third in both rural and urban areas, and recent data for Mauritania show a decreasing trend in urban poverty (from 25 to 16 per cent) in the same period. While rural areas in Mauritania have witnessed a decline in poverty levels, they remain high at 61 per cent.

In most Arab countries, the incidence of poverty tends to be higher in rural areas and increases at a faster rate than urban poverty. In Jordan, the rural-urban gap has narrowed over the years as poverty has decreased, while in Morocco it has widened as poverty has increased. Although most of the poor in the region live in rural areas, urban poverty is also a concern in Arab countries as a result of increasing rural migration to the cities.

Chart 2. Population below national poverty line, rural and urban, latest data (percentage)

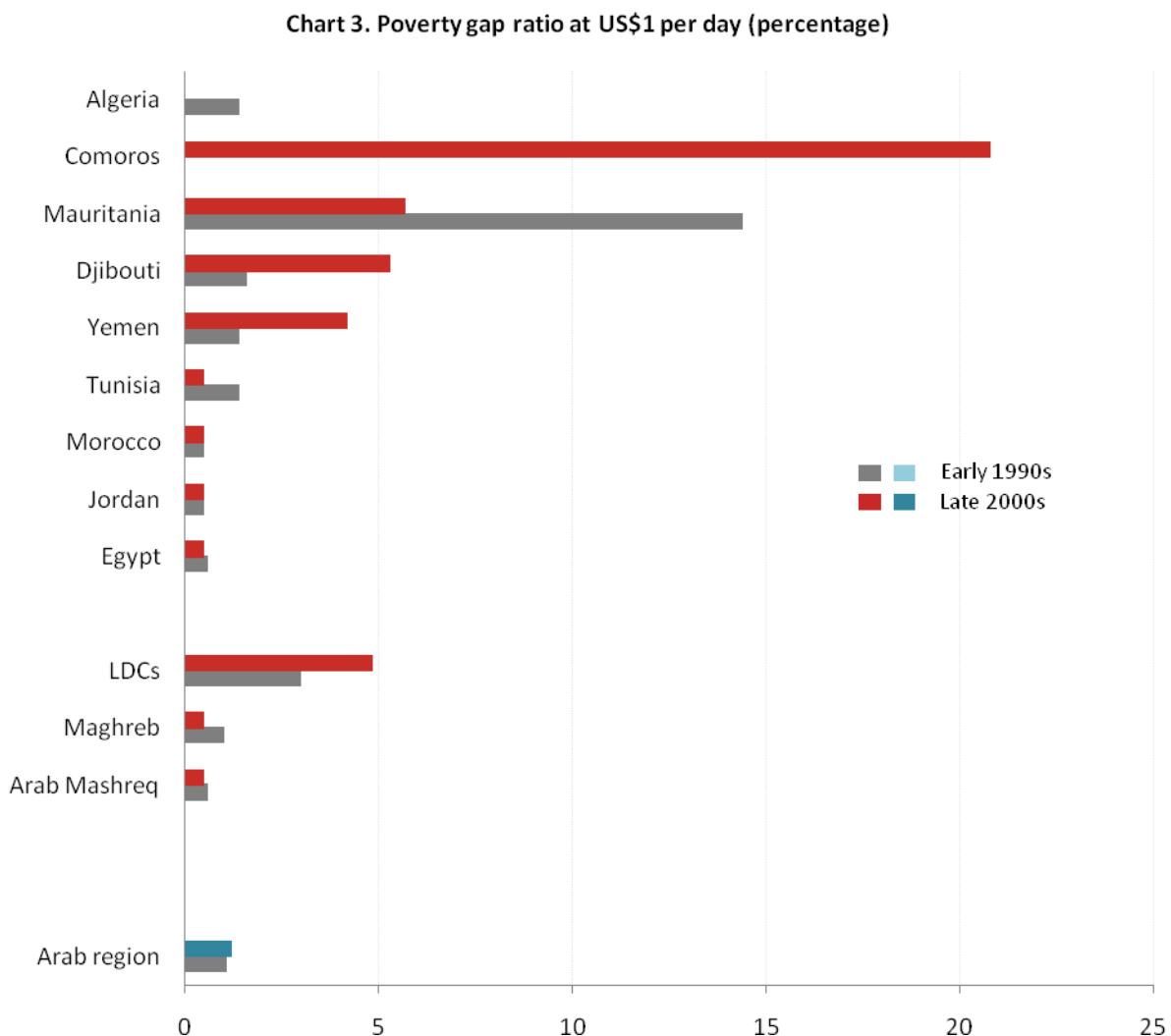


The increase in average incomes globally since 2000 has enabled many people to lift themselves out of poverty. It has also reduced the depth of poverty of those who are categorized as being in extreme poverty. However, even at a poverty line of US\$1.25 a day, it should be noted that the poverty gap fell between 1990 and 2005 in almost all the regions in the world except Western Asia.²

The poverty gap in the Arab region has widened by 0.13 percentage points since 1990 as a result of increasing levels of poverty in the LDCs; the gap has grown by more than one and a half per cent. Performance in poverty alleviation by individual countries has also varied considerably. While Mauritania has succeeded in narrowing the depth of poverty significantly, the poverty gap in Yemen and Djibouti has tripled, while at 20.8 per cent, Comoros has recorded the largest gap of all Arab countries.

² United Nations, 2009.

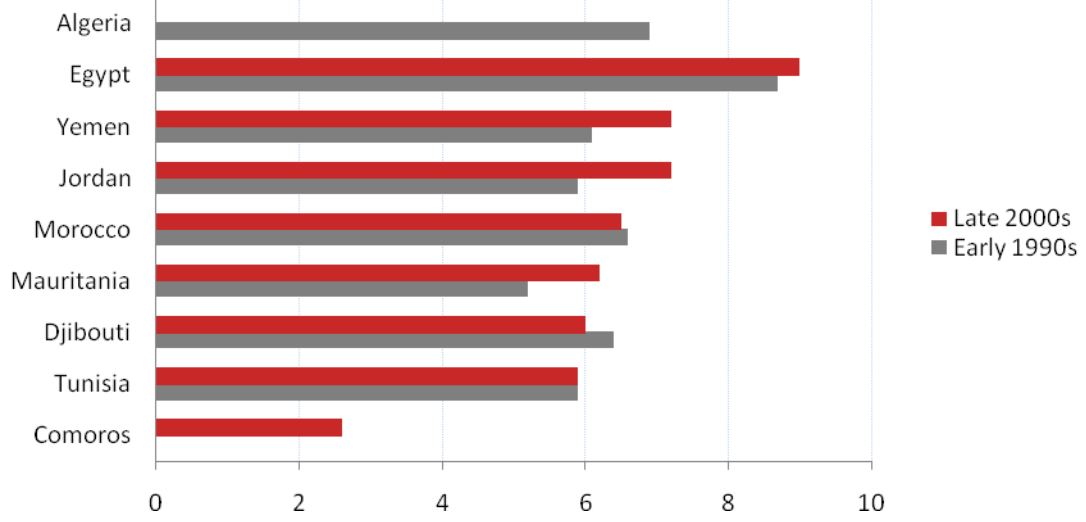
The Maghreb subregion has succeeded in narrowing its poverty gap by half, primarily due to the success of Tunisia in reducing its gap by two thirds since 1990.



The share of the poorest quintile in national consumption indicator provides information on the distribution of consumption (or income) of the population as a whole. As such, it provides a measure of relative inequality. While absolute consumption of the poorest fifth of the total population may increase, its share of total consumption may actually remain the same or even decrease.

While a few countries have experienced either marginal or no change in the share of the poorest quintile in national income since 1990, most have seen an increase. Recent figures indicate an increase in the share of the poorest quintile in Jordan, Mauritania, Yemen and Egypt by 22 per cent, 19 per cent, 18 per cent and three per cent respectively. In Djibouti, by contrast, the share of the poorest quintile has declined by six per cent over the same period.

Chart 4. Share of poorest quintile in national consumption (percentage)



Employment and Decent Work

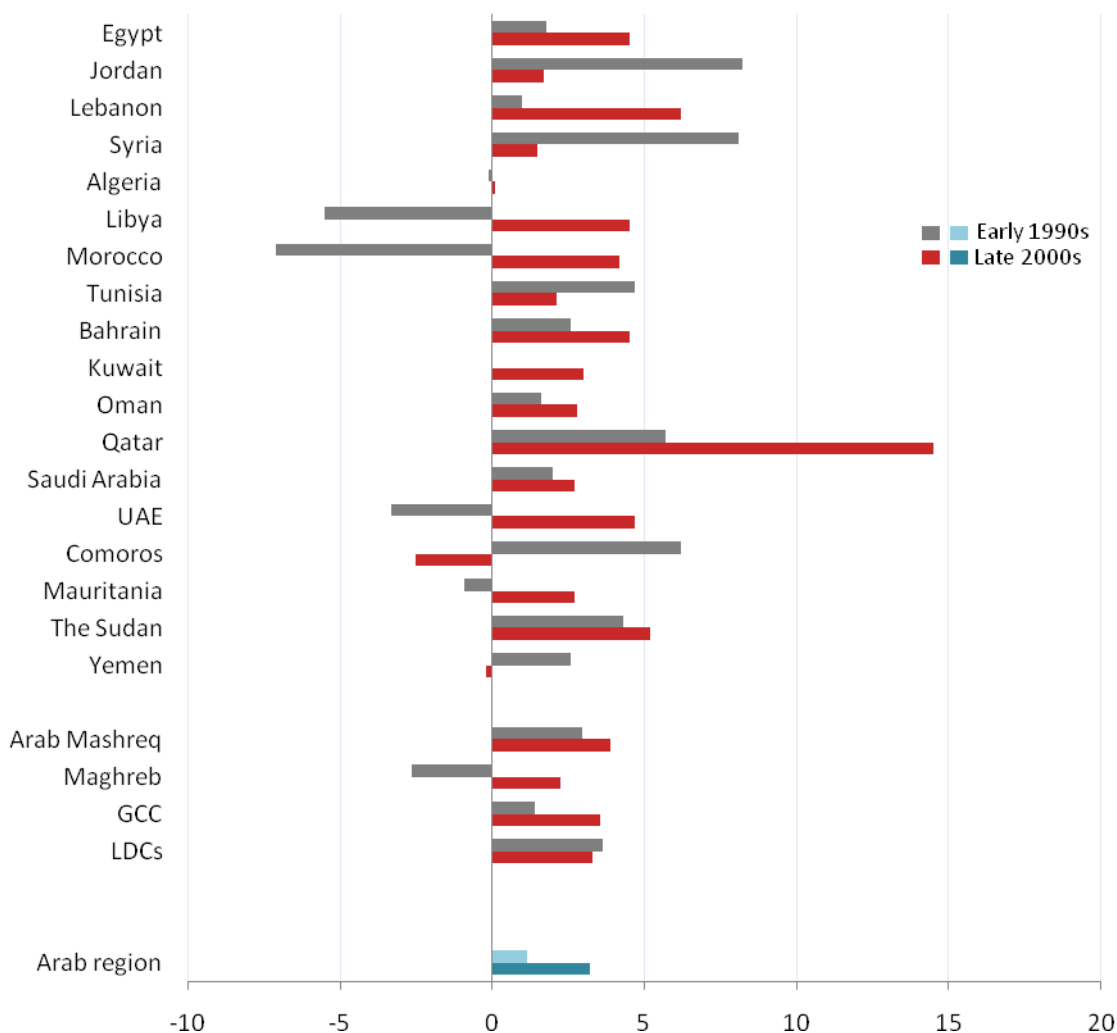
Goal 1: Eradicate extreme poverty and hunger

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

Decent and productive employment is key to eradicating poverty. The **growth rate of labour productivity** indicator is used to assess the potential of the economic environment of a country to create and sustain decent employment opportunities with fair, equitable remuneration.³

The Millennium Declaration resolved to “develop and implement strategies that give young people everywhere a real chance to find decent and productive work.”

Chart 5. Output per person employed (percentage)



³ ILO, 2009.

The Arab region has witnessed significant advances in labour productivity since 1990. At the subregional level, considerable progress has been made in the Arab Mashreq, the Maghreb and the GCC, although the LDCs have suffered a setback in recent years, particularly in Yemen and Comoros.

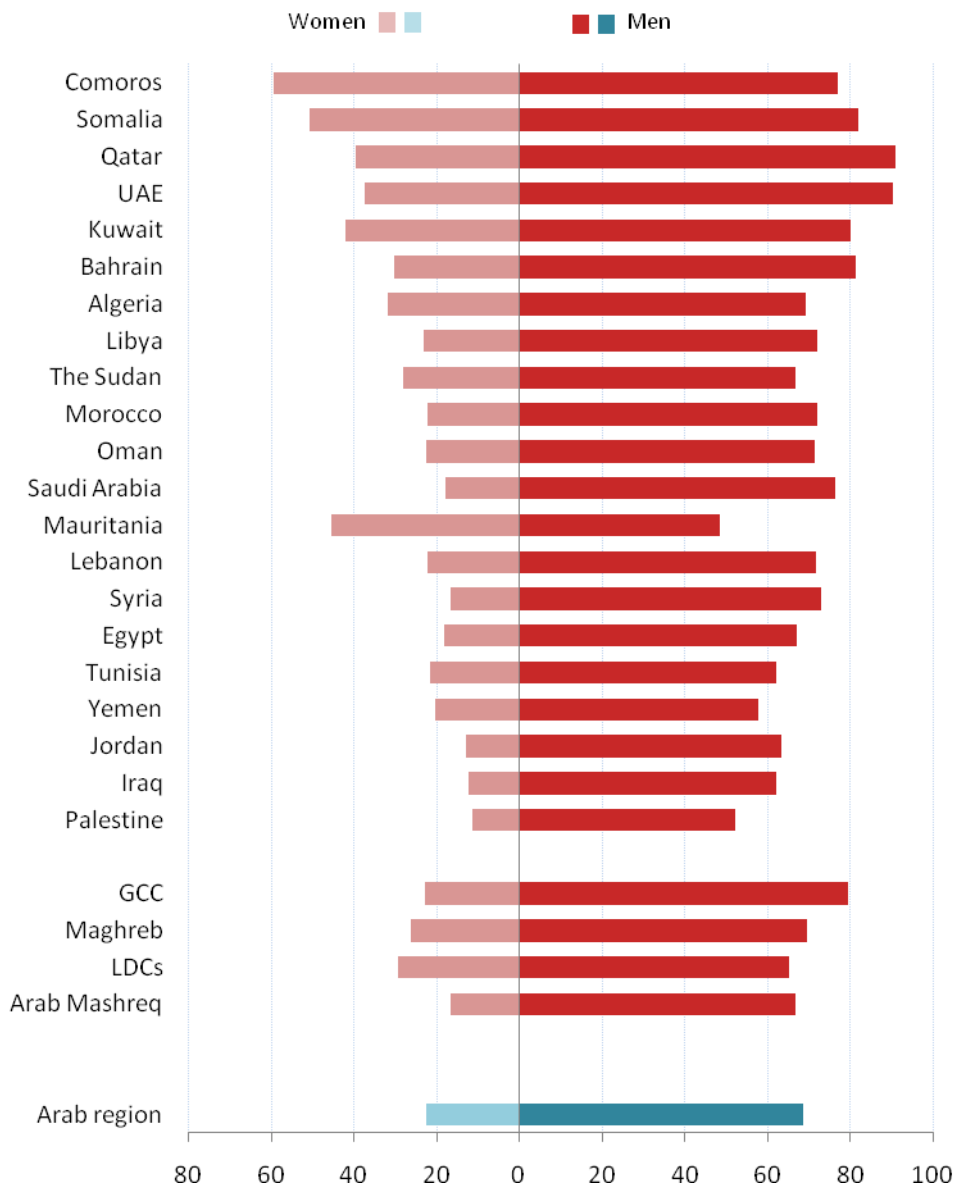
The **employment-to-population ratio indicator** provides information on the ability of an economy to provide employment. When viewed in connection with economic growth, the ratio can be used to determine the extent to which economic growth is pro-employment and, therefore, pro-poor.⁴

Arab women still face barriers to employment; the **gender gap** remains significant. The latest regional data show that only 22 per cent of women are employed (an increase of just four per cent since the early 1990s), compared with 69 per cent of men (a figure unchanged in the same period). The ratio of women in employment has increased in all subregions, ranging from 17 per cent in the Arab Mashreq to 29 per cent in the LDCs. The ratio of men in employment has declined in those subregions in comparison with other subregions since the early 1990s. Recent figures indicate that the employment-to-population ratio for women in Algeria has doubled since 1990, having increased by 14 percentage points, a growth rate of 77 per cent. This is in stark contrast to the ratio for men, which has increased by only 8 percentage points at a growth rate of just 13 per cent during the same period.

However, male employment has declined or at best stagnated in most Arab countries, with the exception of Jordan (four per cent), Palestine (five per cent) and Algeria (13 per cent). It has decreased significantly in Mauritania (by 11.5 percentage points at a growth rate of just 19 per cent). Conversely, female employment has increased in all countries except Mauritania. It is also of interest to note that women's share in employment has increased in both Qatar and the United Arab Emirates (at 10 and 12 per cent respectively). Despite such increases, however, far more women continue to be unemployed than men across the region.

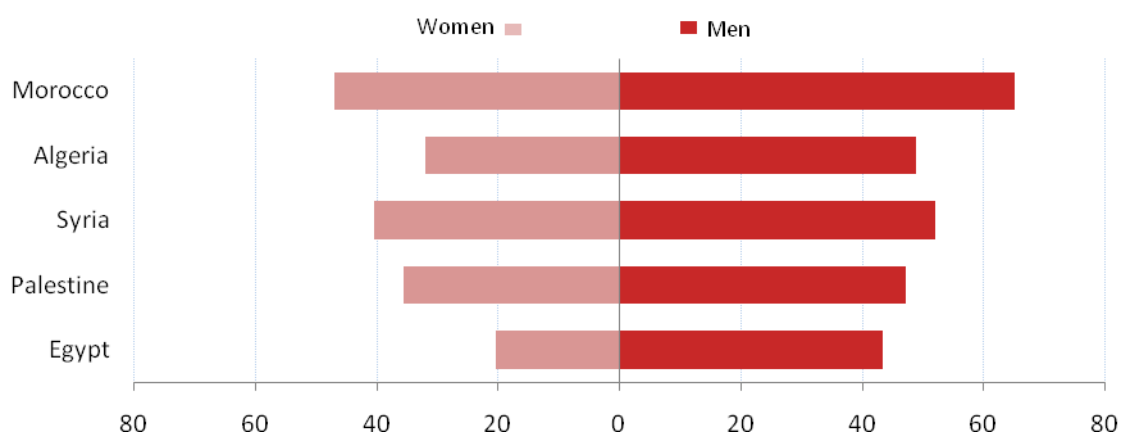
⁴ Ibid.

Chart 6. Employment-to-population ratio, women and men, latest data (percentage)



The **vulnerable employed** are unpaid workers who contribute to a family business or are own-account workers, and therefore do not have safety net benefits, whether they work in the formal or informal sector.

Chart 7. Own-account and contributing family workers in total employment, women and men, latest data (percentage)



Data on the vulnerable employed are available for only a handful of countries; those that are available suggest that the share of women in this group has been steadily increasing and in 2007 surpassed that of men. During the period from early 1990s to 2000, for which data are available, the percentage of Moroccan women in vulnerable employment increased by 46 per cent, compared with a decrease of 3 per cent for men. The rate for women in Algeria increased by 37 per cent, compared with just one per cent for men, while in Palestine, the share in vulnerable employment increased at a rate of 15 per cent for women, while for men it decreased by 5 per cent.

Hunger

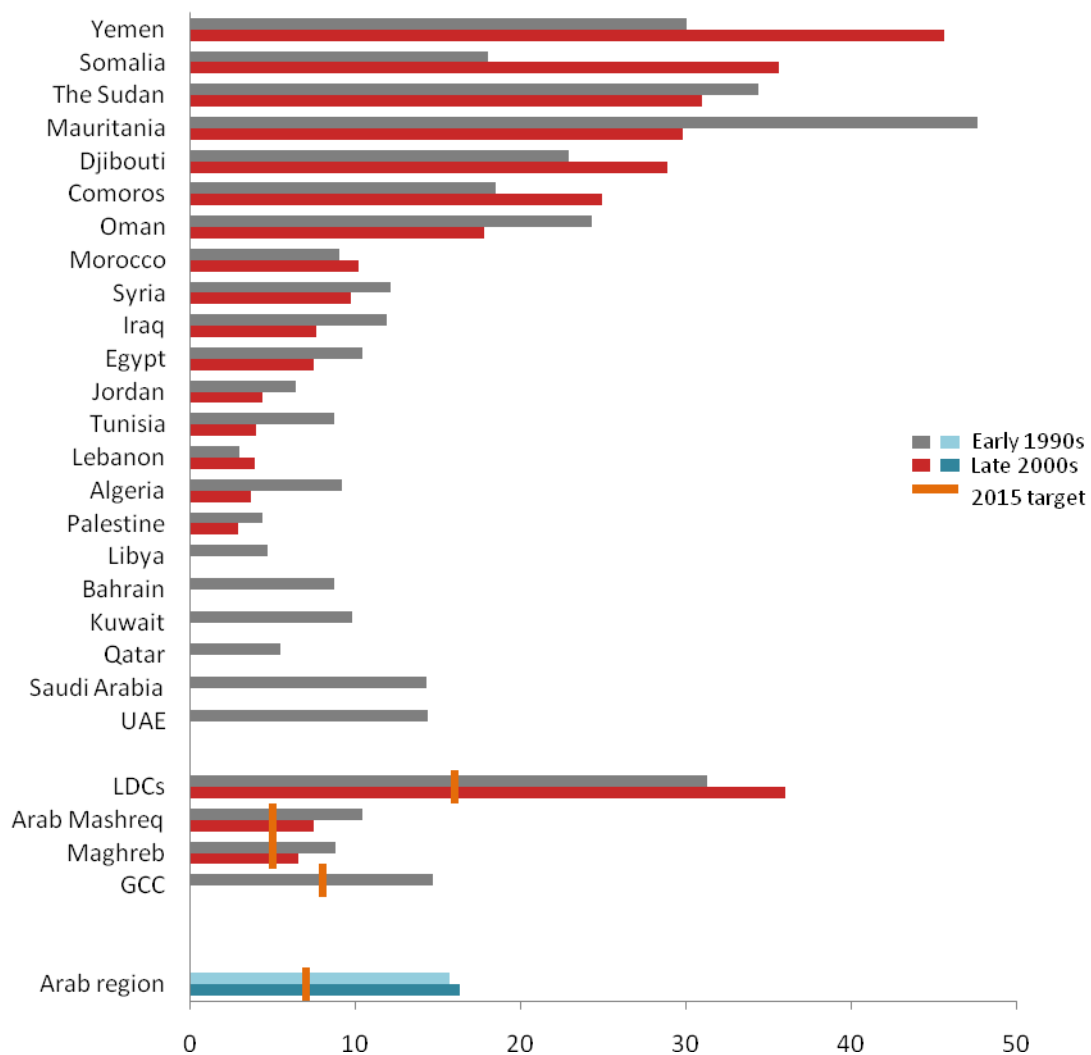
Goal 1: Eradicate extreme poverty and hunger

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Malnutrition, defined as a food intake below the minimum level of dietary energy consumption, and extreme poverty often go hand in hand; in children, malnutrition impairs their immune system, thereby increasing the risk of death from curable communicable diseases.



Chart 8. Prevalence of underweight children under five years of age (percentage)

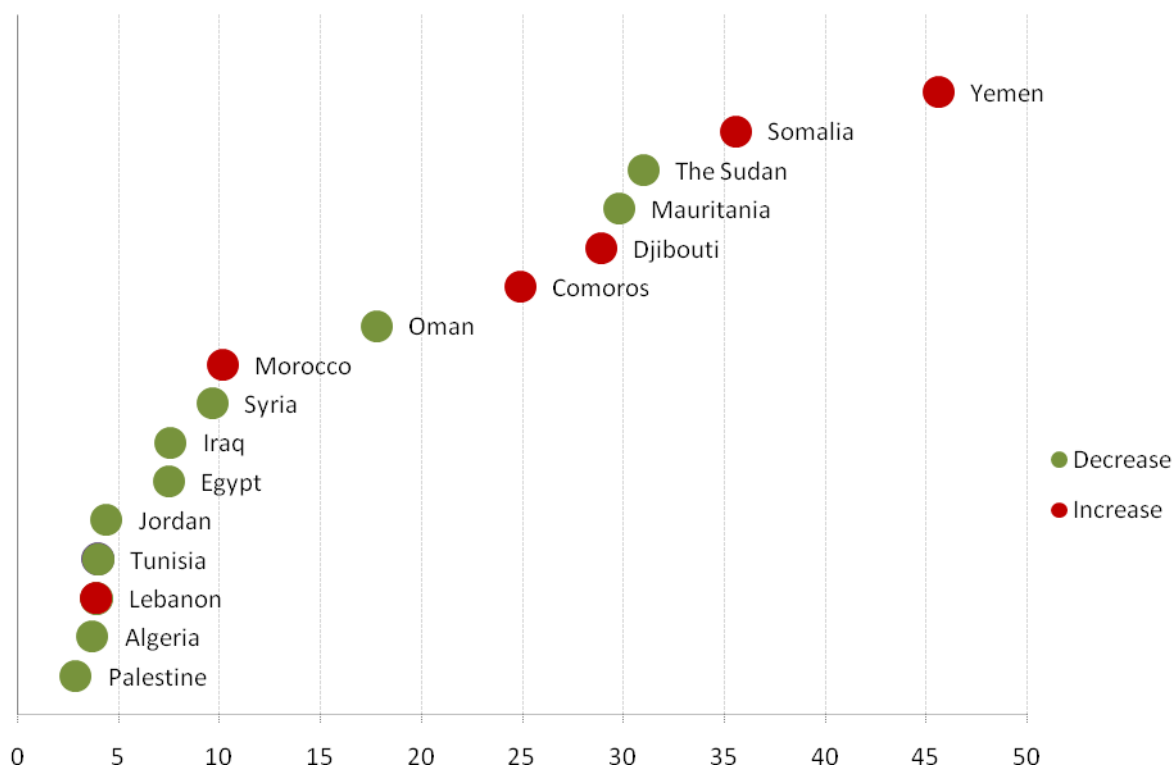


Even in developing countries, children in the poorest households are more than twice as likely to be underweight as those in the richest households. Similarly, children living in rural areas are more likely to be underweight than those in cities and towns.⁵

The Arab region has failed to lower levels of child malnutrition, which have stagnated at 16 per cent since 1990, and subregional and national variations persist. The Arab Mashreq and Maghreb subregions have succeeded in lowering the prevalence of underweight children, while malnutrition among children in the LDCs has increased to 36 per cent, although latest data indicate a decline in both Mauritania and the Sudan. It should also be noted that Palestine had the lowest under-five child malnutrition levels of all the Arab countries, at less than five per cent.

The prevalence of underweight children (both moderately and severely underweight) indicator is the percentage of children aged 0-59 months whose weight for age is less than two standard deviations below the median weight for age of the international reference population. The international reference population, often referred to as the NCHS/WHO reference population, was formulated by the National Center for Health Statistics (NCHS) as a reference for the United States of America and later adopted by the World Health Organization (WHO).

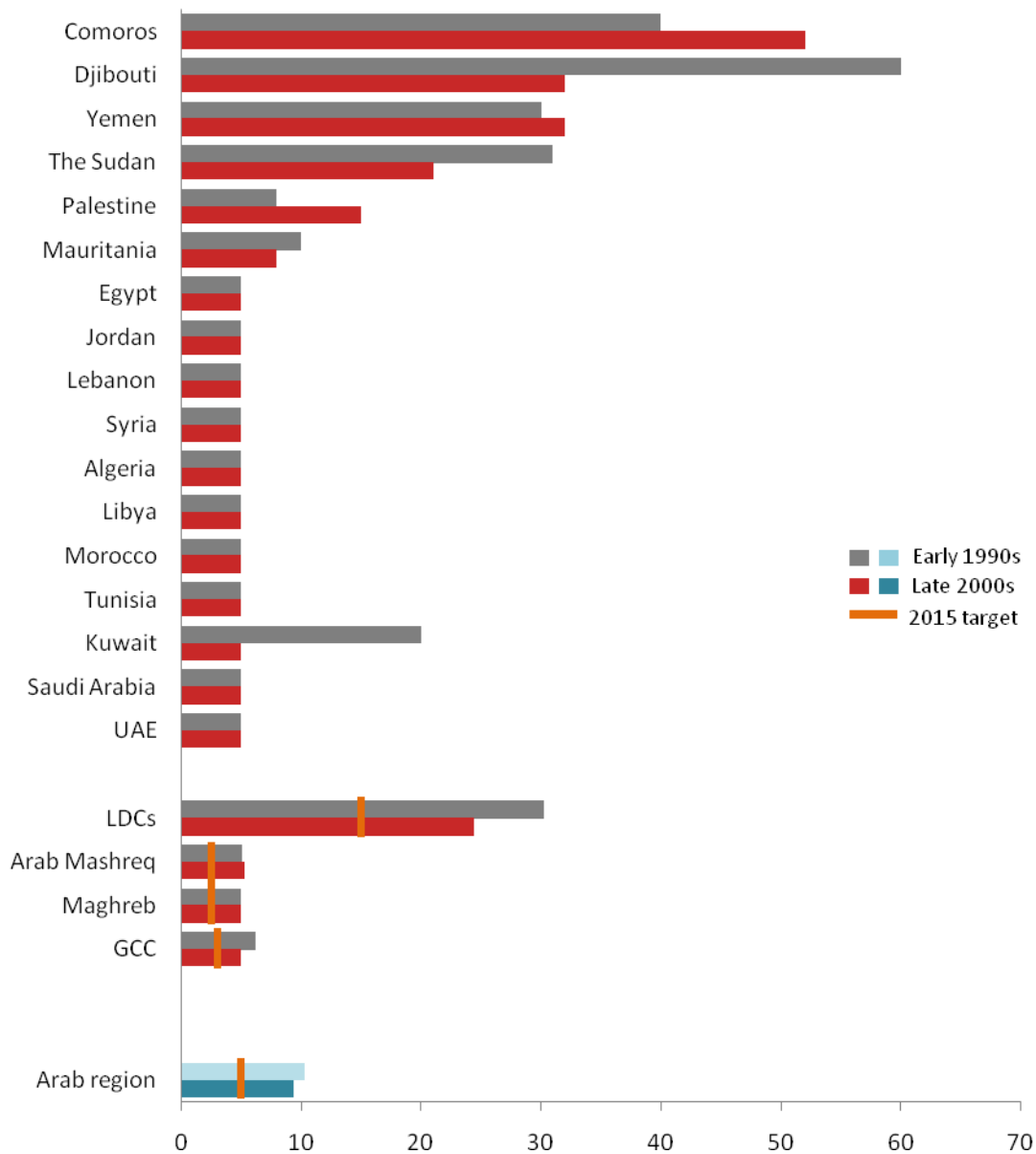
Chart 9. Prevalence of underweight children under five years of age, latest data (percentage)



The **proportion of the population below the minimum level of dietary energy consumption**, often referred to as the prevalence of undernourishment, is the percentage of the population that is undernourished or food deprived. Undernourishment is a symptom of poverty and a problem which is perpetuated from one generation to the next, because malnourished women are more likely to have low-birth weight babies.

⁵ United Nations, op. cit.

Chart 10. Undernourished population (percentage)



The Arab region has also failed to lower the percentage of the general population living below the minimum level of dietary energy consumption. Malnutrition at the population level has also increased significantly in Comoros in recent years.

With the exception of Palestine, where levels of undernourishment have increased in recent years as a result of the conflict situation, the Arab Mashreq and Maghreb countries have had low levels of undernourishment since 1990. Since the Gulf War in 1990, Kuwait has made tremendous progress in this field and has decreased its undernourishment levels to match those attained by other GCC countries.

Education for All

Goal 2: Achieve universal primary education

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Total net enrolment rate in primary education is the number of children of official primary school age who are enrolled in primary education as a percentage of the total child population of official school age, including children of primary school age enrolled in secondary education.

Total net primary enrolment in the Arab region has increased by eight per cent since 1999, reaching 83 per cent in 2007. This increase is due primarily to the major breakthrough achieved in the LDCs. These countries managed to increase their 1999 rates to 54.2 per cent in 2007; an increase of 22.6 per cent since 1999. In 2007, the Arab Mashreq and Maghreb subregions attained primary enrolment rates of more than 93 per cent, while in the countries of the GCC, there was a marginal increase of just one per cent to 85 per cent.

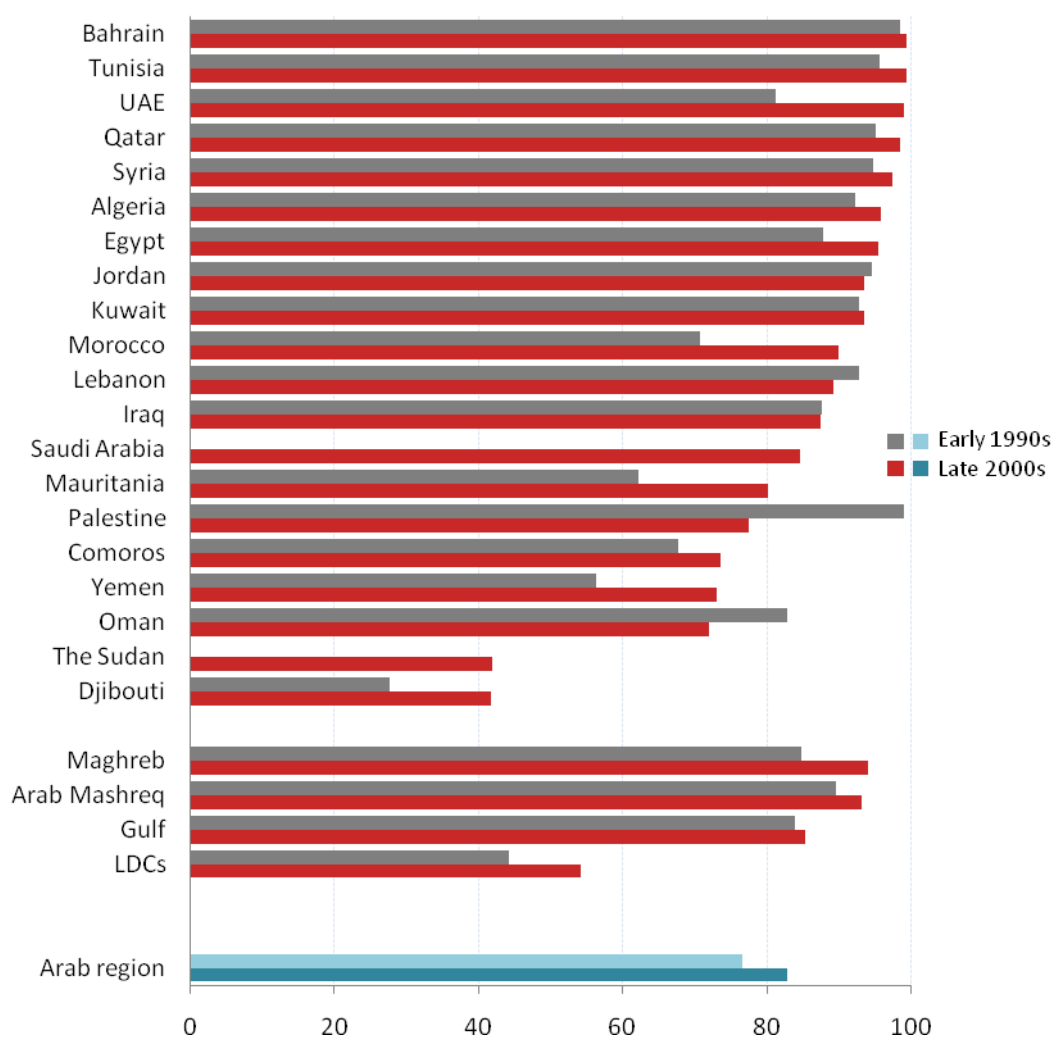
These achievements underscore the fact that much can be accomplished with the political will of Governments, increases in national spending on education and support from development partners.

However, this broad picture of regional and subregional achievement conceals widespread variations between countries, including a substantial fall in primary enrolment rates in certain countries. External factors, including conflict and natural disasters, have played a significant role in the decrease seen in such countries as Palestine, where primary enrolment rates have fallen by more than 20 per cent for both girls and boys, and Oman, which has seen a decrease of 10 per cent for both sexes. The primary enrolment rate in Iraq has been stagnant since 1990 and the country has maintained a gender gap of 12 percentage points between girls and boys, the highest in the Arab Mashreq subregion. In Egypt, there has been a notable increase in total net enrolment in primary education for both girls (9 per cent) and boys (7 per cent), while Morocco has also made significant progress, with the rate for girls climbing by 23 percentage points and that for boys by 16 percentage points.

“Education: a debt due from present to future generations”

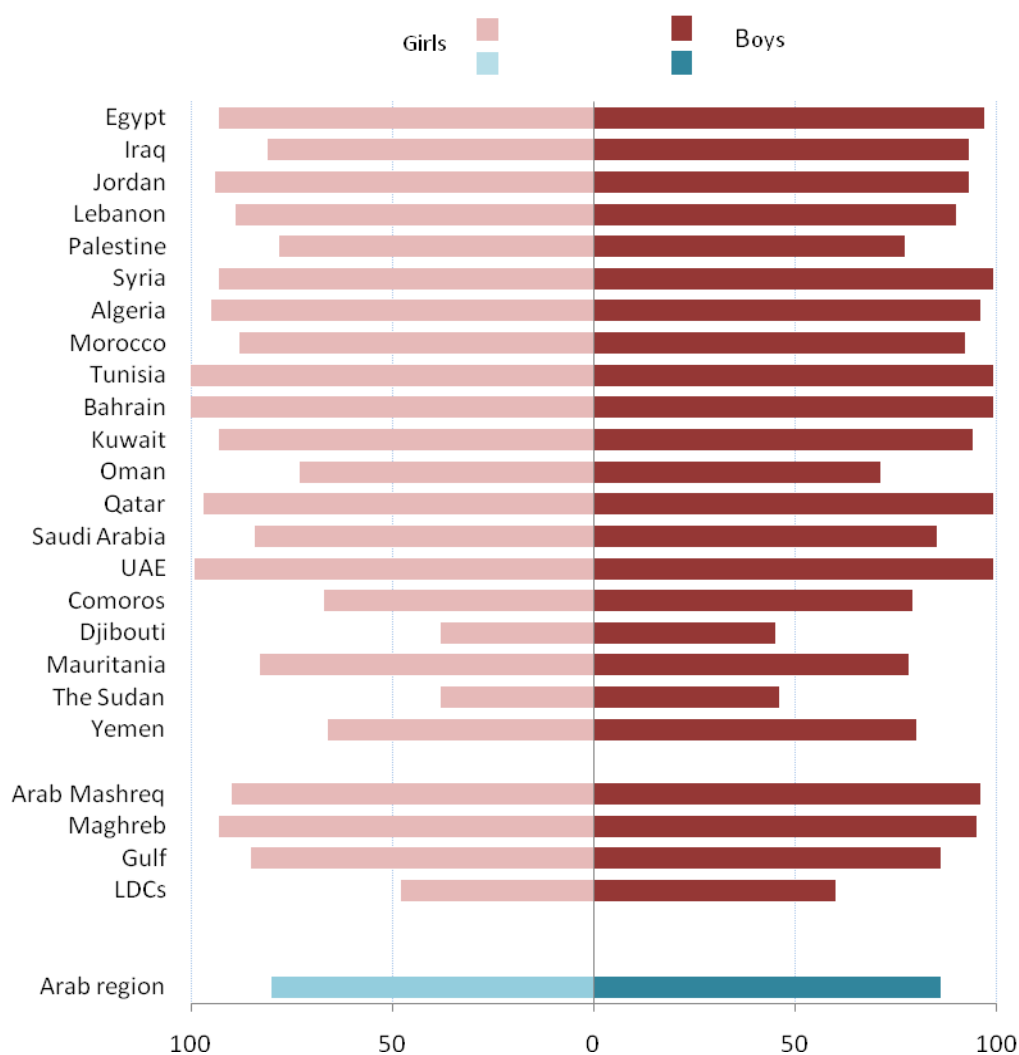
George Peabody

Chart 11. Total net enrolment ratio in primary education (percentage)



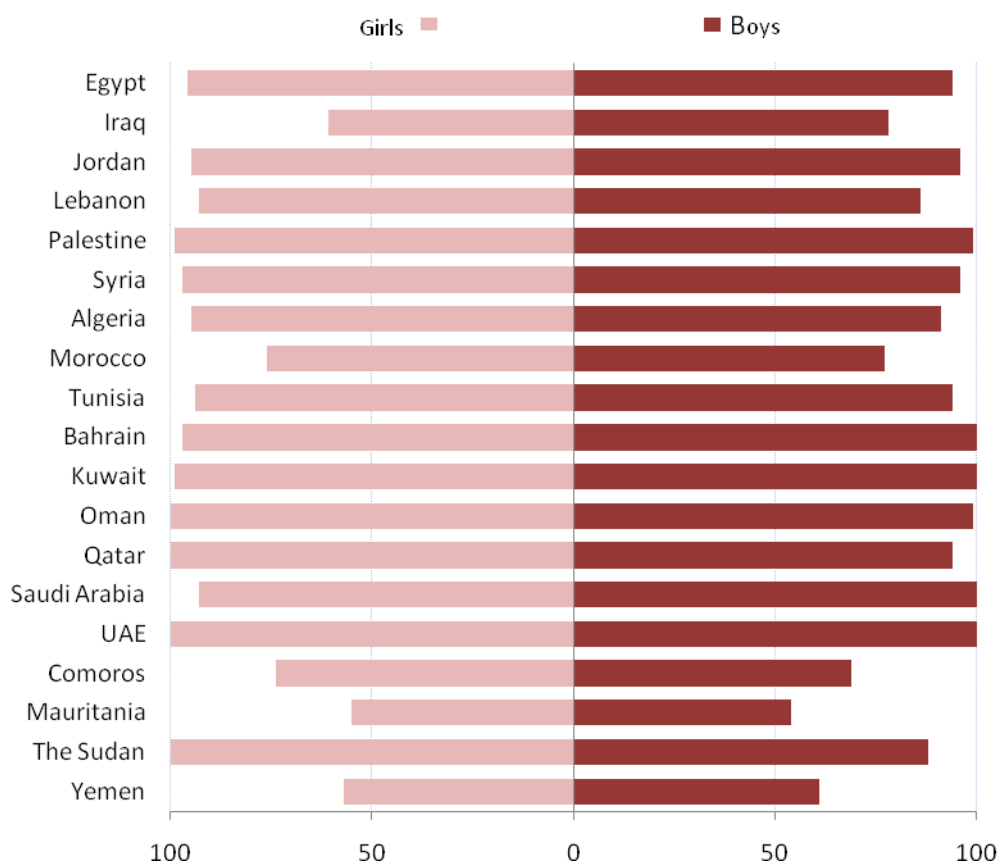
There is also clear evidence of gender disparity in enrolment at the regional level, with 6 per cent more boys than girls enrolled in primary school across the region. The gap between male and female enrolment is particularly significant in the LDCs, where in 2007 male enrolment was 60 per cent, while female enrolment was just 48 per cent. However, data at the national level reveal an even greater disparity between the sexes: in Yemen, 14 per cent more boys are enrolled than girls, in Comoros, 12 per cent, and in Djibouti and the Sudan the difference is 7 per cent. In Mauritania, by contrast, there are more girls enrolled than boys (a difference of 5 percentage points). Yet despite such disparities, Mauritania and Djibouti have made significant progress in primary education enrolment in recent years.

Chart 12. Total net enrolment ratio in primary education, both sexes (percentage)



Survival rate to last grade of primary is the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education expected to reach the last grade of primary school, regardless of repetition. The indicator measures both the internal efficiency of an education system in terms of its success in retaining pupils and, conversely, dropout incidence by grade. Survival rates approaching 100 per cent indicate a high level of retention and a low incidence of dropout. The rate is commonly considered to be a pre-requisite for sustainable literacy.

Chart 13. Survival rate in primary education (percentage)

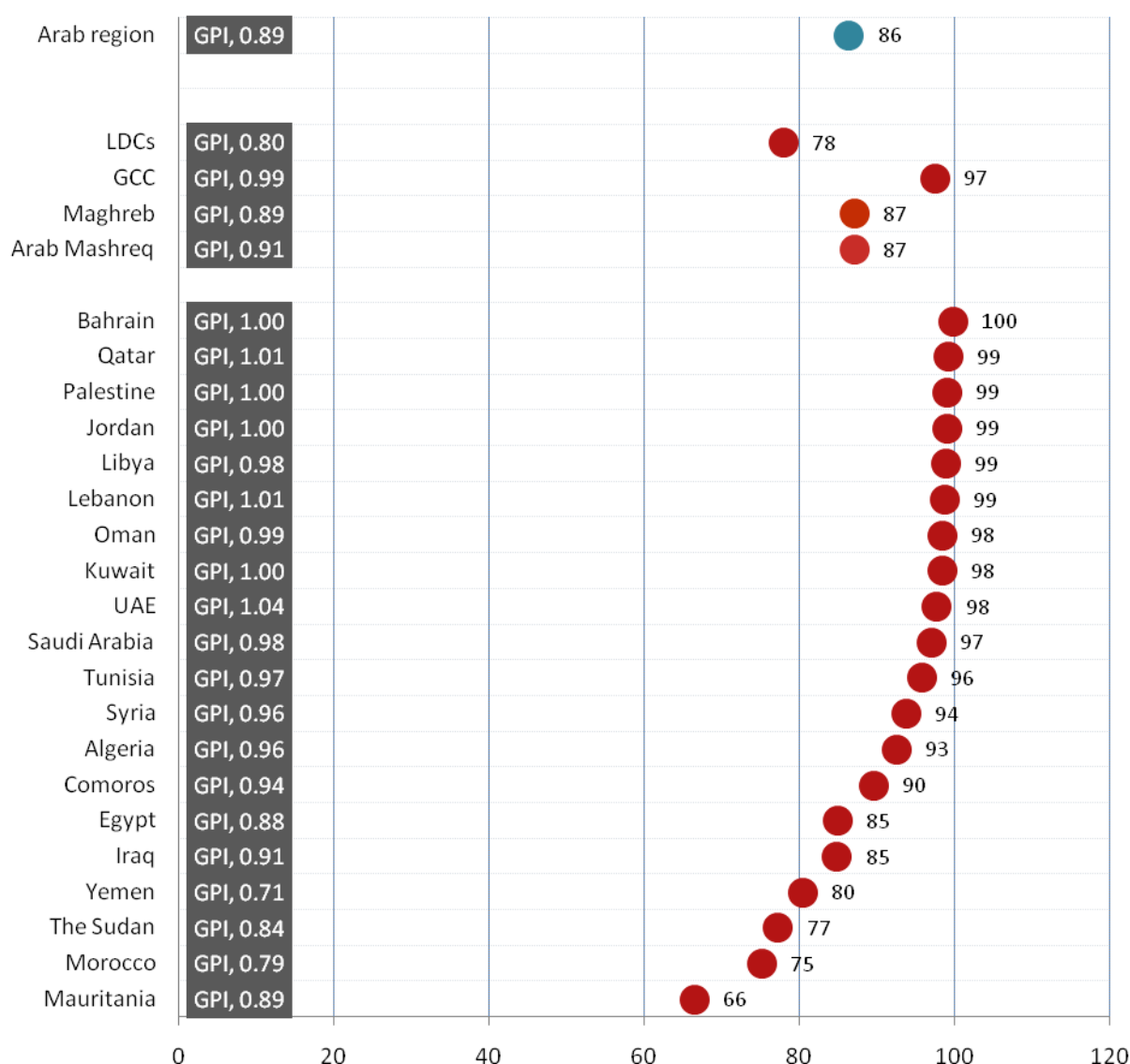


Recent data indicate that most Arab countries have made progress in primary education survival rates. The rate in Iraq has increased by 21 percentage points since the 1990s, although this significant rise should be viewed in the light of its low point, which stood at just 70 per cent. In the same subregion, both Lebanon and the Syrian Arab Republic have increased their survival rates (by 14 and 10 percentage points respectively). In the Maghreb, the lowest rate was seen in Morocco (76 per cent).

In the LDCs, Yemen and Mauritania have both suffered setbacks and recorded the lowest survival rates of all Arab countries. In 2007, only 59 per cent of pupils in Yemen completed primary education; the figure in Mauritania was just 54 per cent. The Sudan, in contrast, recorded an exceptional increase of 16 percentage points, achieving a survival rate of 93 per cent.

It is satisfying to note that the gains made in enrolment and survival rates since 1990 have been translated into improved **youth literacy rates**. Between 1990 and 2007, the youth literacy rate in the region climbed from 72 to 86 per cent, with significant increases recorded in the Maghreb (22 percentage points), followed by the LDCs and the Arab Mashreq. In 2007, the highest subregional literacy rate was seen in the countries of the GCC (97 per cent), while in Mauritania, Morocco, the Sudan, Yemen and Egypt, considerable further progress is required to improve both literacy rates and literacy gender parity index (GPI) ratings.

Chart 14. Youth literacy rate (15-24 years) (percentage) and literacy Gender Parity Index



Significant progress has been made towards equality in learning opportunities and literacy for young women in relation to those for young men. This is clearly reflected in the increase in the Arab Literacy Gender Parity Index, a ratio of the female literacy rate to the male literacy rate, which rose from 0.71 in 1990 to 0.87 in 2004-2006.⁶

⁶ ESCWA and the League of Arab States, 2007.

Gender Equality and Empowerment

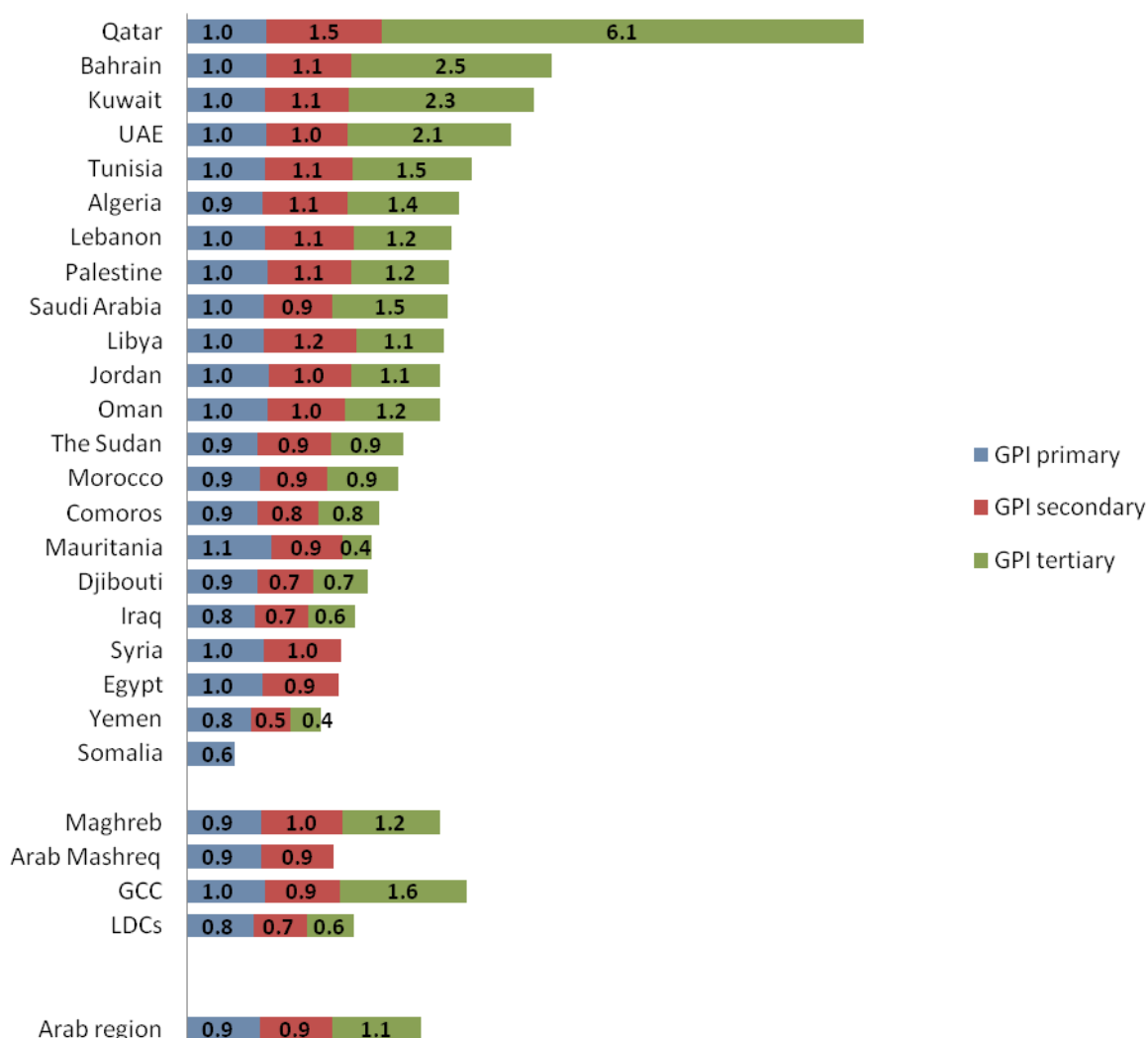
Goal 3: Promote gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Although the Arab region has made significant progress in reducing gender disparity and has attained **gender equality in all three levels of education** (primary, secondary and tertiary), the Arab LDCs, unlike the other subregions, still fall short of achieving gender equality in education. It is also of note that disparity between the sexes increases at higher levels of education; in the GCC, this difference is in favour of women.

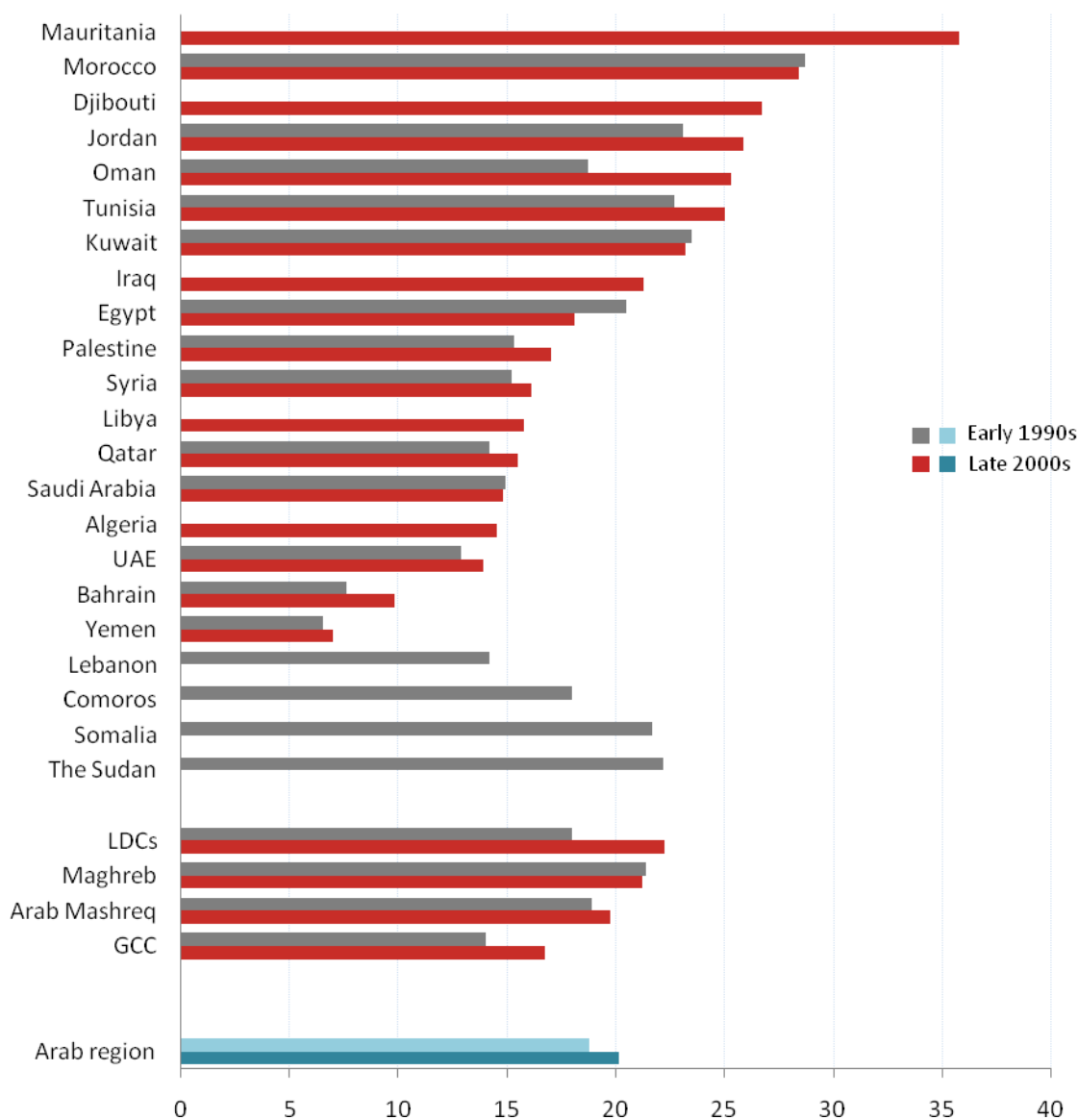
“Gender equality is more than a goal in itself. It is a precondition for Meeting the challenge of reducing poverty, promoting sustainable development and building good governance.”
Kofi Anan

Chart 15. Gender Parity Index in primary, secondary and tertiary level enrolment



In the Arab LDCs, the largest gender gaps are seen in Somalia (primary enrolment), Yemen (secondary enrolment), and Mauritania and Yemen (tertiary enrolment). Gender gaps in secondary school enrolment also exist in Morocco and Saudi Arabia. The lack of gender parity in education in Iraq is particularly notable at the secondary and tertiary levels.

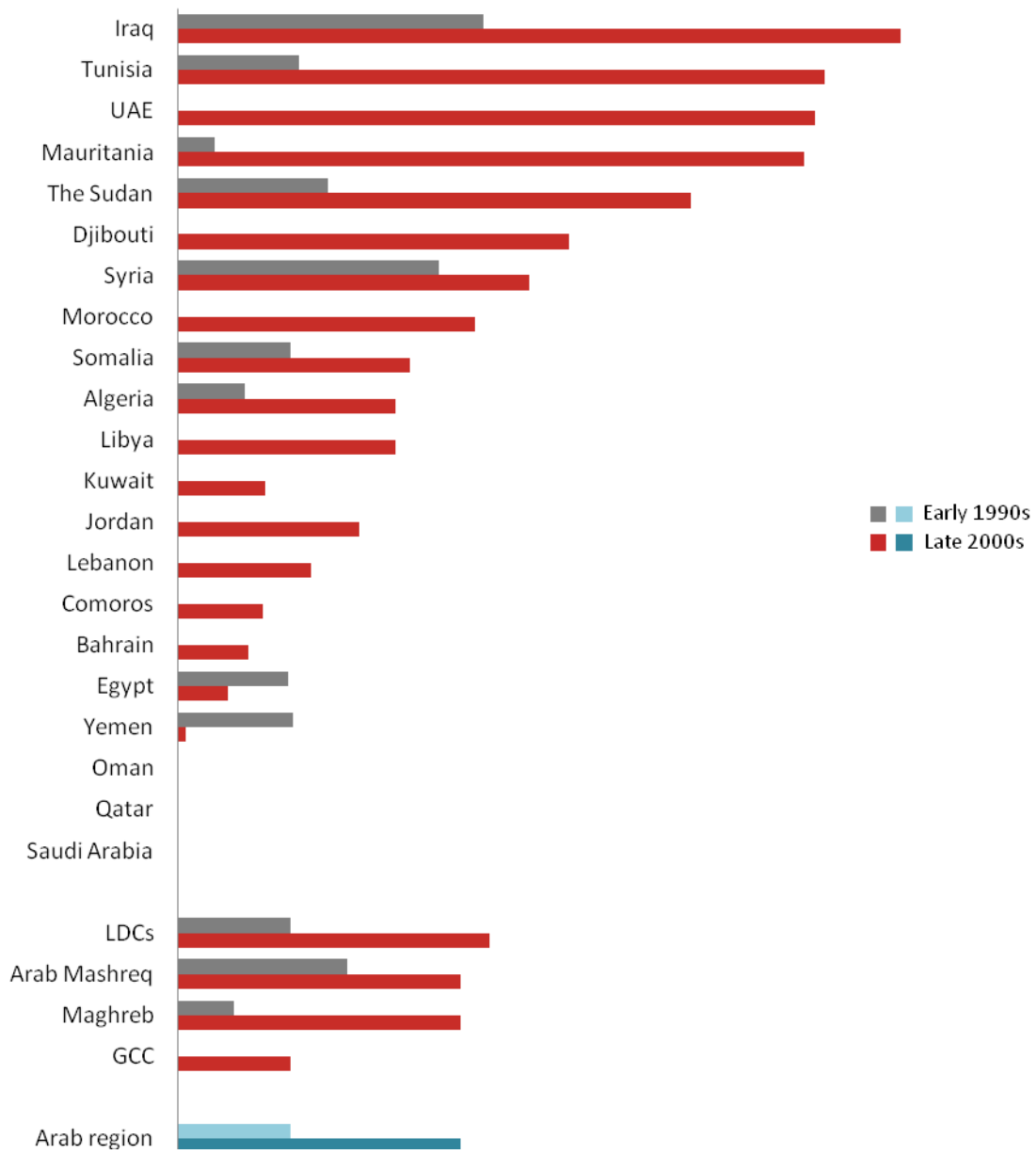
Chart 16. Share of women in wage employment, non-agricultural sector (percentage)



A measure of empowerment, the **share of women in wage employment in the non-agricultural sector** remains modest at less than 20 per cent across the region, an increase of just one percentage point since 1990. Female participation was below 15 per cent in Yemen (seven per cent), Bahrain (10 per cent) and the United Arab Emirates (14 per cent). Almost all countries in the Arab region achieved some progress on this indicator, although Egypt regressed slightly, recording 18 per cent in 2006, compared with 21 per cent in 1990.

Across the region, the target of 30 per cent female representation in national parliaments remains a distant objective. The highest **proportion of seats held by women in national parliaments** was seen in Iraq (27 per cent), followed by Tunisia and the United Arab Emirates (both at 23 per cent) and Mauritania (22 per cent).

Chart 17. Seats held by women in national parliaments (percentage)



Child Mortality

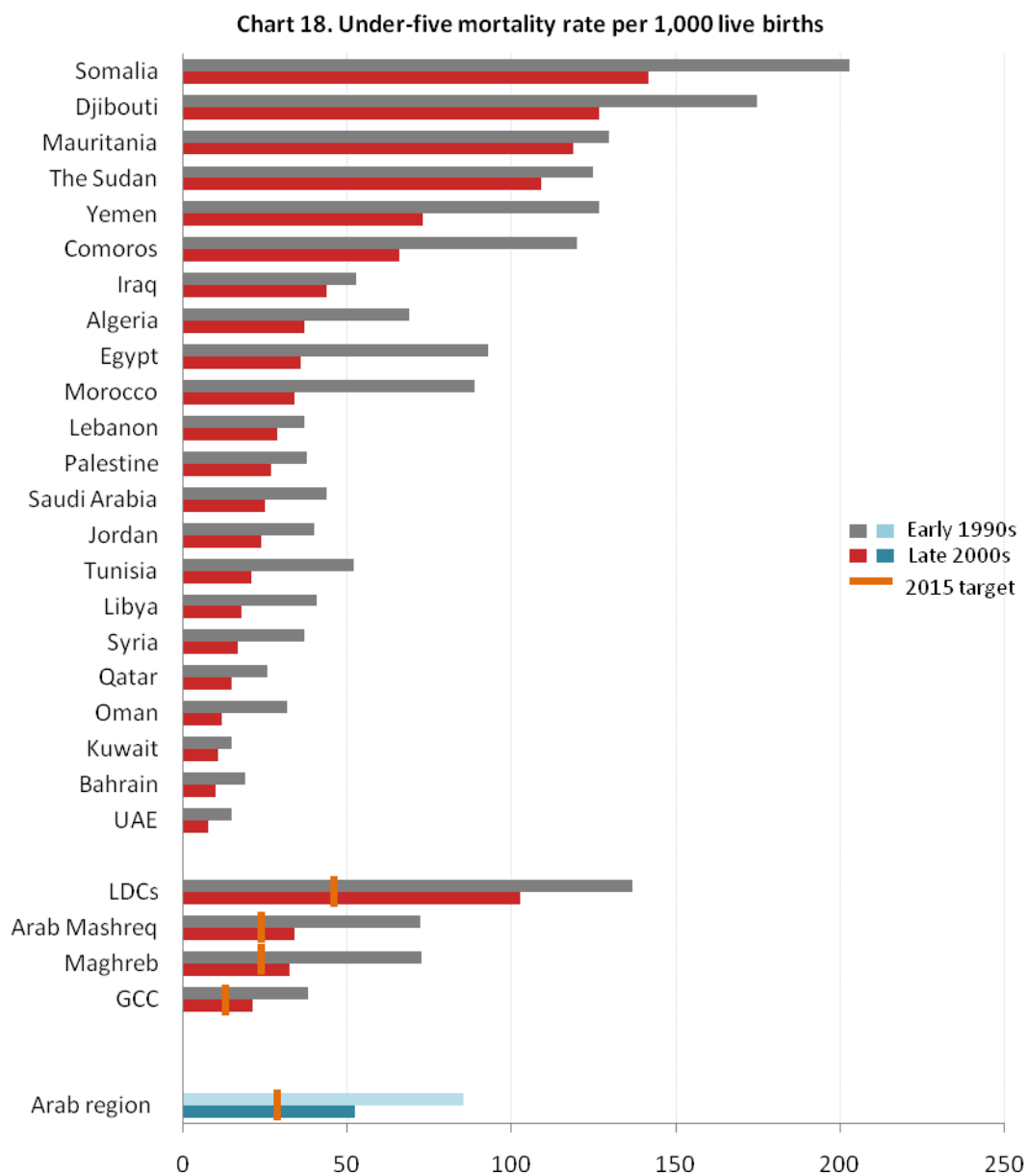
Goal 4: Child mortality rate

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

The region has continued its progress towards lowering the **death rate among children under the age of five years**. All countries have succeeded in reducing child mortality rates since 1990 and the average across all Arab countries in 2007 was 53 per 1,000 live births. The Arab Mashreq, Maghreb and GCC subregions have all lowered child mortality to approximately half their 1990 levels, while the Arab LDCs have reduced it by one quarter.

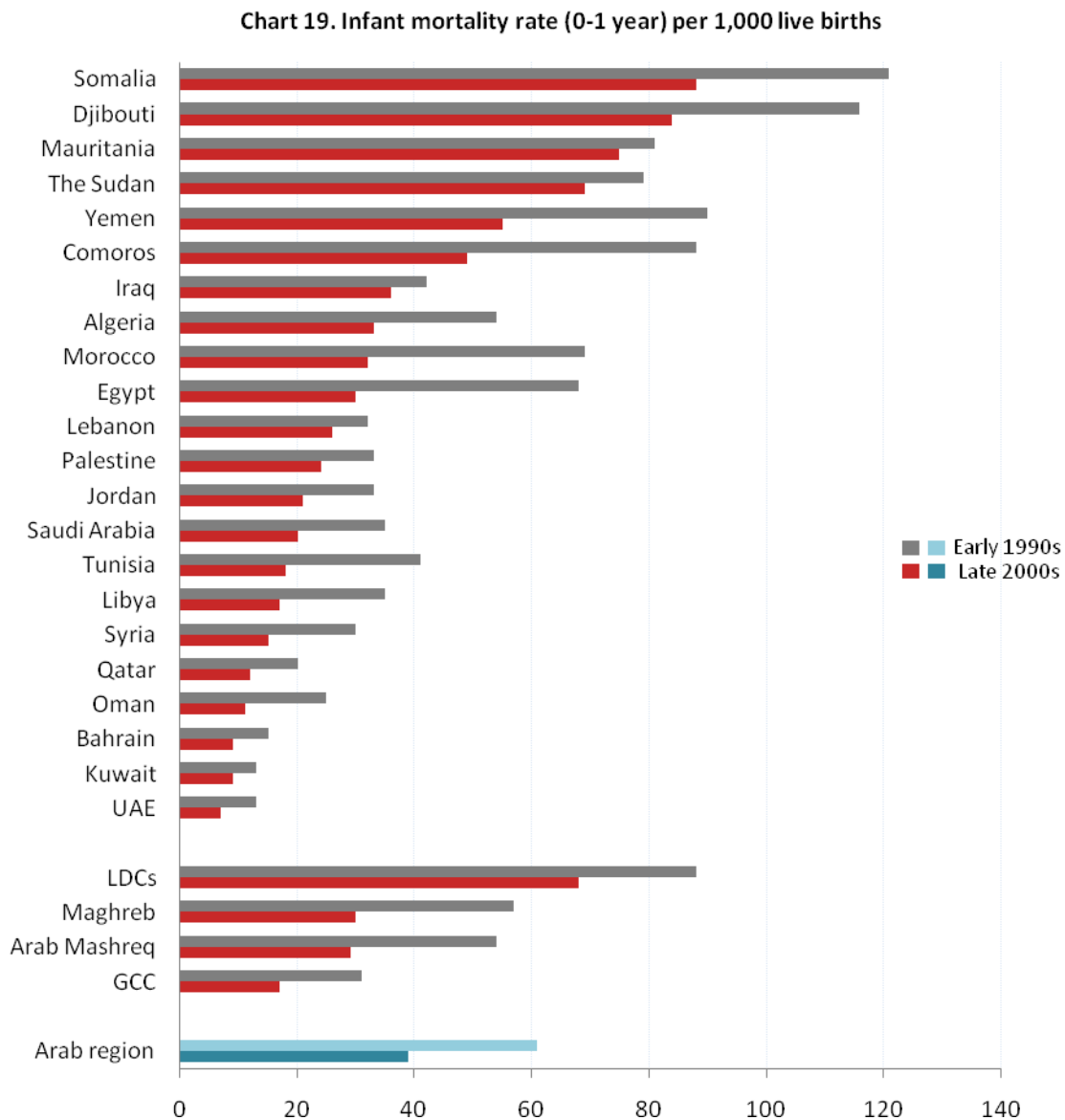
“We cannot waste our precious children. not another one, not another day.”

nelson mandela and Graça machel



Most notable in this field were Comoros, Egypt, Morocco, Somalia and Yemen, all of which at least halved their 1990 rate, although this achievement may have been due in part to the relatively high rates recorded for the base year. With the exception of the Arab LDCs, national mortality rates for children ranged from eight per 1,000 (United Arab Emirates) to 44 per 1,000 (Iraq). National data indicate slightly higher under-five mortality rates for boys than girls; in most countries there was a significant rural-urban gap, with lower urban rates than rural.⁷

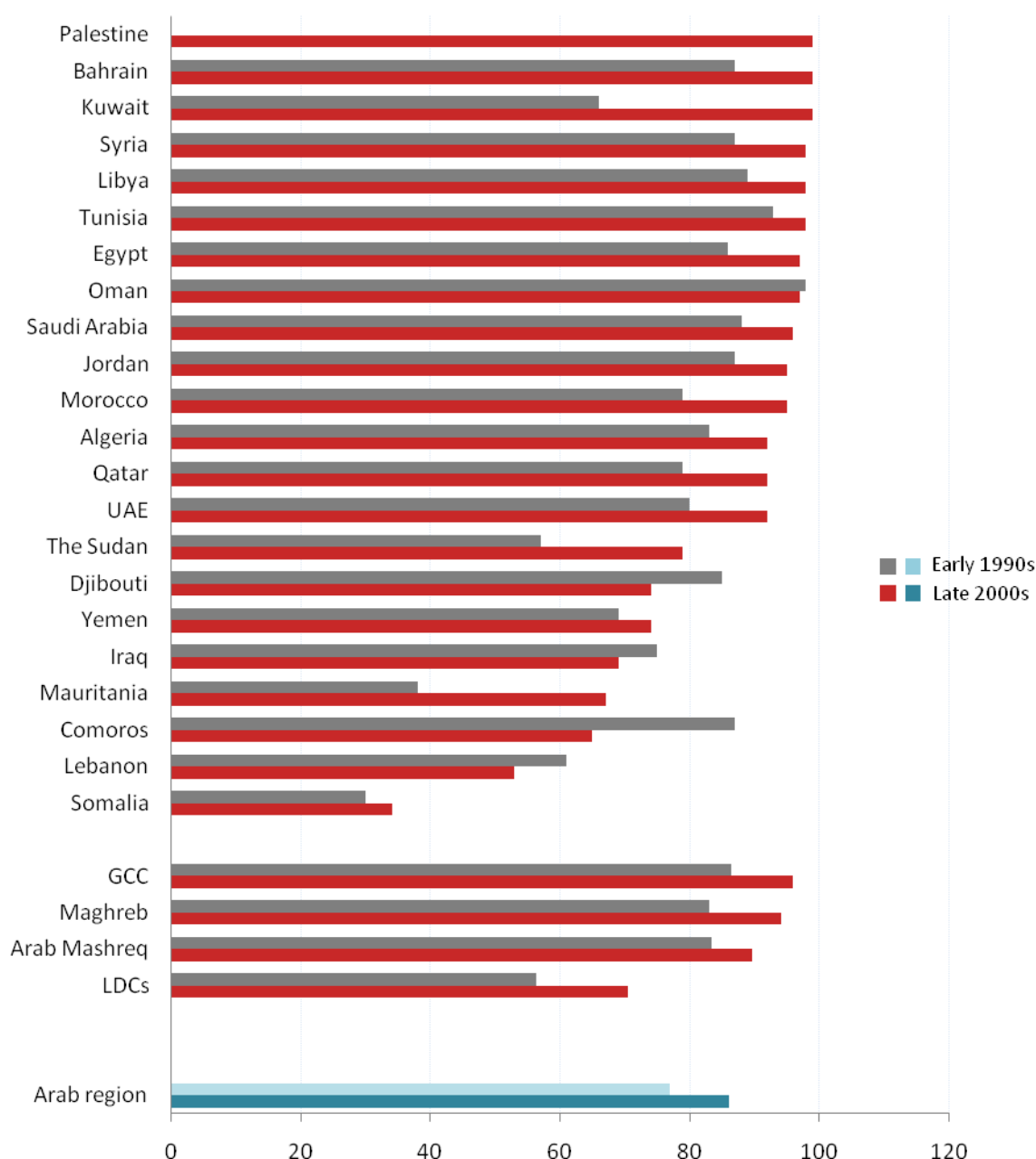
Since 1990, a significant decrease in **infant mortality**, more than 20 percentage points, has occurred in the Arab region. This fall can be seen across all countries and subregions, and reflects the increased interventions undertaken by countries in recent years in this sphere.



Immunization is widely considered to be one of the most successful and cost-effective public health interventions. Progress achieved in the region towards full immunization coverage has translated into lower mortality rates for infants and children under the age of five years.

⁷ World Health Organization, 2009.

Chart 20. Children aged 1 year immunized against measles (percentage)



The region is close to attaining its universal immunization target; most countries have already immunized more than 90 per cent of children. Latest data show, however, that concerted efforts to ensure that every child is immunized are still required in Somalia (where the rate is only 34 per cent), Lebanon (53 per cent), Comoros (65 per cent), Mauritania (67 per cent) and Iraq (69 per cent). Immunization rates in Iraq and Lebanon, in particular, have deteriorated since the early 1990s and it is vital that these rates be brought back up and moved considerably closer to full coverage.

Maternal Mortality

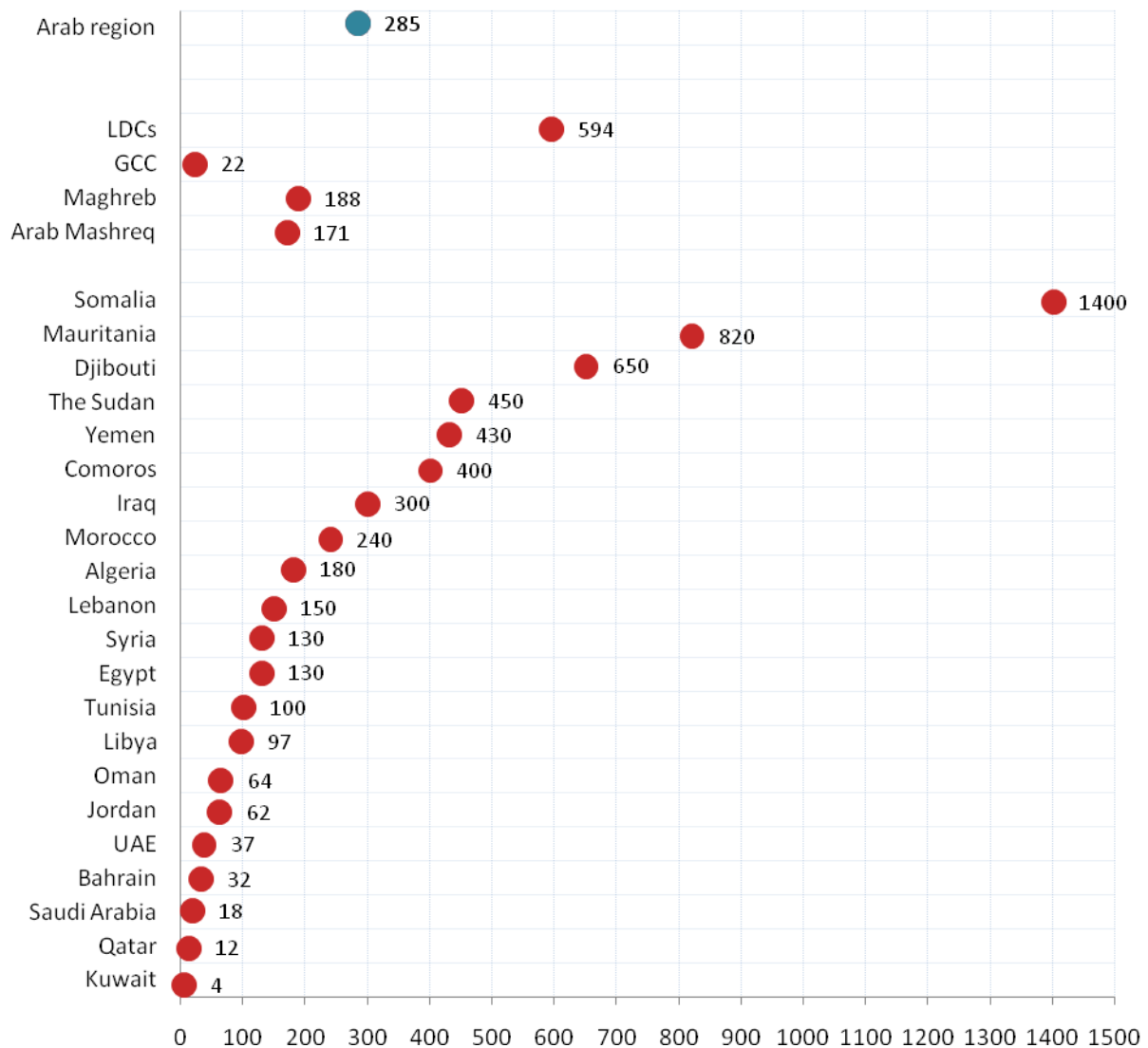
Goal 5: Improve maternal health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Complications during pregnancy and childbirth remain a leading cause of death and disability among women of reproductive age in developing countries. The **maternal mortality ratio** represents obstetric risk. Maternal mortality remains unacceptably high in the Arab region. Recent data indicate unacceptably high maternal mortality at 285 deaths for every 100,000 live births. The risk of a woman dying from treatable or preventable complications of pregnancy and childbirth is a major concern in the Arab LDCs.

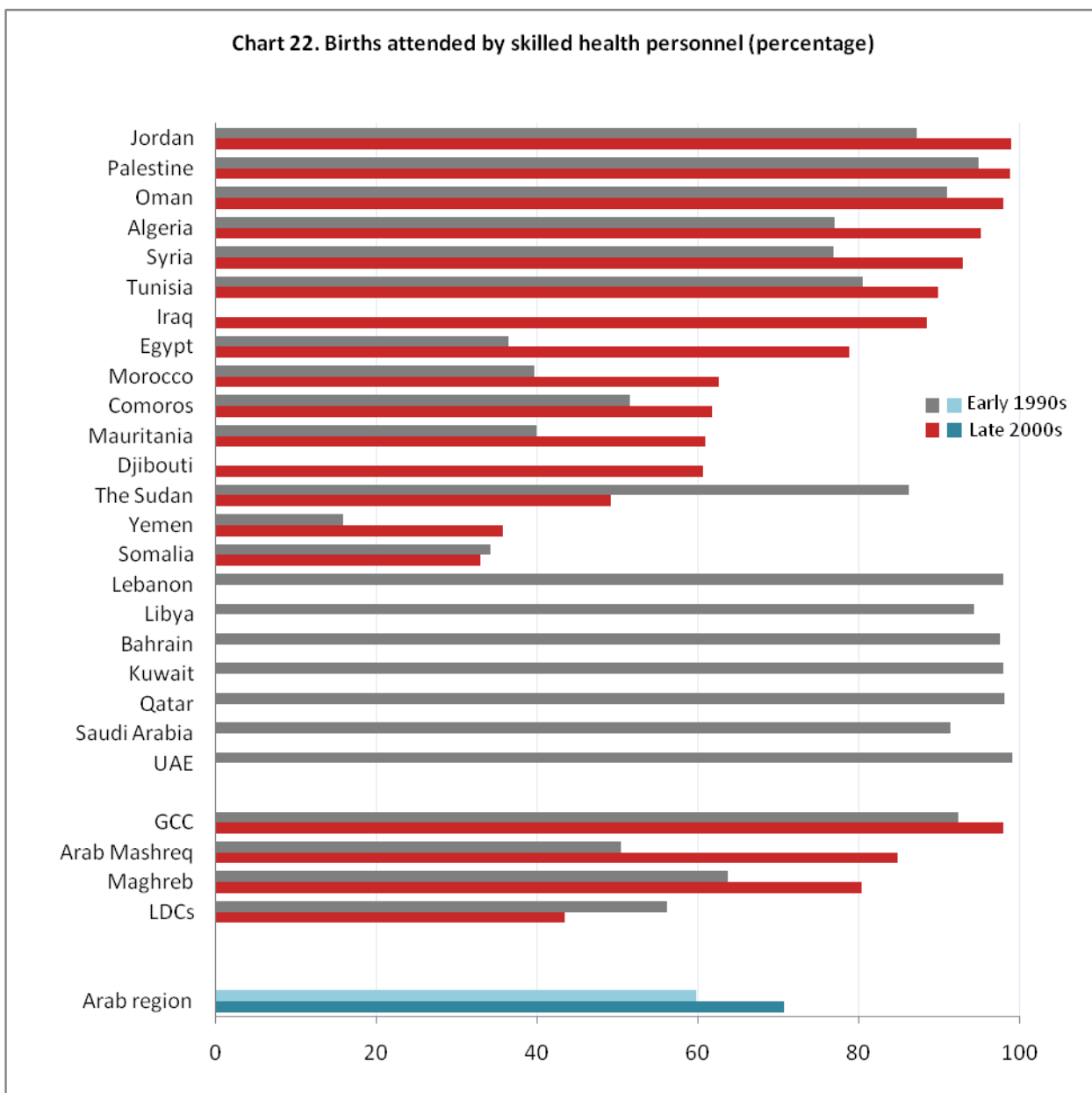
“Maternal mortality represents the largest health inequity in the world.”
Thoraya Obaid, United Nations
Population Fund

Chart 21. Maternal mortality ratio per 100,000 live births, 2005



There are, however, clear disparities in maternal mortality rates between subregions. In 2005, the rate in the Arab LDCs was 594 deaths for every 100,000 live births, 27 times the rate in the GCC countries. More than half of the countries in the region recorded a maternal mortality ratio in excess of 100 deaths per 100,000 live births, the highest ratio being recorded in Somalia (1,400 deaths) and the lowest in Kuwait (four deaths).

While a high percentage of **births attended by professionals** was recorded for Algeria, Lebanon, Libyan Arab Jamahiriya, Syrian Arab Republic and Tunisia, these countries still have high maternal mortality ratios (over 100 deaths per 100,000 births).



Reproductive Health

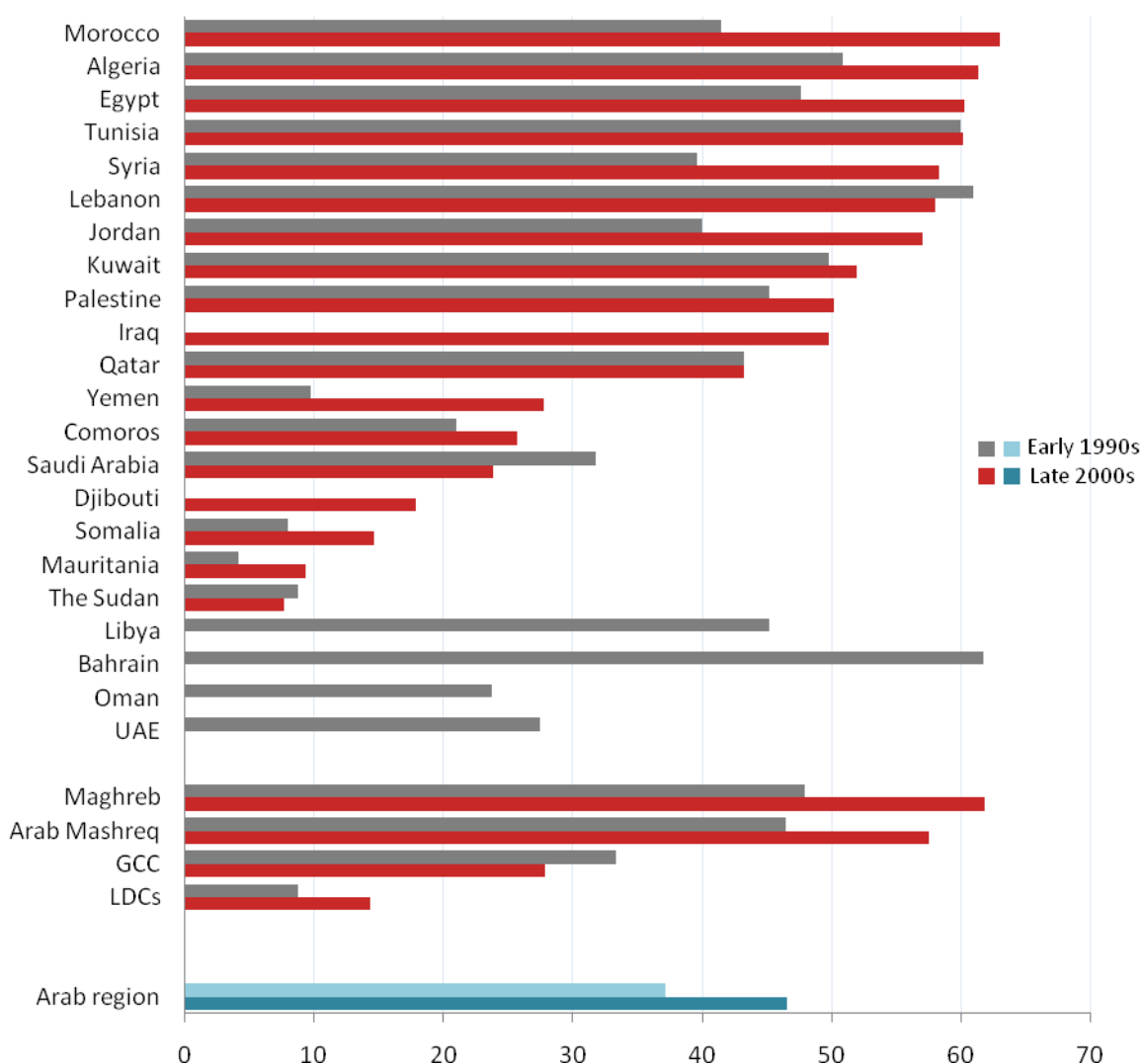
Goal 5: Improve maternal health

Target 5.B: Achieve, by 2015, universal access to reproductive health

Contraceptive prevalence rate can be considered an indicator of health conditions, population, development and the empowerment of women. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many of the MDGs, especially those related to child mortality, maternal health, HIV/AIDS and gender equality.

Universal access to reproductive health is a development strategy essential for the progress of societies

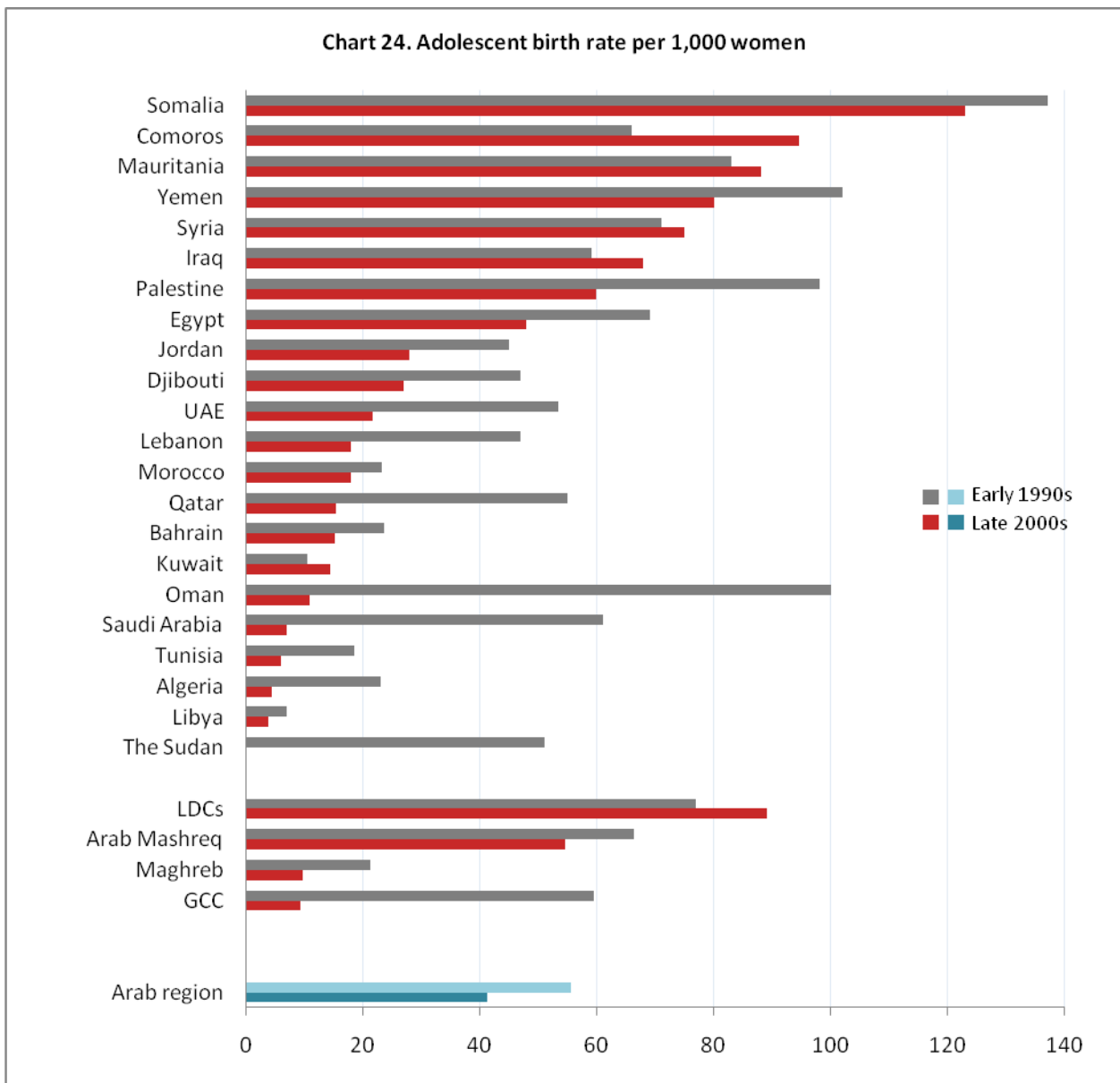
Chart 23. Current contraceptive use (any method), married women aged 15-49 (percentage)



While recent data show that there have been some improvements in contraceptive prevalence, nearly half of all married women in the Arab region still fail to use any contraception. There has, however, been a notable increase in contraceptive use in all subregions except the GCC, where usage has declined.

The use of contraceptives has increased in most Arab countries. The increase in the LDCs resulted in large part from the tripling of the contraceptive rate in Yemen and the doubling in Somalia. However, rates have declined in Saudi Arabia (where only 24 per cent of women currently use contraception), Lebanon and the Sudan. By contrast, the largest increases in contraceptive use were seen in Morocco (22 percentage points) and the Syrian Arab Republic (19 percentage points).

Adolescent birth rate measures the number of births to women aged 15-19 per 1,000 women in that age group per annum. Adolescent girls between the ages of 15 and 19 are twice as likely to die during pregnancy or childbirth as women in their twenties. For those under 15, the risks are five times higher.⁸



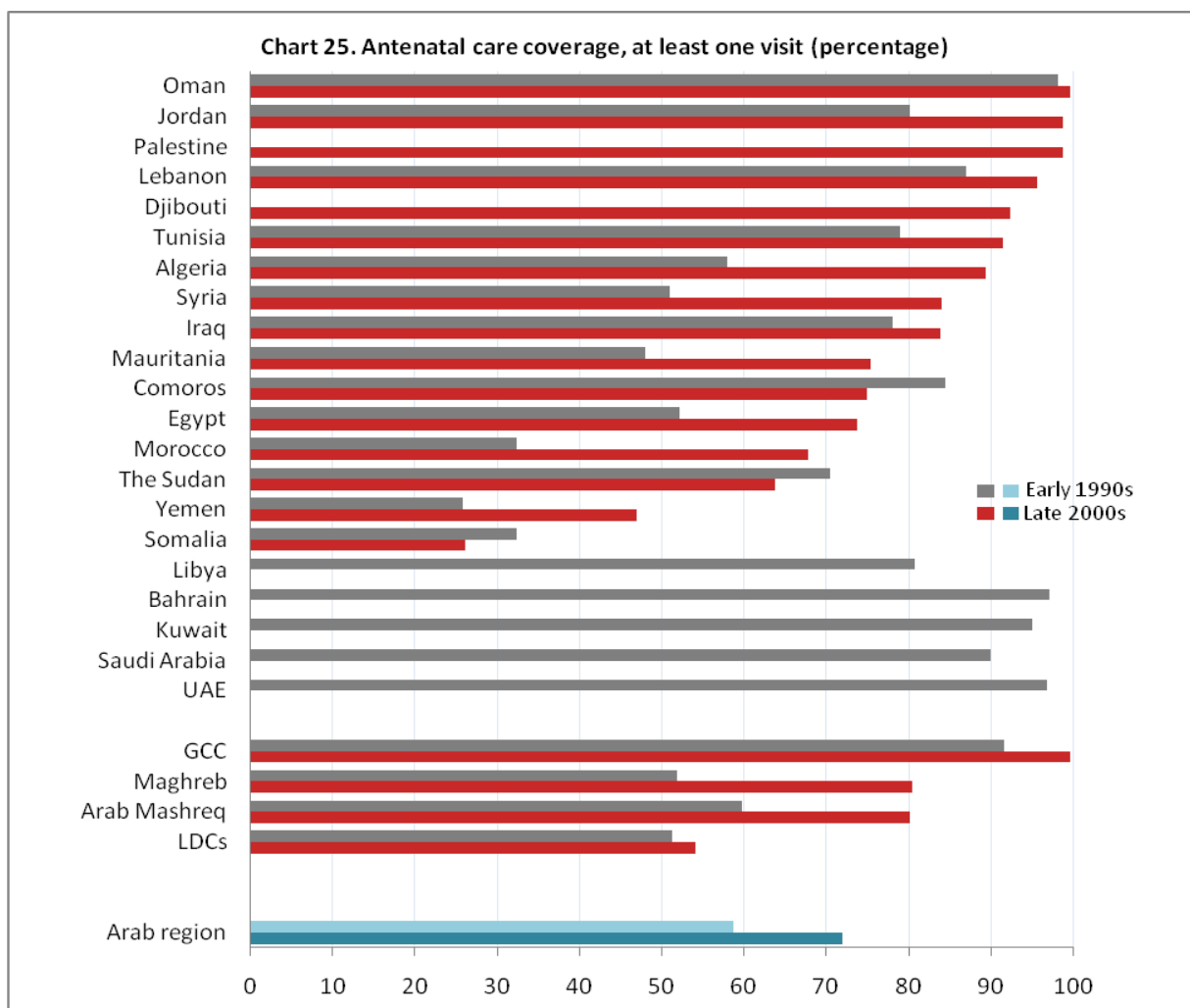
High rates of early childbearing in the Arab countries result from the practice of child marriage. Data from the early 1990s showed adolescent fertility at 56 per 1,000 women and according to the latest data, the rate has gradually declined since then to 41 per 1,000. Recent data also show a decline in adolescent fertility

⁸ United Nations, 2001.

in all subregions, with the exception of the Arab LDCs, where it has risen to 89 per 1,000, primarily as a result of an increase in the rate in Comoros to 95 per 1,000.

The countries of the Arab Mashreq also recorded a relatively high adolescent birth rate (55 per 1,000), due to high rates in both Iraq and the Syrian Arab Republic. A notable decrease was seen in Palestine, although the overall rate remained relatively high. The Maghreb countries have also succeeded in reducing the adolescent fertility rate by half, primarily through the significant decreases achieved by Algeria and Tunisia. The GCC countries have achieved a decline of 50 points in adolescent fertility since the early 1990s.

Antenatal care coverage represents the percentage of women aged 15-49 with a live birth in a given time period who received antenatal care provided by skilled health personnel (doctors, nurses or midwives) during pregnancy. The antenatal period presents an ideal opportunity for reaching pregnant women with interventions that may be vital to the health and well-being of both mother and foetus.



Access to antenatal care in the Arab region has improved since 1990. The latest data show, however, that only 72 per cent of women in the region obtain antenatal care from skilled health personnel. While the Arab Mashreq, Maghreb and GCC countries have all made impressive increases in access since the early 1990s, the increase in the Arab LDCs has only been three percentage points, leaving almost half of all pregnant women with no antenatal care.

Limited data are available on the **unmet need for family planning** indicator. Those available include Comoros, Egypt, Jordan, Mauritania, Morocco, the Sudan, Tunisia and Yemen. Three of the four countries

that had at least two data points (Egypt, Morocco and Tunisia) have reduced their unmet need for family planning by half since the early 1990s; in Jordan, it has decreased by approximately 23 per cent. It therefore appears that family planning needs are being met in those countries, which would be consistent with the recorded increase in contraceptive use in those countries over that period.

Disease

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

“One of the greatest diseases is to be nobody to anybody.”

Mother Teresa

Every day, nearly 7,500 people worldwide become infected with HIV and 5,500 die of AIDS. These alarming figures are primarily the result of a lack of HIV prevention and treatment services. While improvements in prevention programmes have reduced the number of people newly-infected with HIV from 3 million in 2001 to 2.7 million in 2007, the number of people living with HIV rose from an estimated 29.5 million to 33 million over the same period.⁹

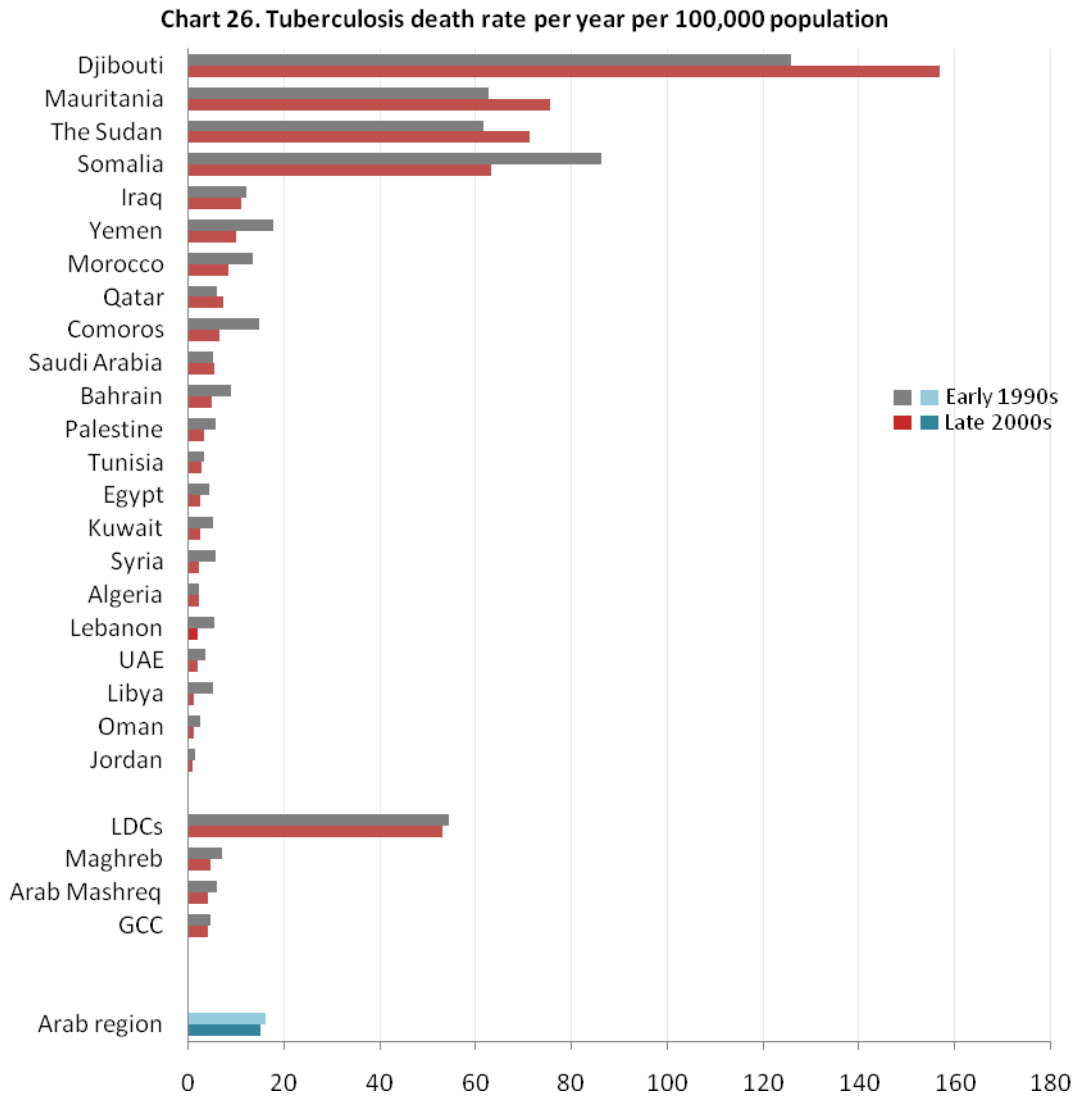
Data on **HIV/AIDS** and other sexually transmitted diseases in the Arab region are paltry and incomplete. In the 1980s, more than 500,000 AIDS cases were reported, half of which were women, 45 per cent of whom were aged 15-29.¹⁰

In 2007, data for nine Arab countries (Algeria, Comoros, Djibouti, Lebanon, Mauritania, Morocco, Somalia, the Sudan and Tunisia) revealed an increasing trend in the number of people with advanced HIV infection.

At the regional level, there has been a small reduction in the number of **tuberculosis deaths** since 1990, achieved through concerted efforts against the disease. All four subregions have succeeded in lowering the number of deaths from tuberculosis, although at the country level, progress has been more variable. Most countries have reduced deaths from tuberculosis, but the rate of decline has varied between countries, ranging from 23 percentage points in Somalia to 8 percentage points in Comoros and Yemen. By contrast, certain countries have seen a surge in the number of deaths from tuberculosis; the highest was in Djibouti (31 percentage points), followed by Mauritania and the Sudan. In 2007, those three countries recorded the highest rates of death from tuberculosis per year per 100,000 population.

⁹ WHO, 2009.

¹⁰ UNDP, 2003.



Similarly, **malaria** has been eliminated in almost all Arab countries, with the exception of the LDCs; the highest levels remaining in Djibouti, Somalia, the Sudan and Yemen.

Lack of adequate health-care services and adverse security conditions are key factors contributing to the failure to eliminate both tuberculosis and malaria from the Arab LDCs.

Environment

Goal 7: Ensure environmental sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

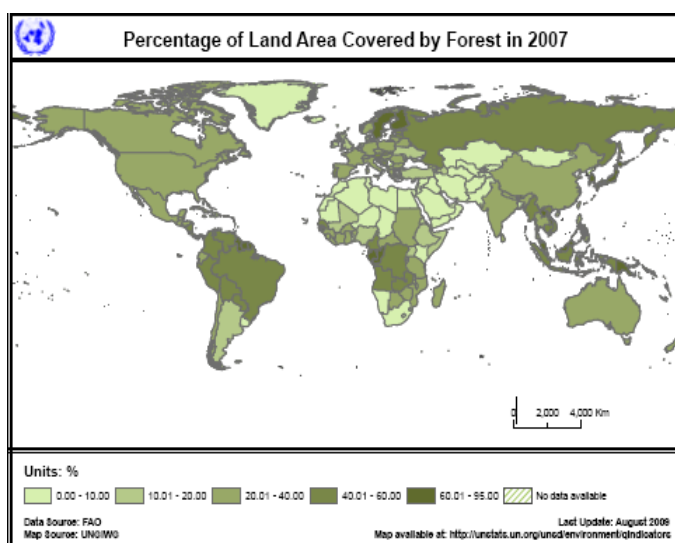
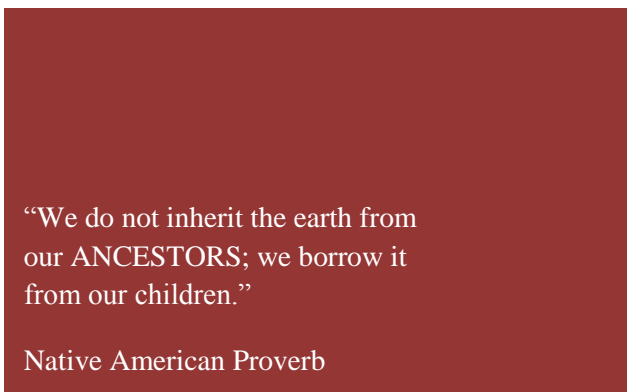
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Some 30 per cent of the world's **land area** is covered by forests, which contain some 80 per cent of the Earth's terrestrial biodiversity. Forest products and services provide energy, construction materials, water purification, health benefits, environmental stability and innumerable other means of support to the rural impoverished. Forests also serve as a primary source of income for tens of millions of the rural poor.¹¹

Monitoring the extent and characteristics of forest resources is carried out with a view to reducing unplanned deforestation, restoring and rehabilitating degraded forest landscapes, managing forests in a sustainable way and evaluating the importance of carbon sequestration by forests and trees, which contributes to moderating the global climate.¹²

Deforestation is one of the principal contributors to desertification, which is a major problem in the Arab region. Many Arab countries have already fallen far short of the global target of ten per cent of sylvan land being protected from deforestation.¹³

Recent data show a decline in sylvan areas in the Arab region. In the LDCs and the Maghreb, demand for food and energy has increased to the point of seriously reducing forest coverage, as it has been plundered for wood to provide fuel. However, the overall decline in forest areas across the region has been primarily attributable to the decrease seen in the Arab LDCs, although at 17 per cent they maintain the highest coverage of all the subregions and the Sudan and Somalia both have high land coverage (28 per cent and 11 per cent respectively). Lebanon, Tunisia and the United Arab Emirates have taken the lead in expanding forest areas, despite the forest fires that have plagued them in recent years.

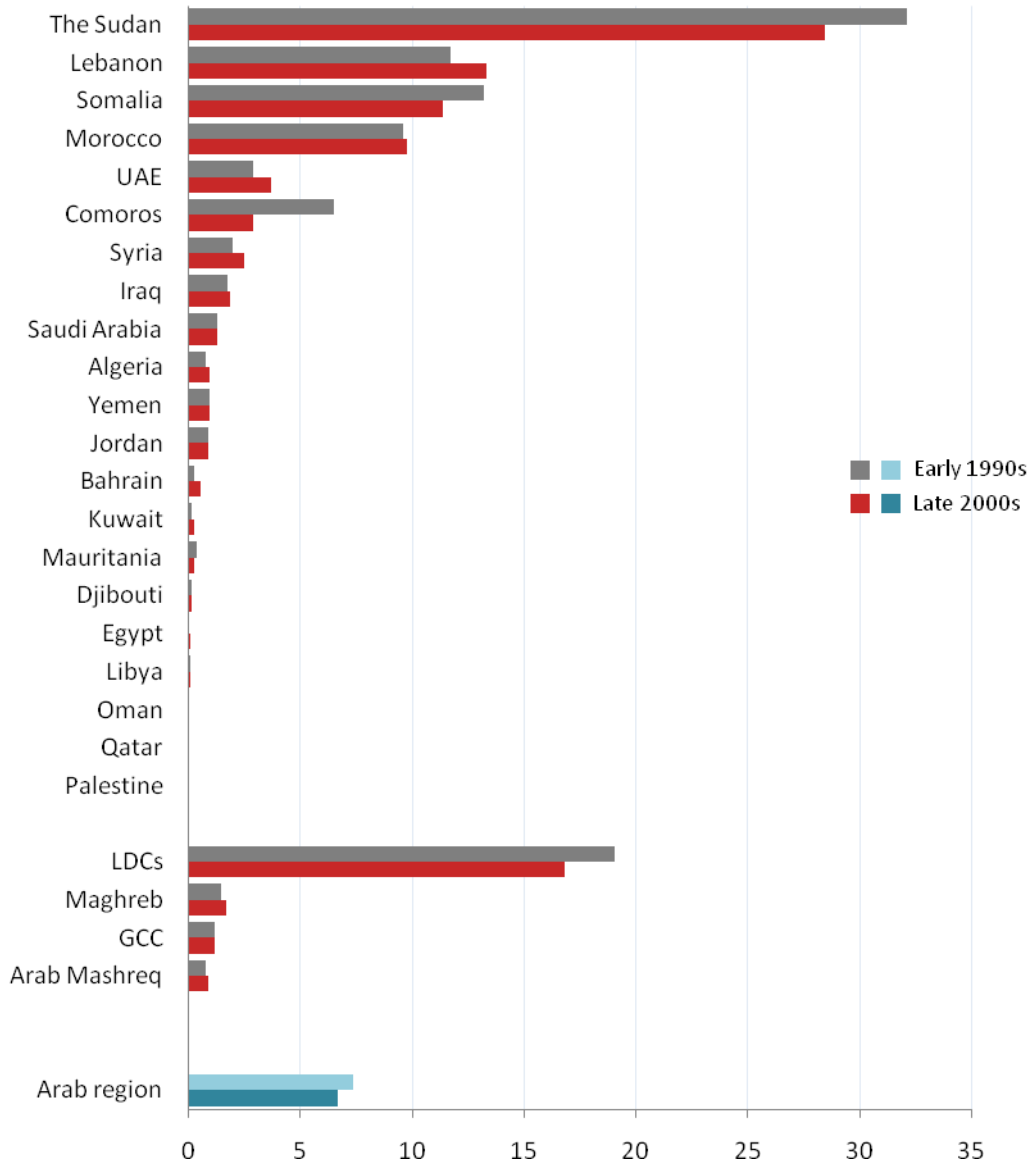


¹¹ See: <http://www.cifor.cgiar.org/AboutCIFOR/MTP/2008/introduction2008.htm>.

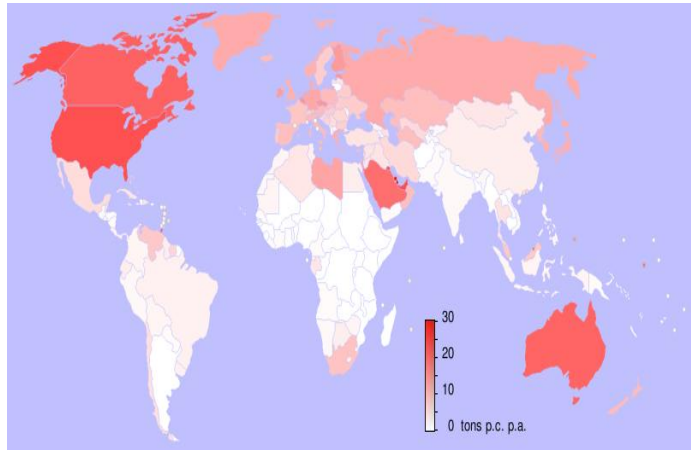
¹² See: <http://www.greenfacts.org/en/forests/1-2/2-extent-deforestation.htm>.

¹³ See: http://unstats.un.org/unsd/environment/envpdf/LandCoverbyForest2007_Web.pdf.

Chart 27. Land covered by forest (percentage)

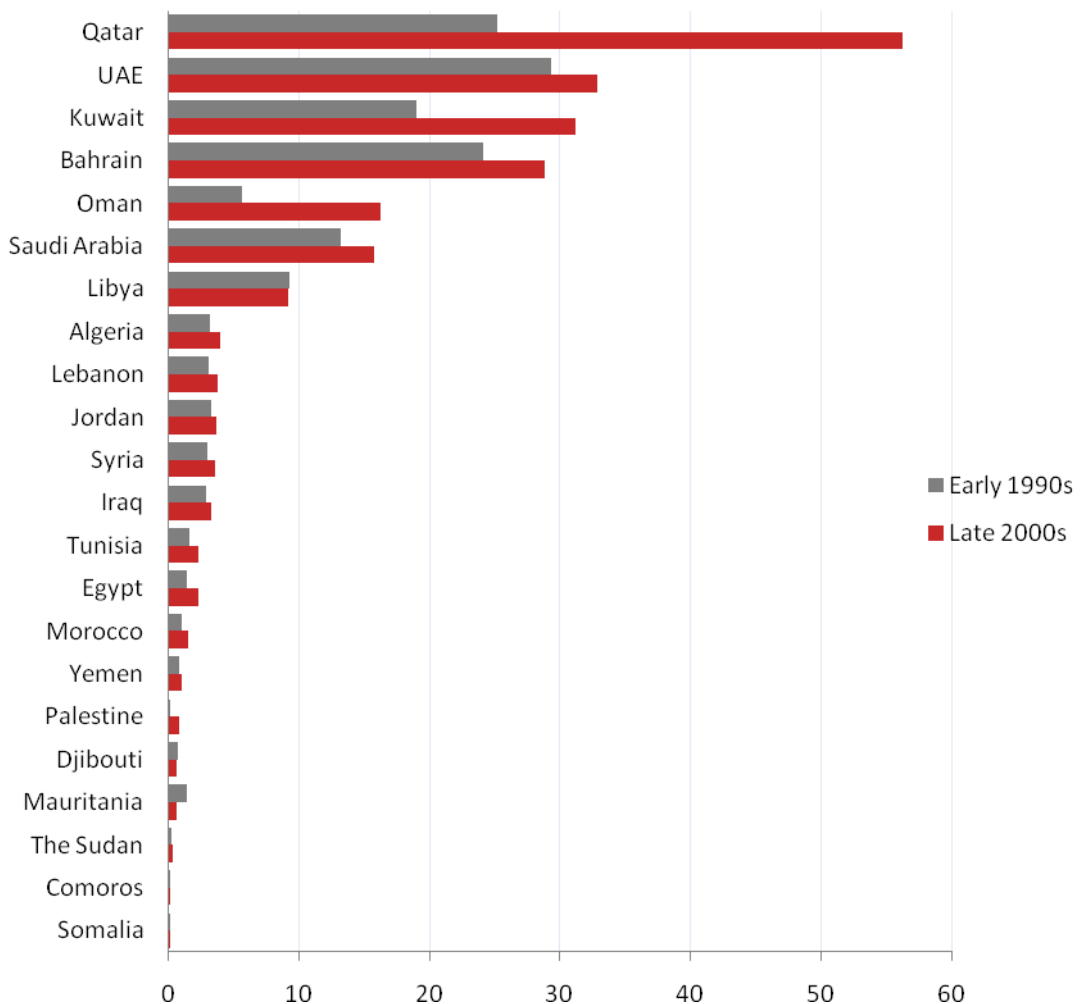


In 2005, **carbon dioxide emissions** reached 28 billion metric tons worldwide and are increasing. As a result, there has been an increased atmospheric concentration of CO₂. Global emissions increased by 30 per cent between 1990 and 2005, with annual growth between 2000 and 2005 greater than in the preceding decade. With the exception of the GCC countries, the highest per capita emissions are in the developed regions, with an output of some 12 metric tons of CO₂ per person per year, compared with approximately 3 metric tons per person per year in developing regions.¹⁴



Source: United States Department of Energy.

Chart 28. Carbon dioxide emissions, CO₂ metric tons per capita

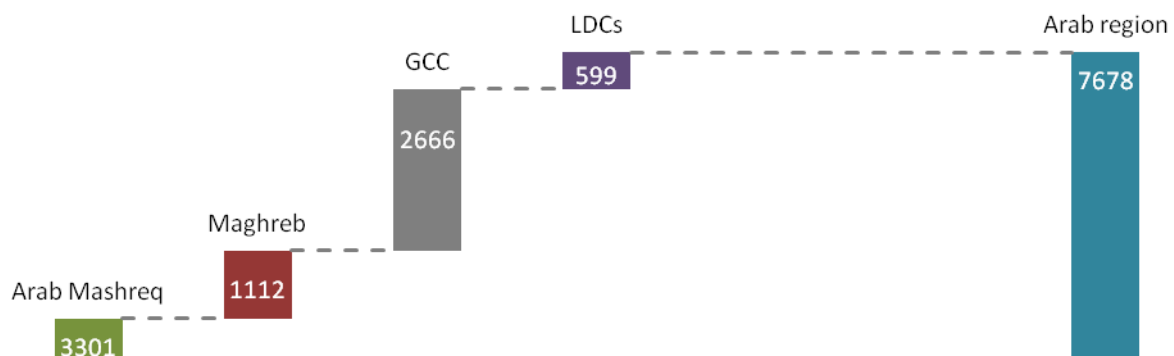


¹⁴ United States Department of Energy, Carbon Dioxide Information Analysis Center.

Almost all the countries in the Arab region have increased their CO₂ emissions since the early 1990s. The GCC countries, whose emission levels were already high in 1990, have increased CO₂ emissions significantly in recent years.

Although recent data show that the Arab region has halved its **consumption of ozone-depleting substances** (ODS) since the early 1990s (from 23,662 to 7,678 metric tons), with significant reductions in all four subregions, it will not escape the adverse impact of climate change.

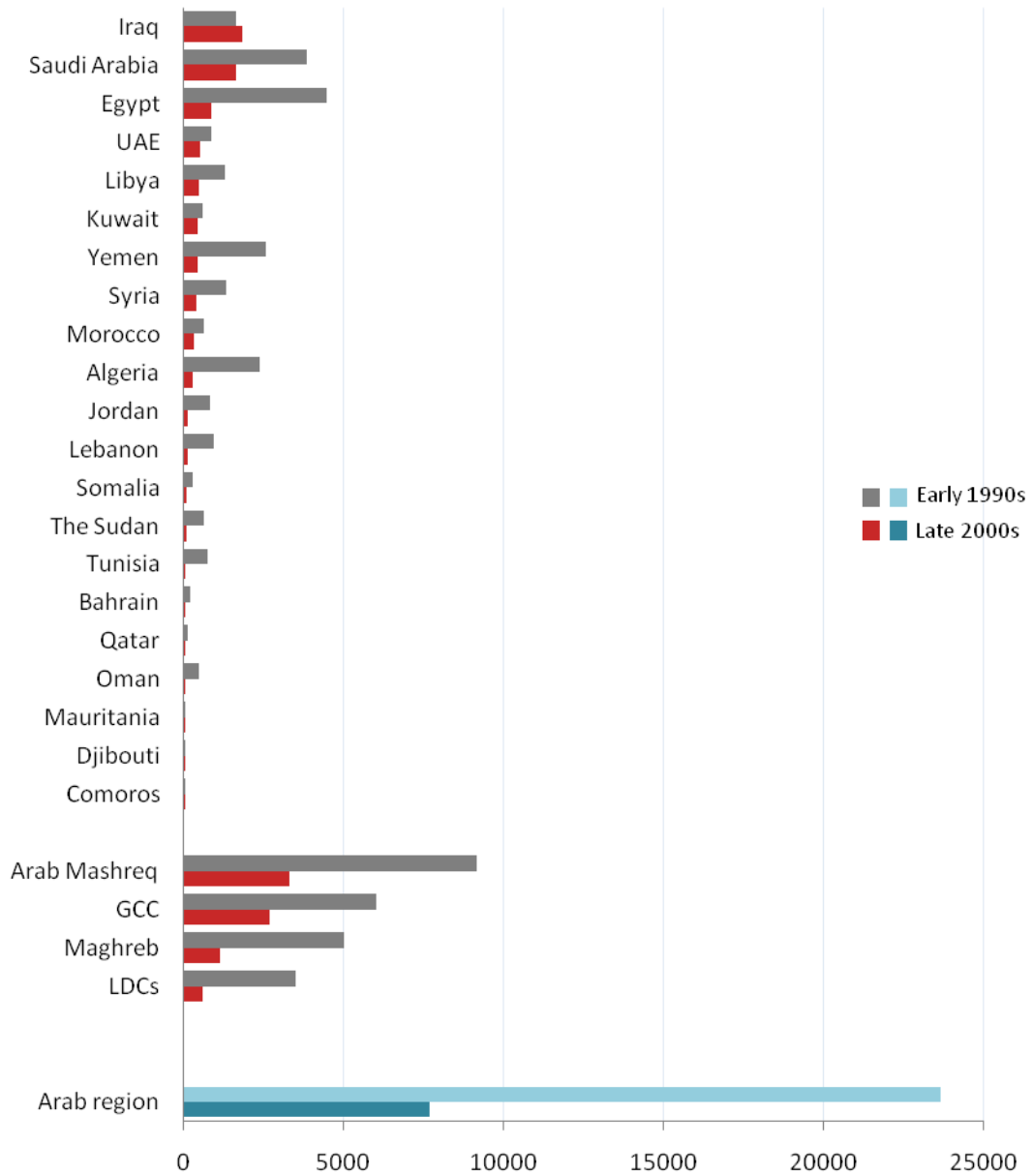
Chart 29. Consumption of all ozone-depleting substances in metric tons, latest available data post-2000



There have been reductions in ODS consumption in all the countries of the region, with the exception of Iraq, whose continued consumption is primarily attributable to CFC production from its refrigeration and foam industries. However, Iraq has set a target of 1 January 2010 to eliminate ODS in accordance with the Montreal Protocol,¹⁵ through the introduction of new, ozone-friendly technologies that will bring additional climate benefits.

¹⁵ See: http://www.uneptie.org/ozonaction/information/mmcfiles/6285-e-Iraq_PR.pdf.

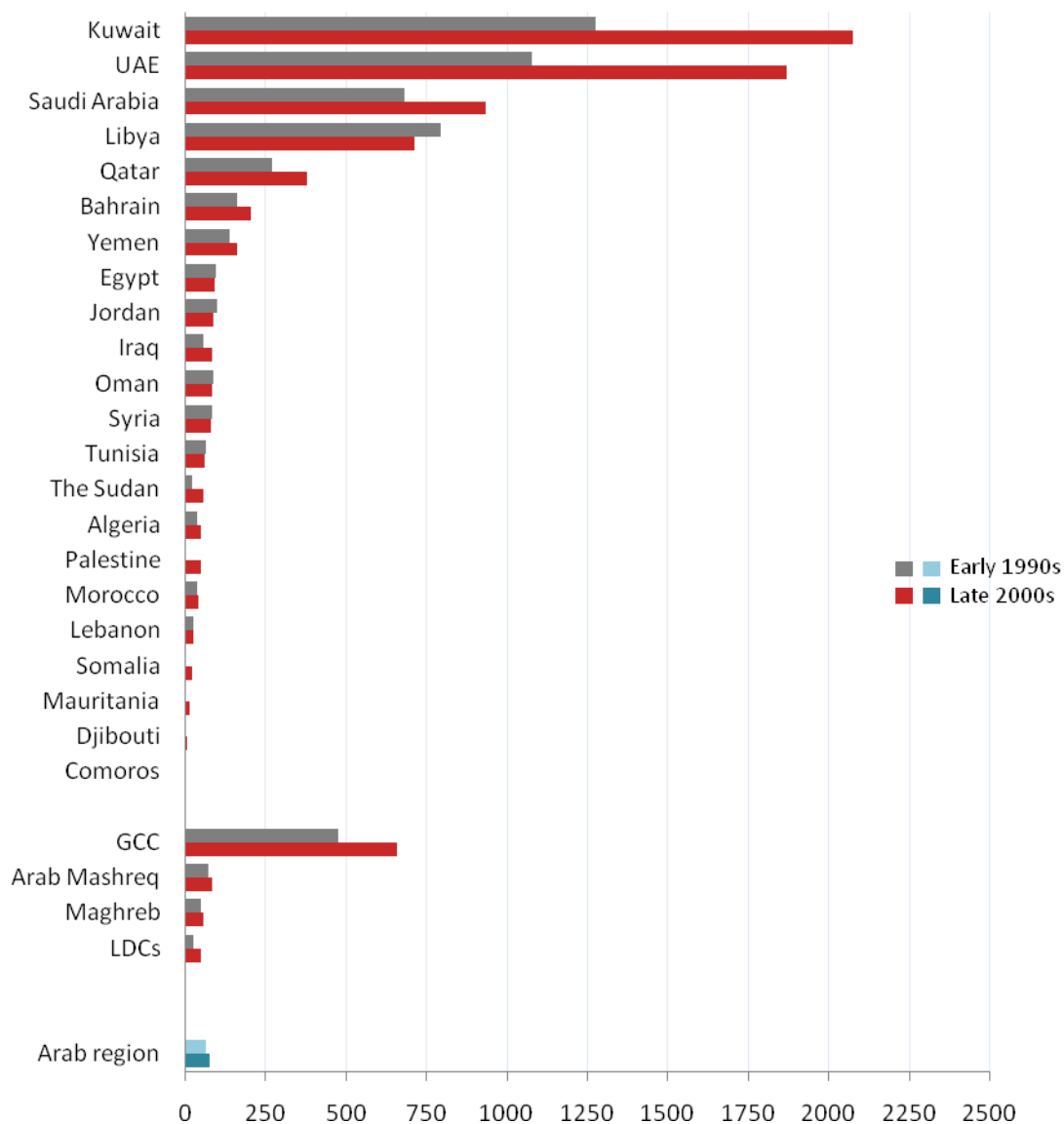
Chart 30. Consumption of all ozone-depleting substances, ODP metric tons



Water shortage is a perennially pressing issue in the Arab region; paradoxically, latest data show an increase in the **use of water resources** in all subregions, from 65 to 78 per cent between the early 1990s and the late 2000s.

Almost all the GCC countries, with the sole exception of Oman, have significantly increased their water consumption, with the rise particularly notable in Kuwait and the United Arab Emirates. Although the Libyan Arab Jamahiriya has reduced its use of water resources, it still stands out as the highest consumer among the countries of the Maghreb subregion. Consumption of water resources is generally low in the countries of the Arab Mashreq and in Egypt, Jordan, Lebanon and the Syrian Arab Republic usage has actually declined. Iraq is the only country in that subregion to have increased its levels of water usage. Water consumption is generally also low in the Arab LDCs, although rates in Yemen have increased since 1990.

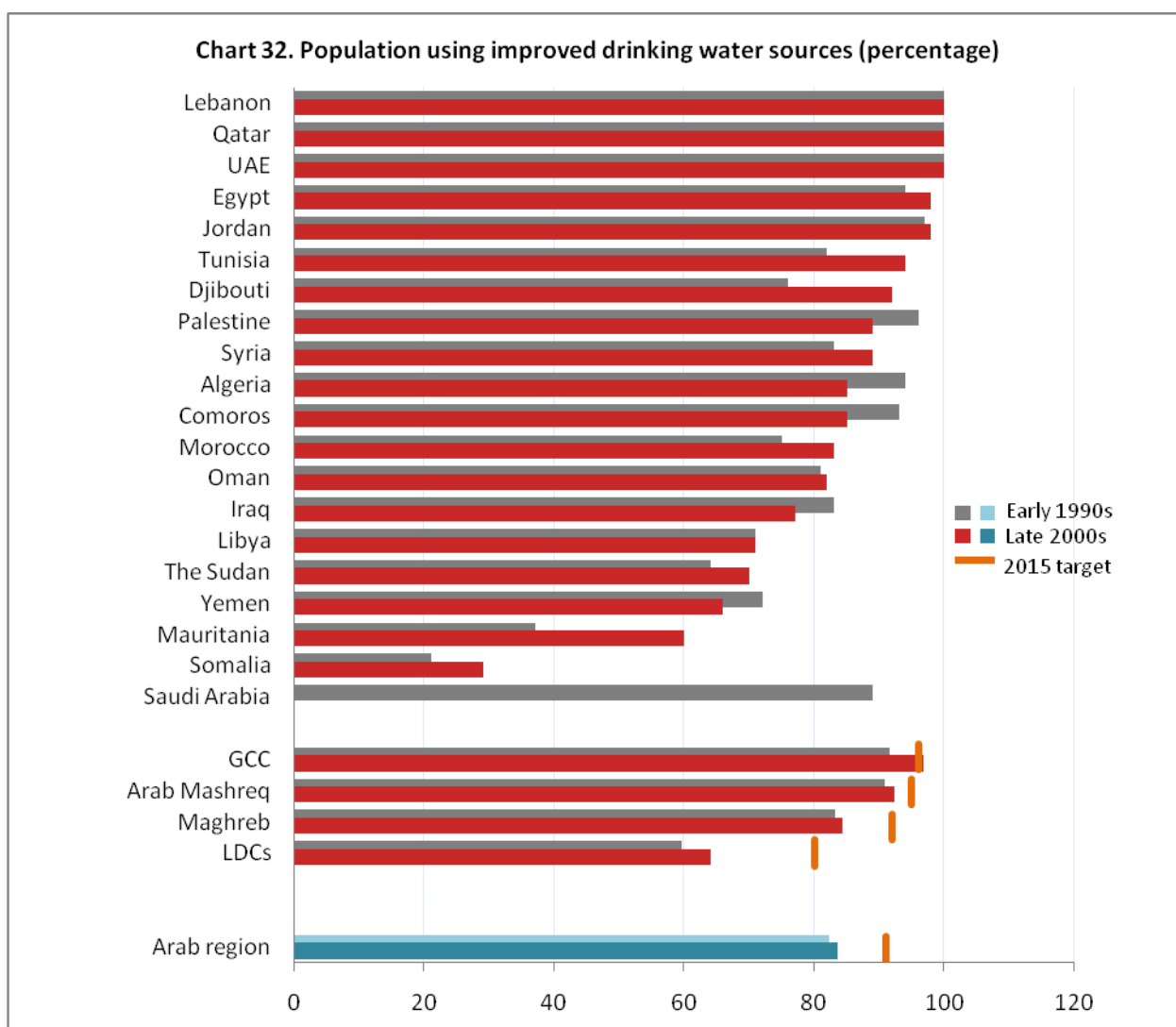
Chart 31. Total water resources used (percentage)



Between 1990 and 2006, safe drinking water coverage in the region rose slightly, from 82 to 84 per cent, but still fell short of the target for the **proportion of the population using an improved drinking water source**, primarily as a result of the LDCs, whose 64 per cent coverage pulled down the regional average. Coverage in both the Arab Mashreq and GCC subregions exceeded 90 per cent, while the Maghreb achieved 84 per cent coverage.

There were, however, disparities between countries. Conflict and environmental disasters inevitably take their toll on the basic infrastructure of a country and recent data show a decline in the use of improved drinking water in Comoros, Iraq, Palestine and Yemen.

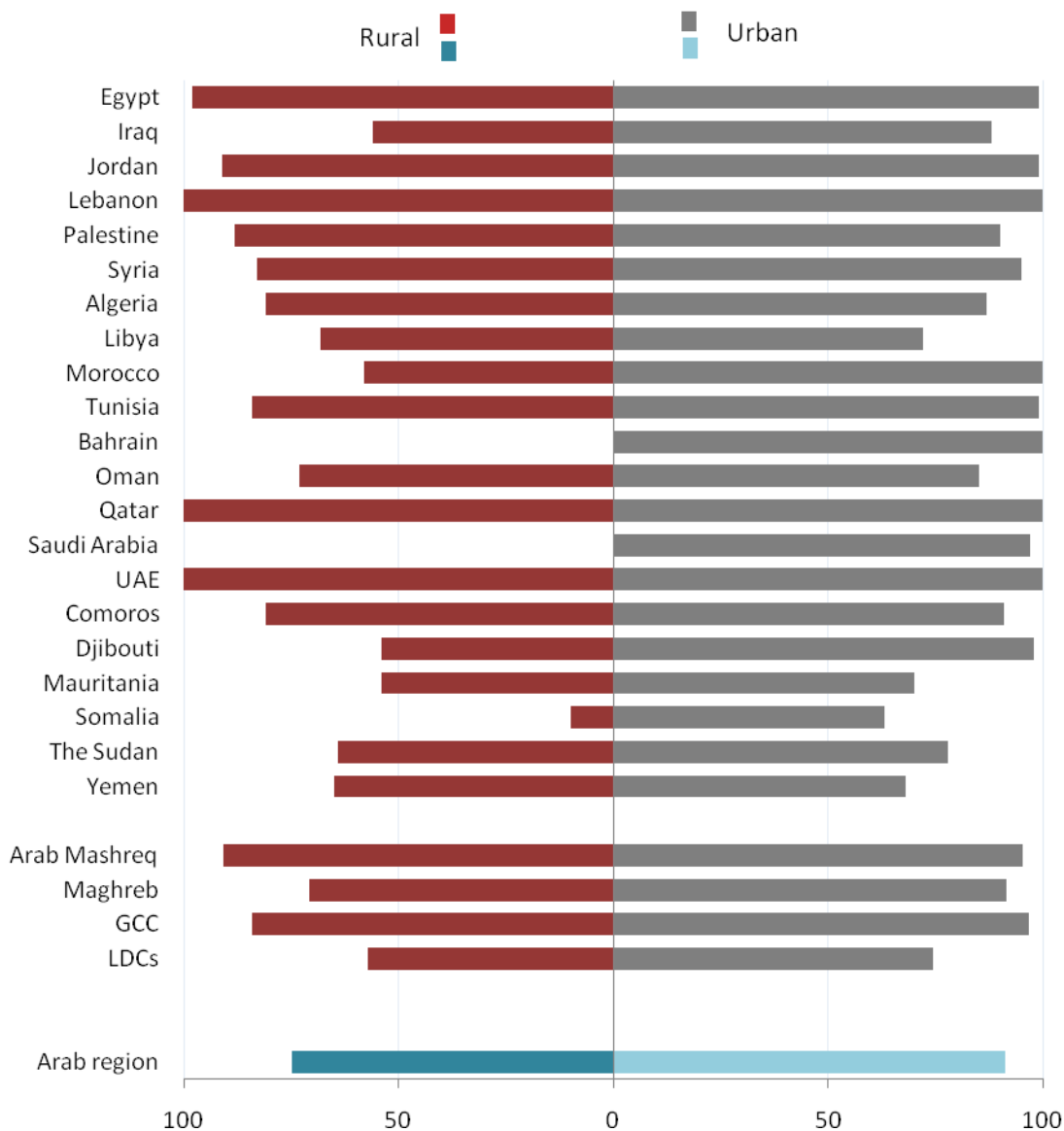
Issues related to drinking water have a notable effect on the lives of children. Unsafe drinking water contributes to the deaths of children under five as a result of diarrhoea, and water-related illnesses can affect both school attendance and academic performance. Girls, in particular, may be deterred from attending school by the need to fetch and carry water for their families, and by the lack of separate sanitation facilities.¹⁶



¹⁶ See: http://www.unicef.org/media/media_36034.html.

Rural-urban disparities in safe drinking water sources are evident in certain countries. Some countries have made concerted efforts to provide safe drinking water in rural areas, which at the regional level has translated into five per cent progress towards the target for rural areas, compared with a decrease of two per cent in urban areas. Tunisia has made remarkable progress in rural areas and substantial progress was also recorded in urban areas in Somalia (186 per cent between 1990 and 2006) and Mauritania (133 per cent in the same period), though they still lag behind urban areas in a number of other countries. Greater efforts are therefore required, particularly in rural areas of the LDCs, Iraq, Morocco and Oman. It is imperative that all countries make safe water provision a priority in rural areas if the water target is to be met.

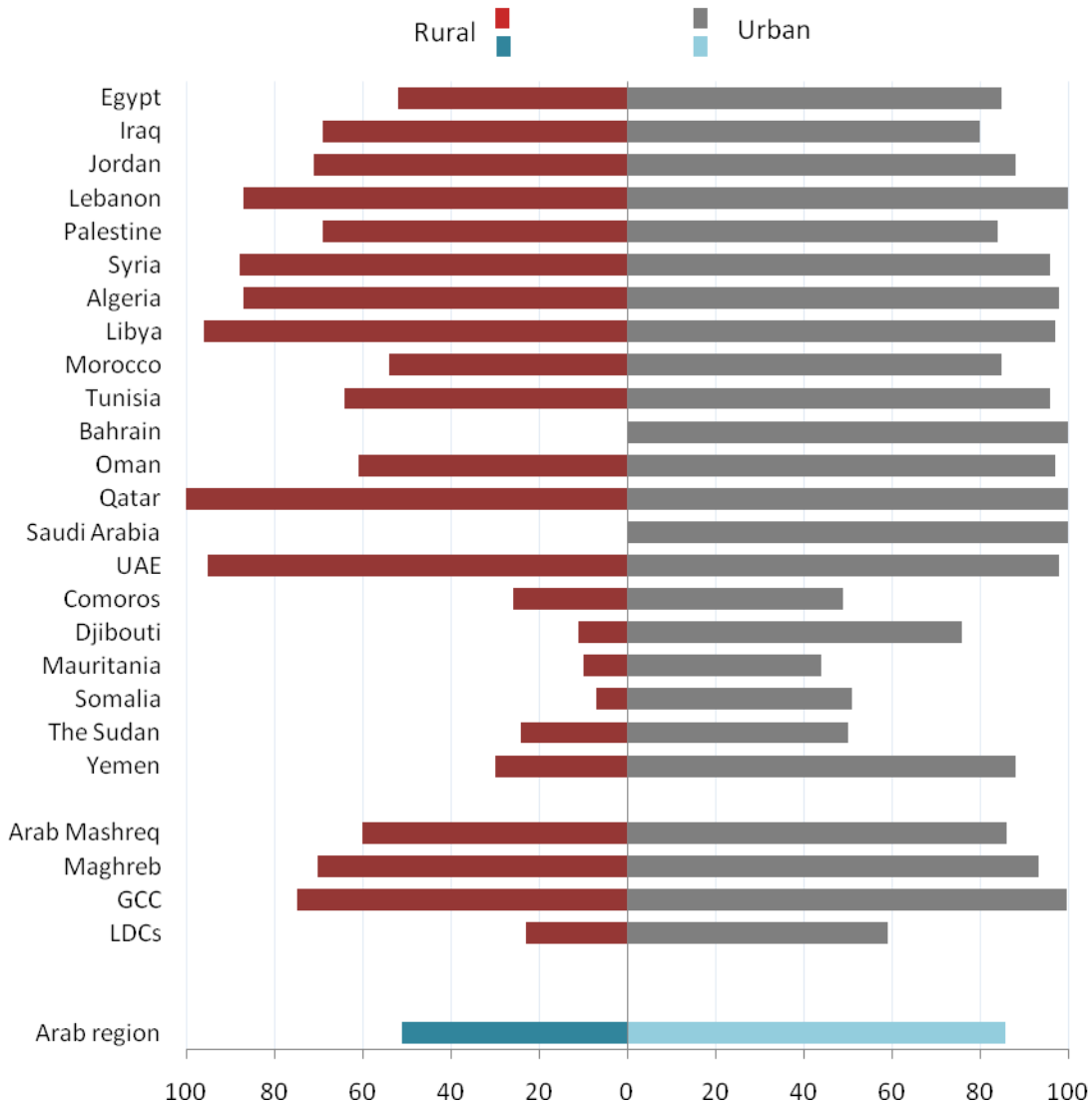
Chart 33. Population using improved drinking sources by urban/rural residence, latest available data post-2000 (percentage)



Across the Arab region, **sanitation** poses a much greater challenge than drinking water, especially in rural areas. As has been the case with safe drinking water coverage, tremendous efforts have been exerted to improve sanitation in rural areas and these have resulted in a regional increase of 29 per cent since 1990. Significant progress (at rates in excess of 100 per cent) has also been recorded in rural areas of Morocco,

Comoros and Yemen. Despite these significant gains, however, if current levels in rural areas persist, the region may fail to meet the MDG target for sanitation.

Chart 34. Population using improved sanitation facilities by urban/rural residence (percentage)



Development through partnership

Goal 8: Develop a global partnership for development

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

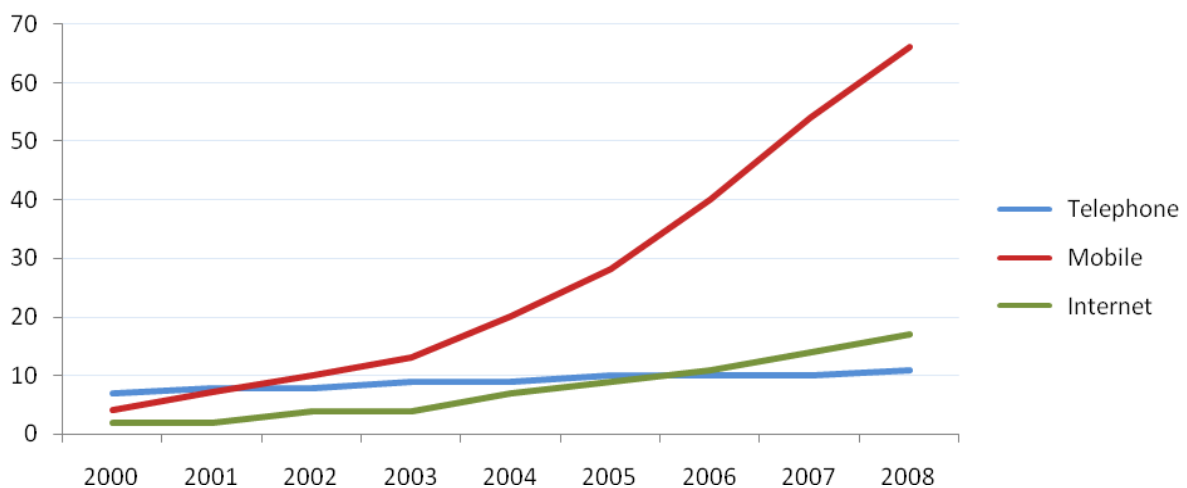
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

“A journey of a thousand sites begins with a single click.”

Author Unknown

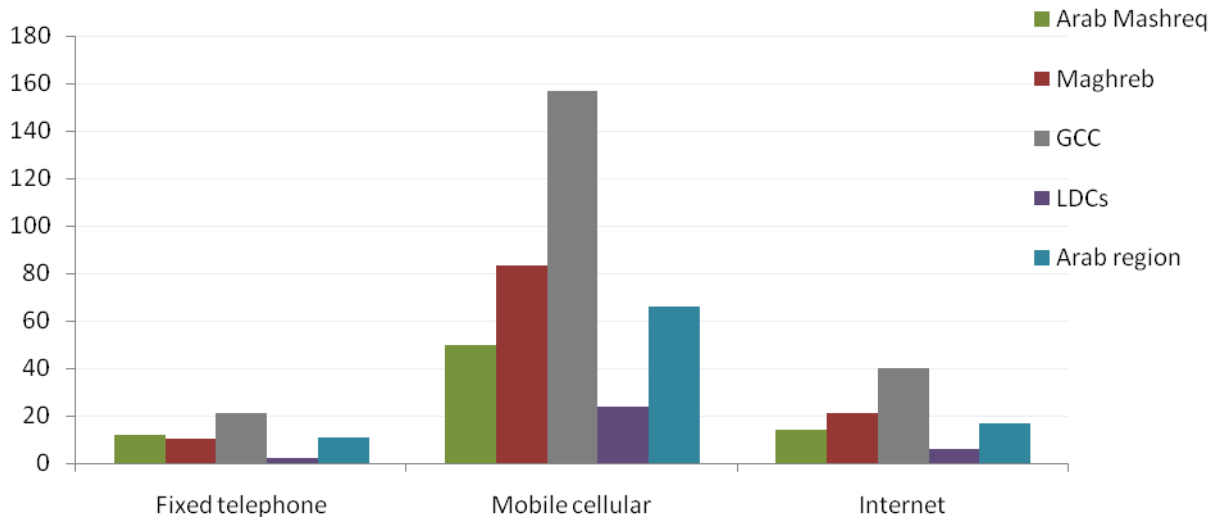
In 2008, there were six times more **mobile cellular subscriptions** than **fixed telephone lines** per 100 population in the Arab region. There were 66 mobile cellular subscriptions, 11 fixed telephone lines and nearly 17 **Internet users** per 100 inhabitants.

Chart 35. Fixed telephone lines, mobile cellular subscriptions and Internet users per 100 people



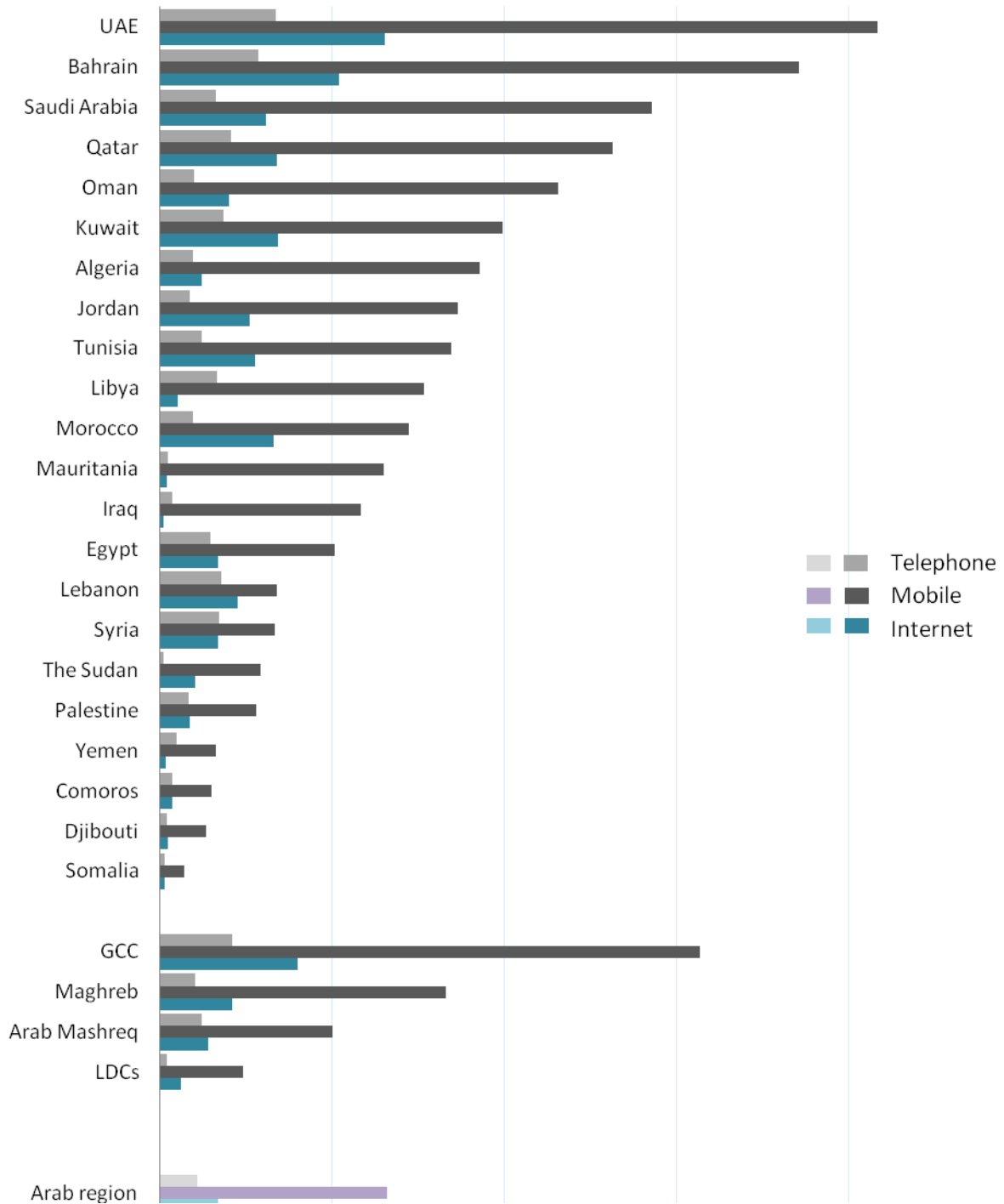
These figures are clear evidence that many in the Arab region have welcomed and adopted new communications technologies. Many who were previously unconnected are now fully connected and growth has been fast. The increase in Internet use in the region has been marked: it has more than quadrupled from 4 per cent in 2002 to 17 per cent in 2008. In comparison, growth in the fixed telephone line market over the last decade has been slow.

Chart 36. Fixed telephone lines, mobile cellular subscriptions and Internet users, per 100 population, 2008



There has, however, been a persistent digital divide between rich and poor countries in the use of information and communications technology. The predominant reason for this appears to be the high cost of mobile telephone and Internet services relative to average income in developing countries, but, given the importance of such technology to the lives of individuals and the economic well-being of countries, it is vital that this divide be overcome to enable access for all.

Chart 37. Fixed telephone lines, mobile cellular subscriptions and Internet users, per 100 population, latest available data post-2000



Official list of MDG indicators

All indicators should be disaggregated by sex and urban/rural as far as possible.

Effective 15 January 2008

Millennium Development Goals	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day ^[a] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliaments
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel

Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO ₂ emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums ^[b]

Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i>
<p>Includes a commitment to good governance, development and poverty reduction – both nationally and internationally</p> <p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes tariff and quota-free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p><u>Official development assistance (ODA)</u></p> <p>8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income</p> <p>8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p> <p><u>Market access</u></p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p> <p><u>Debt sustainability</u></p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (available at: <http://www.un.org/millennium/declaration/ares552e.htm>) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly – A/RES/60/1, available at: <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1>). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries “to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty”.

[a] For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

[b] The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (three or more persons per room); and (d) dwellings made of non-durable material.

REFERENCES

- Economic and Social Commission for Western Asia (ESCWA). 2008. *Health and Millennium Development Goals in the ESCWA Region*. New York and Geneva: United Nations.
- ESCWA and League of Arab States. 2007. *The Millennium Development Goals in Arab Countries. Towards 2015: Achievements and Aspirations*. New York: United Nations Development Programme.
- International Labour Organization (ILO). 2009. *Guide to the New Millennium Development Goals: Employment Indicators*. Geneva: ILO.
- United Nations. 2009. *The Millennium Development Goals Report 2009*. New York and Geneva: United Nations.
- United Nations. 2001. *We the Children: End-decade Review of the Follow-up to the World Summit for Children: Report of the Secretary-General*. New York and Geneva: United Nations.
- United Nations Development Programme. 2003. *The Millennium Development Goals in Arab Countries. Towards 2015: Achievements and Aspirations*. New York: United Nations Development Programme.
- World Health Organization (WHO). 2009. *Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector. Progress Report 2009*. Geneva: WHO.