



# Arab Society Demographic and Social Trends

Issue No. 16  
2022

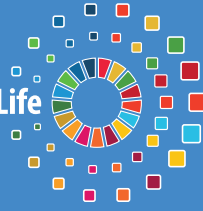


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# **Arab Society Demographic and Social Trends**

Issue No. 16  
2022



**UNITED NATIONS**  
Beirut

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# Acknowledgements

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The authors are grateful to the national statistical offices of member States for providing the Economic and Social Commission for Western Asia (ESCWA) with the necessary data. Not all available indicators are included in this publication. A more exhaustive set of tables can be found on the ESCWA website. Although we have included as many of the data received from member States as possible, some of the data may have been excluded to ensure consistency in methodology and in time series. A total of 20 countries are members of ESCWA. This publication includes data and analysis for the 18 countries that joined ESCWA before 2020. The next issue of this publication will also include data and analysis for Algeria and Somalia, which joined ESCWA in 2020.

This publication was prepared by Marwan Khawaja, Ipek Dedeoglu, Hong Pum Chung, Mustafa Khawaja, Zeina Sinno and Dina Karanouh, under the supervision of Haidar Fraihat, Leader of the Statistics, Information Society and Technology Cluster.

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# Preface

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Arab Society: Demographic and Social Trends, Issue No. 16 is the latest in a series published biennially by the Statistics, Information Society and Technology Cluster of the Economic and Social Commission for Western Asia (ESCWA). Focusing on population dynamics, household composition, family formation, housing conditions, health, labour, poverty and inequality, education, culture and social participation, and the impact of the coronavirus disease (COVID-19) pandemic, the report provides a comprehensive and up-to-date overview of Arab society, showing how society is changing across countries in the ESCWA region and identifying a number of the factors that may be behind those trends. Data have been drawn primarily from the national statistical offices of ESCWA member States, supplemented by data from a wide range of international organizations.

Arab Society: Demographic and Social Trends is produced with a wide audience in mind, including policy makers, service providers, researchers and teachers at academic institutions, journalists, staff at national statistical offices, and the public at large.



# Contents

Acknowledgements .....	2
Preface .....	3
Symbols and abbreviations .....	7
Key messages .....	8
Introduction .....	12
<b>01</b> Population .....	<b>16</b>
<b>02</b> Households and Families .....	<b>32</b>
<b>03</b> Housing Conditions .....	<b>42</b>
<b>04</b> Health.....	<b>52</b>
<b>05</b> Coronavirus Disease (COVID-19).....	<b>70</b>
<b>06</b> Education.....	<b>76</b>
<b>07</b> Labour.....	<b>86</b>
<b>08</b> Poverty and Inequality.....	<b>100</b>
<b>09</b> Culture .....	<b>108</b>
References .....	<b>116</b>

## List of figures

Figure 1.1	Annual population growth rate, 2001–2021.....	19
Figure 1.2	Population size in millions, 2000–2021 .....	19
Figure 1.3	Sex composition of nationals versus non-nationals in selected Gulf Cooperation Council countries, most recent data available .....	21
Figure 1.4	Egypt: population pyramid, 2021; life expectancy and fertility rate, 2000–2021.....	21
Figure 1.5	Bahrain: population pyramid, 2021; life expectancy and fertility rate, 2000–2021 .....	22
Figure 1.6	Sex ratios, 2000–2021.....	23
Figure 1.7	Population by age group and by sex, 2021.....	24
Figure 1.8	Total fertility rates among women aged 15–49 years, 2000–2021.....	25
Figure 1.9	Life expectancy at birth for total population, by sex, 2000–2021.....	26
Figure 1.10	Infant mortality rates, 2000–2021 .....	28
Figure 1.11	International migrant stock, in millions, 2020 .....	28
Figure 1.12	International migrant stock at mid-year, 2000–2020.....	30

Figure 1.13	Refugees by country/territory of asylum, in millions, 2000–2020 .....	31
Figure 2.1	Average household size, 2000–2020 .....	34
Figure 2.2	Female-headed households, 2000–2020 .....	35
Figure 2.3	Registered marriages, 2000–2020 .....	36
Figure 2.4	Registered divorces, 2000–2020 .....	37
Figure 2.5	Women’s marital status by age group, estimates based on the most recent available data.....	38
Figure 2.6	Ever-married girls aged 15–19, estimates based on the most recent available data .....	39
Figure 2.7	Women aged 15–49 with one or more co-wives, latest available estimates .....	40
Figure 2.8	Women who have never given birth, by age group, latest available estimates .....	41
Figure 3.1	Occupied housing units by tenure of housing unit, latest available data .....	44
Figure 3.2	Occupied housing units by tenure of housing unit and by area, latest available data .....	45
Figure 3.3	Occupied housing units by type of living quarters by area, latest available data .....	46
Figure 3.4	Households using an improved drinking water source, by area, latest available data .....	47
Figure 3.5	Households with access to improved sanitation, by area, latest available data .....	48
Figure 3.6	Households with access to electricity, by area, latest available data .....	49
Figure 3.7	Proportion of the urban population living in slums, informal settlements or inadequate housing, 2000–2018 .....	50
Figure 4.1	Contraceptive prevalence rates, 2000–2021.....	54
Figure 4.2	Prenatal care, at least four visits, 2000–2021 .....	55
Figure 4.3	Births attended by a skilled health professional, 2000–2021 .....	57
Figure 4.4	Maternal mortality ratios, 2000–2021 .....	58
Figure 4.5	Immunization coverage rates, 2000–2021.....	59
Figure 4.6	Stunting by sex, latest available data.....	61
Figure 4.7	Wasting by sex, latest available data.....	61
Figure 4.8	Underweight by sex, latest available data .....	62
Figure 4.9	Disability prevalence, by sex, latest available data.....	63
Figure 4.10	Obese adults, by sex, 2000–2016 .....	64
Figure 4.11	Expenditure on healthcare as a percentage of gross domestic product, 2000–2019 .....	66
Figure 4.12	Per capita government expenditure on health, 2000–2019 .....	67
Figure 4.13	Density of health-care personnel per 10,000 population, 2000–2021 .....	68
Figure 4.14	Number of hospitals, 2000–2021.....	69
Figure 5.1	Smoothed seven-day average of new confirmed COVID-19 cases per 100,000 population, February 2020 to September 2022.....	72
Figure 5.2	Number of cumulative confirmed COVID-19 cases per 100,000 population, February 2020 to September 2022.....	72
Figure 5.3	Number of cumulative confirmed COVID-19 deaths per 100,000 population, February 2020 to September 2022.....	73
Figure 5.4	Population that completed the initial COVID-19 vaccination protocol between January 2021 and September 2022....	75
Figure 6.1	Adult literacy, ages 15 and over, by sex, 2000–2020.....	78
Figure 6.2	Youth literacy, ages 15–24, by sex, 2000–2020 .....	79
Figure 6.3	Primary education enrolment ratio, by sex, 2000–2020 .....	80

Figure 6.4	Secondary education enrolment ratio, by sex, 2000–2020 .....	82
Figure 6.5	Pupil-teacher ratio in primary education, 2000–2020.....	83
Figure 6.6	Pupil-teacher ratio in secondary education, 2000–2020 .....	84
Figure 6.7	Expenditure on education as a percentage of total government expenditure, 2000–2021.....	85
Figure 7.1	Labour force participation rate, 2000–2021 .....	88
Figure 7.2	Labour force participation rate, by sex, 2000–2021 .....	90
Figure 7.3	Youth labour force participation rate, by sex, 2000–2021.....	91
Figure 7.4	Unemployment rate, 2000–2021 .....	93
Figure 7.5	Unemployment rate, by sex, 2000–2021 .....	94
Figure 7.6	Youth unemployment rate, by sex, 2000–2021.....	96
Figure 7.7	Employment in the public sector, by sex, 2000–2020 .....	97
Figure 7.8	Employment in agriculture, by sex, 2000–2021.....	99
Figure 8.1	Poverty headcount ratio, 2000–2019.....	102
Figure 8.2	Poverty gaps, 2000–2018.....	103
Figure 8.3	Gini index, 2000–2018 .....	104
Figure 8.4	Share of total consumption expenditure by richest and poorest quintiles, selected Arab countries, 2000–2019.....	105
Figure 8.5	Allocation of consumption expenditure, latest available data .....	107
Figure 9.1	Religiosity, by sex, latest data available .....	110
Figure 9.2	Respondents who believe that most people can be trusted, by sex, latest data available.....	111
Figure 9.3	Cinema visits per capita, and screens per 100,000 population, 2000–2017.....	112
Figure 9.4	Internet users, 2000–2021.....	114
Figure 9.5	Mobile cellular subscriptions per 100 inhabitants, 2000–2021 .....	115

## List of tables

Table 5.1	Number of cumulative confirmed deaths due to COVID-19 cases per 100 thousand population, January 2020 to December 2021 .....	74
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## List of boxes

Box 1.1	Older persons in the population.....	20
Box 2.1	Household size trends .....	34
Box 3.1	Sustainable Development Goal 11 .....	43
Box 4.1	Better maternal health.....	56
Box 5.1	Number of deaths due to COVID-19 may be far higher than reported, particularly in poorer countries .....	74
Box 6.1	Adult literacy .....	77
Box 7.1	Migrant workers in the Arab region.....	87
Box 8.1	Living in extreme poverty .....	101
Box 9.1	Religiosity.....	110



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# Symbols and abbreviations

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<b>BCG</b>	Bacillus Calmette-Guerin
<b>BMI</b>	Body-mass index
<b>DESA</b>	The United Nations Department of Economic and Social Affairs
<b>DHS</b>	Demographic and health surveys
<b>DTP</b>	Diphtheria, tetanus, and pertussis
<b>ESCWA</b>	Economic and Social Commission for Western Asia
<b>GCC</b>	Gulf Cooperation Council
<b>GDP</b>	Gross domestic product
<b>ILO</b>	International Labour Organization
<b>JHU</b>	Johns Hopkins University
<b>MICS</b>	Multiple Indicator Cluster Surveys
<b>OWID</b>	Our World in Data
<b>SDG</b>	Sustainable Development Goals
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNHCR</b>	Office of the United Nations High Commissioner for Refugees
<b>UNRWA</b>	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>UNSD</b>	United Nations Statistics Division
<b>WHO</b>	World Health Organization

## Key messages

The following are the key findings of the present report:



The number of international migrants in the region **has increased steadily over the past 20 years**; the ESCWA region now accommodates **more refugees** and internally displaced persons than any other global region

The population of the region is young overall, but the **proportion of older people is increasing rapidly** in several ESCWA member countries. The **proportion of aged persons** within the population is **highest in Lebanon, Morocco and Tunisia**



Access to **improved drinking water sources, electricity and sanitation facilities** is increasing in most ESCWA member countries, although **access remains limited in some rural areas**

**Home ownership** is the norm for Arab households, especially in **rural areas**



Labour force participation rates **remain low** across the region, primarily as a **result of very low participation rates among women**



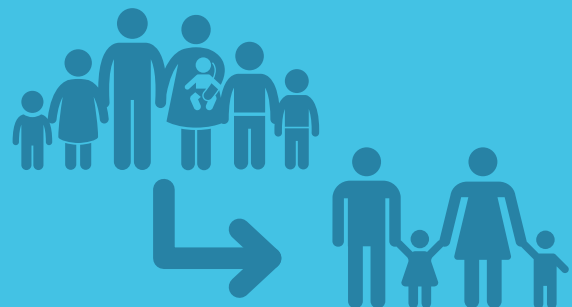
**Unemployment rates** are disproportionately **high** among **women and young people**

**Education and health** account for a relatively **low share of household expenditure**



**Poverty levels** continue to **rise** in **Egypt, Jordan, the State of Palestine, the Syrian Arab Republic and Yemen**

The **average family size** has **decreased significantly** in the past two decades

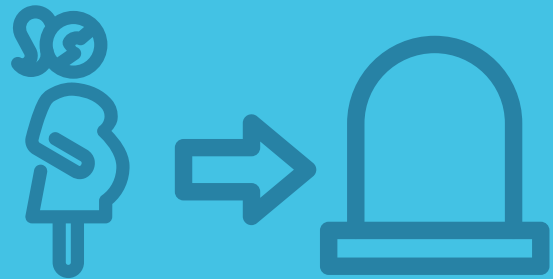


There has been a **significant rise** in per capita government expenditure on **health** in **Gulf Cooperation Council member States**



Indicators relating to **reproductive and maternal health**, including the number of mothers receiving **prenatal care** and the number of **births attended by skilled health personnel**, have **improved significantly** in the region, but **disparities** both within and among countries **persist**

**Maternal mortality** continues to **decline**, but is **still high** in a number of countries, including **Mauritania**, the **Sudan** and **Yemen**



The overwhelming **majority of adults** in the ESCWA region **practice a religion**, and **women** tend to be **more religious** than men

**Deaths due to COVID-19** have been **highest** in **Lebanon** and **Tunisia**



**COVID-19 vaccination** rates vary widely across **ESCWA** member countries



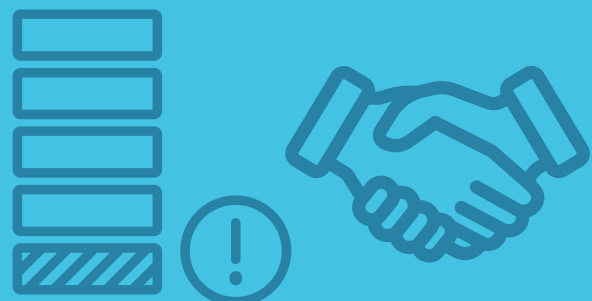
**Education** has **improved** dramatically in **recent years**, but illiteracy rates remain **high** in **Mauritania**, the **Sudan** and **Yemen**

The **gender gap** in net enrolment in **education** has **significantly narrowed** in most **ESCWA** countries



**Public expenditure** on education has **decreased** in a number of countries, including **Bahrain** and **Tunisia**

Levels of **trust** in other people remain **relatively low** across the **ESCWA** region



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# Introduction

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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 the 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, including the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the International Labour Organization (ILO), the World Bank, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

The report shows that the population in the Arab region continues to grow and that, as it does, it is diversifying. Population growth varies widely from country to country, from less than 1 per cent to over 3 per cent per year. Average population growth for the region was 1 per cent in 2021. Based on the current rate of growth, the population of the region would be expected to double in size in approximately 35 years.

The population of the ESCWA region is young overall, but there is considerable heterogeneity in the age-sex profiles of countries, owing to varying demographic transitions, the size of migrant

labourer populations and, in certain countries, the influx of large numbers of refugees. For example, children below 15 years of age make up less than 18 per cent of the population in Qatar, but over 41 per cent in the Sudan. Sex ratios in all Gulf Cooperation Council (GCC) countries are high; in Qatar, for example, there are 226 males for every 100 females.

Total fertility ranges from below or near the replacement level (of 2.1 children per woman) in Bahrain, Kuwait, Libya, Lebanon, Qatar, Morocco and Tunisia, to over 4 children per woman in Mauritania and the Sudan. Over the past few decades, the Arab region as a whole has experienced a decline in total fertility rates. The speed of that decline differs across countries, however, with certain countries showing little or no decline in the last decade.

Improvements in health and longevity are evident, although data show clear disparities across countries. Life expectancy at birth currently ranges from 64 years for males and 68 years for females in the Sudan to 75 years for males and 77 years for females in Kuwait. Differences in life expectancy at birth for boys and girls are generally small, however, and currently stand at less than 3 years in Bahrain, Kuwait, Morocco, Qatar, Saudi Arabia and the United Arab Emirates.

The number of international migrants in the region increased between 2000 and 2021 in all 16 countries except Lebanon and the Syrian Arab Republic (United Nations, Department of Economic and Social Affairs (DESA) Population Division, 2020). 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).

According to recent data, average household size has declined over the past two decades and currently ranges from a high of approximately seven persons in Oman and Yemen to around four 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 as a result of the prolonged conflict in that country. The increasing number of marriages and divorces has not always reflected an increase in the numbers of men and women of marriageable age in a country. In Mauritania and the Sudan, approximately 20 per cent of girls aged 15 to 19 years are or have been married. This stands in stark contrast to the figures for Lebanon, Saudi Arabia and the United Arab Emirates, where only about 3 per cent of girls in that age group are or have been married. 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, the State of Palestine and Qatar, apartments are the most prevalent form of housing, as compared to freestanding houses and villas.

Access to 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 enjoy access to 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. However, these rates are not homogenous; in Yemen, for example, although only a quarter of pregnant women receive four or more prenatal visits, more than 80 per cent of births are attended by a skilled health professional.

Childhood immunization coverage is high in most countries. In recent years, almost all children in Bahrain, Egypt, Jordan, Kuwait, Oman, the State of Palestine, Qatar, Saudi Arabia and Tunisia received vaccinations for diphtheria, tetanus and pertussis (DTP), measles, tuberculosis (known as Bacillus Calmette-Guerin (BCG) and polio. The Sudan and Yemen have the lowest immunization coverage, although rates have been increasing. Children's nutritional status is often particularly poor in those two countries, where more than 30 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 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 report the highest density of healthcare personnel in the region; Kuwait and Qatar, for example, both reported over 70 nurses per 10,000 people in the most recent year for which data are available. In 2020, the State of Palestine reported the highest density of physicians in the ESCWA region, at 30 per 10,000 people, and the highest density of pharmacists, at 16 per 10,000 people.

The COVID-19 pandemic continues to affect the ESCWA region at a time when many economies in the region are already struggling to address the negative repercussions of armed conflict and mounting fiscal pressures. Although vaccination and other concerted policy and health efforts have proved effective, the pandemic has, nonetheless, had a significant negative impact on the lives and livelihoods of people from all social and economic backgrounds, and particularly on the most vulnerable members of society.

The region has in recent decades experienced a dramatic expansion of education. In Jordan, Kuwait, Lebanon, Oman, Qatar, the State of Palestine and Saudi Arabia, approximately 99 per cent of young people are literate. The lowest youth literacy rate, at around 64 per cent, is reported by Mauritania. Enrolment in primary schools is generally high and has been increasing in low-income countries, namely Mauritania, the Sudan and Yemen. In some countries, including Iraq and Morocco, the gender gap in the net enrolment ratio has narrowed significantly in recent years. 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 across the region, mainly due to very low participation rates by women. Most countries in the region with recent data report labour-force

participation rates for women that are less than half those for men. Bahrain, Kuwait, Qatar and the United Arab Emirates are the only countries where the female labour-force participation rate is over 40 per cent. Total labour-force participation in these four countries has increased due to increased labour-market 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 long reported the highest unemployment rates in the region, which have stood in excess of 25 per cent since 2001. Unemployment among women is consistently higher than among men. Youth unemployment is also high and exceeds 20 per cent in most countries in the region. Employment in agriculture is very low in all GCC countries and has been decreasing in the State of Palestine due to consistently fewer women working in agriculture since 2007.

The proportion of the population living below the national poverty line varies widely across the region, from less than 5 per cent in Morocco to nearly 50 per cent in Yemen. The incidence of poverty in Mauritania and Tunisia has steadily decreased since 2000, by about 28 and 15 percentage points, respectively. Most countries have relatively low to moderate levels of income inequality.

Education and health account 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 is spent on housing, water, electricity, and gas and other fuel types.

The overwhelming majority of adults in the region practices a religion. Of the countries for which



recent data are available, the lowest proportion is in Tunisia, where the figure still stands at roughly 70 per cent. Women tend to be more religious than men; in Tunisia, the gender 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.

<b>ESCWA member States</b>	
<b>Algeria</b>	<b>Oman</b>
<b>Bahrain</b>	<b>State of Palestine</b>
<b>Egypt</b>	<b>Qatar</b>
<b>Iraq</b>	<b>Saudi Arabia</b>
<b>Jordan</b>	<b>Somalia</b>
<b>Kuwait</b>	<b>Sudan</b>
<b>Lebanon</b>	<b>Syrian Arab Republic</b>
<b>Libya</b>	<b>Tunisia</b>
<b>Mauritania</b>	<b>United Arab Emirates</b>
<b>Morocco</b>	<b>Yemen</b>



# Population



# 01

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 as well as to interregional and international population movements (Tabutin and Schoumaker, 2012).

Projections of demographic and population changes are important for the implementation of national development plans. Currently, countries of the region have markedly different population sizes, growth rates and population compositions, including the age-sex structure. Those features are determined by the evolution of three main components of demographic change, namely fertility, mortality and international migration, including 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 the internationally-agreed Sustainable Development Goals (SDGs). Using data provided, primarily, by national statistical offices, this section of the report provides a descriptive account of demographic trends in a number of 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).



## A growing population

From a policy perspective, understanding demographic change is crucial because 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, approximately two decades later, fertility started to decline in several countries in the region (Rashad, 2000). Variations in the 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.

Due to the residual effect of high growth rates in the recent past, global population growth is expected to continue at least until 2050, even if countries with high fertility rates become countries with only replacement levels of fertility. The residual effect is evidenced by the bulging youth segment in the current global population pyramid (DESA, Population Division, 2022b).

The United Nations projected that the world's population would reach 8 billion on 15 November 2022. Furthermore, on the basis of data provided by the Population Division of the Department of Economic and Social Affairs (DESA), the average population growth rate for 18 ESCWA member countries in 2021 is estimated to have stood at approximately 1.2 per cent (DESA, Population Division, 2022b).

However, current population estimates for the period 2000–2021, as calculated by national

statistical offices in the ESCWA region and by the DESA Population Division, exhibit significant differences in population growth rates across countries (figure 1.1). For example, data for the years 2015 to 2021 show growth rates ranging from -3.9 per cent in the Syrian Arab Republic to about 9.5 per cent in Qatar. Estimates for the past three years show lower population growth rates in the Gulf countries, and the most recent complete estimates for 2021 show that, at 3.3 and 3.1 per cent, respectively, Iraq and the Sudan have the highest population growth rates in the ESCWA region. Countries of the region can, moreover, be placed in one of three different demographic groups. The first group, which includes Iraq and the Sudan, comprises countries with high population growth rates of about 3 per cent or more per year. The second group, which includes Yemen, comprises countries undergoing demographic transition with population growth rates of between 2.5 and 2.9 per cent per year. Countries in the last group, which includes Lebanon, Morocco and the Syrian Arab Republic, are at an advanced transitional stage and are characterized by low population growth rates.

**World's population is projected to reach**

**8 billion**

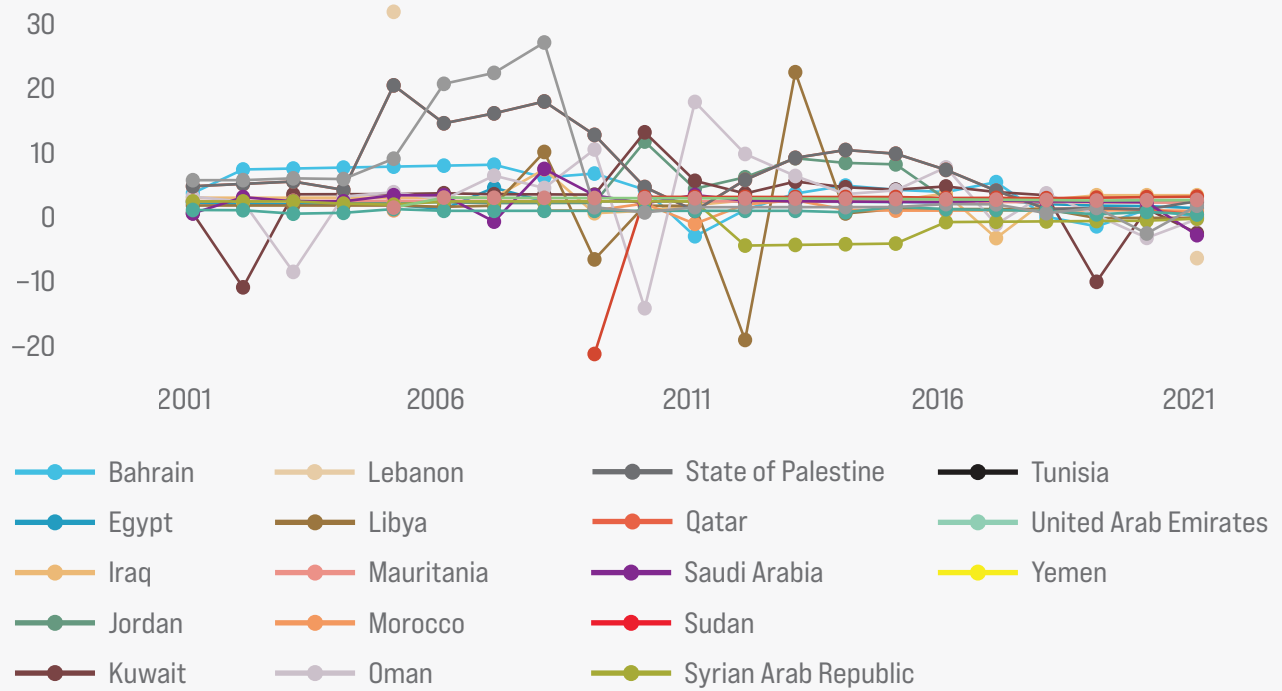
on 15 November 2022

**The average population growth rate for 18 ESCWA member countries is estimated to have stood at approximately**

**1.2%**

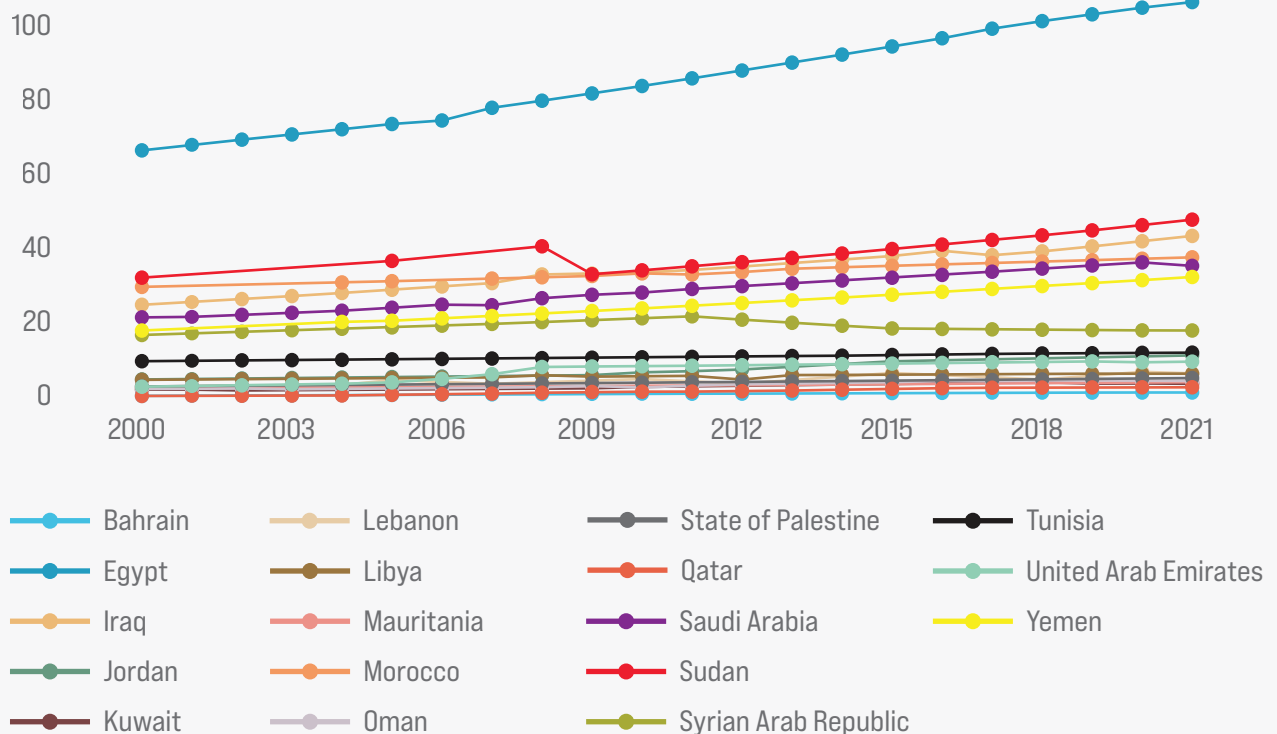
in 2021

Figure 1.1 Annual population growth rate (percentage) 2001–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

Figure 1.2 Population size in millions, 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

Demographic and population trends are mainly shaped by fertility and mortality, both of which have declined around the globe. Migration has also become a determinant factor shaping some countries' population structure (DESA, Population Division, 2022b).

Trends over time in population growth rates show wide fluctuations in the GCC countries, owing to changes in net international migration. With few exceptions, consistent downward trends in population growth have not been observed across countries. Indeed, although population growth rates have been declining in the region, the population will continue to grow rapidly over the next few decades.

### Box 1.1 Percentage of aged persons in the population

According to population estimates for 2021, elderly population (persons aged 65 or older) comprise less than 5 per cent of the population in all Arab countries with the exception of Lebanon, Morocco, Tunisia and the Syrian Arab Republic. Oman and Qatar have the lowest proportion of aged persons within the population: in Oman they comprise 2.6 per cent of the population and in Qatar only 1.2 per cent. Tunisia, Lebanon and Morocco have the highest proportion of aged persons, who account for 8.6, 8.4 and 7.7 per cent of the population, respectively.

## A young population overall

Current population estimates for the 18 countries during the period 2000–2021 show that population size varies considerably across countries, ranging from 102 million in Egypt to about 1.5 million in Bahrain (figure 1.2).

Large-scale population displacements caused by ongoing conflicts have significantly altered the population size and composition of certain Arab countries, including Iraq, Libya, the Syrian Arab Republic and Yemen.

Jordan and Lebanon are the Arab countries that have received the highest number of immigrants, in particular from the Syrian Arab Republic. The estimated net outflow of migrants from the Syrian Arab Republic exceeded 4.5 million between 2010 and 2021 (DESA, Population Division, 2022b).

Data from four GCC countries show that all have a significant migrant population, with three (Kuwait, Qatar and the United Arab Emirates) having much larger numbers of non-nationals than nationals. Figure 1.3 displays the overall sex distribution of populations in the four 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 reported in 2021.

The 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 2021, the age pyramid of Egypt, a country with a relatively small number of migrant labourers, with that of Bahrain, a country with a significant number of migrant labourers.

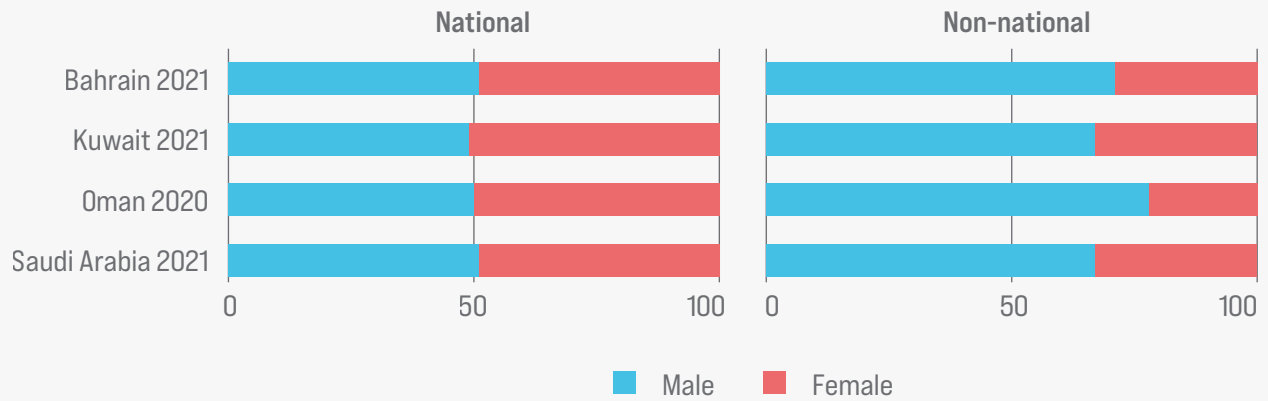
### Estimated net outflow of migrants from the Syrian Arab Republic

>4.5M

between 2010 and 2021



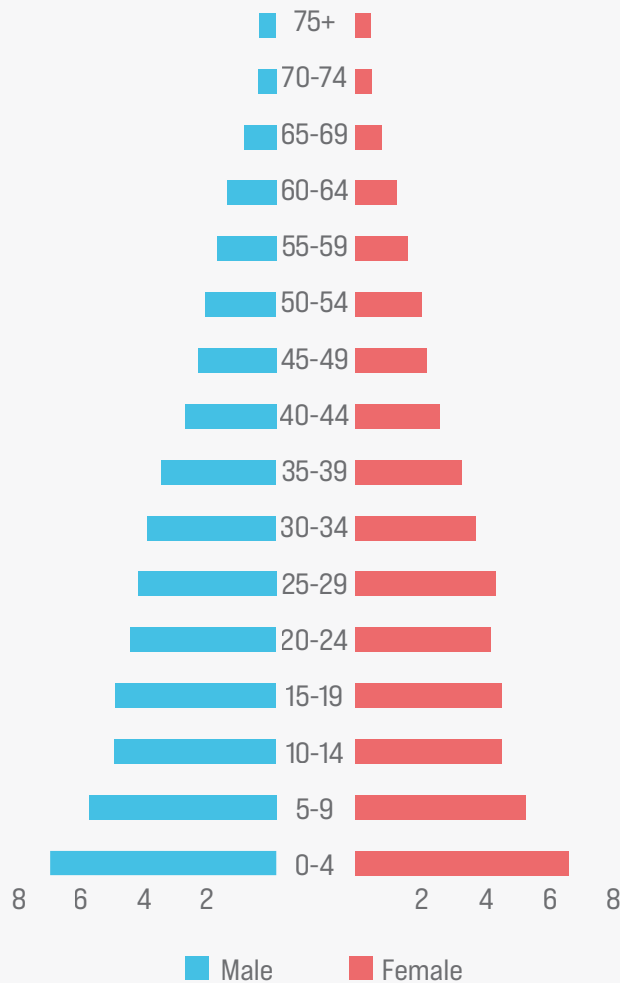
Figure 1.3 Sex composition of nationals versus non-nationals in selected Gulf Cooperation Council countries, most recent data available



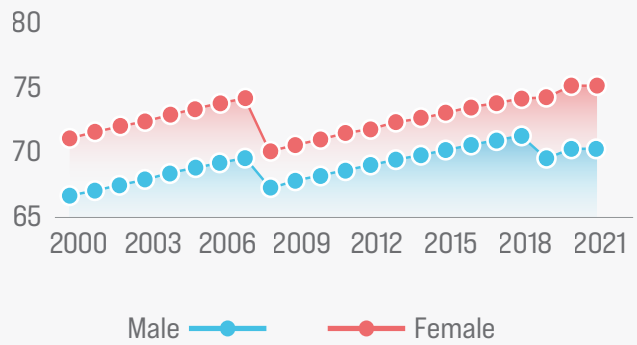
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Figure 1.4 Egypt: population pyramid, 2021; life expectancy and fertility rate, 2000–2021

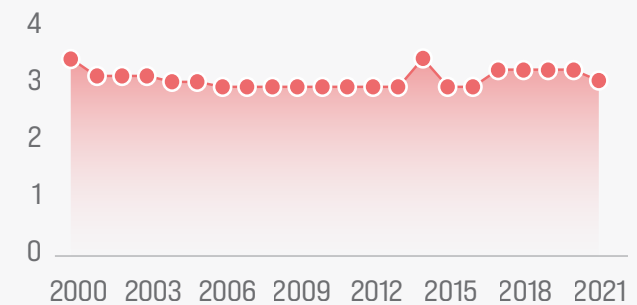
Population pyramid



Life expectancy

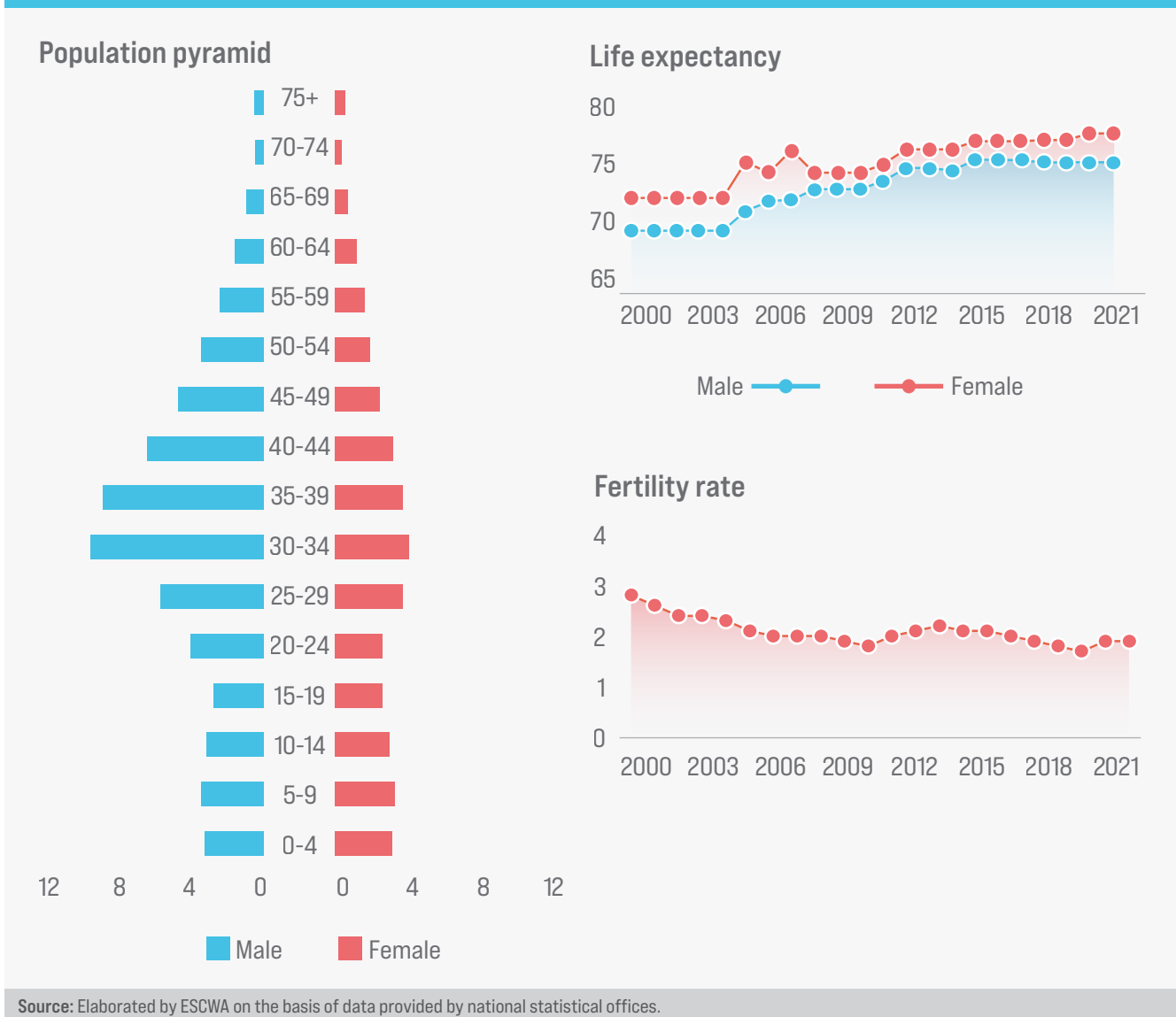


Fertility rate



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Figure 1.5 Bahrain: population pyramid, 2021; life expectancy and fertility rate, 2000–2021



As a result of labour migration, population sex ratios, defined as males per 100 females, are large for all GCC countries. Sex ratios increased dramatically between 2000 and 2009 in Qatar and the United Arab Emirates, from 197 to 339 in the former and from 204 to 294 in the latter. In both countries, the sex ratio has subsequently decreased, to 251 in Qatar (2020) and to 230 in the United Arab Emirates (2020). Outside the GCC countries, the highest sex ratios are found in Jordan (2020) at 113 and Libya (2020) at 109.

According to data provided by the Population Division of DESA, the average median age

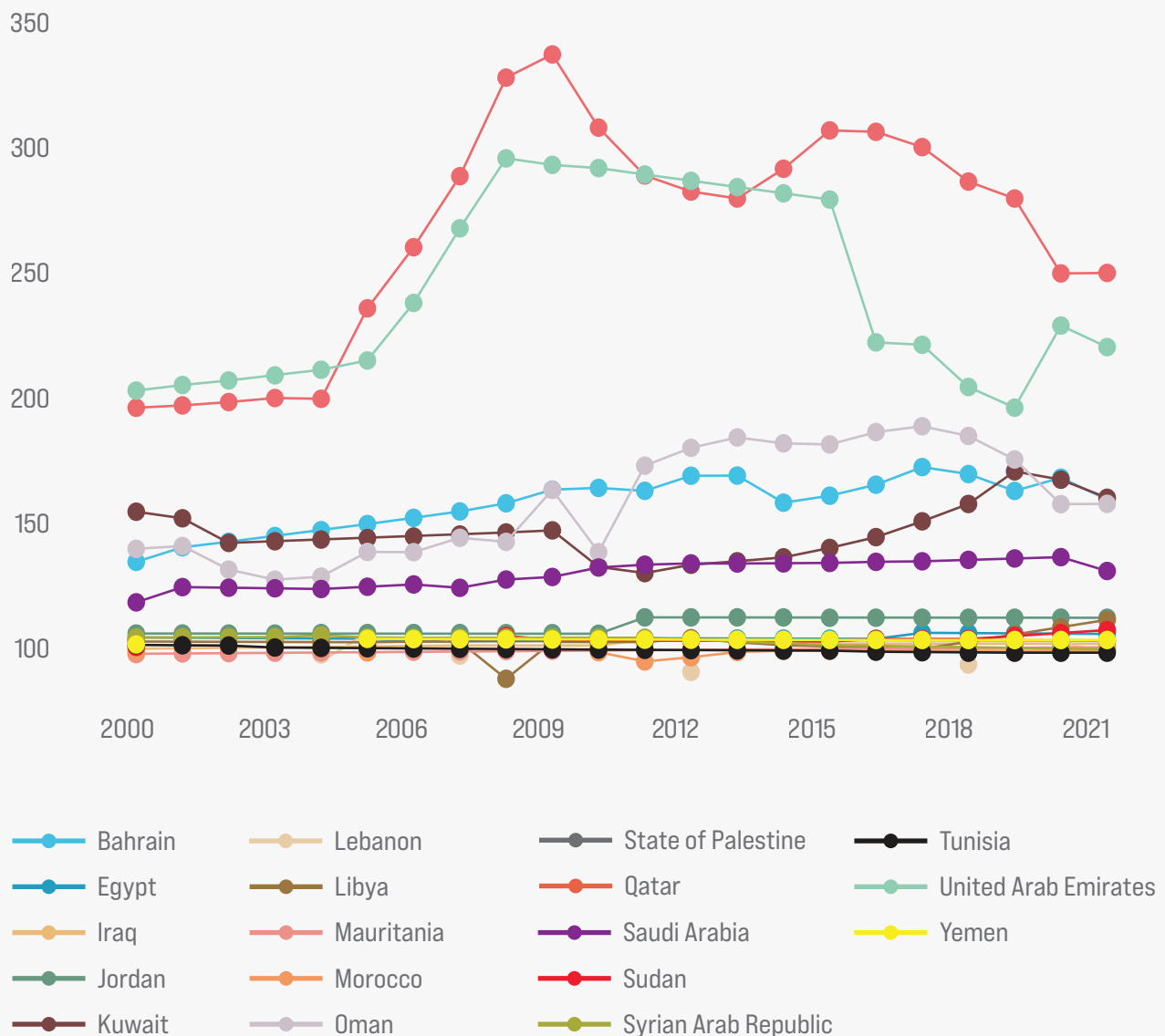
in the 18 Arab countries considered in this report is only 26 years, compared with a world average of 30 years (DESA, Population Division, 2022b). However, as shown in figure 1.7, there is considerable heterogeneity in age distribution across countries, owing to the pace of their respective demographic transitions and the size of their migrant labour populations. According to the most recent data available, the proportion of children under 15 years of age ranges from a low of 14.9 per cent in the United Arab Emirates (2021) to a high of 41.1 per cent in the Sudan (2021), followed by Iraq (2021) at 40.5 per cent and Yemen (2021) at 40.2 per cent. In contrast, the



proportionate size of the working age population in the United Arab Emirates is 83.7 per cent (2021), compared with 56 per cent in Iraq and the Sudan, and 57 per cent in Yemen. Available data reveal that the proportion of older persons (persons aged 65 or older) within the total population is still low and stands at less than 5 per cent in most countries, with the exception of Lebanon, Morocco and Tunisia, where older persons comprise 8.6 per cent (2021), 8.4 per cent (2021) and 7.7 per cent (2021) of the population, respectively.

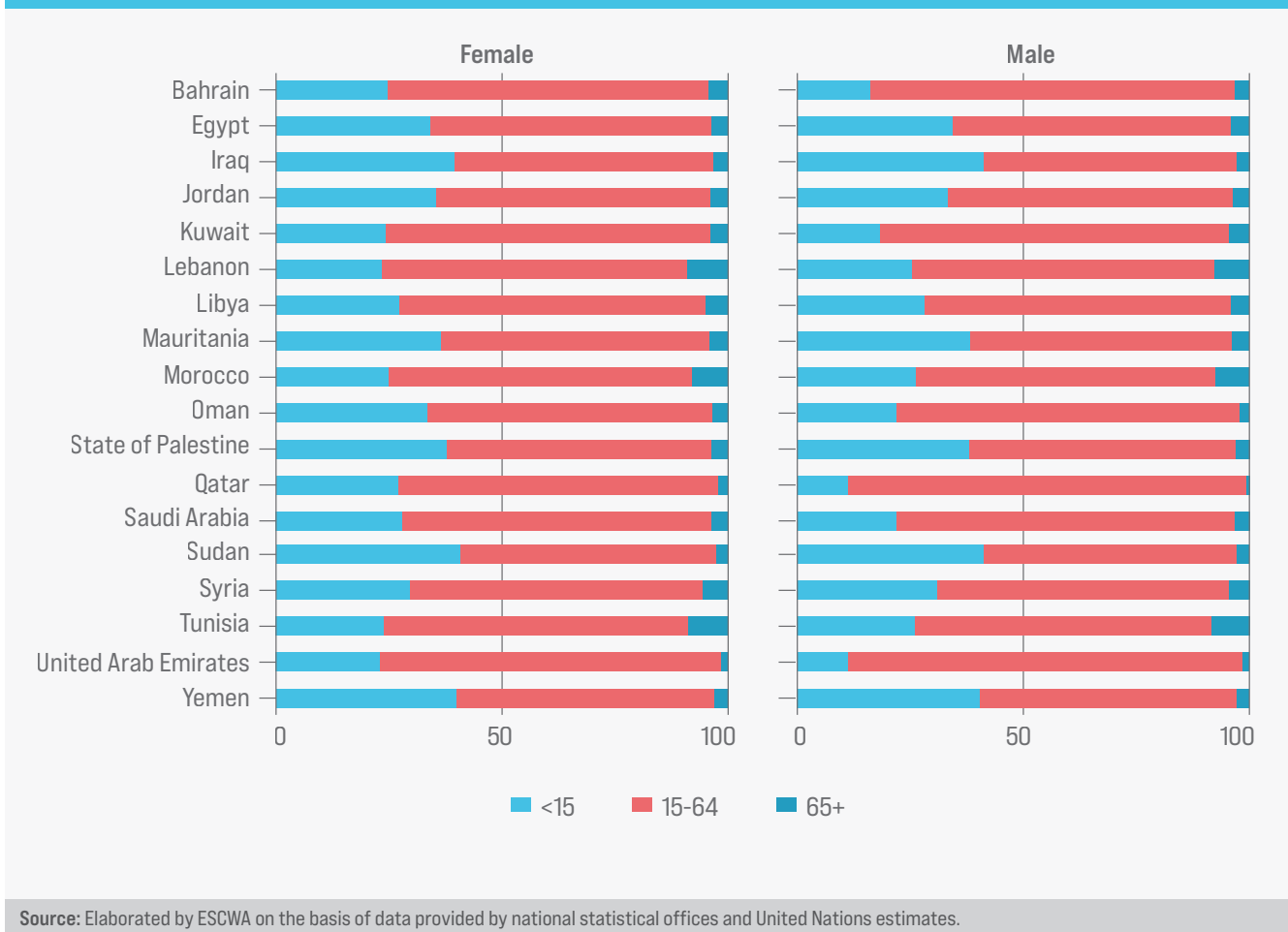
Finally, data clearly show “distorted” sex distributions of populations in the GCC countries, which are due to disproportionately large labour-related migration of males compared with females in the working age populations of 15 to 64 years. This “distortion” is most noticeable in Qatar (2021), where the proportion of the population of working age stands at 88 per cent for males and 71 per cent for females, and Oman (2021), where the proportions are 76 per cent and 63 per cent, respectively.

Figure 1.6 Sex ratios (Per 100 females), 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

Figure 1.7 Population by age group and by sex (percentage), 2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

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

Over the period 1950 through 2021, global fertility declined from 5 to 2.3 births per woman. According to recent projections, the average fertility of the world's population is expected to decline further to 2.1 births per woman by 2050 (DESA, Population Division, 2022b).

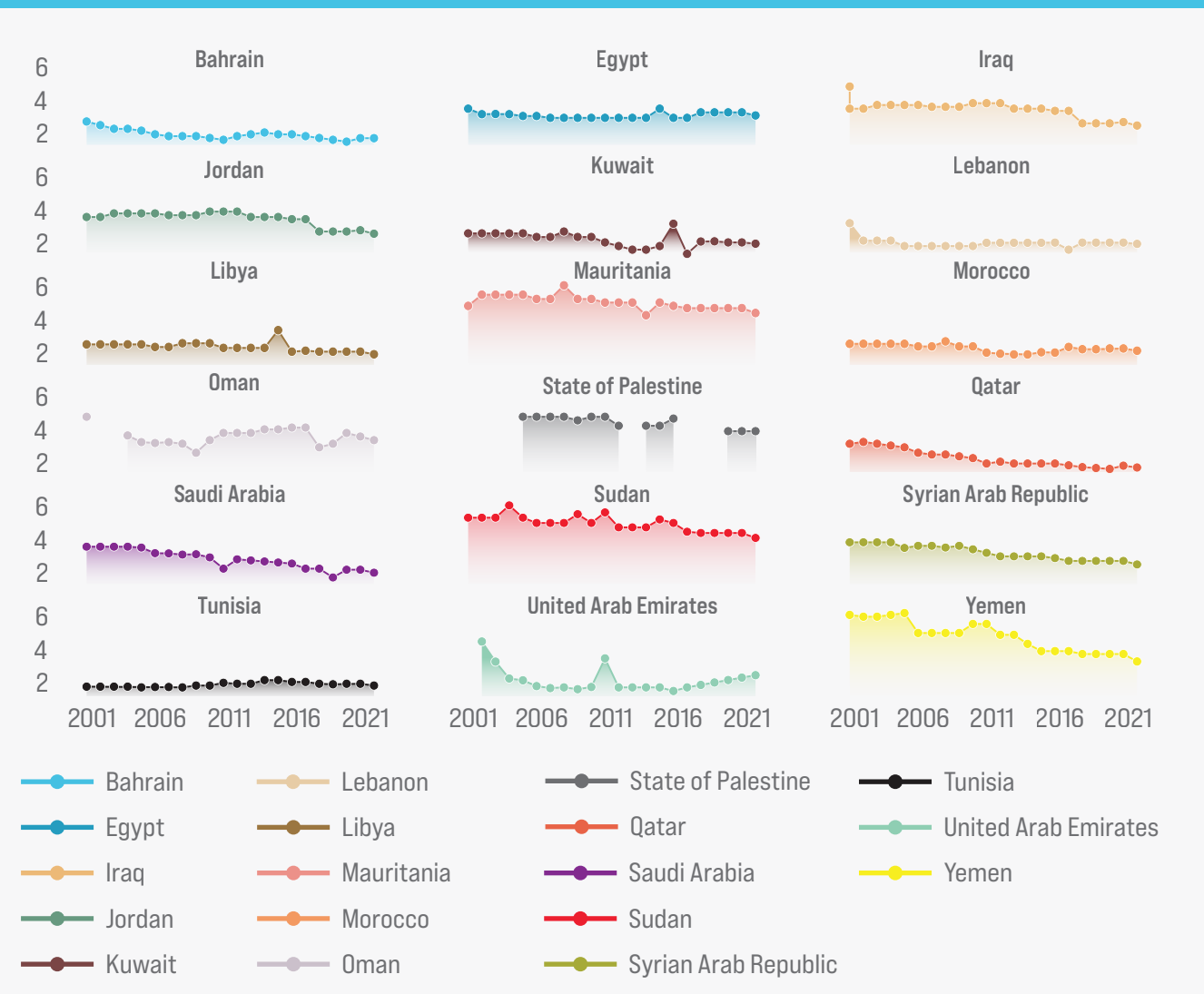
Over the past few decades, several countries in the region have experienced a rapid, though delayed, decline in fertility. The speed of decline has varied widely across countries, with some showing little or no decline over the past decade.

As a result, current estimates of total fertility (number of children per woman) across the region reveal marked differences among countries. Since 2000, fertility has varied significantly from below or near replacement level in Bahrain, Kuwait, Morocco, Lebanon, Libya, Qatar, Tunisia and Saudi Arabia to over four children per woman in Mauritania and the Sudan. Reported figures for GCC countries refer to total population, including non-nationals, and hence tend to be relatively low. Recent fertility estimates for the national population in those countries are under three children per woman, with the exception of Oman.

Fertility tends to decline 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, a slow decline or stall in others, and a slight increase in a few. Two countries, namely the United Arab Emirates and Yemen, have experienced a rapid decline in fertility since 2000. Four countries, namely Kuwait, Oman, the State of Palestine and the Sudan, have experienced a slow decline of about 1 per cent or less per year. Surprisingly, a few countries have experienced recent stalls or even a slight increase in fertility. Those countries include Egypt, Iraq,

Mauritania and Tunisia. Fertility in Jordan declined slightly from 3.7 children per woman in 2002 to 3.5 in 2012, and fell further to 3.4 in 2016. The 2017 Demographic and Health Survey of Jordan revealed a sharp decline in fertility from 3.5 in 2010–2015 to 2.7 in 2013–2017 among Jordanian nationals. On the other hand, after a prolonged stall, estimates from Egypt revealed a rise in fertility from 3.0 in 2008 to 3.5 in 2014 (a return to the same fertility level as in 2000). However, the most recent Egypt Family Health Survey, published in 2021, indicates a decline in fertility to 2.85 children per woman (Egypt Central Agency for Public Mobilization and Statistics, 2022a).

Figure 1.8 Total fertility rates among women aged 15 -49 years (births per woman), 2000–2021



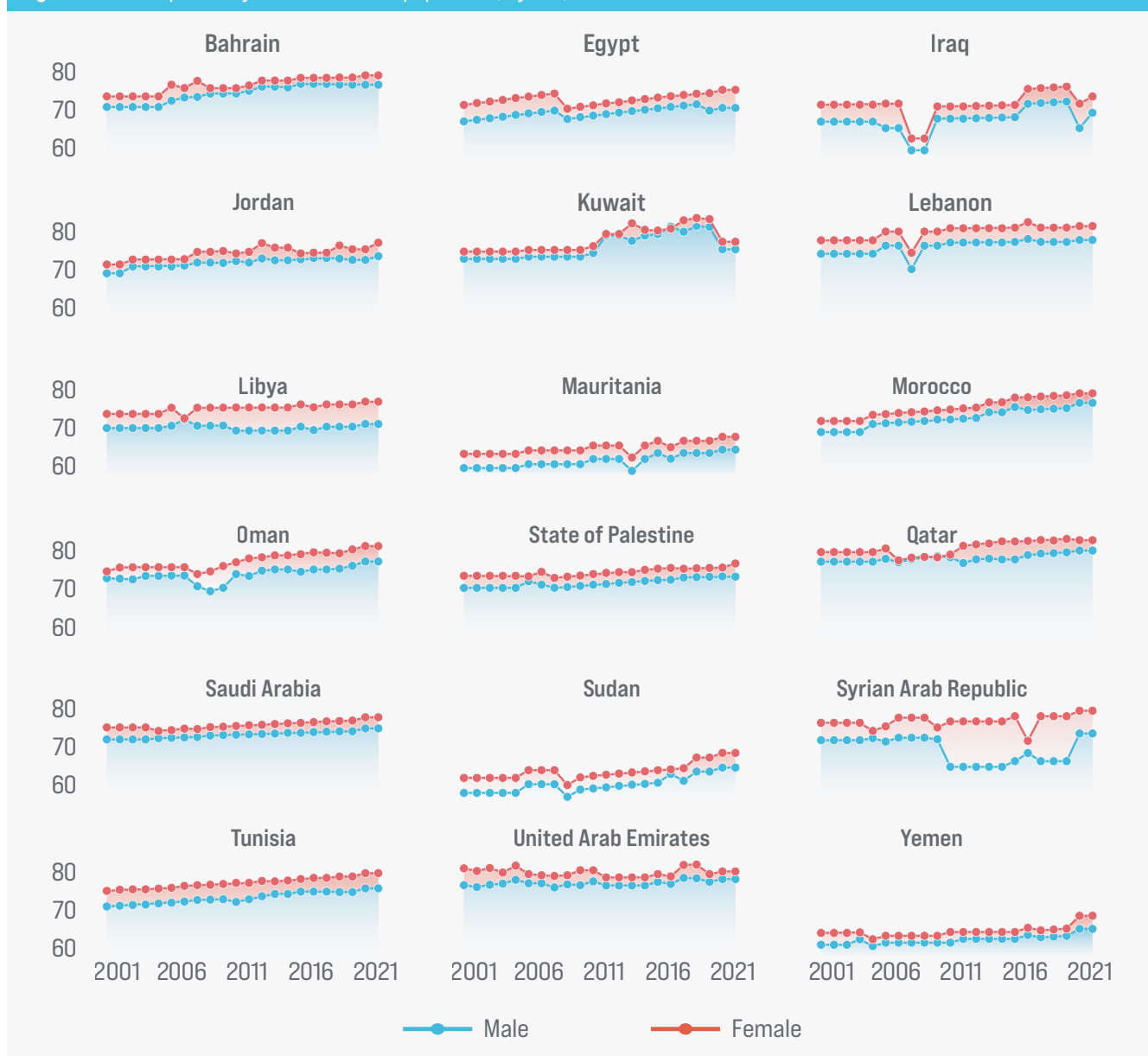
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

# Small female advantage in life expectancy at birth

Improvements in population health and improvements to the health system are important determinants of life expectancy at birth. According to United Nations estimates, life expectancy at birth has improved by some 20 years in the Arab region since the 1960s (DESA, Population Division, 2022b). Improvements

have not taken place evenly across the region, however. Poorer countries still tend to have relatively high mortality rates and life expectancy at birth in those countries remains low. Furthermore, gender disparities in health continue to undermine the overall health of populations in many countries in the region.

Figure 1.9 Life expectancy at birth for total population, by sex, 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

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 has tended to increase over time. As is to be expected, people living in richer countries tend to enjoy higher life expectancy than those living in poorer countries, with the highest life expectancy enjoyed by those born in the GCC countries; Qatar and the United Arab Emirates, for example, have the highest life expectancies at birth for both males and females. Interestingly, some middle-income countries, including Lebanon, Morocco and Tunisia, have similar levels as some of the richer GCC member countries. Estimates of life expectancy at birth ranged from 63.9 years for males and 67.4 females in Mauritania to 79.8 years for males and 82.5 for females in Qatar in 2021. Gender differences are generally small; there is a difference of less than two years in Kuwait, and less than three years in Bahrain, Morocco, Qatar, Saudi Arabia and the United Arab Emirates. Such small gender differences may indicate a disadvantage in terms of the chances of survival for females as opposed to that of males, 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, this may stem from the poorer treatment of girls: boys may receive more food than girls, for example, or may be sent to the doctor more often. With the exception of Egypt, Iraq, Libya, the Sudan and the Syrian Arab Republic, all countries with data on life expectancy by gender showed values above 0.94 in 2021, suggesting notable gender disparities in longevity. However, trend data from certain countries reveal that improvements over the past decade have tended to have a more positive impact on females than on males.

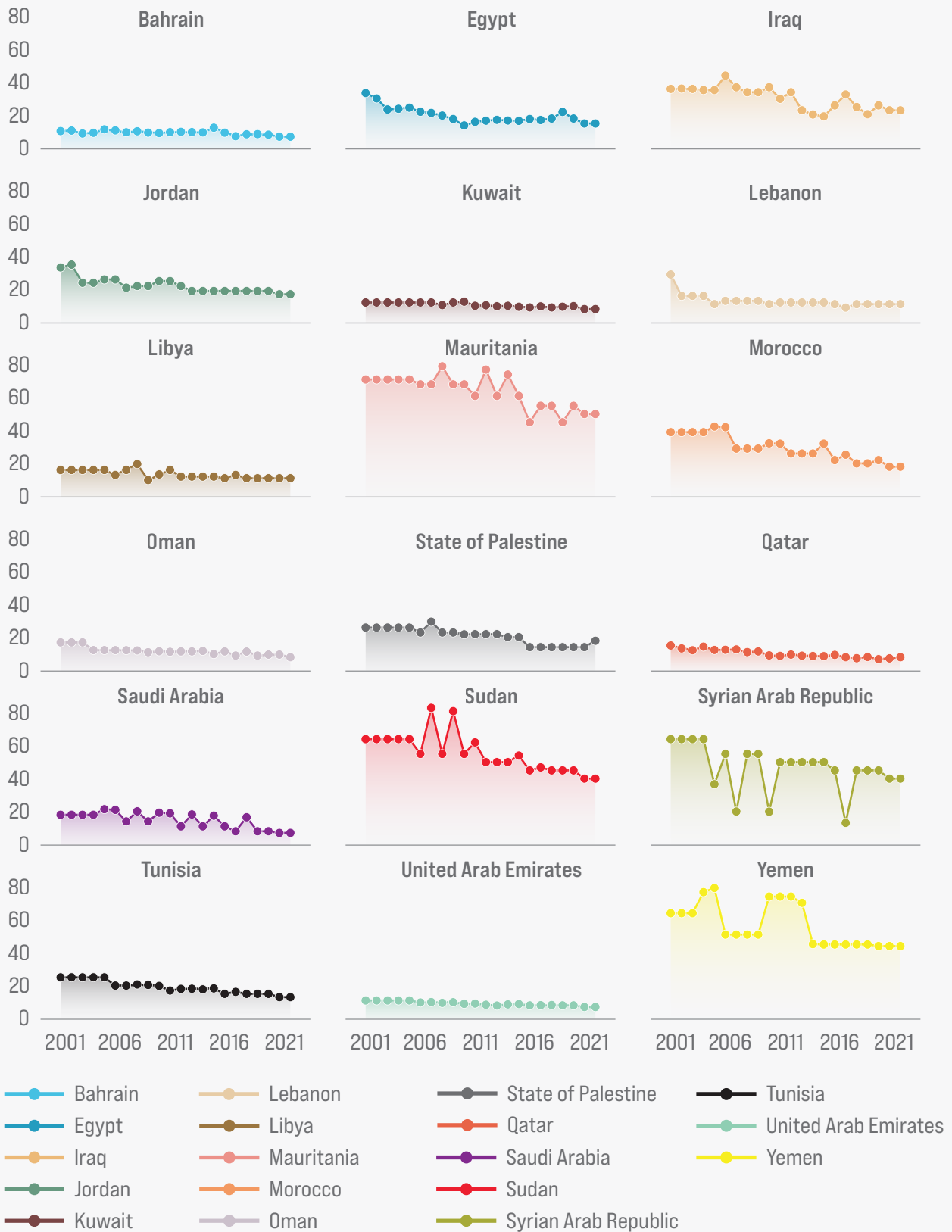
Continuous improvements in the health of populations are also evidenced by decreased infant and child mortality (expressed as the number of deaths per 1,000 live births) over time and across

countries in the region (figure 1.10). The ongoing decline in infant mortality seems to have stalled, however, not only in countries with relatively high infant mortality rates, including Egypt and Iraq, but also in countries with low rates, including, first and foremost, the GCC countries. Declines in infant mortality in countries experiencing armed conflict, including the Syrian Arab Republic and Yemen, have also stalled in the past few years. Recent estimates from Jordan (15 deaths per 1,000 live births in 2021) and the State of Palestine (16 deaths per 1,000 live births in 2021) show sharp declines in recent years. Infant mortality rates range from 48 in Mauritania (2021) to very low rates of 10 or less in the GCC countries. Those figures clearly show that poorer countries in the ESCWA region, including Mauritania, the Sudan, the Syrian Arab Republic and Yemen, are characterized by very high infant mortality rates (around 40 per 1,000 live births during the 2000–2021 period), although those rates have declined sharply over the years.

Sex differentials in infant mortality vary widely across nations. Because newborn girls are biologically more likely than boys to survive to their first birthday, sex differentials in infant mortality typically arise from genetic factors that result in higher male infant mortality rates (Fuse and Crenshaw, 2006).

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 Qatar and the State of Palestine, however, recent estimates show a male advantage in infant mortality. In gender egalitarian countries, such as Sweden, the sex ratio of infant mortality is around 1.20. In the Arab region, where data on infant mortality rates by sex are available, the sex ratio is around 1.20 in Iraq (2018) and Bahrain (2019) and below 1.20 in Qatar (2019), Morocco (2018) and the State of Palestine (2020). A lower-than-expected gender difference in infant mortality may indicate discriminatory practices against girls, such as providing them with more limited access to health services or nutrition than boys (Coale, 1991).

Figure 1.10 Infant mortality rates (Per 1,000 live births), 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and United Nations estimates.

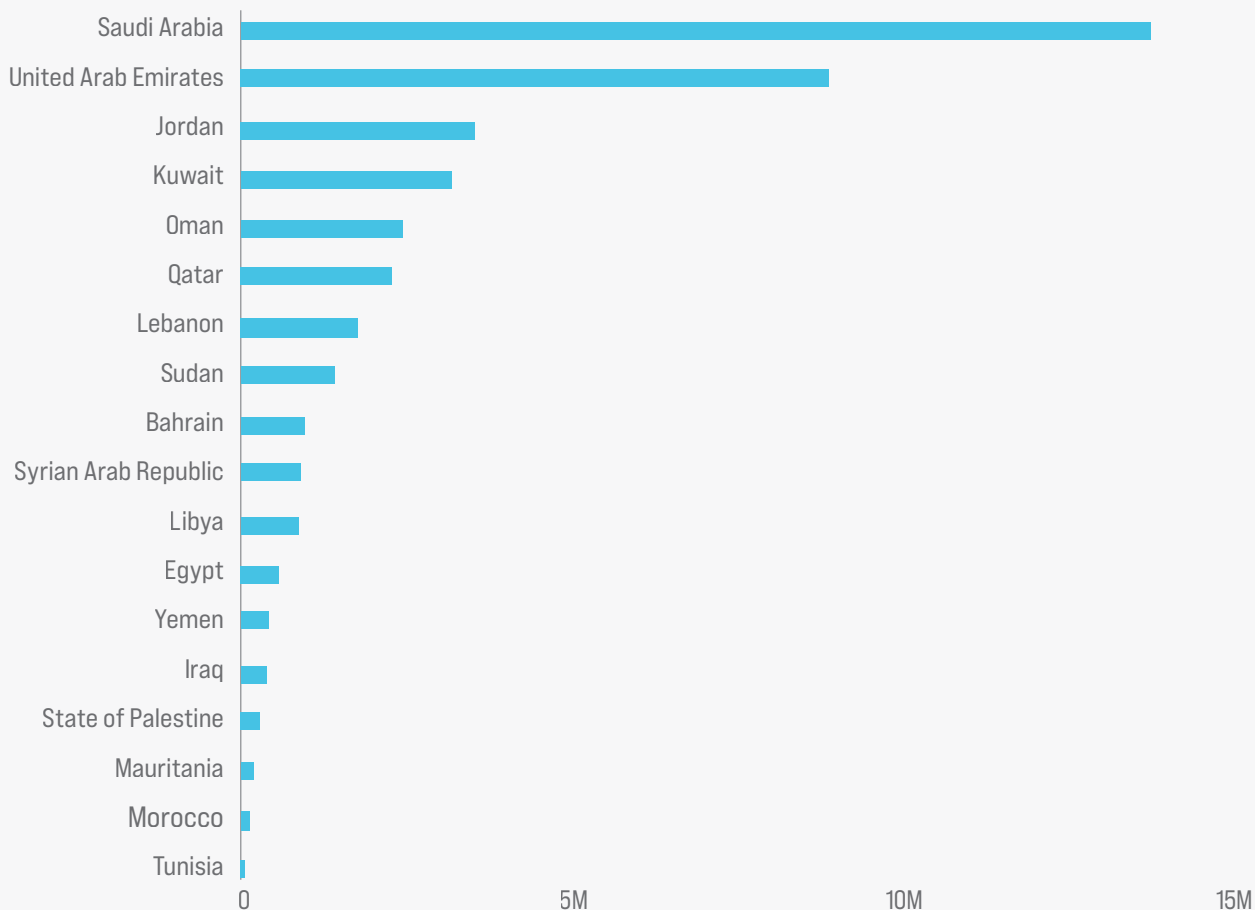
# International migration has nearly doubled in 20 years

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 2020 reveal that Saudi Arabia and the United Arab Emirates

have the largest number of international migrants, followed by Jordan (figure 1.11). Nine out of eighteen countries classify at least 25 per cent of their populations as international migrants; international migrants constitute more than 80 per cent of population in Kuwait and the United Arab Emirates and more than 40 per cent in Bahrain, Oman and Qatar. Migrant populations are also relatively large in Jordan, Lebanon and Saudi Arabia. However, unlike in the GCC countries, migrants in Jordan originate largely in neighbouring Arab countries, and primarily from Egypt, Iraq, the State of Palestine and the Syrian Arab Republic.

Figure 1.11 International migrant stock, in millions, 2020



Source: DESA, Population Division, 2020.

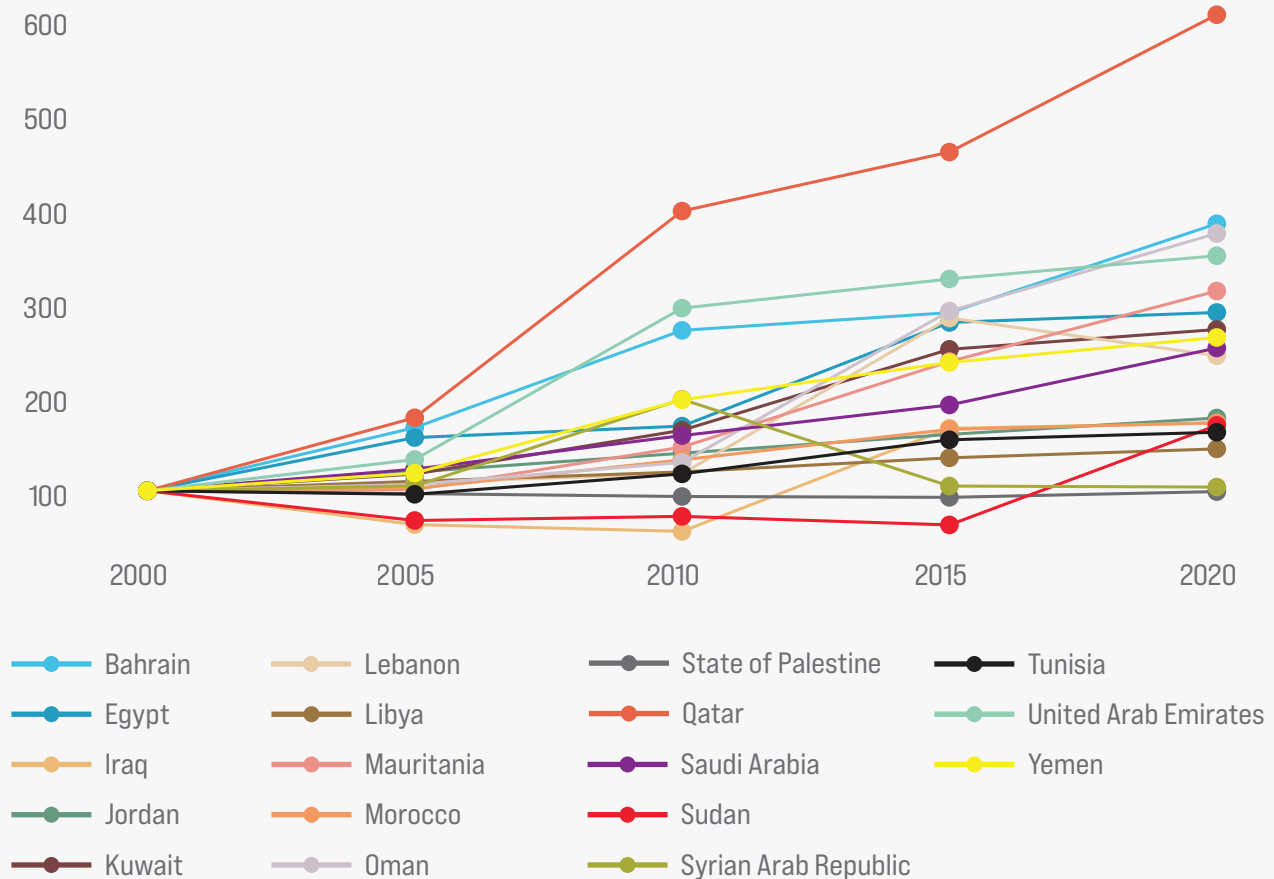
In the 18 Arab countries surveyed, trends in estimated international migration stocks indicate a substantial increase between 2000 and 2020. During that period, the number of international migrants more than doubled in 10 countries and more than tripled in 5, namely Bahrain, Mauritania, Oman, Qatar and the United Arab Emirates (figure 1.12). For the 18 countries as a group, the number of international migrants increased by nearly 158 per cent between 2000 and 2020.

For the year 2021, estimated net migration rates per 1,000 population were positive for only 2 of the 18 countries. At 10 and 1.3, respectively, the Syrian Arab Republic and Jordan had the highest positive rates. In contrast, at -20, Lebanon had the largest negative rate. While

rates fluctuated to a certain extent between 2015 and 2021, the overall trend in all GCC countries was a decrease in migration (DESA, Population Division, 2022b).

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

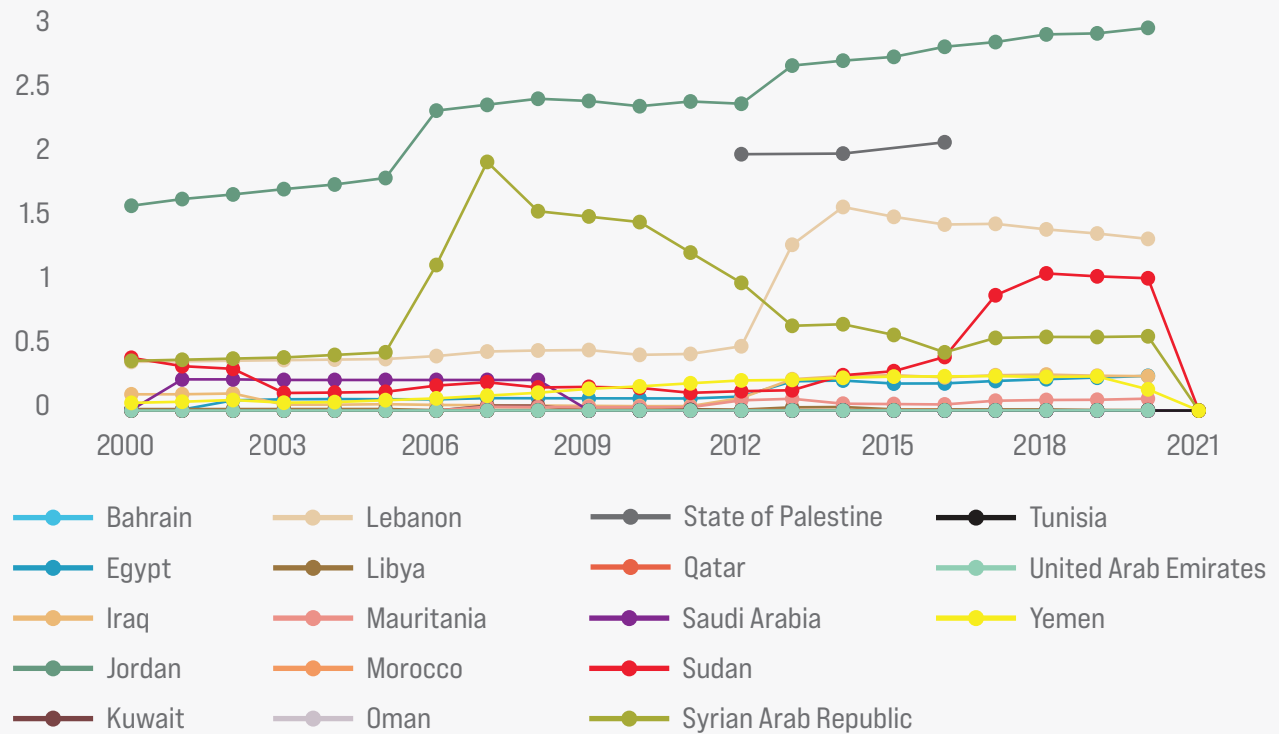
Figure 1.12 International migrant stock at mid-year (percentage of base year 2000), 2000–2020



Source: DESA, Population Division, 2020.



Figure 1.13 Refugees by country/territory of asylum, in millions, 2000–2020



Source: Elaborated by ESCWA on the basis of data provided by UNHCR (2020), UNRWA (2020) and World Bank (2020).



# Households and Families



# 02

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 the 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 polygamous. However, economic and societal changes in recent decades have had important effects on the timing and nature of marriage. In particular, increasing industrialization of the labour market, urbanization 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, on available data obtained through recent demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS), and on data contained in relevant databases maintained by DESA.

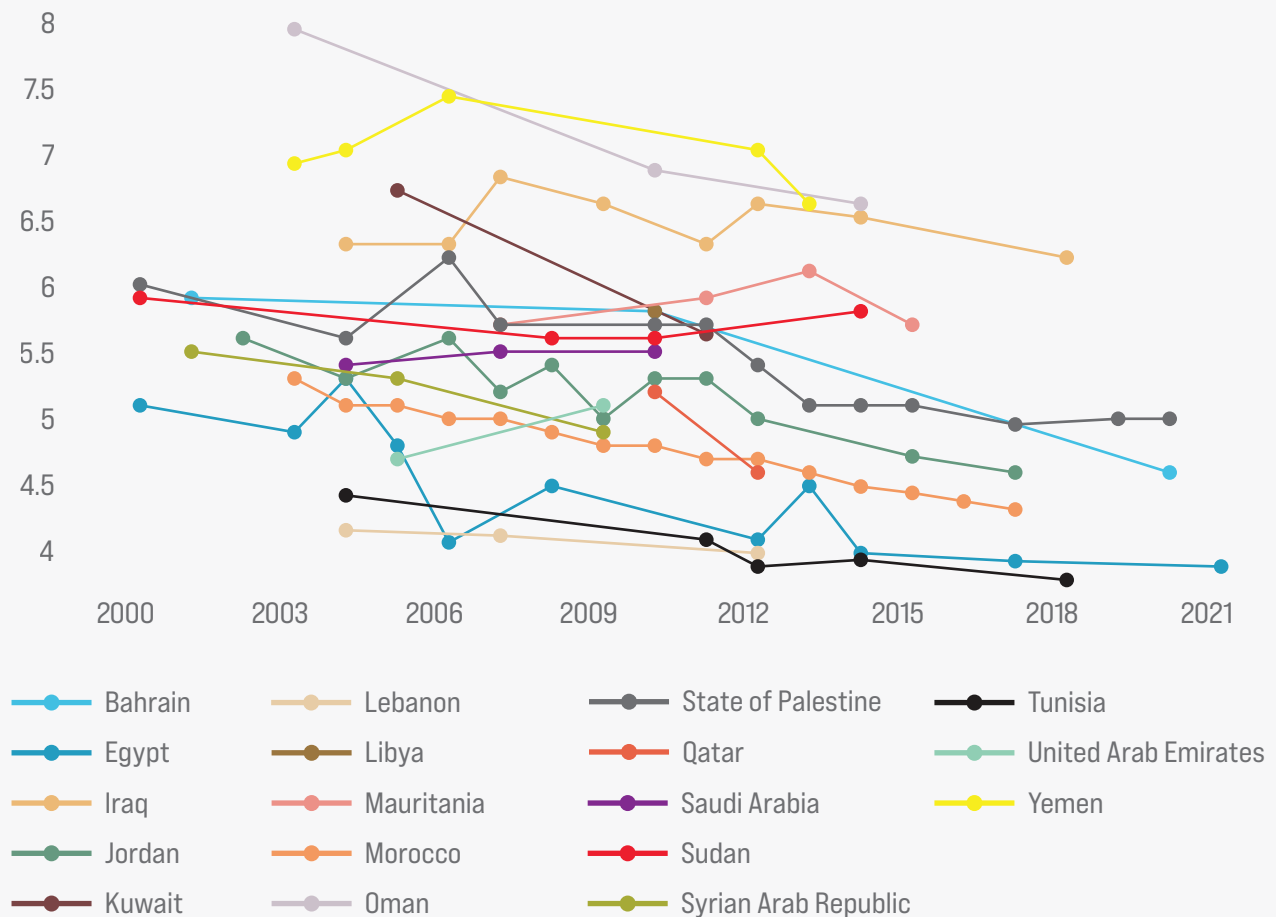


## Gradual decline in household size

As illustrated in figure 2.1, the average household size across the Arab Region currently ranges from approximately 4 persons per household in Egypt, Lebanon and Tunisia

to more than 7 persons per household in Oman and Yemen. Average household size has, however, declined gradually over the past two decades.

Figure 2.1 Average household size, 2000–2020



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and obtained through DHS and MICS

### Box 2.1 Household size trends

In addition to fertility, trends in household size are influenced by trends in health, longevity and migration; cultural patterns surrounding intergenerational co-residence, home leaving, cohabitation, marriage and divorce; and socioeconomic factors that shape trends in education, employment and housing markets.

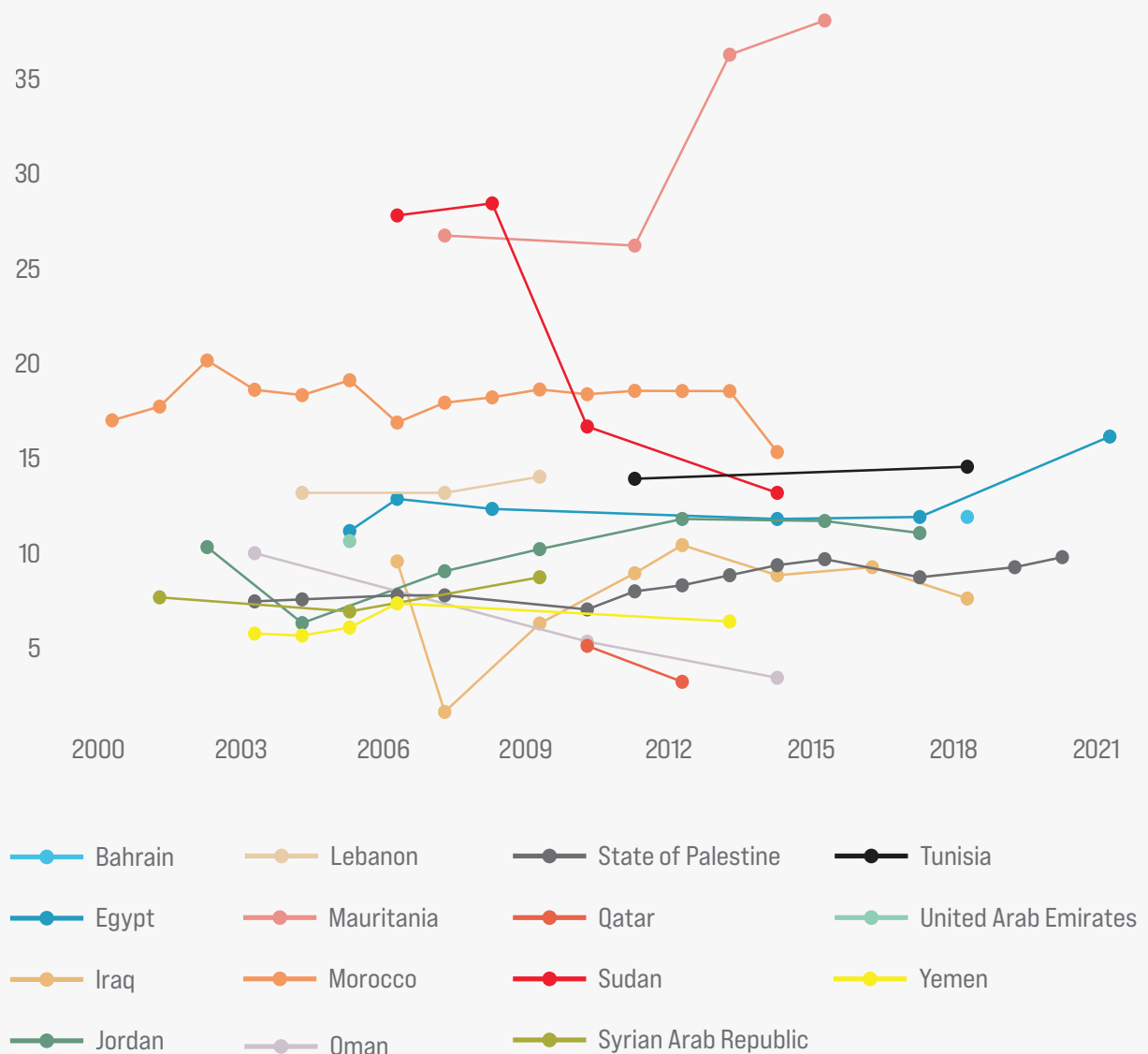
(DESA, Population Division, 2017)

# Low rates of female-headed households, except in Mauritania

As shown in figure 2.2, less than 15 per cent of households are female headed in most of the countries with available data. Mauritania has the largest proportion of female-headed households

(estimated at some 38 per cent of households in 2015), while the lowest proportion is found in Qatar (estimated at 5 per cent in 2012) and Oman (estimated at 5 per cent in 2014).

Figure 2.2 Female-headed households (percentage), 2000–2020



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

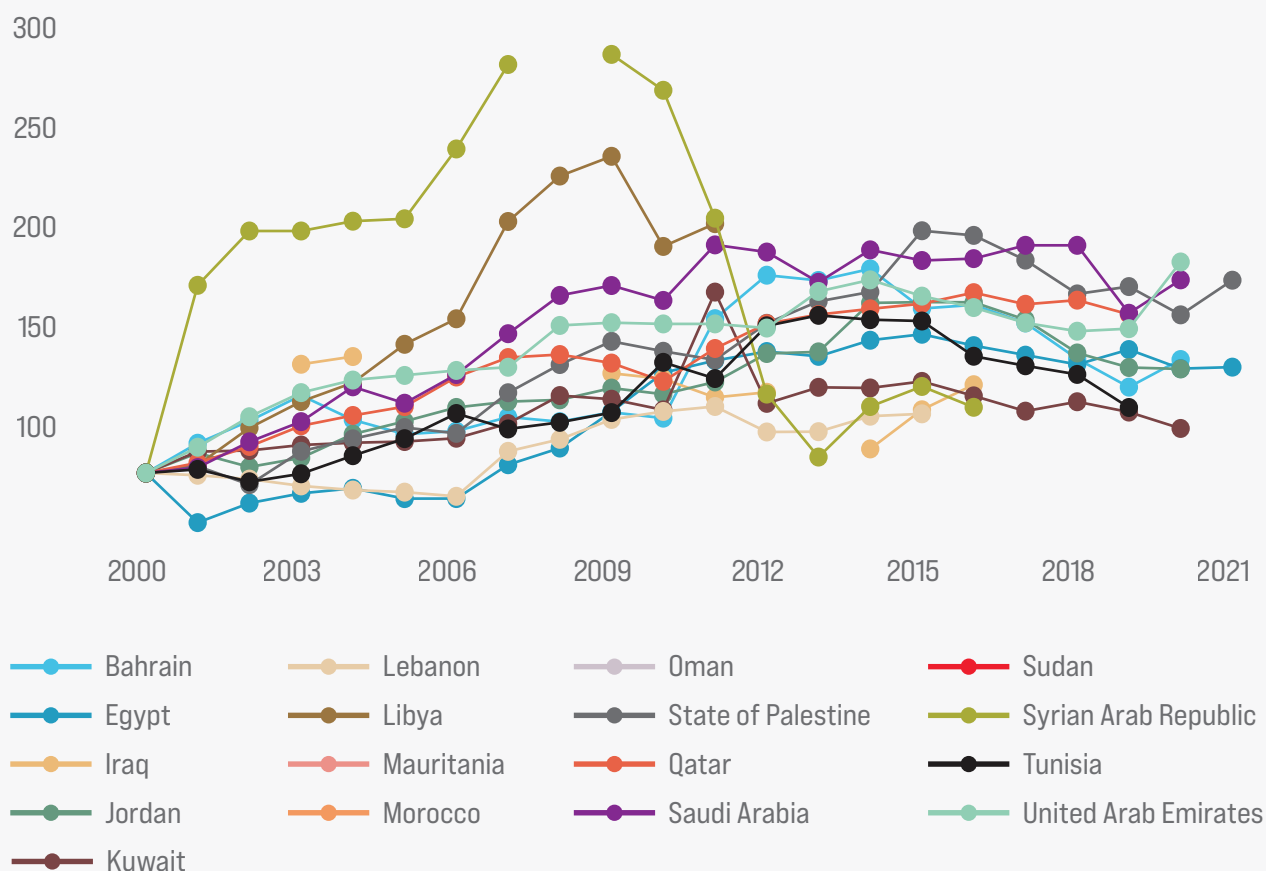
# Rising numbers of registered marriages and divorces

We constructed a simple index showing yearly changes in the number of registered marriages, compared with the baseline year of 2000 (figure 2.3). In most countries for which data are available, the number of marriages increased with some fluctuation between 2000 and 2020. Registered marriages at least doubled in Libya between 2000 and 2007, in Saudi Arabia between 2000 and 2011 and in the State of Palestine between 2000 and 2015. Conversely, registered marriages in the Syrian Arab Republic declined precipitously from a high of around 240,000 in 2009 to only 108,000 in 2016.

Overall, the number of registered divorces increased even more than the number of

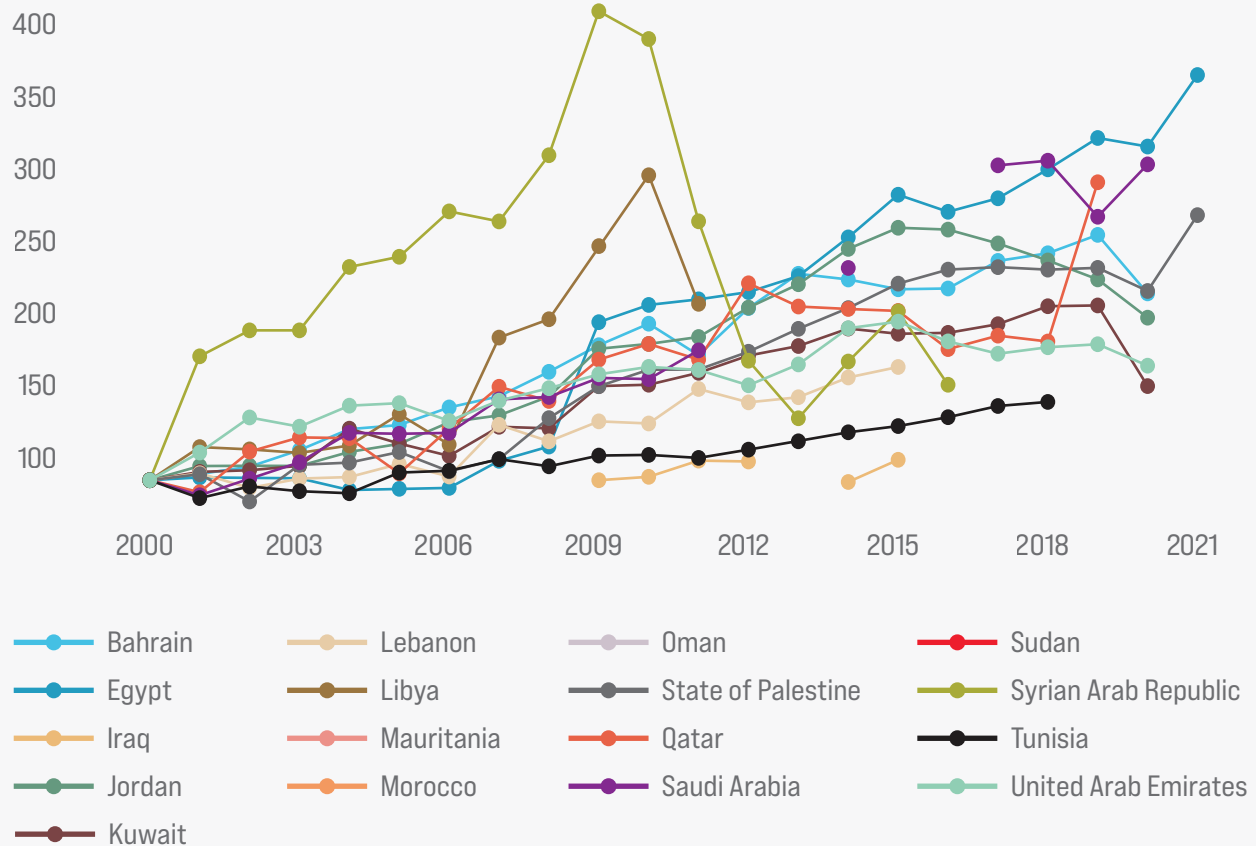
registered marriages between 2000 and 2021. In all Arab countries with recent available data, the number of registered divorces has at least doubled, except in Tunisia, where it increased by only 52 per cent between 2000 and 2018, and in Lebanon where it increased by 75 per cent between 2000 and 2015. In the Syrian Arab Republic, registered divorces quadrupled between 2000 to 2009 before declining in 2016 to just 125 per cent of the number of divorces registered in 2000. There are many possible causes for those trends, including improvements made to the registration system, early marriage, unemployment, poverty, political instability and cultural and/or ideological factors.

Figure 2.3 Registered marriages (percentage change), 2000–2020 (Base year 2000)



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Figure 2.4 Registered divorces [percentage change], 2000–2020 (Base year 2000)



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

## More than half of women are married by age 20–24 in most countries

Figure 2.5 displays the marital status of women by age group. According to data obtained through recent DHS and MICS, between 50 and 60 per cent of women between the ages of 20 and 24 are married in Egypt, Iraq, Mauritania, the State of Palestine, the Sudan and Yemen, while in Tunisia, the percentage is significantly lower, at only 14 per cent of women in that age group.

Figure 2.5 also shows that marriage is nearly universal in many countries. A relatively large

proportion of women aged 45–49 remain unmarried in Bahrain (18 per cent of women in 2020), Morocco (14 per cent in 2018) and Kuwait (12 per cent in 2011). Divorce increases with age but remains below 5 per cent in all countries with available data, except for Mauritania where, in 2015, some 21 per cent of women aged 45–49 were divorced. The highest rate of widowed women is in Egypt, where some 11 per cent of women aged 45–49 in 2017 were widowed. In Bahrain only 2 per cent of women in that age group were widowed in 2020.

**Figure 2.5 Women's marital status by age group, estimates based on the most recent available data**


Source: Data obtained through DHS and MICS.

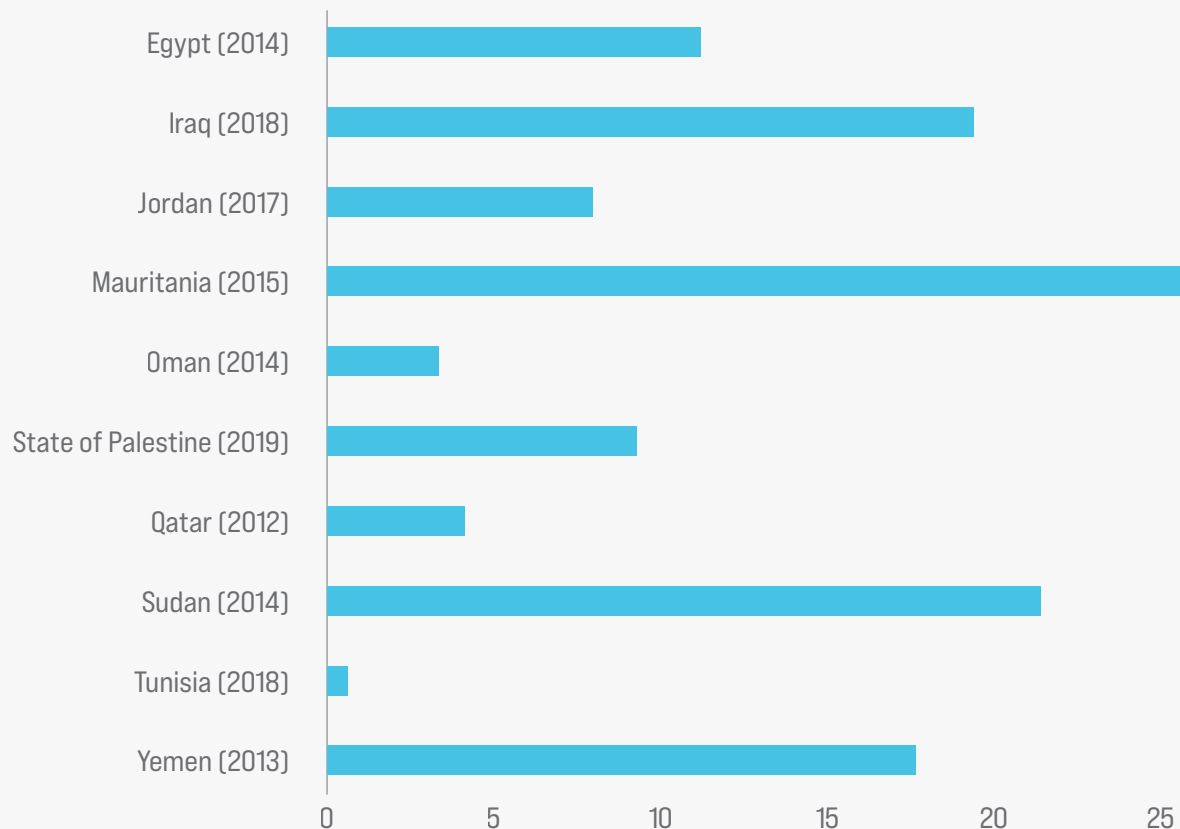
## Wide variation in early marriage

Throughout the Arab region, the mean age at first marriage has increased for both men and women. However, due to a complex combination of cultural norms, entrenched 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 Ever-married girls aged 15-19, estimates based on the most recent available data (percentage)



Source: Data obtained through DHS and MICS.

Note: While early or child marriage is defined as “formal marriage before age 18”, the presented data relates to girls aged between 15 and 19 years; the data are therefore indicative of child marriage but do not fully capture that phenomenon.

Figure 2.6 shows the percentages of ever married girls aged 15–19 and is based on data obtained through population censuses, DHS and MICS. The Arab countries with the highest proportions of girls subjected to early marriage are Mauritania (28 per cent in 2015),

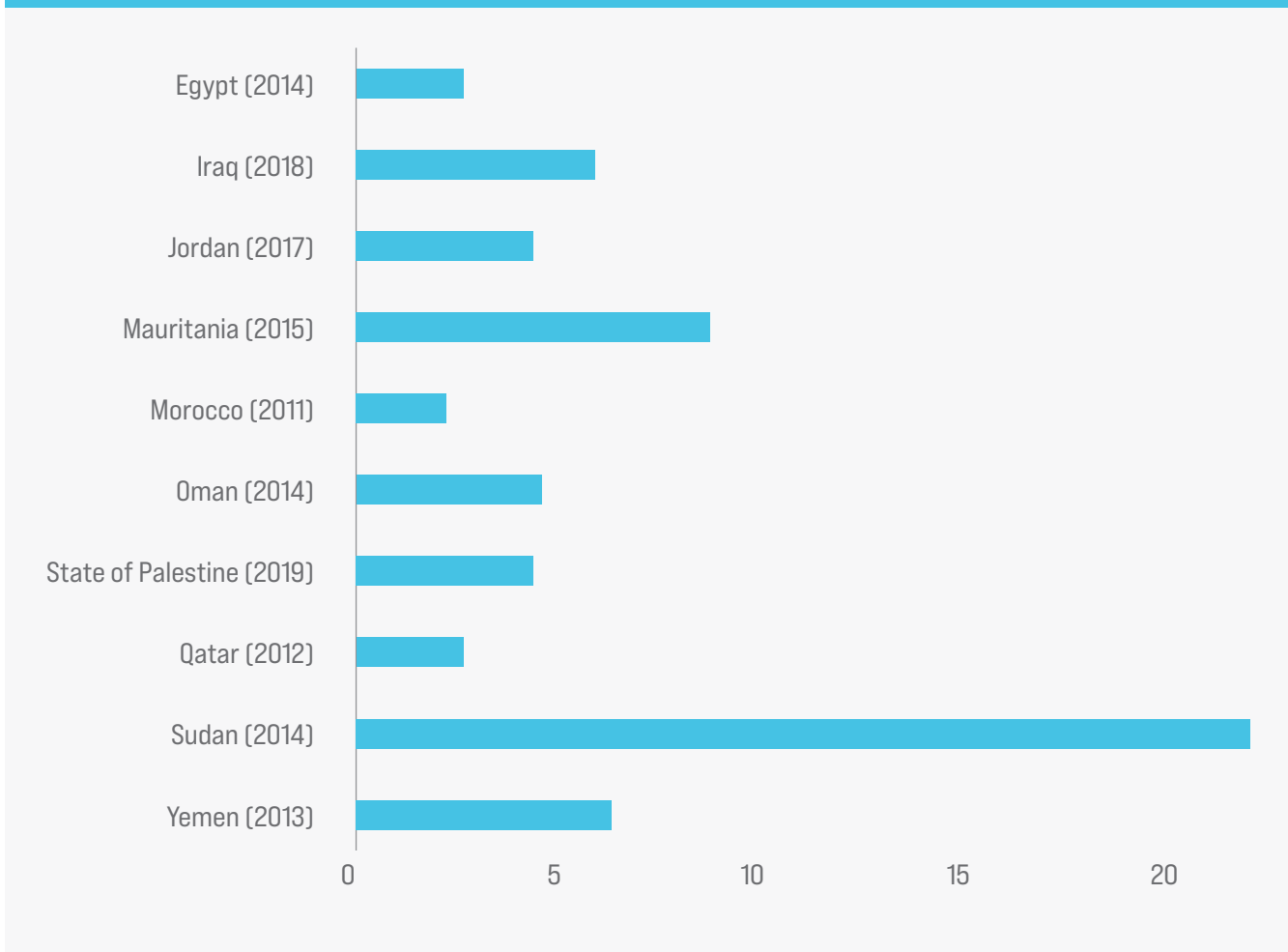
the Sudan (21 per cent in 2014) and Iraq (19 per cent in 2014). The countries with the lowest proportions are Bahrain, Lebanon and Saudi Arabia, where approximately 3 per cent of girls in each of those countries are subjected to early marriage.

## Few polygamous marriages, except in the Sudan

As illustrated in figure 2.7, polygamous marriage is no longer prevalent in most Arab countries. According to data obtained through DHS and MICS, the percentage of marriages with one or more co-wives ranged from 2 per cent in Morocco (2011) to

22 per cent in the Sudan (2014) for women aged 15–49. The figure was around 3 per cent in Egypt in 2017, 4 per cent in the State of Palestine (2019) and Jordan (2017), 6 per cent in Iraq (2018) and Yemen (2013) and 11 per cent in Mauritania (2015).

Figure 2.7 Women aged 15 -49 with one or more co-wives, latest available estimates (percentage)



Source: Data obtained through DHS and MICS, including those conducted by the Pan Arab Project for Family Health.

## Women tend to start childbearing soon after marriage

Figure 2.8 shows the percentages of women who are childless, namely women who have never given birth to children, by age group for the most recent years with available data. In the Arab region, women tend to start childbearing soon after marriage.

However, according to data obtained through recent DHS and MICS, 13 per cent of girls aged 15–19 in Mauritania in 2015 have already started childbearing, compared with 12 per cent in the Sudan (2014), 10 per cent in Iraq (2018), 8 per cent

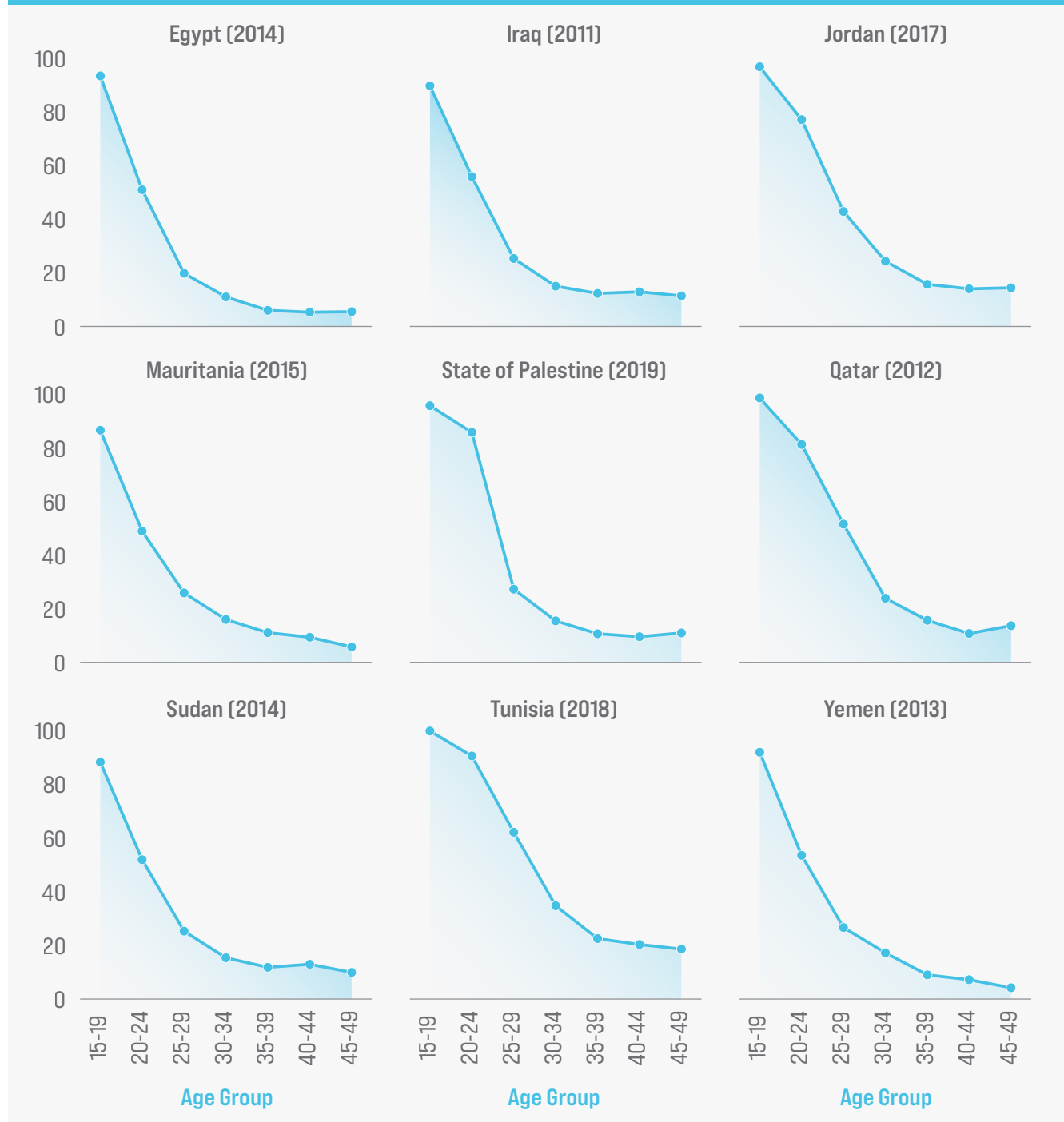
in Yemen (2013), 7 per cent in Egypt (2014), 4 per cent in the State of Palestine (2019) and 3 per cent in Jordan (2017).

*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 (United Nations Population Fund, 2013).*

Approximately one in two women in Iraq (2018), Egypt (2014), Mauritania (2015) and the Sudan (2014) have started childbearing by 20–24 years of age. Conversely, 90 per cent of women aged 20–24 in Tunisia (2018), 81 per cent in Qatar (2012) and 77 per cent in Jordan (2017) have never given birth.

Childlessness among women aged 45–49 ranges between 10 per cent and 20 per cent in Iraq (2018), Jordan (2017), Qatar (2012), the State of Palestine (2019), the Sudan (2014) and Tunisia (2018), but is notably lower than 7 per cent in Egypt (2014), Mauritania (2015) and Yemen (2013).

Figure 2.8 Women who have never given birth, by age group, latest available estimates (percentage)



Source: Data obtained through DHS and MICS.



# Housing Conditions



# 03

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 the weather and having a sense of security, privacy and personal space is a basic need. Decent and affordable housing for all is a right. Adequate housing is also essential for people's health and affects childhood development (Organisation for Economic Co-operation and Development (OECD), 2011).

This chapter presents the latest available data on housing conditions in Arab countries, providing an overview of types of housing, tenure in housing units, access to improved drinking water sources, access to improved sanitation facilities, access to electricity, and the 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.

## Box 3.1 Sustainable Development Goal 11

Housing issues figure prominently in SDG 11 of the 2030 Agenda for Sustainable Development, aiming to: "Make cities and human settlements inclusive, safe, resilient and sustainable". To assess progress towards the achievement of that Goal, stakeholders are called on to assess progress in connection with a number of key indicators, including indicator 11.1.1, namely the "Proportion of urban population living in slums, informal settlements or inadequate housing". Further information and the most recent metadata for indicator 11.1.1 are available on the relevant webpage of the United Nations Statistics Division (UNSD, 2021).



## 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 certain GCC countries (figure 3.1).

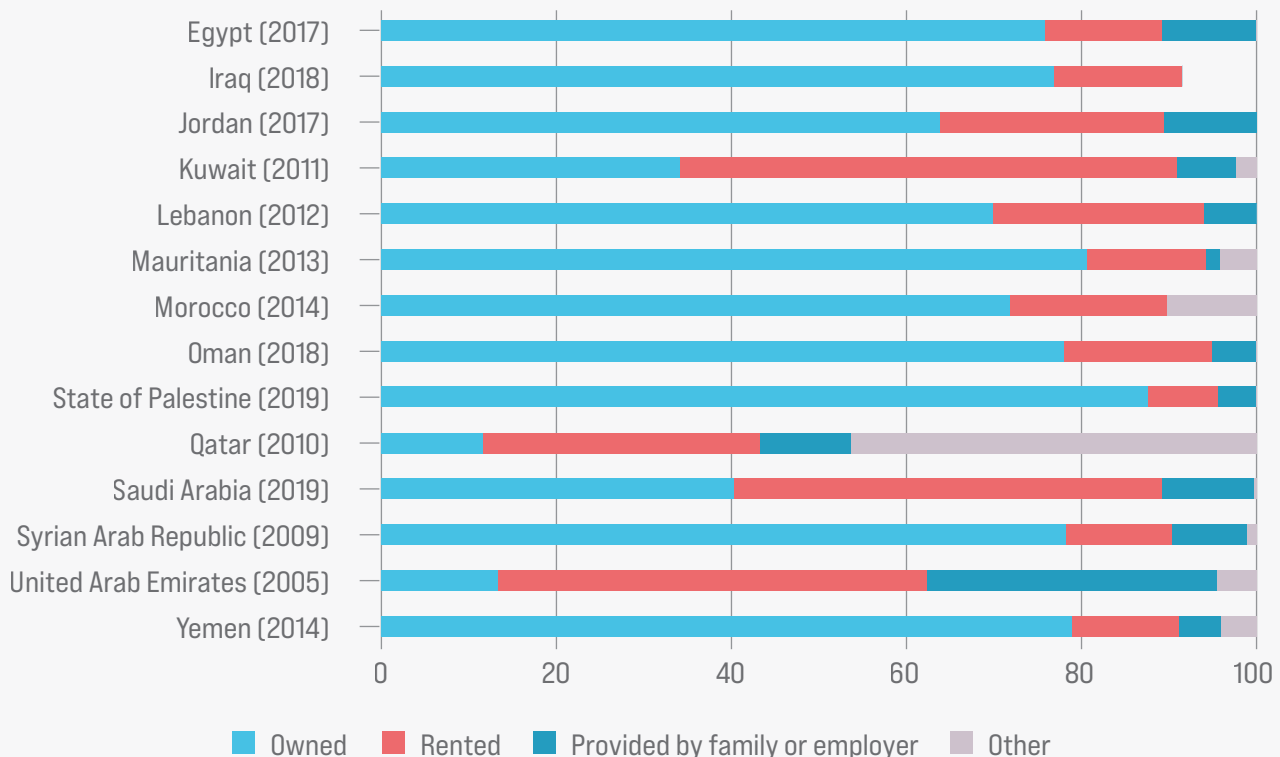
As a percentage of the total population, Qatar (2010), at 12 per cent, has the lowest home ownership rate, and 32 per cent of housing units are rented. Similarly, in Kuwait (2011), just 34 per cent of housing units are owner occupied, while 57 per cent are rented. At 88 per cent, the State of Palestine (2019) has the highest proportion of households living in housing units that they own.

Larger proportions of rural households tend to own their housing units, whereas urban households are more likely to rent (figure 3.2). In

2010, about 74 per cent of rural households lived in owned housing units in Oman, compared with 49 per cent of urban households in that country. In Jordan, in 2017, some 62 per cent of urban households owned their housing units, compared with about 80 per cent of rural households.

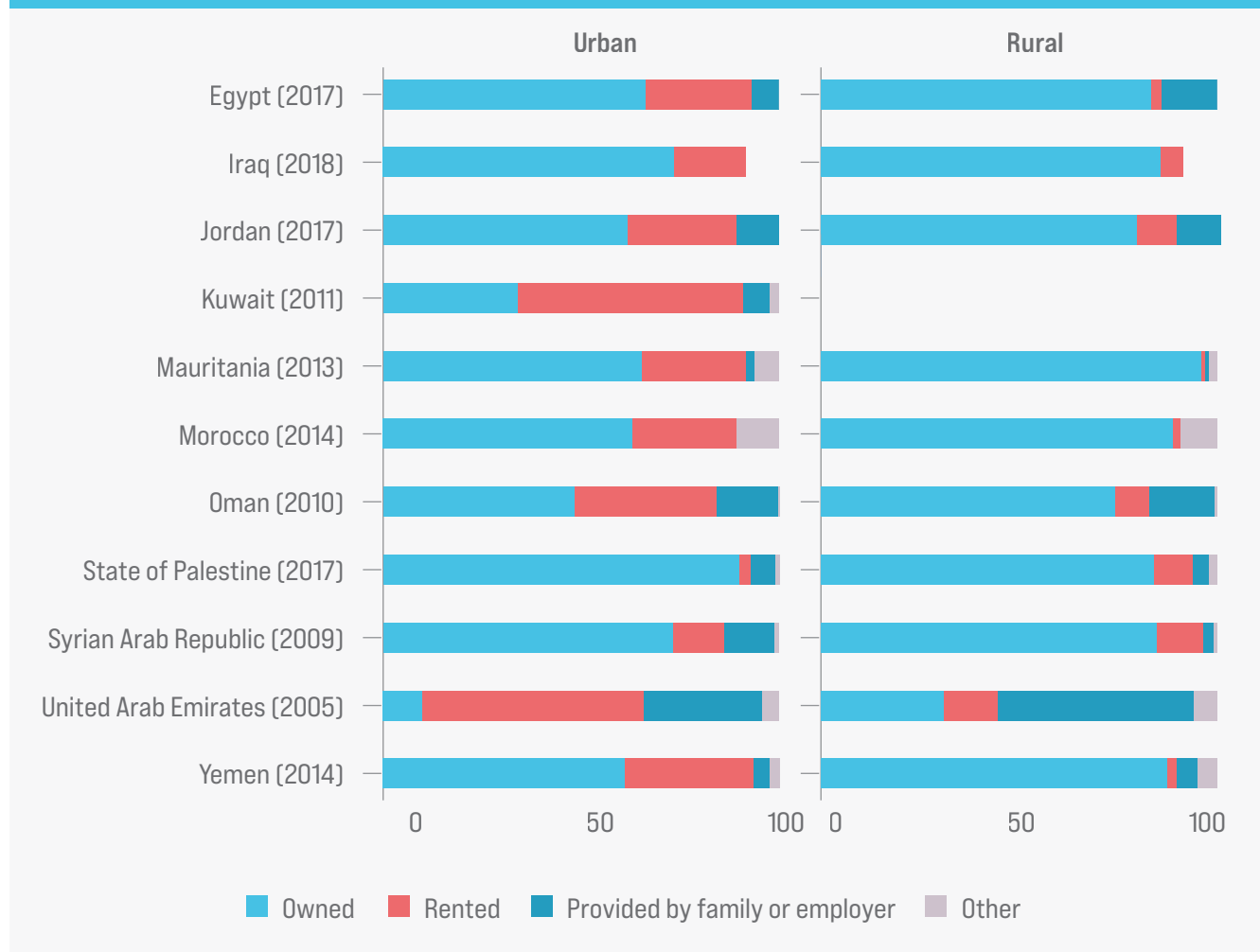
In GCC countries, the proportion of total households occupying housing units that are provided by their employers or families is larger than in other Arab States. In 2019, Saudi Arabia reported that approximately 11 per cent of all households lived in such housing units. In 2011, Kuwait reported that about 7 per cent of households occupied housing units provided by employers or families.

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



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Figure 3.2 Occupied housing units by tenure of housing unit and by area, latest available data (urban or rural), (percentage)



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

## Higher percentages of apartments in urban areas

Apartments are more widespread in urban areas than in rural areas in the ESCWA region (figure 3.3). Estimates from Egypt, Jordan and the State of Palestine (2017) show that apartments are more than twice as prevalent in urban areas as freestanding houses or villas; in Egypt, over 90 per cent of housing units in urban areas are apartments. In Bahrain and Qatar, countries comprised only of urban areas, apartments account for 55 per cent of housing units in Bahrain (2020) and 42 per cent of housing unit in Qatar (2015). Freestanding or independent houses

Apartments are more than twice as prevalent in urban areas as freestanding houses or villas



In Egypt  
**>90%**  
of housing units in urban areas are apartments

and villas are more popular in urban areas of Iraq (2017), Tunisia (2014), Mauritania (2013) and Morocco (2014), where they account for 95, 88, 78 and 76 per cent of housing units, respectively.

Some countries in the region report a significant proportion of housing units that are not defined as apartments or freestanding houses or villas. That category may include separate rooms, institutional housing and improvised housing; the latter of which includes huts, shacks, tents and mobile homes. In rural Mauritania (2013), 56 per cent of housing units are huts, shacks or tents. This is by far the largest proportion in the countries of the ESCWA region.

### Freestanding or independent houses and villas are more popular in urban areas of

Iraq

95%

Mauritania

78%

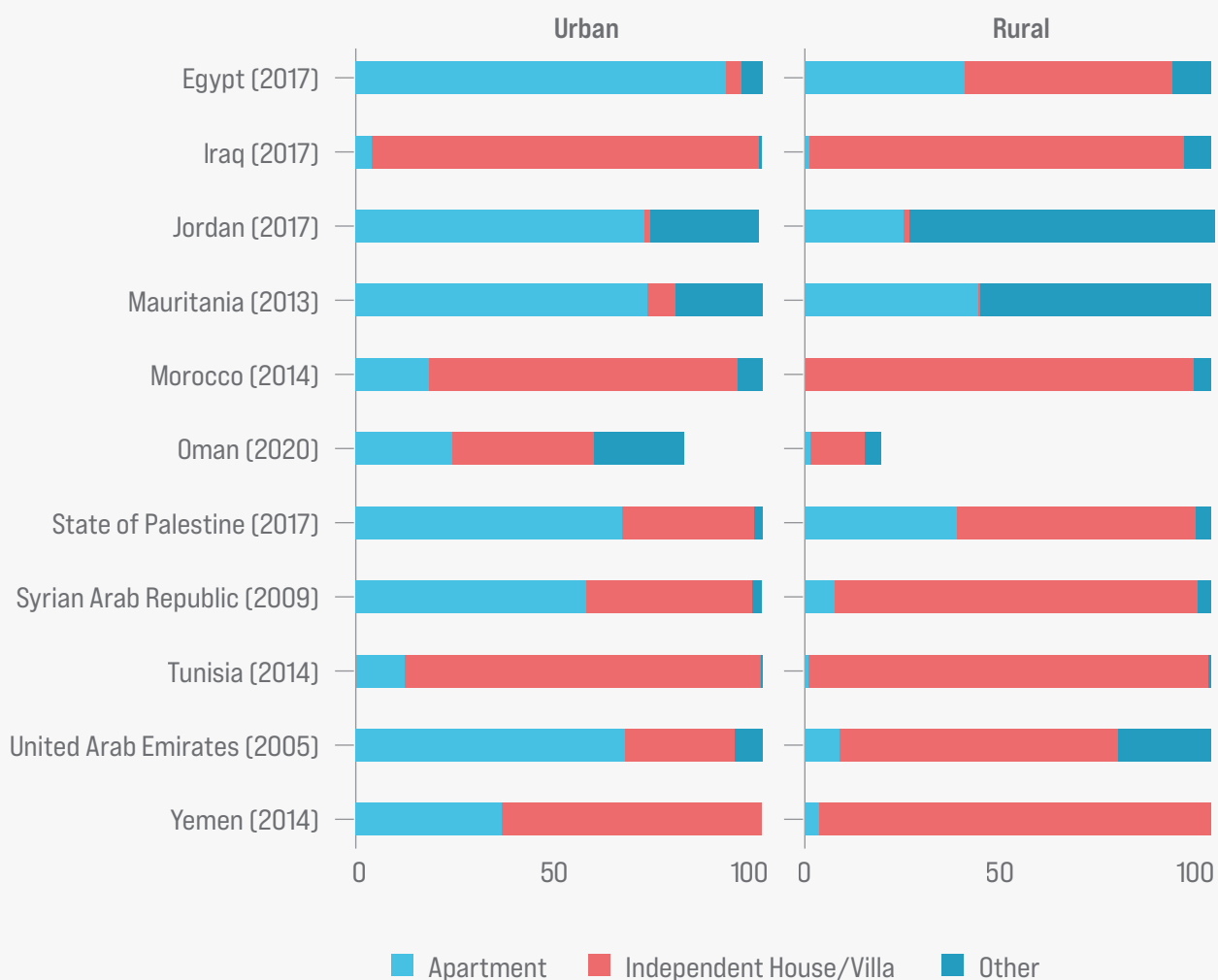
Tunisia

88%

Morocco

76%

Figure 3.3 Occupied housing units by type of living quarters by area, latest available data (urban or rural), (percentage)



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

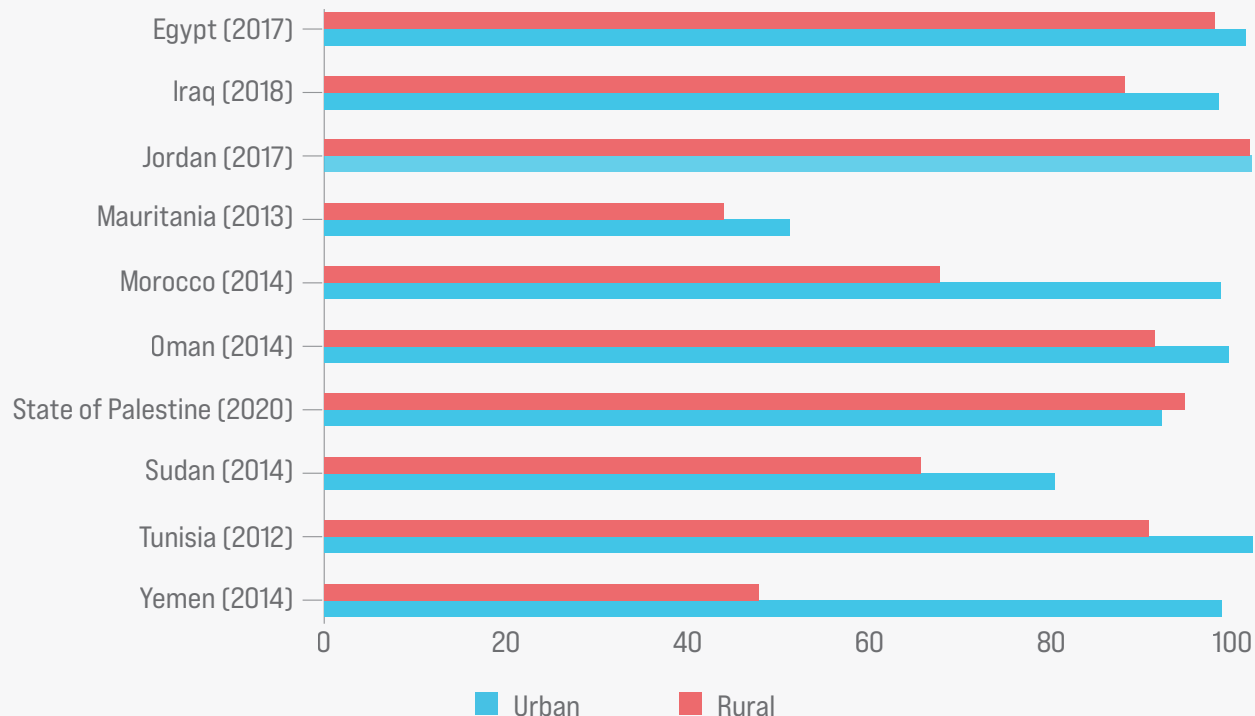


## Wide variation in access to improved drinking water sources

Figure 3.4 shows the estimated proportion of households with access to an improved drinking water source in 10 countries. Safe drinking water sources include a piped source within the dwelling, a public tap, a borehole, a protected well or spring, rainwater and bottled water. In general, those living in urban areas tend to enjoy better access to improved water sources than those living in rural areas. This is not the case in the State of Palestine, however, where urban households are less likely to enjoy access to an improved drinking water source than rural households because of the particular challenges facing the Gaza Strip. In fact, in the Gaza Strip, a largely urban territory, there is widespread use of water delivered by tanker truck, which is not categorized as an improved water source.

According to recent estimates, more than 95 per cent of urban households enjoy access to an improved source of drinking water in 7 out of 10 countries (figure 3.4). Egypt and Jordan (2017) reported notably high percentages in both urban and rural areas (99 and 96 per cent, respectively, in Egypt, and 98 and 97 per cent, respectively, in Jordan). Although access by urban households to improved water sources in the State of Palestine is among the lowest in the ESCWA region, 84 per cent of rural households in that territory have access to clean water sources, the third highest figure for rural households among the 10 reporting countries. The percentage of rural households that enjoy access to improved water sources is significantly lower in Morocco, the Sudan, Mauritania and Yemen, at 66, 64, 48 and 35 per cent, respectively.

**Figure 3.4** Households using an improved drinking water source, by area, latest available data (Urban or rural), (percentage)



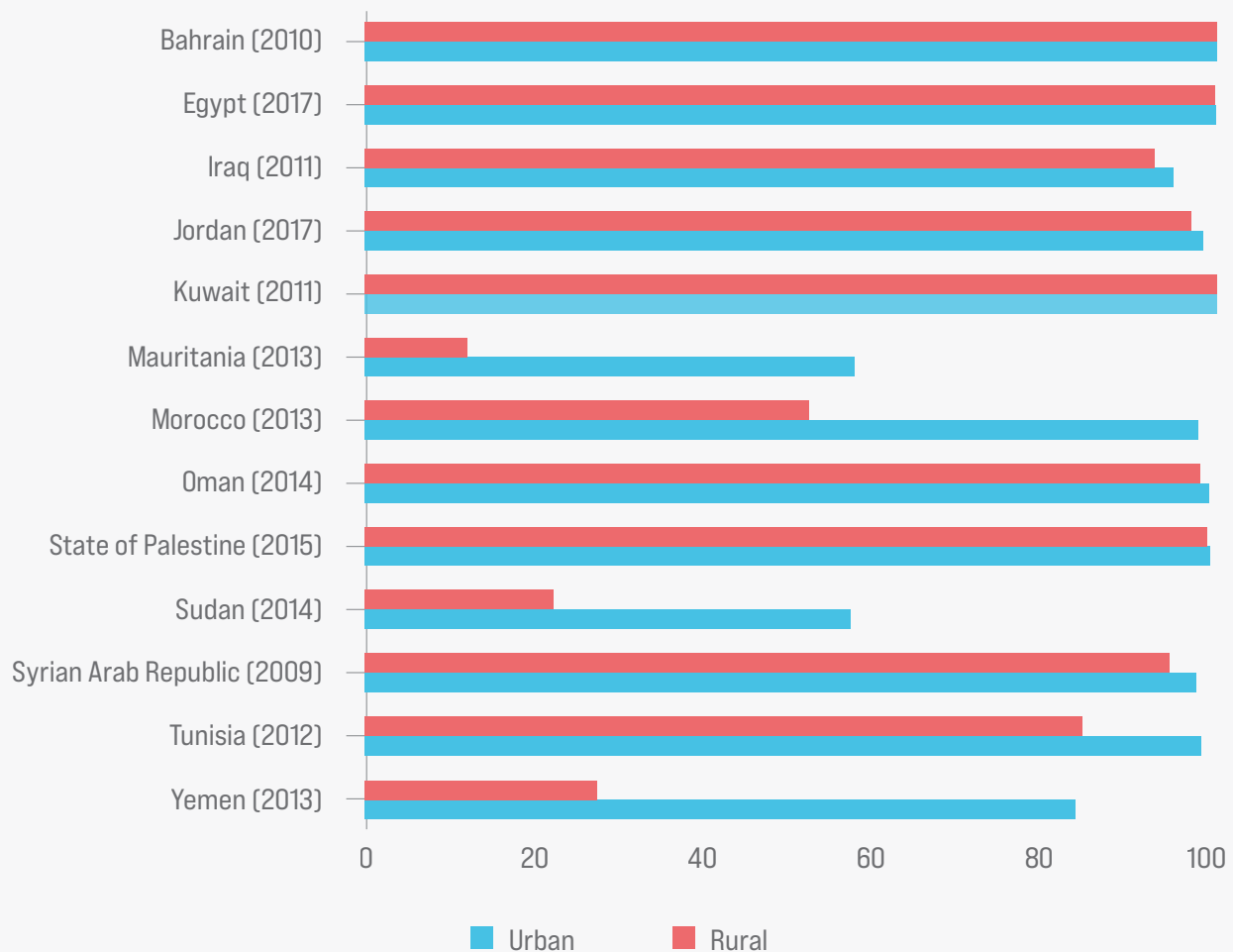
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

## Limited access to improved sanitation in Mauritania, the Sudan and Yemen

Figure 3.5 shows the proportion of households in countries in the ESCWA region that enjoy access to improved sanitation, namely to a modern or traditional flush toilet that empties into a public sewer, a vault, or a septic system. In 10 out of 13 countries, more than 90 per cent of households in urban areas use improved sanitation. The figure is highest in Bahrain, Kuwait and the United Arab Emirates, at 100 per cent, and lowest in Mauritania and the Sudan, at 57 per cent.

The proportion of households using improved sanitation in rural areas is above 80 per cent in six countries (Kuwait has no rural areas) but is very low in Mauritania, the Sudan and Yemen, at, 12, 22 and 27 per cent, respectively. The difference between urban and rural areas in those three countries is stark: in Yemen, it is 56 percentage points and in Mauritania and the Sudan, 45 and 35 percentage points, respectively.

Figure 3.5 Households with access to improved sanitation, by area, latest available data (Urban or rural), (percentage)



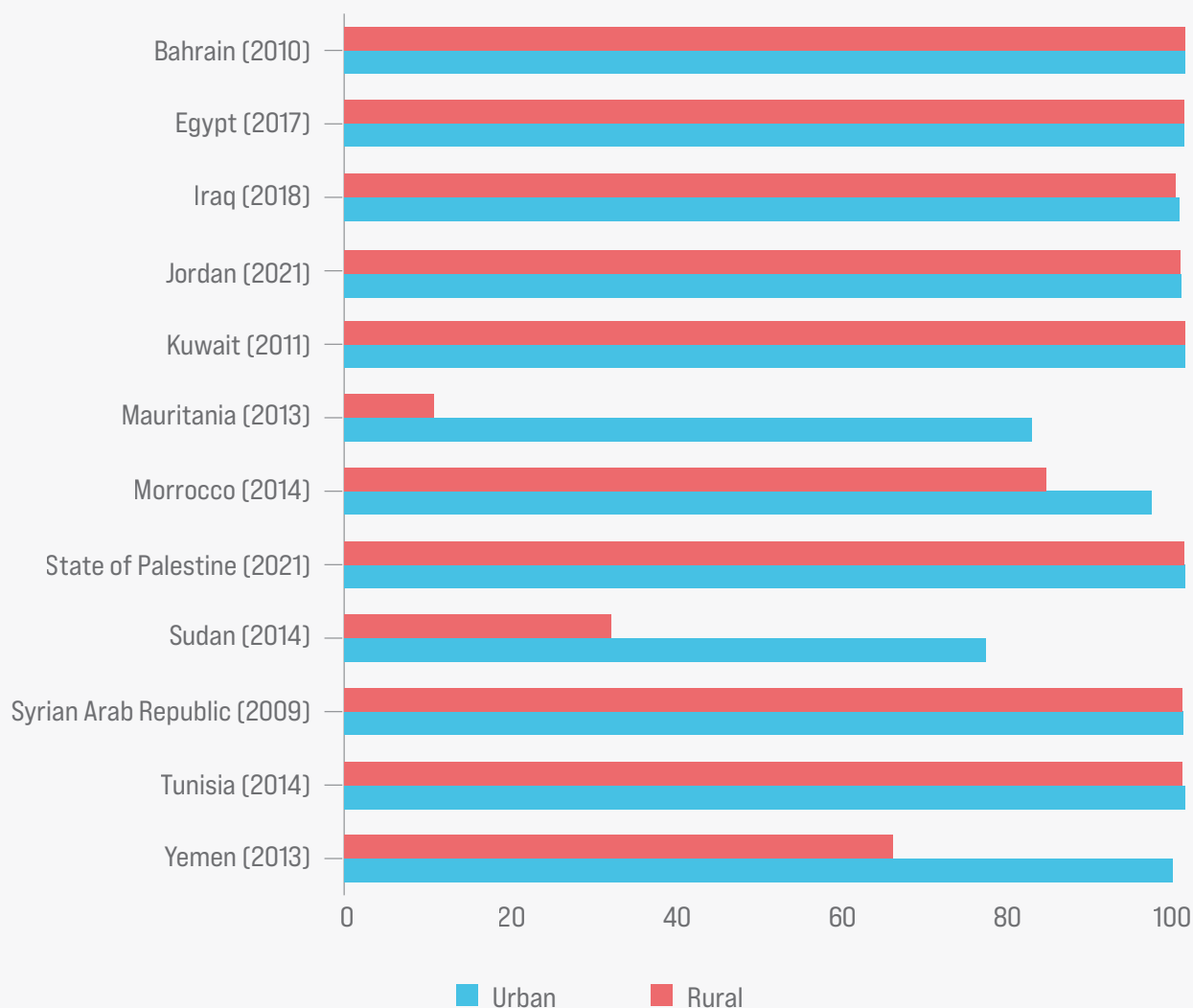
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

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

As shown in figure 3.6, in 10 out of 12 countries, the proportion of households that enjoy access to 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 enjoy access to electricity, compared with only 11 per cent of rural households, while the figures for urban and rural areas in the Sudan are 76 and 32 per cent, respectively.

**Figure 3.6** Households with access to electricity, by area, latest available data (Urban or rural), (percentage)



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Note: In Iraq, the State of Palestine and the Sudan, access to electricity does not mean a continuous supply of electricity.

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

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

A slum household is defined by the United Nations as:

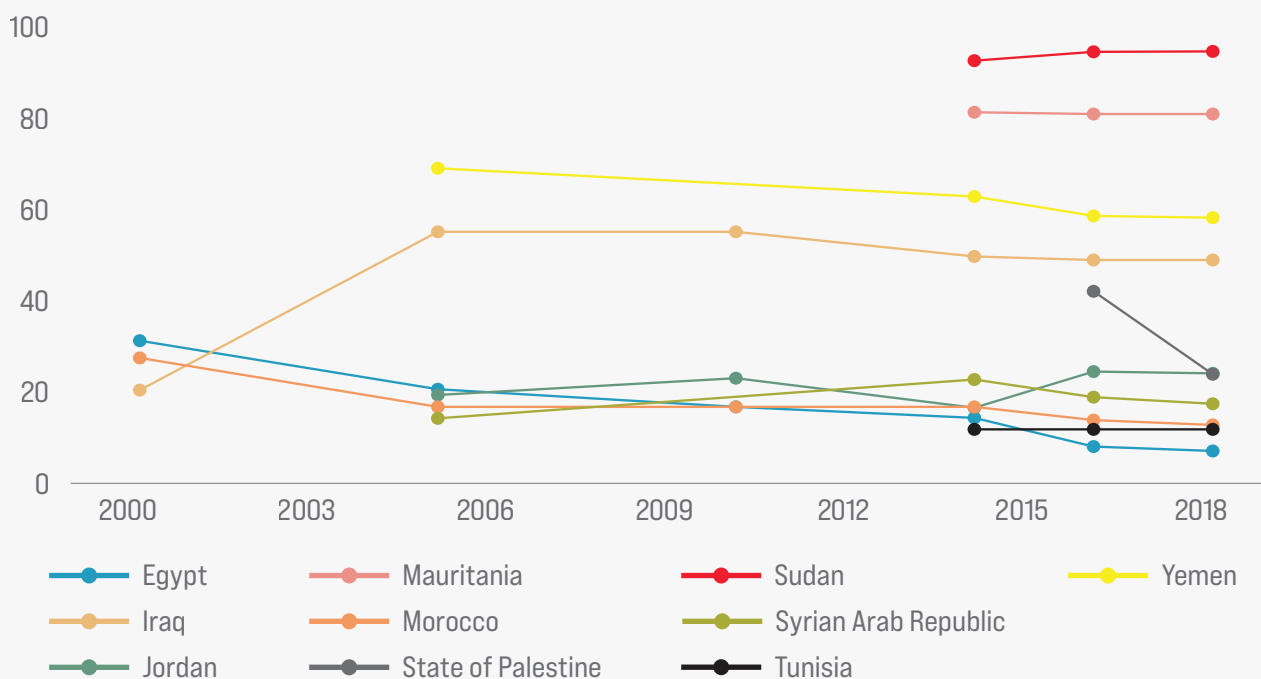
*“a household that lacks one or more of 5 basic services: access to improved water, access to improved sanitation, sufficient living area, quality/durability of structure and security of tenure” (UNSD, 2021).*

Although peripheral areas of many cities across the ESCWA region provide only limited access to livelihoods and to key urban infrastructure facilities, poor families are often compelled to live in those areas because of the prohibitively high cost of housing in more central areas of those cities:

*Slums represent one of the most extreme forms of deprivation and exclusion and remain a critical factor for the persistence of poverty and exclusion in the world – indeed a challenge for sustainable and inclusive urbanization. Research shows that other forms of urban poverty in the form of informal settlements increasingly become a worldwide phenomenon found also in the developed world.*

*At the same time, not all people who live in inadequate housing live in slums but are nonetheless living in very substandard conditions in the urban contexts in which they are situated. The nature of these unsatisfactory living conditions must be captured and better represented in the global, country and city level data to ensure a more robust picture of inadequate housing is documented (UNSD, 2021).*

Figure 3.7 Proportion of the urban population living in slums, informal settlements or inadequate housing, 2000–2018



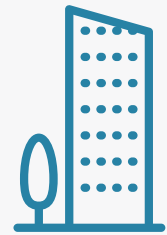
Source: Data provided by UN-Habitat.

Figure 3.7 illustrates the situation in 10 Arab countries that have recently reported data on the proportion of their urban populations living in slums. For that dataset, only the first four “household deprivations” suffered by slum dwellers are considered, namely: access to improved water sources; access to improved sanitation; sufficient living area; and quality/durability of structure. That is due to gaps in availability of data on security of tenure. In 2018, at 94 per cent, the Sudan has the highest percentage of its urban population living in slums, while the lowest percentages are for Egypt, Tunisia and Morocco at 3, 8 and 9 per cent, respectively.

Between 2014 and 2018, the proportion of the urban population living in slums increased in the Sudan and Jordan by two and eight percentage points, respectively. On the other hand, the proportion of the urban population living in slums steadily decreased in Egypt, Iraq, Morocco and Yemen between 2005 and 2018.

### The proportion of the urban population living in slums

↑ **2%** ↑ **8%**  
**Sudan**      **Jordan**  
 between 2014 and 2018



### The proportion of the urban population living in slums steadily

↓ **Egypt, Iraq, Morocco and Yemen**  
 between 2005 and 2018



# Health



# 04

The health of populations is shaped by prevailing sanitary and environmental conditions, the quality and accessibility of health-care services, and the capacity of individuals to make healthy choices in their lives. The following section of the report provides a descriptive account of trends in health status, access to health care and the quality of health-care systems in the ESCWA region on the basis of data provided by national statistical offices and WHO. It is organized as follows: first, contraceptive prevalence, prenatal care, delivery care and maternal mortality across the region are described. This is followed by a brief overview of children's immunization coverage and their nutritional status. Key adult health indicators, namely body-mass index (BMI) and disability status, in addition to indicators related to the health workforce and associated health assets are also reviewed. The section continues with a summary of health expenditure patterns across countries in the ESCWA region.



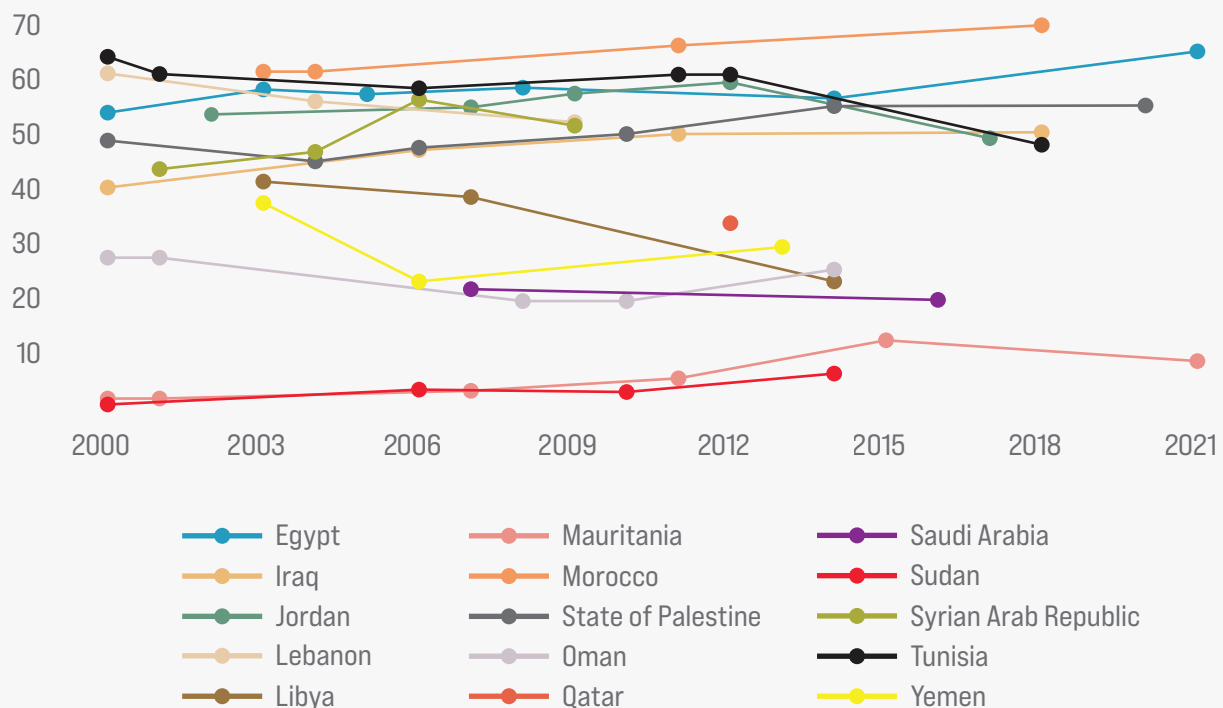
## Most countries show increases in the use of contraception

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, injectable contraceptives, implants, vaginal barriers, female condoms and emergency contraception. Traditional methods include periodic abstinence, withdrawal, the lactational amenorrhea method and folk methods (UNSD, 2015). Contraceptive prevalence increased during the period 2000 to 2021 in most countries of the region (figure 4.1).

Iraq, Mauritania, Morocco and the Syrian Arab Republic have recorded significant increases in contraceptive prevalence rates since 2000. The highest increase among the countries with available data was reported in Mauritania, where the rate more than doubled between 2000 and 2015 from 8 to 18 per cent. Similarly, Egypt, the State of Palestine and the Sudan recorded an increase in use of contraception of between 4 and 10 percentage points during the same period.

A number of countries have shown a decrease in contraceptive use, however. The highest decreases were observed in Libya (17 per cent) and Tunisia (15 per cent). The use of contraception also decreased by between 4 and 8 per cent in Jordan, Lebanon and Yemen.

Figure 4.1 Contraceptive prevalence rates (percentage), 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.



# The number of pregnant women receiving four or more prenatal visits steadily increased in Egypt and Mauritania

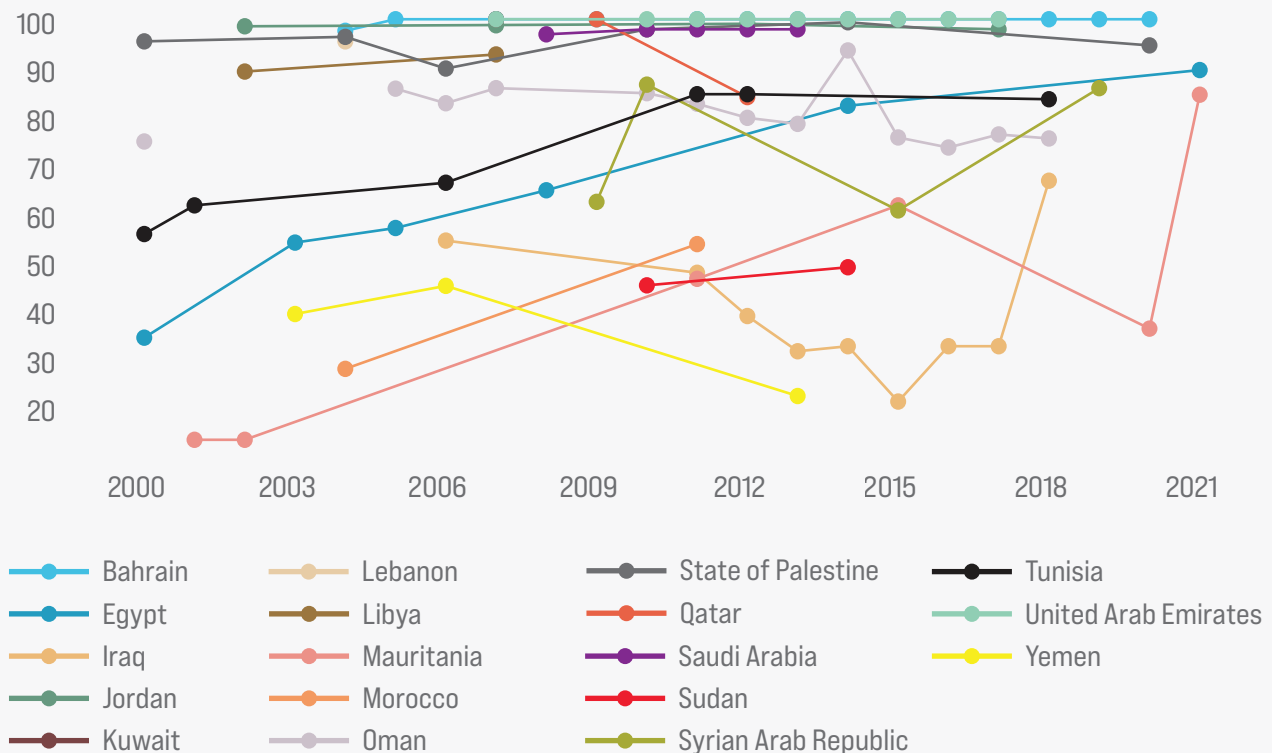
WHO recommends that pregnant women receive a minimum of four antenatal visits by a skilled health professional. Such visits are to include measurements of blood pressure, weight and height and an analysis of urine and blood (WHO, 2011a).

Over 90 per cent of pregnant women received four or more prenatal visits in Jordan, the State of Palestine and most GCC countries during the period 2000 to 2021.

The highest increases in the number of women receiving four or more prenatal visits have been reported by Mauritania and Egypt, at 69 and 53

percentage points, respectively. In Mauritania, the rate was only 16 per cent in 2001, but rose to 63 per cent in 2015 and to 85 per cent in 2021. In Egypt, the rate also steadily increased, from 37 per cent in 2000 to 66 per cent in 2007 and to 90 per cent in 2021. After reporting a sharp decrease, from 56 per cent in 2006 to a low point of 24 per cent in 2015, Iraq showed an increase in the number of pregnant women receiving four or more prenatal visits, to 68 per cent in 2018. Yemen has the lowest percentage of pregnant women receiving a minimum of four prenatal visits (25 per cent), as per its latest available data, reported in 2013.

Figure 4.2 Prenatal care, at least four visits [percentage], 2000 -2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

### Box 4.1 Better maternal health

The maternal mortality ratio and the percentage of births attended by skilled health personnel, two indicators of SDG 3, aiming to “Ensure healthy lives and promote well-being for all at all ages”, have both improved significantly in the ESCWA region in recent decades, although disparities among countries remain (WHO Regional Office for South-East Asia, 2017).

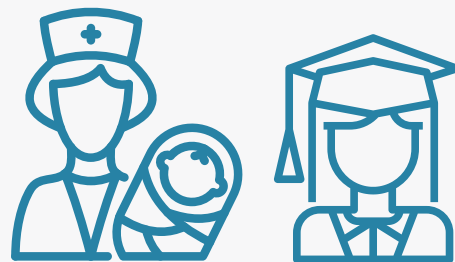
In recent years, many countries in the region have ensured that a high proportion of births are attended by skilled health professional (90 per cent and above). Consequently, the maternal mortality ratio in the region has declined sharply since 2001, especially in the countries with previously high ratios, and 13 countries in the region now report fewer than 50 maternal deaths per 100,000 live births.

## Skilled attendance at the majority of births

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 newborn babies to a doctor (WHO, 2011a).

Overall, the proportion of births attended by a skilled health professional have been high in recent years across the countries of the region, reaching 90 per cent or higher in 14 countries, and 100 per cent in 6 of those countries. GCC countries reported consistently high proportions (at or above 97 per cent) for all years between 2000 and 2020. Low proportions were observed in Mauritania, the Sudan and Yemen, at 70 per cent in 2021, 78 per cent in 2014 and 82 per cent in 2018, respectively. All countries reported increases between 2000 and the latest year for which data has been made available, as shown in figure 4.3. Yemen recorded the highest increase (66 percentage points), with the number

of births attended by a skilled health professional increasing from 16 per cent in 2003 to 82 per cent in 2018.



The proportion of births attended by a skilled health professional have been high in recent years across the countries of the region

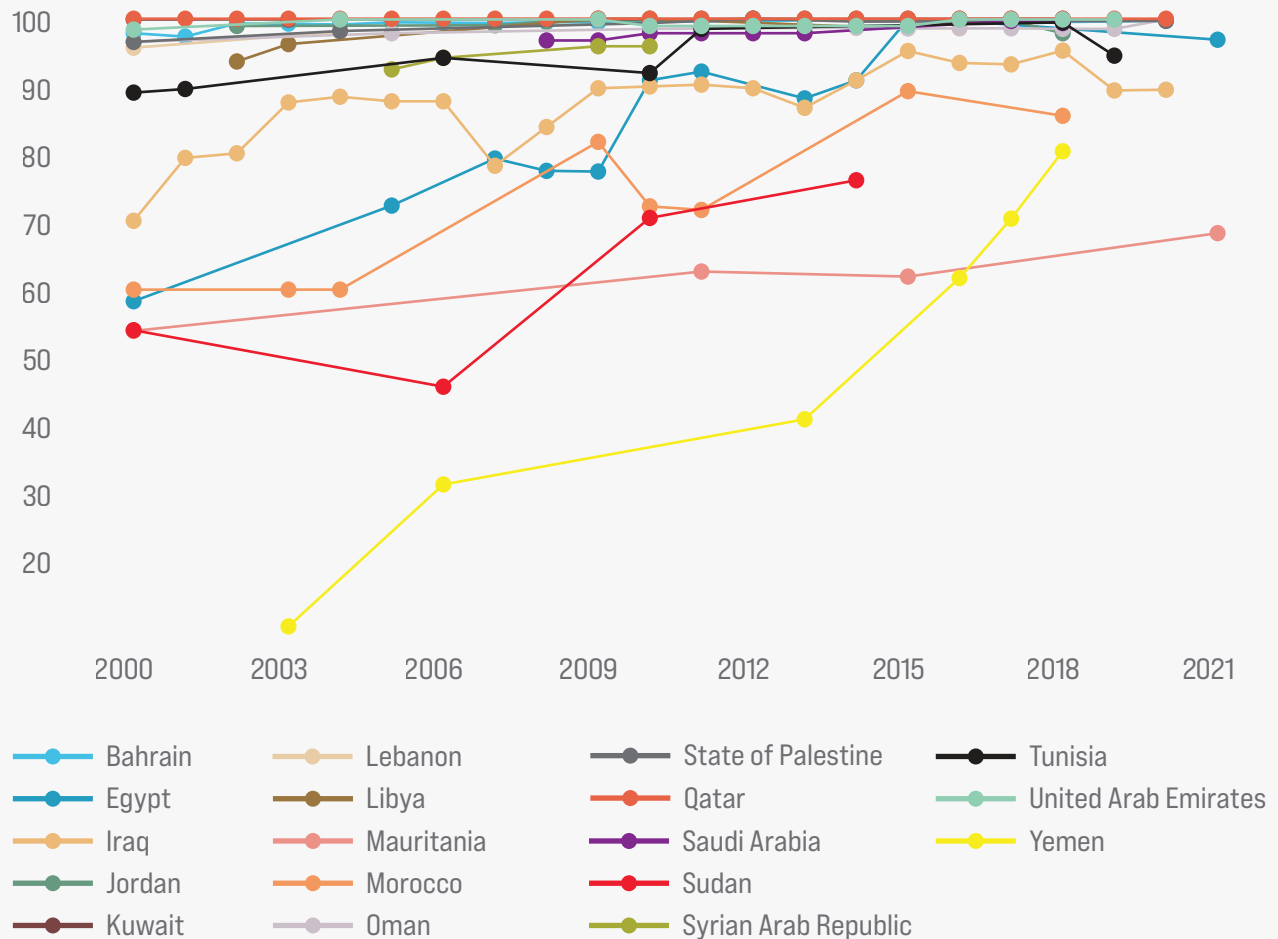
**90%**

in 14 countries

**100%**

in 6 countries

Figure 4.3 Births attended by a skilled health professional (percentage), 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

## High maternal mortality in Mauritania, the Sudan and Yemen

The maternal mortality ratio is defined by WHO as 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 100,000 live births, for a specified period (UNSD, 2016).

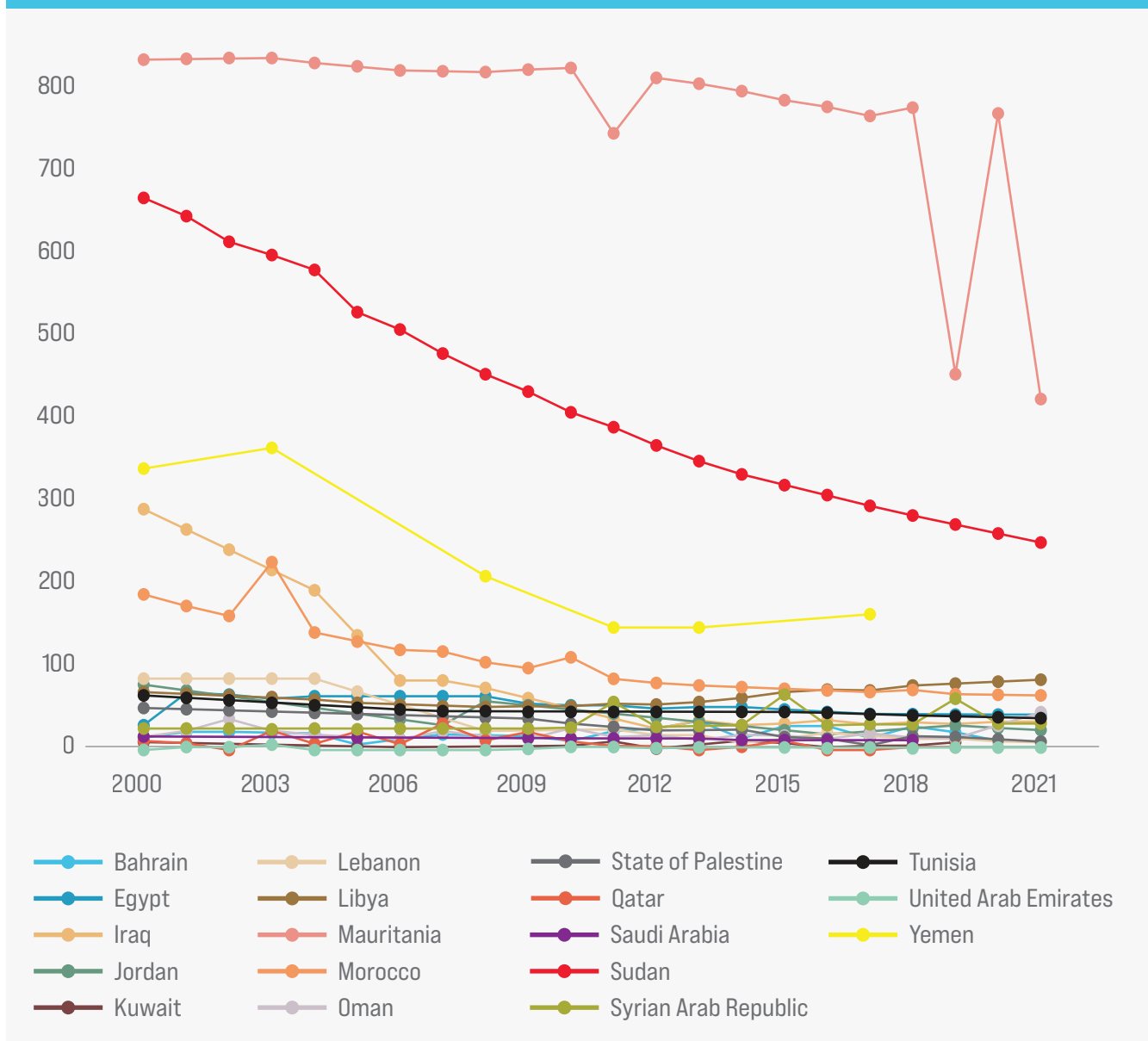
Recent estimates of maternal mortality ratios are below 50 deaths per 100,000 live births in 13 out of the 18 countries in the ESCWA region that have provided estimates since 2001, and are between 50 and 100 deaths per 100,000 live births in 2 countries (Libya and Morocco, respectively 85 and 66 deaths in 2021). The remaining countries report estimates that have varied between 100 and 800 deaths per 100,000 live births in recent

years. In 2021, Mauritania and the Sudan reported the highest maternal mortality ratios (424 and 251 deaths per 100,000 live births, respectively) Yemen reported 164 deaths per 100,000 live births in 2017. The lowest rates were witnessed in Qatar and the United Arab Emirates, which both reported around 3 deaths per 100,000 live births, in 2019 and 2021, respectively.

Maternal mortality in the Arab region has decreased greatly since 2001, especially in

the countries with the highest estimates. In the Sudan, for example, it declined from 667 deaths per 100,000 live births in 2020 to 251 deaths per 100,000 in 2021 (a decrease of 416 per cent). Similarly, in Mauritania, the maternal mortality ratio was estimated at 834 in 2000 but fell to around 424 by 2021 (a decrease of some 410 per cent). Moreover, in Yemen, the ratio decreased by more than half, from 340 deaths per 100,000 live births in 2000 to 164 deaths per 100,000 in 2017.

Figure 4.4 Maternal mortality ratios (deaths per 100,000 live births), 2000–2021



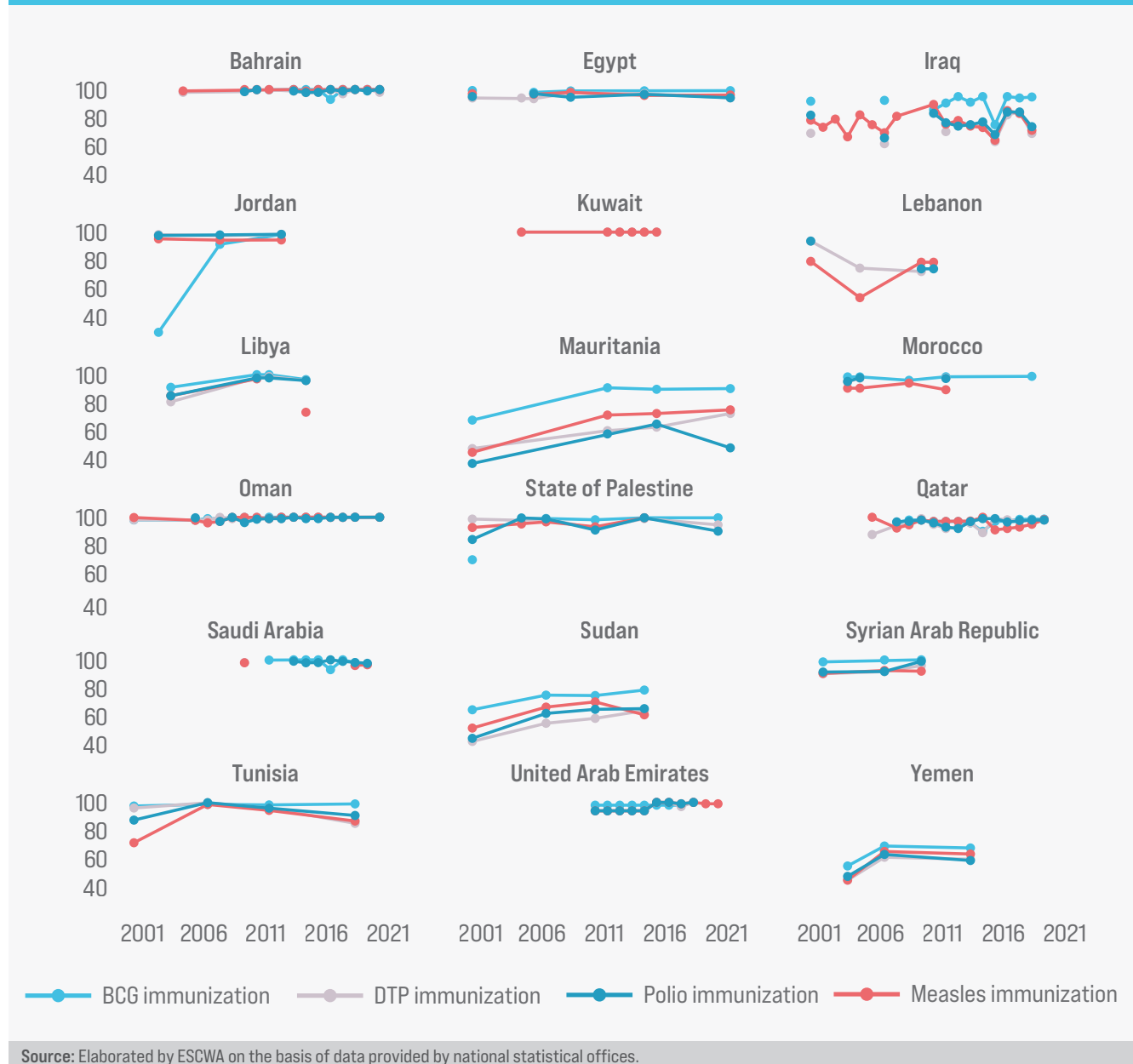
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

# High childhood immunization coverage in most countries

Immunization is an effective approach to reducing under-5 mortality. Immunization coverage rates for BCG (anti-tuberculosis), DTP 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, 2015).

Figure 4.5 Immunization coverage rates [percentage], 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Over the last two decades, immunization coverage of children under 2 years of age has increased in most countries in the region. Large increases have been observed in Jordan for BCG (from 29 per cent in 2002 to 93 per cent in 2017), in Yemen for DTP (from 45 per cent in 2003 to 78 per cent in 2018) in Mauritania for measles (from 45 per cent in 2000 to 75 per cent in 2021) and in the Sudan for polio (from 44 per cent in 2000 to 65 per cent in 2014). The smallest gains were observed in the GCC countries, where immunization rates for all four of the vaccines highlighted in this report have been high for most of the observed period and are now, by all recent estimates, at or above 97 per cent.

Aside from the GCC countries, vaccination rates are also high in Egypt (2021) and the State of Palestine (2021): in those two countries, more than 94 per cent of children

receive the DTP, BCG, measles and polio vaccines. In some countries, vaccination rates vary by type. In Libya and Morocco, for example, DTP, BCG and polio vaccination rates are all above 95 per cent, but fewer than 90 per cent of children are vaccinated against measles. Moreover, in Iraq in 2018 around 95 per cent of children had received the BCG vaccine, 69 per cent had received the DTP vaccine, 71 per cent had received the measles vaccine and 74 per cent had received the polio vaccine. The lowest vaccination rates among children have been reported in the Sudan, where, in 2014, only 64 per cent and 61 per cent of children had received the DTP and BCG vaccines, respectively, in Yemen, where only 68 per cent of children had been vaccinated against measles in 2018, and in Mauritania, where only 48 per cent of children had been vaccinated against polio in 2021.

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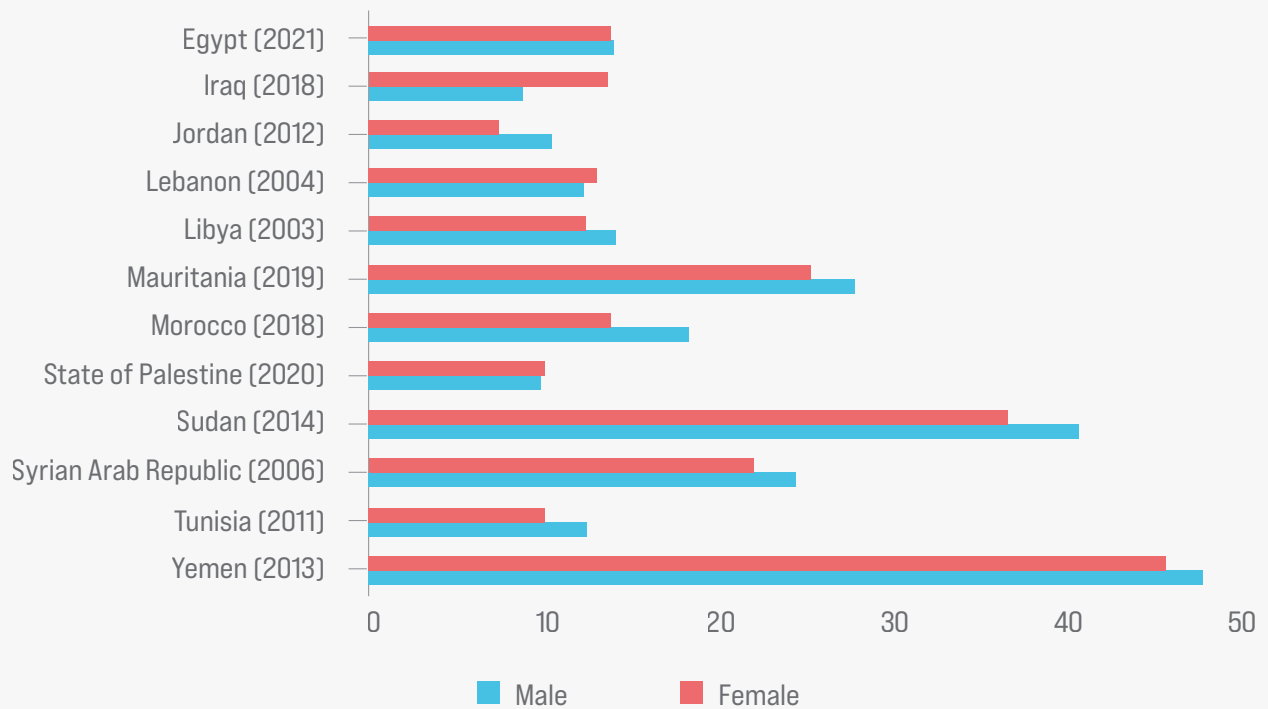
## Poor child nutrition in Mauritania, the Sudan and Yemen

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Nutrition is a primary determinant of child health and well-being. The nutritional status of children is usually 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). According to WHO, stunting may be the result of long-term inadequate nutrition or of recurrent or chronic illness (WHO, n.d.a). Wasting results from inadequate nutrition, possibly caused by recent illness or acute food shortages. Being underweight 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.

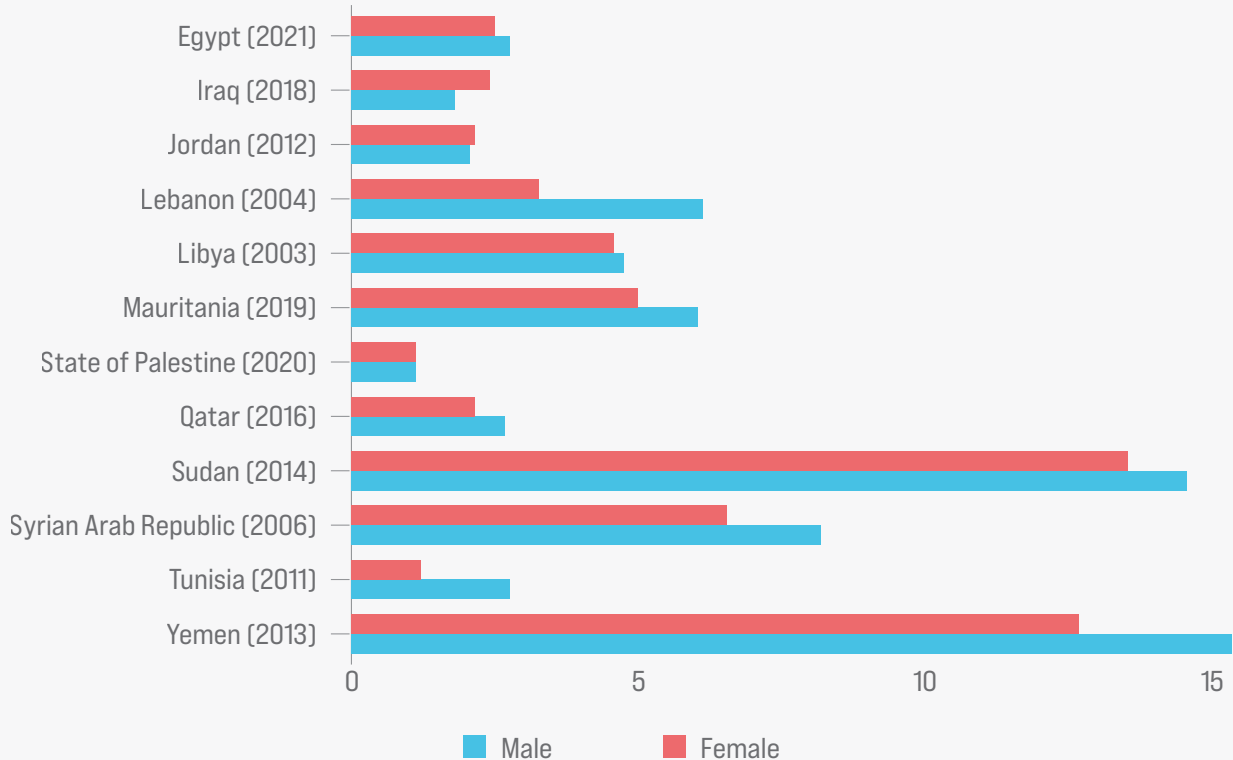
Egypt reported in 2021 that around 13 per cent of children were stunted. The nutritional status of children in Mauritania, the Sudan and Yemen is particularly poor compared with the rest of the region; Yemen reported in 2018 that around 46 per cent of children were stunted, the highest rate in the region, followed by the Sudan at 38 per cent (2014) and Mauritania at 26 per cent (2021). Bahrain, at 1.9 per cent (2018), followed by Jordan at 8 per cent (2012), Tunisia at 8 per cent (2020) and the State of Palestine at 9 per cent (2020) are the countries reporting the lowest rates of stunting. As shown in the figure, boys are generally more likely to be stunted than girls, but differences by sex are rather small. The largest differences by sex were observed in the Sudan (2014) and Iraq (2018), both of which reported a 5 per cent difference in the rates of stunting for boys and girls.

Figure 4.6 Stunting by sex, latest available data



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Figure 4.7 Wasting by sex, latest available data



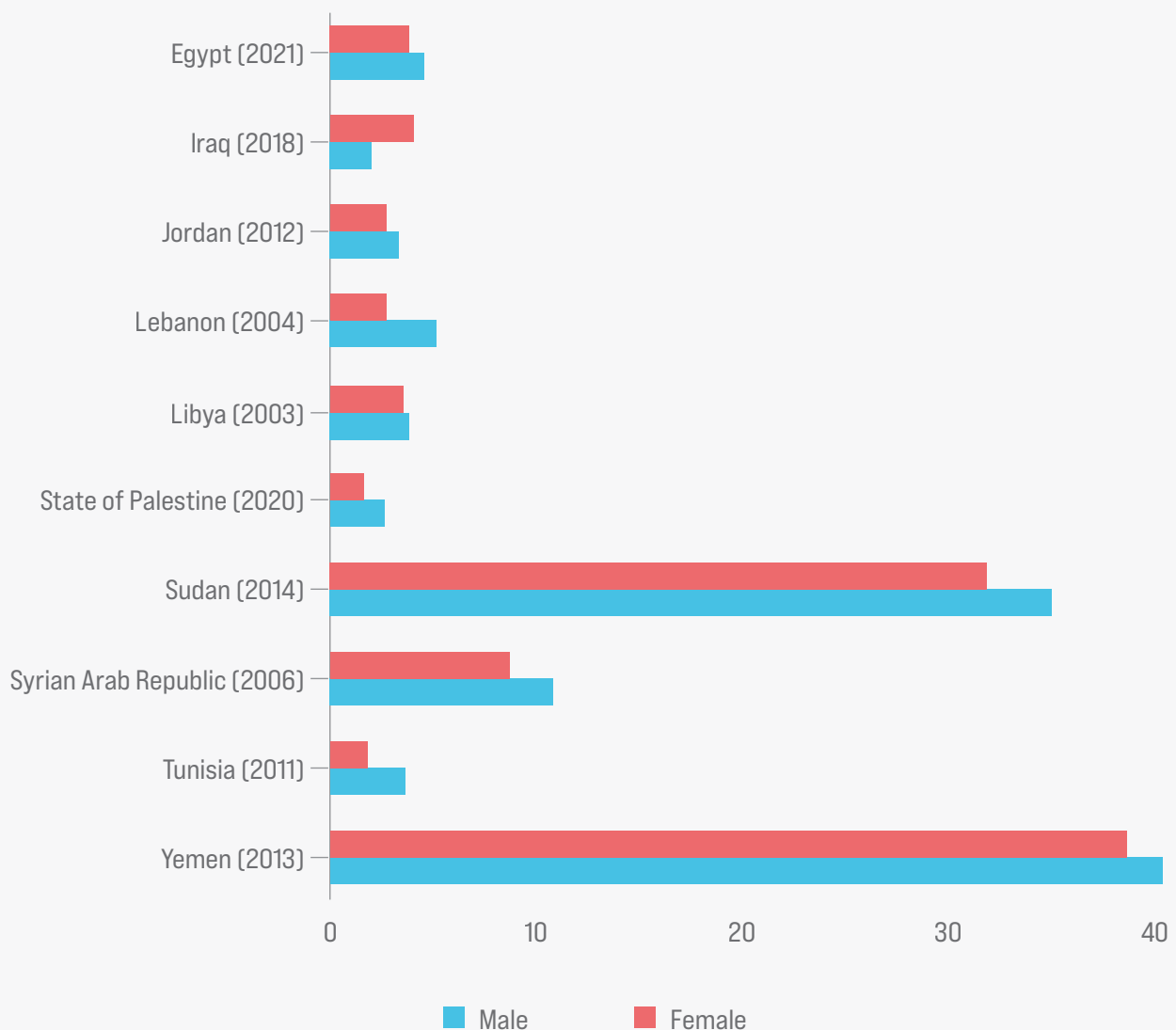
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Wasting is less common than stunting in all countries for which recent data are available. In all countries, fewer than half as many children are wasted as are stunted. Yemen (2013) and the Sudan both report that 16 per cent of children are wasted (2014), the highest rates in the region, followed by Mauritania at 15 per cent (2015). The lowest rate is reported in the State of Palestine, at 1 per cent (2020). The largest disparities in wasting prevalence between boys and girls is observed in Lebanon (2004) and Yemen (2013), both at 3 percentage points.

The proportion of children who are underweight is reported to be below 10 per cent in all countries for which recent data are available, with the notable exception of Mauritania, the Sudan and Yemen, which are all categorized as low-income countries.

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.

Figure 4.8 Underweight by sex, latest available data



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.



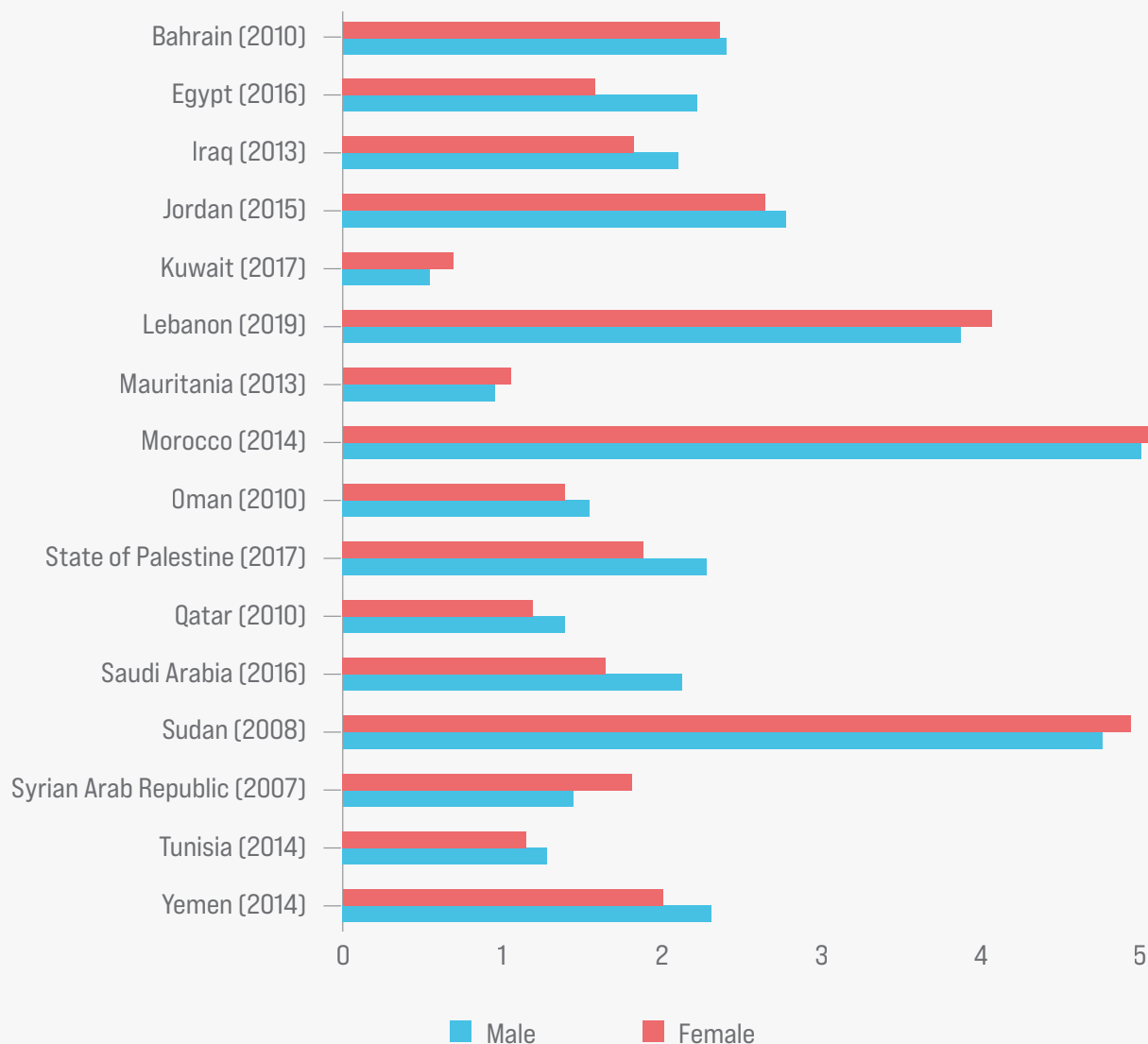
# Prevalence of disabilities in Morocco and the Sudan

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).

from approximately 1 per cent of men and women in Kuwait (2017), Mauritania (2013), Qatar (2010), the Syrian Arab Republic (2007) and Tunisia (2014) to 5 per cent of men and women in Morocco (2014) and the Sudan (2008). Rates are similar for men and women, with all countries reporting gender gaps of less than one percentage point.

Figure 4.9 shows the most recent available data on disability prevalence rates, which range

**Figure 4.9** Disability prevalence, by sex, latest available data (percentage)



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

## Increasing obesity rates across the Arab region: higher prevalence among women than men

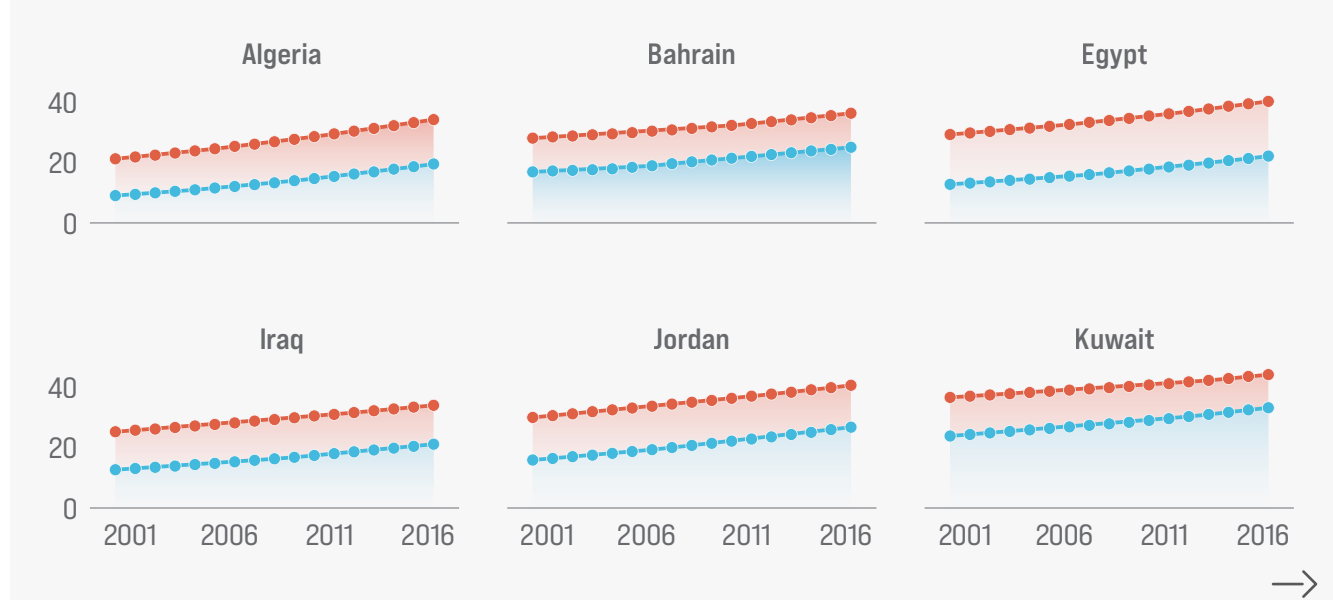
Being overweight or obese can contribute to a range of adverse health conditions, including heart disease, high blood pressure, diabetes and chronic indigestion. Obesity can be measured using BMI, which, for an individual, expresses weight relative to height. According to WHO, an individual with a BMI of 30 or more is generally considered obese, and an individual with a BMI equal to or more than 25 is considered overweight.

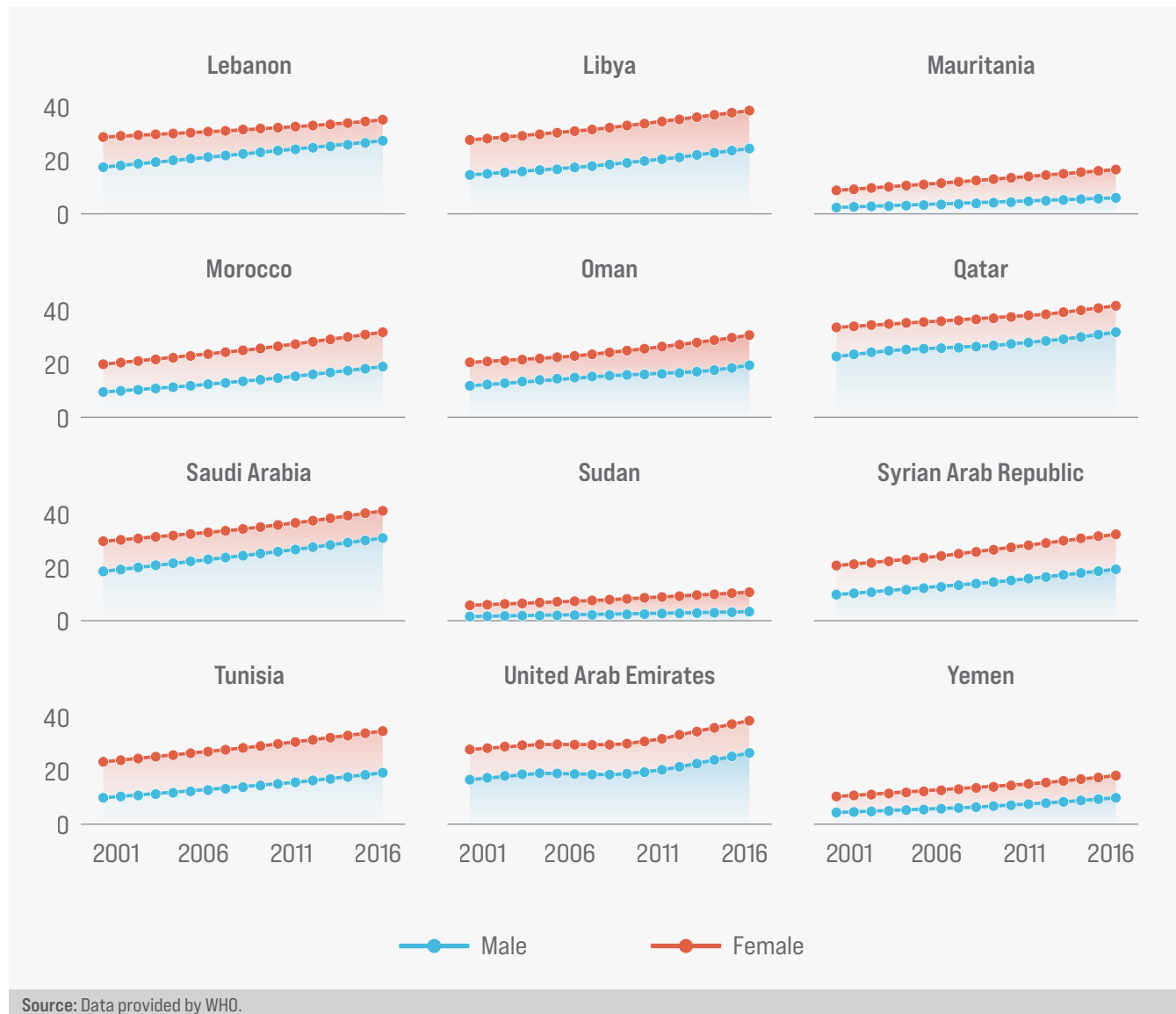
WHO has noted that obesity is increasing throughout the Arab region, especially among women. Obesity is particularly high in the GCC countries: in 2016, 44 per cent of women and 33 per cent of men in Kuwait were obese, the highest proportions in the region. Kuwait was followed by Qatar, where 42 per cent of women and 32 per cent of men were obese. Outside the GCC countries, Jordan and Egypt reported the highest proportions of women who were obese (both at 40 per cent in 2016), whereas Lebanon

reported the highest proportion of men who were obese (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 in 2016 (at 40 per cent and 22 per cent respectively). From 2000 to 2016, obesity among women in Egypt increased by 11 percentage points, whereas among men it increased by 9 per cent.

Since 2000, obesity among women has increased fastest in Morocco and Tunisia (by 12 percentage points). The largest observed increase in obesity among men has been in Saudi Arabia, where the percentage of men who were categorized as obese increased from 19 per cent in 2000 to 31 per cent in 2016, an increase of 12 percentage points. Obesity is lowest but increasing slightly in the Sudan; in 2000, only 2 per cent of men and 6 per cent of women were obese, but those figures had increased to 3 per cent and 11 per cent, respectively, by 2016.

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



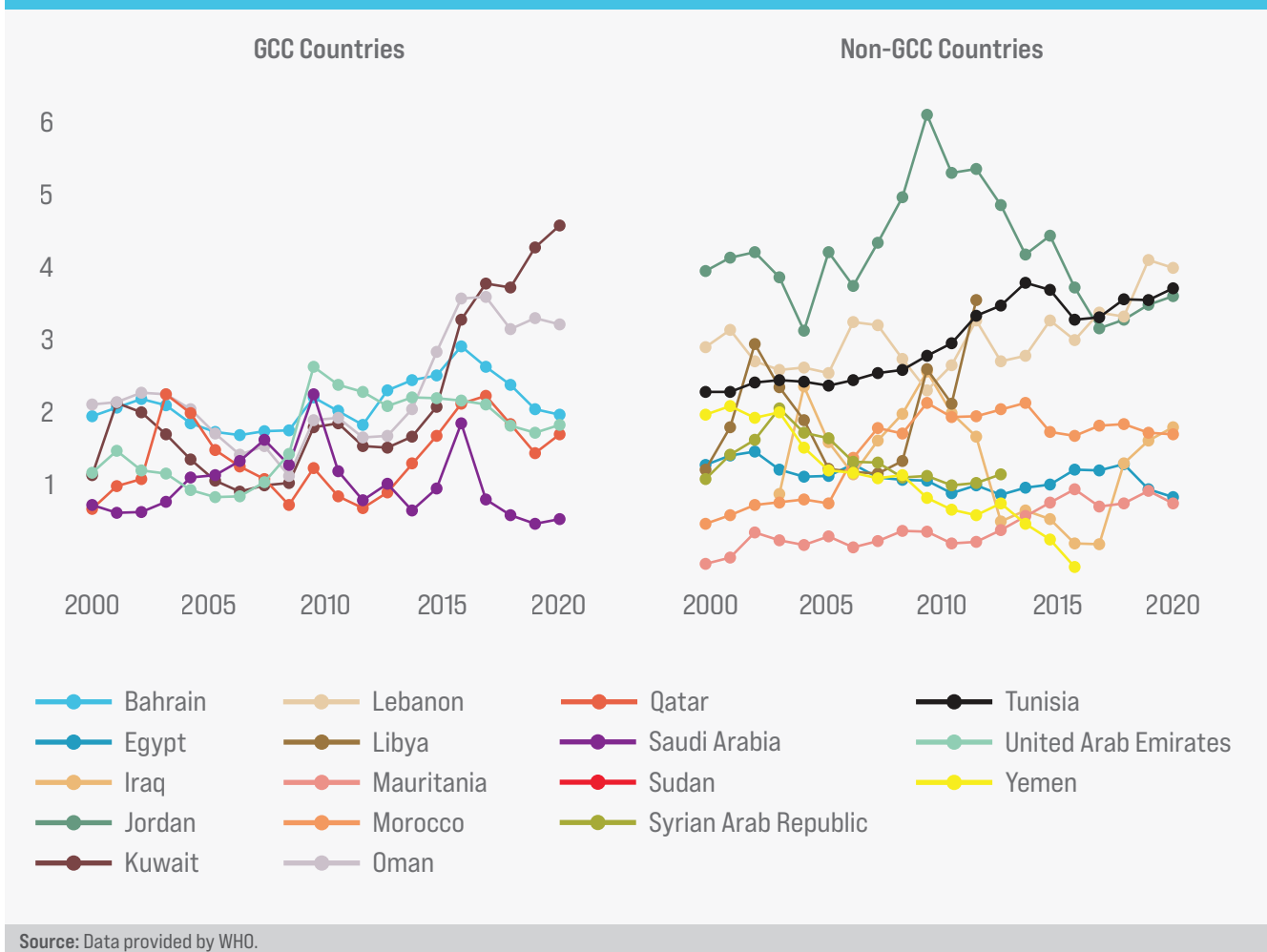


## Almost no changes in government expenditure on healthcare as a share of gross domestic product

Adequate financing of healthcare is critical as it facilitates access to health-care services and can thus enhance the health status of populations. Figure 4.11 and figure 4.12 show government health-care expenditure as a share of gross domestic product (GDP) and per capita government expenditure.

In 2019, of the countries for which recent data were available, government healthcare expenditure as a share of GDP ranged from 1 to 5 per cent; the lowest being in Saudi Arabia and the highest in Kuwait. Between 2000 and 2019, most Arab countries reported either a negligible decrease or a slight increase in government expenditure on health as a percentage of GDP.

Figure 4.11 Expenditure on healthcare as a percentage of gross domestic product, 2000–2019



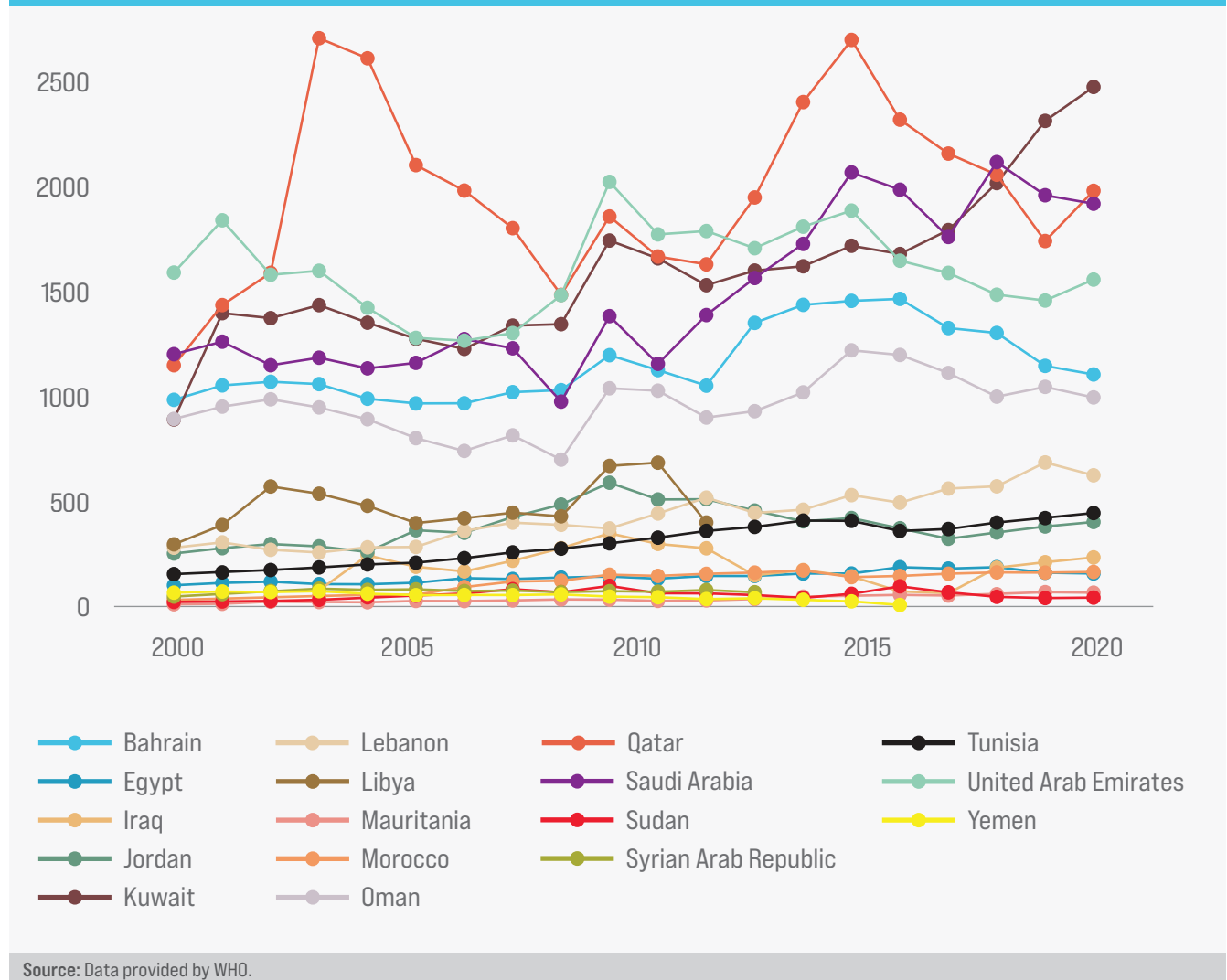
Source: Data provided by WHO.

## Per capita government expenditure on health is increasing in GCC countries

A review of per capita government healthcare expenditure across the region (at purchasing power parity and converted to United States dollars at average exchange rates) reveals that the GCC countries spent most on health care in 2019, most notably Kuwait, Qatar and Saudi Arabia, whose per capita expenditure stood at \$2,488, \$1,991 and \$1,930, respectively. The countries that spent least on health care in 2019 were the Sudan, Mauritania, Egypt and Morocco, whose per capita expenditure was \$46, \$70, \$162 and \$169, respectively.

All countries for which data are available increased their per capita expenditure on health care between 2000 and 2019, with the exception of the United Arab Emirates. The highest numerical increases during that time period were reported by the GCC countries; per capita government expenditure on health in Kuwait increased by \$1,590, the highest in the region, while Qatar, the country that made the second largest increase, increased expenditure by \$834.

Figure 4.12 Per capita government expenditure on health, 2000–2019 [Converted into United States dollars at purchasing power parity]

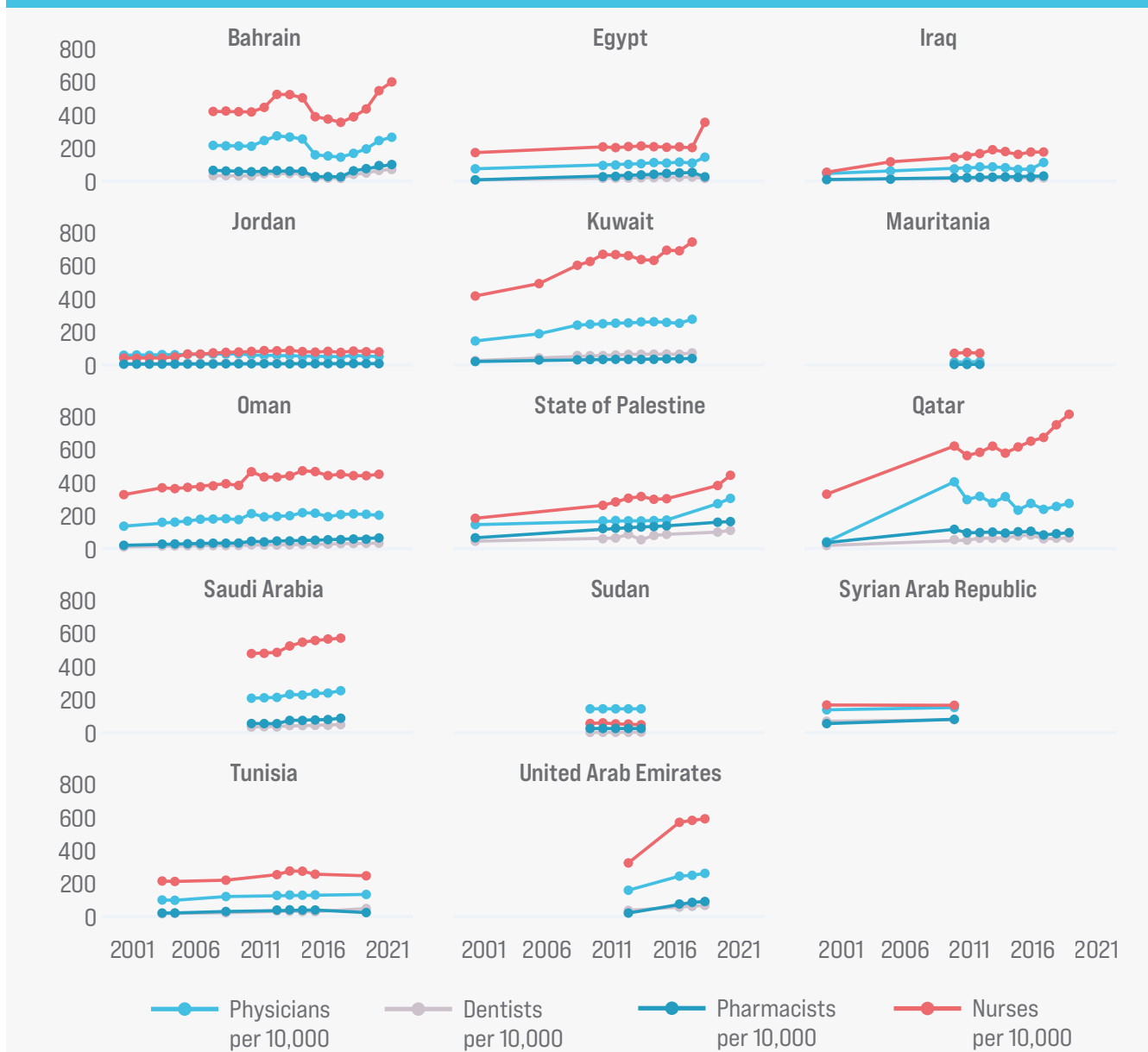


## Wide variation in the density of healthcare personnel

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, the GCC countries, Lebanon and the State of Palestine reported the highest density of physicians per 10,000 population in the region (ranging from 20 to 30 physicians per 10,000 population). The lowest density of physicians was in Mauritania and Yemen (2 physicians per 10,000 population) and Iraq (10 physicians per 10,000 population). Eight

countries, namely Bahrain, Kuwait, Libya, Oman, Qatar, Saudi Arabia, the State of Palestine and the United Arab Emirates, reported that there were between 42 and 81 nurses per 10,000 population. Other countries reported that there were between 2 and 21 nurses per 10,000 population. Little data has been made available on the number of pharmacists in the countries of the region. It appears, however, that the highest density of pharmacists per 10,000 population is to be found in the GCC countries and the State of Palestine.

Figure 4.13 Density of health-care personnel per 10,000 population, 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

The density per 10,000 people of physicians, nurses and pharmacists has increased in recent years in most countries in the region, but there is no uniform trend to that increase. The largest increases in the number of physicians and nurses have been in Qatar, where the number of physicians increased from 4 per 10,000 population in 2000 to 27 per 10,000 in 2019, while the number of nurses increased from 18 per 10,000 population in 2000 to 44 per 10,000 in 2019. The smallest increases in the number of physicians

and nurses have taken place in Egypt, where the number of physicians increased from 7 to 9 per 10,000 population between 2000 and 2021 and the number of nurses increased from 17 to 20 per 10,000 population over the same time period. The State of Palestine has experienced the largest increase in the number of pharmacists (from 6 to 16 per 10,000 population between 2000 and 2020) and the smallest increase has occurred in Iraq (from 1 to 2 pharmacists per 10,000 population between 2000 and 2021).

# Number of hospitals steadily increasing in the region

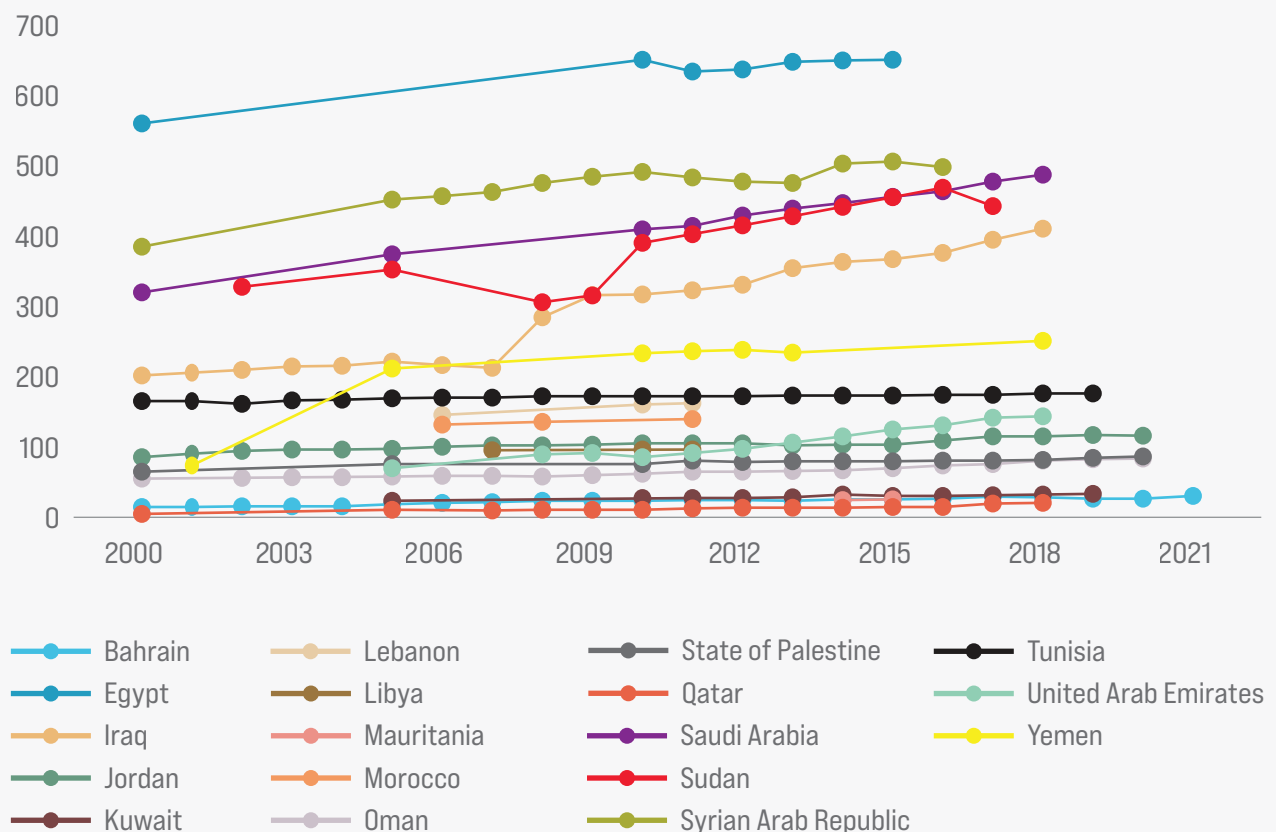
Hospitals are institutions providing health-care services, ranging from prevention to treatment and operations, rehabilitation and teaching. They employ a wide variety of health personnel, including technicians, nurses and physicians, in addition to administrative personnel.

As per the latest available data, Egypt has the highest number of hospitals of any country in the Arab region (660 hospitals in 2015). In general, more populous countries tend to have more hospitals. However, Morocco, the fifth most populous country in the region, ranked tenth in terms of the number of hospitals (141 hospitals in 2011). The less populous countries of the region, namely Bahrain, Kuwait, Mauritania and Qatar, report having the

lowest number of hospitals, (30 in 2021, 33 in 2019, 25 in 2015 and 20 in 2018, respectively).

Increases in the number of hospitals have been observed in all countries of the region that have reported data since 2000. The highest increase in the number of hospitals has taken place in Iraq (from 204 hospitals in 2000 to 416 in 2018), followed by Yemen with an increase of 180 hospitals (from 74 in 2001 to 254 in 2018) and Saudi Arabia with an increase of 170 hospitals (from 324 in 2000 to 494 in 2018). The smallest increases between 2000 and 2020 were recorded in Bahrain (from 14 to 30 hospitals) and the State of Palestine (from 65 to 87 hospitals).

Figure 4.14 Number of hospitals, 2000–2021



Source: ESCWA on the basis of data provided by national statistical offices.



# Coronavirus Disease (COVID-19)





# 05

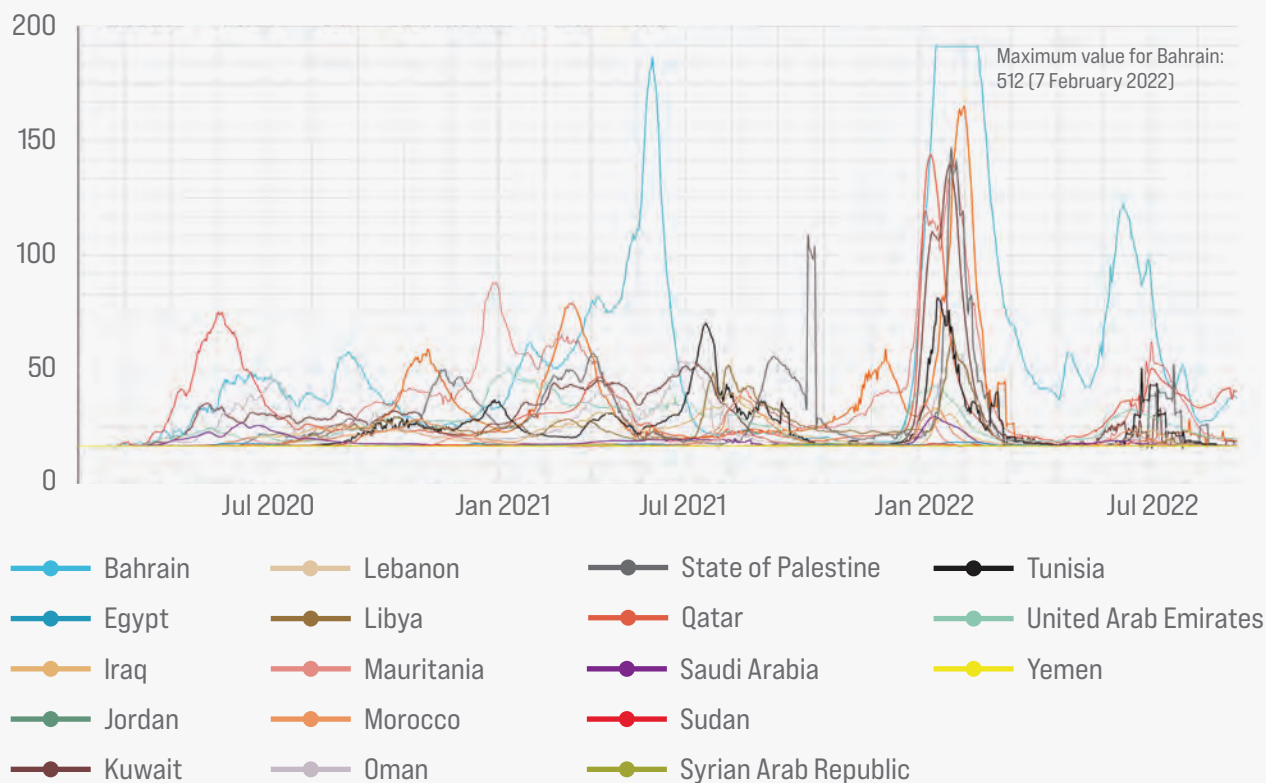
The COVID-19 pandemic continues to affect the ESCWA region at a time when many economies in the region are struggling to address the negative repercussions of armed conflict and mounting fiscal pressures. Although vaccination and other concerted policy and health efforts have proved effective, the pandemic has, nonetheless, had a significant negative impact on the lives and livelihoods of people from all social and economic backgrounds, and particularly on the most vulnerable members of society.

Data for this section are drawn from the online COVID-19 dashboard maintained by Johns Hopkins University (JHU) (Dong, Du and Gardner, 2020) and the Our World in Data (OWID) website. Additional data have been provided by national statistical offices, facilitating a broad overview of three important tracking measures, namely confirmed cases, confirmed deaths and vaccination rates. Data are presented on the basis of seven-day averages. Estimates for excess mortality from the COVID-19 pandemic are also included to provide insight into the true impact of the pandemic on the population.

Figure 5.1 displays the seven-day average of new confirmed COVID-19 cases per 100,000 population in individual Arab countries between February 2020 and September 2022. After the initial surge in cases at the beginning of the pandemic in March 2020, there were two subsequent spikes in mid-2021 and at the beginning of 2022 caused by global spread of two dominant variants, namely Delta and Omicron. For the Delta variant, the timing of localized peaks in the number of cases varied considerably across Arab countries. For the Omicron variant, localized peaks were concentrated within the same two to three month period, with more rapid surges in cases occurring compared to the Delta variant. There may be several underlying causes for those differences, including the variants' transmission rates, changes to travel and quarantine policies, and the response of governments and citizens to the diffusion of those variants.

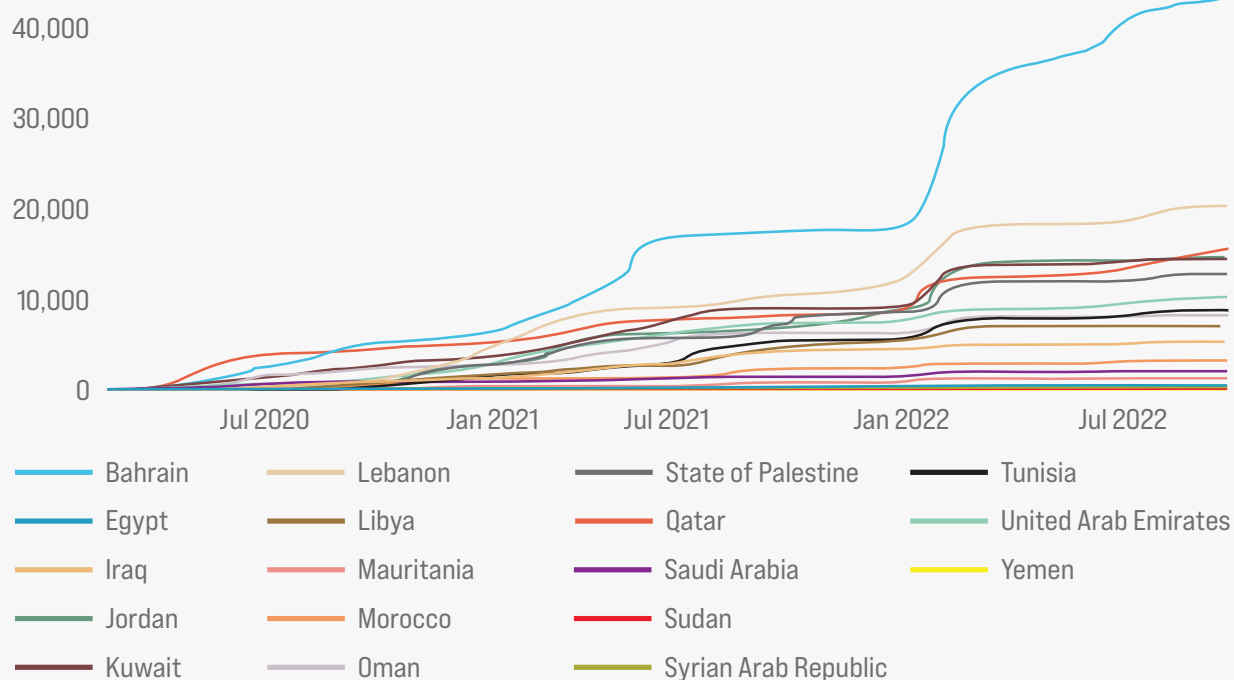
On a cumulative basis, Bahrain, Jordan, Kuwait, Lebanon and Qatar have reported the highest numbers of cases per capita in the ESCWA region (figure 5.2). It is critical to note that the number of confirmed cases is highly dependent on the availability of COVID-19 tests, as well as government policies and protocols on testing and reporting. However, data on tests performed and positivity rates are not available for all Arab countries and testing policies and implementation have varied widely across countries and at different periods of the pandemic, making comparisons across time and countries particularly challenging.

Figure 5.1 Smoothed seven-day average of new confirmed COVID-19 cases per 100,000 population, February 2020 to September 2022



Source: Elaborated by ESCWA on the basis of data obtained from national statistics offices, OWID and JHU COVID-19 dashboard.

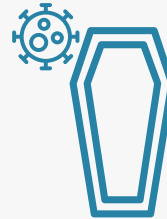
Figure 5.2 Number of cumulative confirmed COVID-19 cases per 100,000 population, February 2020 to September 2022



Source: Elaborated by ESCWA on the basis of data obtained from national statistics offices, OWID and JHU COVID-19 dashboard.

## Deaths due to COVID-19 highest in Tunisia, followed by Lebanon

Figure 5.3 shows the number of cumulative deaths from COVID-19 relative to the population in Arab countries. Tunisia reported the highest number of deaths at almost 240 deaths per 100,000 people, followed by Lebanon at slightly over 190 deaths. During the spread of the Delta variant, there was a rapid increase in deaths while during the peak of the Omicron variant, there were significantly fewer fatalities.



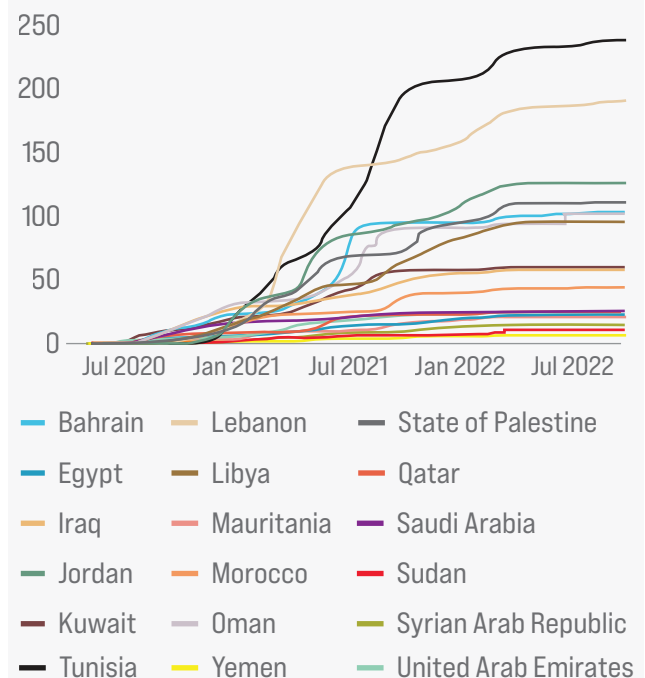
Reporting deaths, including those caused by COVID-19, has been a long-standing challenge facing poor, developing countries.

## The number of deaths due to COVID-19 may be far higher than reported, particularly in poorer countries

Reporting deaths, including those caused by COVID-19, has been a long-standing challenge facing poor, developing countries that lack the requisite healthcare and reporting infrastructure. The below figures may not, therefore, accurately represent the true number of deaths caused by COVID-19.

The total number of deaths occurring during the pandemic may, in fact, be far higher than the number of COVID-19 deaths reported. Indeed, WHO estimates that a total of 14.9 million excess deaths occurred during the pandemic in 2020 and 2021 (WHO, 2022a). The number of excess deaths is simply the difference between the number of deaths that occurred and the number that would have been expected on the basis of mortality data for the years preceding the pandemic. Excess deaths include deaths that occurred directly from COVID-19 or indirectly from other health conditions for which people were unable to receive treatment because of overburdened health systems.

Figure 5.3 Number of cumulative confirmed COVID-19 deaths per 100,000 population, February 2020 to September 2022



Source: Elaborated by ESCWA on the basis of data obtained from national statistics offices, DWID and JHU COVID-19 dashboard.

**Table 5.1** Number of cumulative confirmed deaths due to COVID-19 cases per 100 thousand population, January 2020 to December 2021

	Reported COVID-19 deaths	Reported COVID-19 mortality rate (per 100,000)	Estimated excess deaths	Estimated excess mortality rate (per 100,000)	Ratio between excess mortality rate and reported COVID-19 mortality rate
Algeria	6 280	7.5	54 400	65.1	8.7
Bahrain	1 390	48.0	3 920	134.7	2.8
Egypt	21 800	10.9	265 000	133.3	12.2
Iraq	24 200	36.9	183 000	280.1	7.6
Jordan	12 700	53.5	27 000	114.4	2.1
Kuwait	2 470	28.5	3 560	41.1	1.4
Lebanon	9 120	105.0	36 100	416.2	4.0
Libya	5 710	45.4	36 700	292.1	6.4
Mauritania	866	10.9	7 990	100.5	9.2
Morocco	14 800	21.6	157 000	228.5	10.6
Oman	4 120	47.5	12 300	141.5	3.0
State of Palestine	4 660	48.9	12 600	132.2	2.7
Qatar	618	10.7	1 560	27.0	2.5
Saudi Arabia	8 880	12.5	32 900	46.4	3.7
Somalia	1 330	2.6	89 000	172.1	66.8
Sudan	3 330	4.3	83 600	108.5	25.1
Syrian Arab Republic	2 900	6.6	27 100	61.7	9.4
Tunisia	25 600	114.4	72 500	324.2	2.8
United Arab Emirates	2 160	21.1	9 340	91.3	4.3
Yemen	1 980	3.3	65 600	108.0	33.0

Source: All-cause mortality data collected from national sources and other secondary sources. To consult the data used as inputs in these analyses, see Global Health Data Exchange (n.d.).

### Box 5.1 Number of deaths due to COVID-19 may be far higher than reported, particularly in poorer countries

To estimate and deepen understanding of the true impact of the COVID-19 pandemic on mortality, collaborators across the world have formed a coalition to calculate excess deaths on the basis of historical data and widely accepted models. The table above shows summary statistics for each country, including reported deaths due to COVID-19, estimated excess deaths during the COVID-19 pandemic, the ratio of the two as a measure of estimated underreporting, and reported and excess COVID-19 mortality rates.

Those estimates show that over a two-year period, from January 2020 to December 2021, almost 1.2 million excess deaths in the Arab region may be attributed to the COVID-19 pandemic (COVID-19 Excess Mortality Collaborators, 2022). In terms of the ratio between reported COVID-19 deaths and estimated excess deaths, figures for countries in the region range from just 1.4 for Kuwait (a relatively low underreporting of deaths) to 66.8 for Somalia, which means that most deaths caused by COVID-19 may have not been reported.

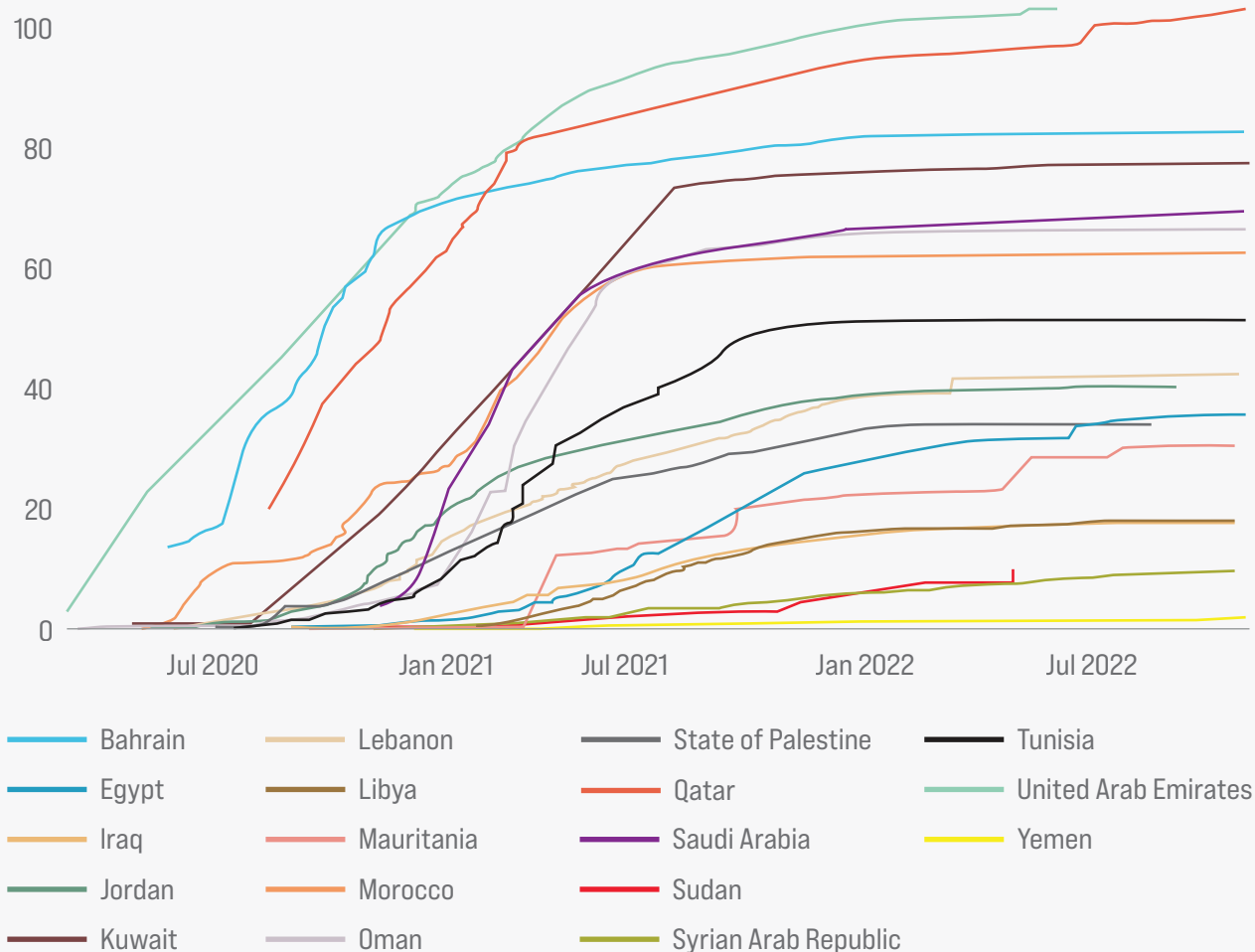
# Widely varying vaccination rates across Arab countries

According to WHO (2022b), safe and effective vaccines are available that provide strong protection against serious illness, hospitalization and death from COVID-19. The rollout of effective COVID-19 vaccines began in early 2021. Although they are becoming more widely available, they are not yet fully accessible to those living in most countries in the Arab region.

Emirates have exceeded 100 per cent vaccination due to the vaccination of non-residents. Apart from those two countries, only Bahrain, Kuwait, Morocco, Oman, Saudi Arabia and Tunisia have vaccinated over 50 per cent of their populations. While GCC countries have the highest rates in the region, conflict-affected countries, including the Sudan, the Syrian Arab Republic and Yemen, have significantly lower vaccination rates or have been unable to provide updated data on vaccination.

Among Arab countries, Qatar and the United Arab

Figure 5.4 Population that completed the initial COVID-19 vaccination protocol between January 2021 and September 2022 [percentage]



Source: Elaborated by ESCWA on the basis of data obtained from national statistics offices, OWID and JHU COVID-19 dashboard.



# 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 in the region as a whole, necessitating an increase in both the human and financial resources earmarked for education. This chapter provides a brief overview of formal education in ESCWA member countries using data obtained, primarily, from national statistical offices and UNESCO. It focuses on adult and youth literacy, educational attainment, pupil-teacher ratios and government expenditure on education, and reveals that literacy in the Arab region has increased in recent years, but that literacy rates are higher among men than among women.

Figure 6.2 shows literacy rate trends for young men and women aged 15 to 24 years. Young people tend to be more literate than the overall adult population (those 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 broader adult population. Iraq and Morocco have 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.

### Box 6.1 Adult literacy

Recent estimates indicate that adult literacy exceeds 90 per cent in 9 of the 18 countries reviewed in figure 6.1, with nearly all of those countries showing gains since 2000. For example, the adult literacy rates of men and women in Morocco increased by 36 and 31 percentage points, respectively, between the years 2000 and 2018. Adult men tend to be more literate than women throughout the region, particularly in North Africa. In Mauritania in 2017 and Morocco in 2018, the percentage of literate men was about 20 and 19 points higher than that of women, respectively. At about 16 percentage points, the difference was particularly large in Libya in 2004, while the difference was estimated at some 15 percentage points in Yemen in 2005. The difference was also high in Tunisia in 2014 and in the Syrian Arab Republic in 2010 (at 14 percentage points in both countries). In Jordan, the gender gap in adult literacy rates has narrowed over time: in 2010, some 96 per cent of men were literate compared with 89 per cent of women, whereas in 2018, literacy rates were 99 and 98 per cent, respectively.

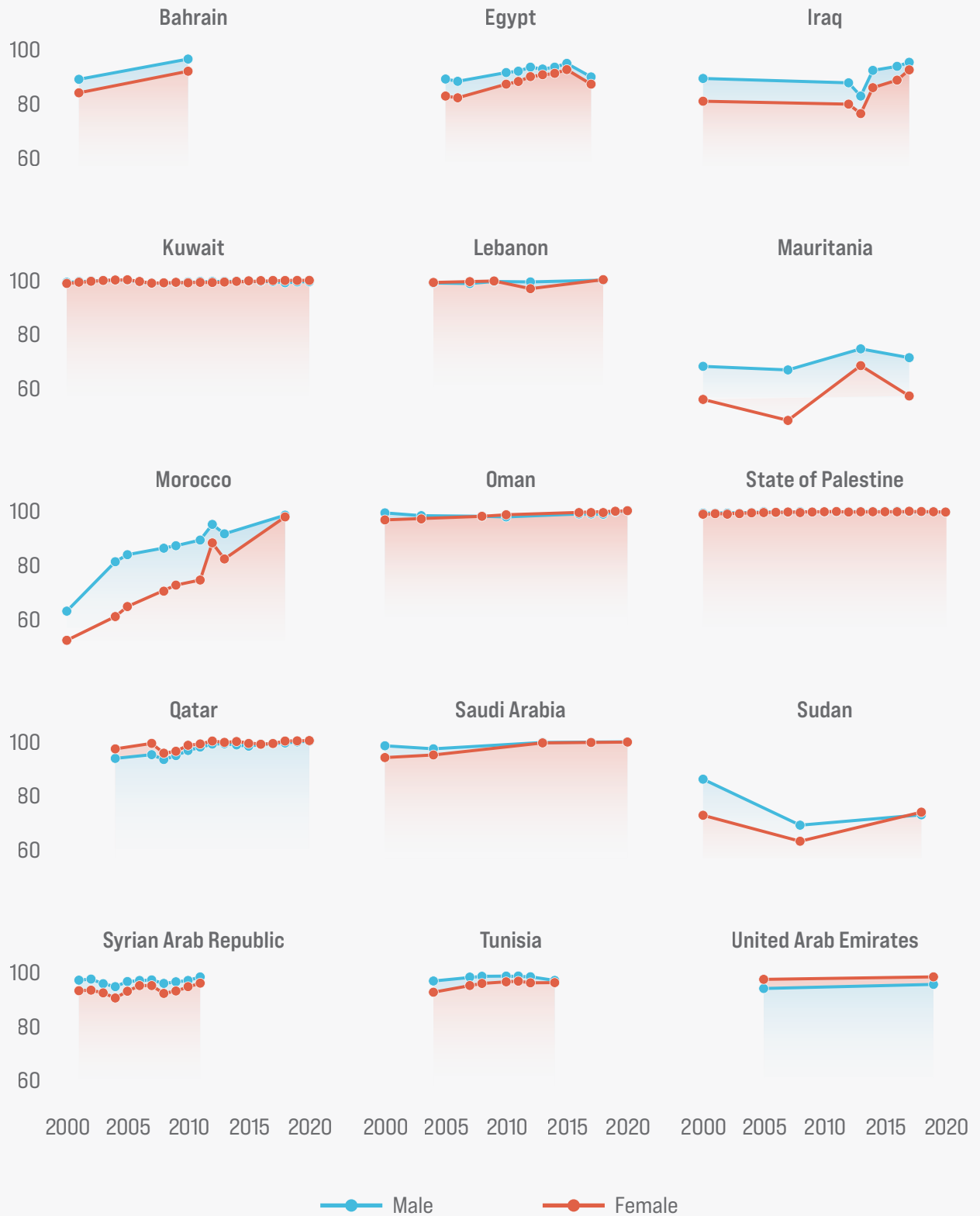
Figure 6.1 Adult literacy, ages 15 and over, by sex (percentage), 2000 -2020



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and UNESCO.



Figure 6.2 Youth literacy, ages 15 -24, by sex (percentage), 2000–2020



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and UNESCO.

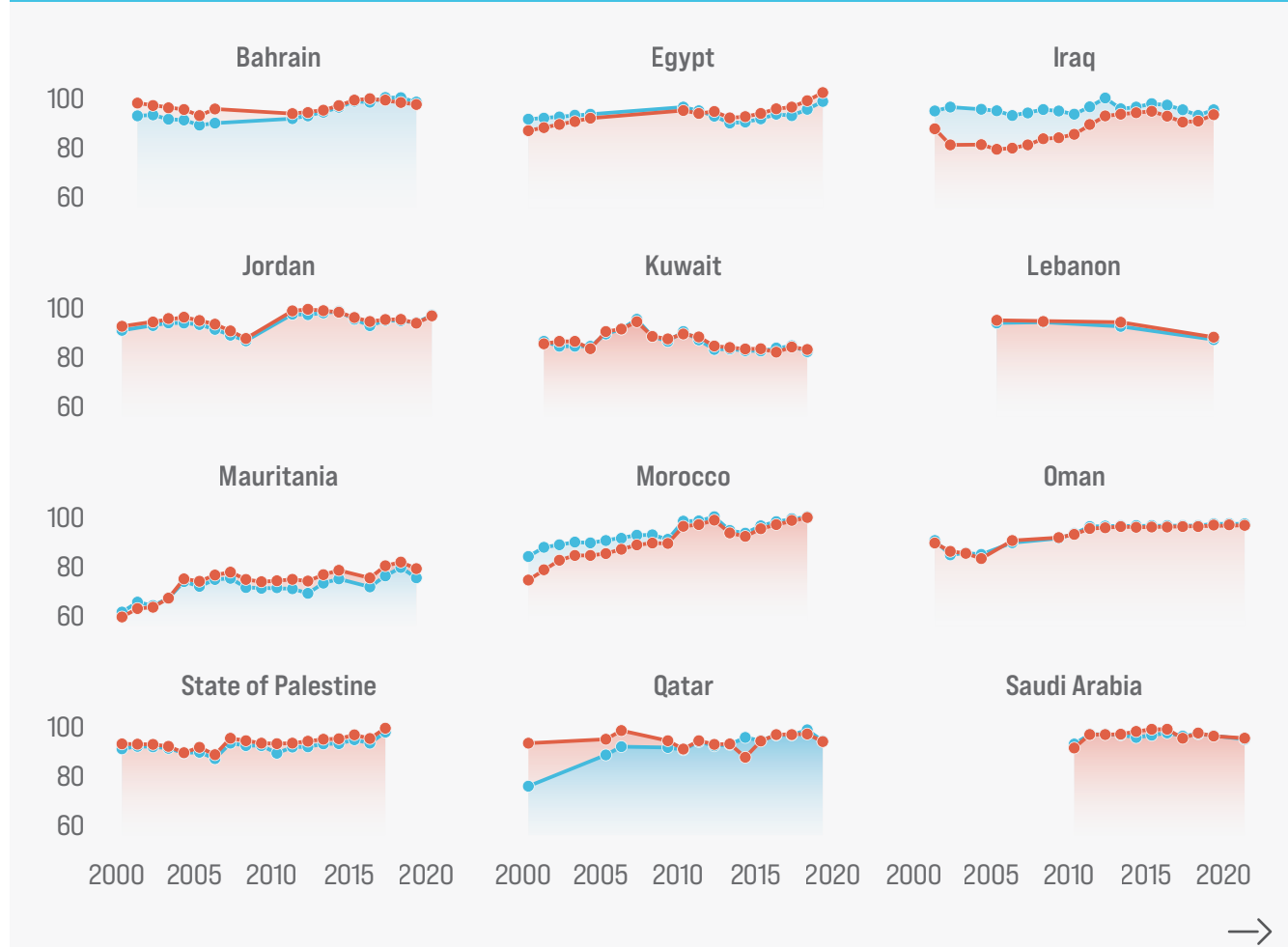
## Progress in narrowing the gender gap in primary education net enrollment ratios in the ESCWA region

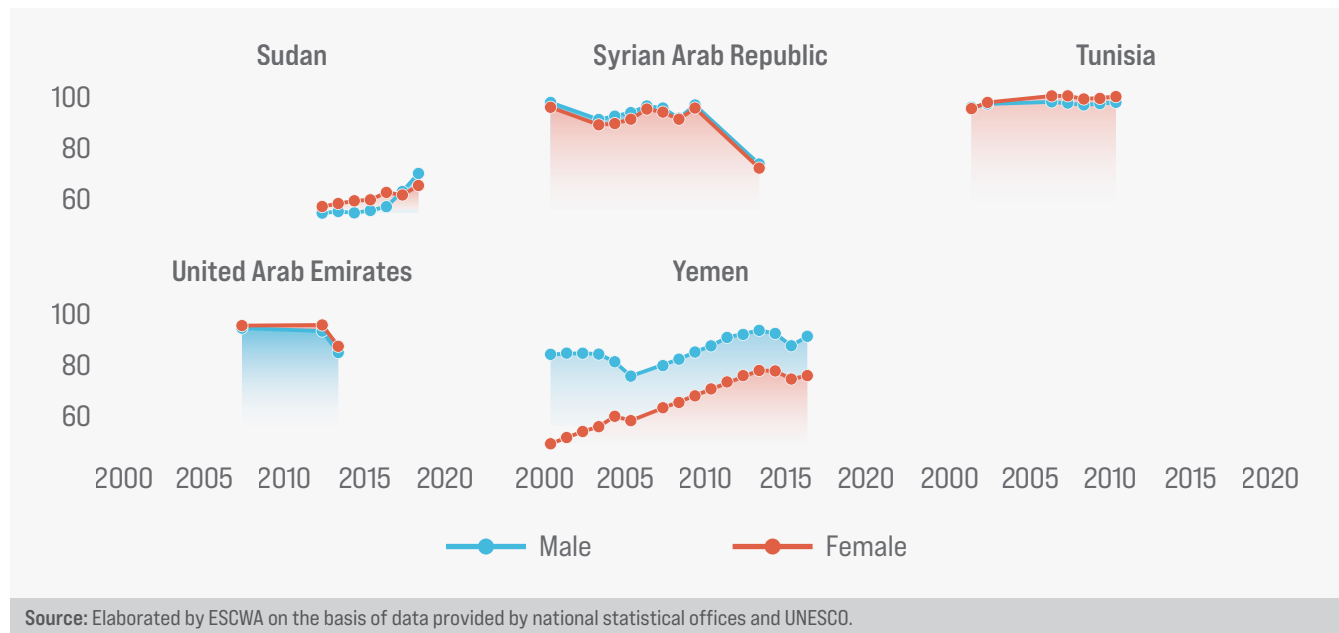
Figure 6.3 displays net enrolment ratios in primary education in 17 countries in the Arab region. The UNESCO Institute of Statistics defines the net enrolment ratio as the total number of students in the theoretical age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group. Recent estimates in the region reveal high net enrolment ratios: above 90 per cent for boys and girls in 13 of the 17 countries displayed. Net enrolment in primary education among girls in Yemen increased

significantly between 2000 and 2016, from 49 per cent to 75 per cent, respectively.

The gender gap in primary enrolment ratios has narrowed in Iraq and has been eliminated in Morocco since 2000. In Iraq, it decreased from 7 percentage points in 2000 to 2 percentage points in 2018. In Morocco, while 84 per cent of primary school-age boys and 74 per cent of primary school-age girls were enrolled in primary school in 2000, fully 100 per cent of primary school boys and girls were enrolled in primary school by 2018.

Figure 6.3 Primary education enrolment ratio, by sex, 2000–2020



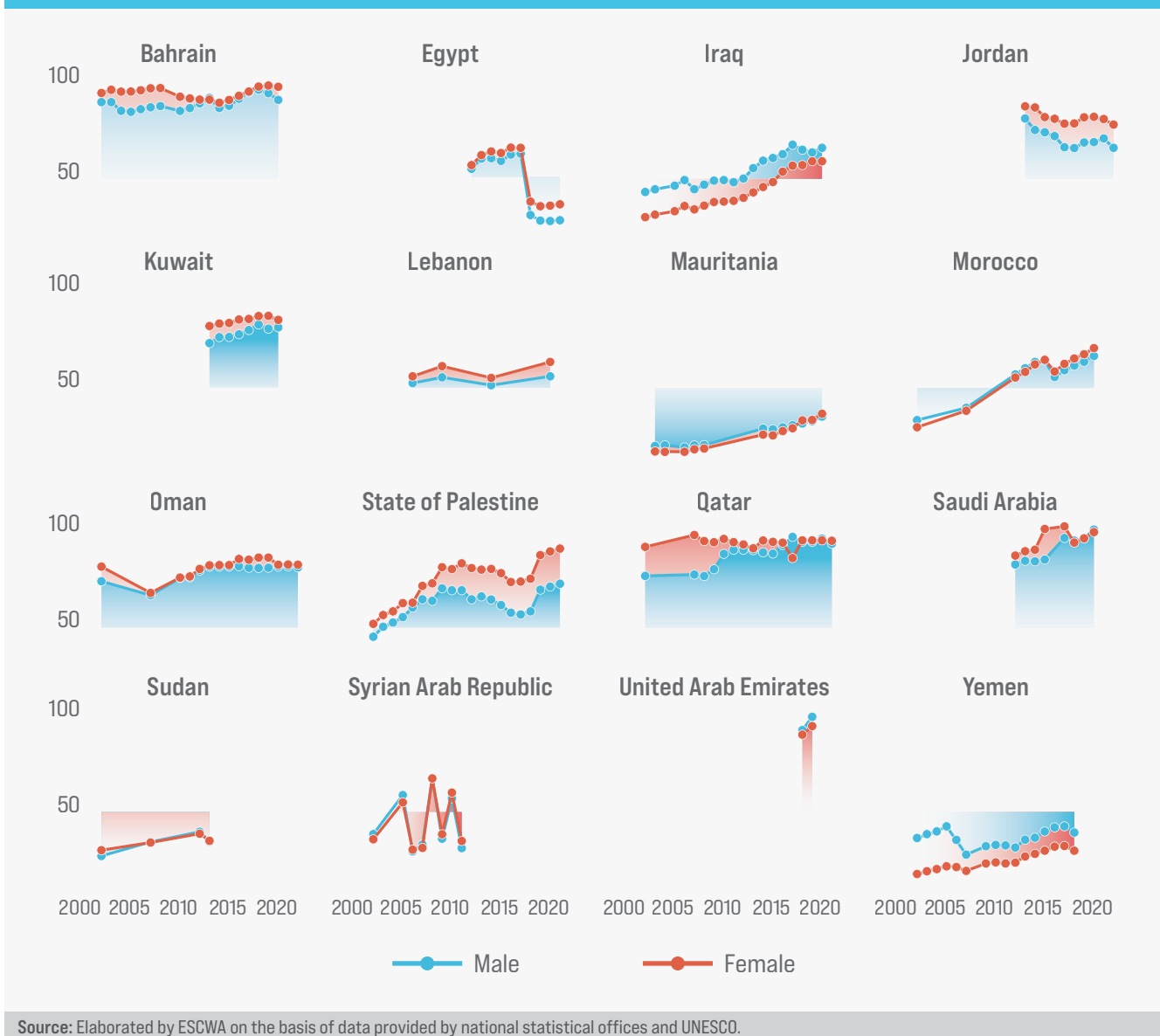


## Net enrolment ratios in secondary education are highest in GCC countries

Enrolment in secondary education is lower than in primary education in the Arab region, although some countries have experienced an increase in enrolment over time. Net enrolment ratios in secondary education have been consistently lower for girls than for boys in Iraq and Yemen, and higher for girls than for boys in Bahrain, Egypt, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman, Qatar, the State of Palestine, the Sudan and the Syrian Arab Republic, although the difference in Oman remained very low, at around 1 per cent, between 2005 and 2013. The gender gap in the State of Palestine has widened over time; in 2000, some 48 per cent of secondary school-age girls were enrolled in secondary school compared with 41 per cent of boys in the same age bracket, compared with 87 per cent and 68 per cent, respectively, in 2019, 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, Mauritania, Morocco and the State of Palestine have all witnessed significant increases in enrolment over time, whereas smaller gains have been achieved in certain GCC countries, namely Kuwait, Oman, Qatar and Saudi Arabia. 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, those figures had more than doubled to 30 and 32 per cent, respectively. Between 2000 and 2018/2019, Morocco and the State of Palestine experienced a similar increase: in Morocco, from 28 per cent of boys and 25 per cent of girls to 62 and 66 per cent, respectively, in 2018, and in the State of Palestine from 41 per cent of boys and 48 per cent of girls to 68 and 87 per cent, respectively, in 2019. Over the same period, the increase in Iraq was also large: from 39 per cent of boys and 26 per cent of girls in 2000 to 62 and 55 per cent, respectively in 2018.

Figure 6.4 Secondary education enrolment ratio, by sex, 2000–2020



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and UNESCO.

## Pupil-teacher ratios in primary schools are highest in Yemen

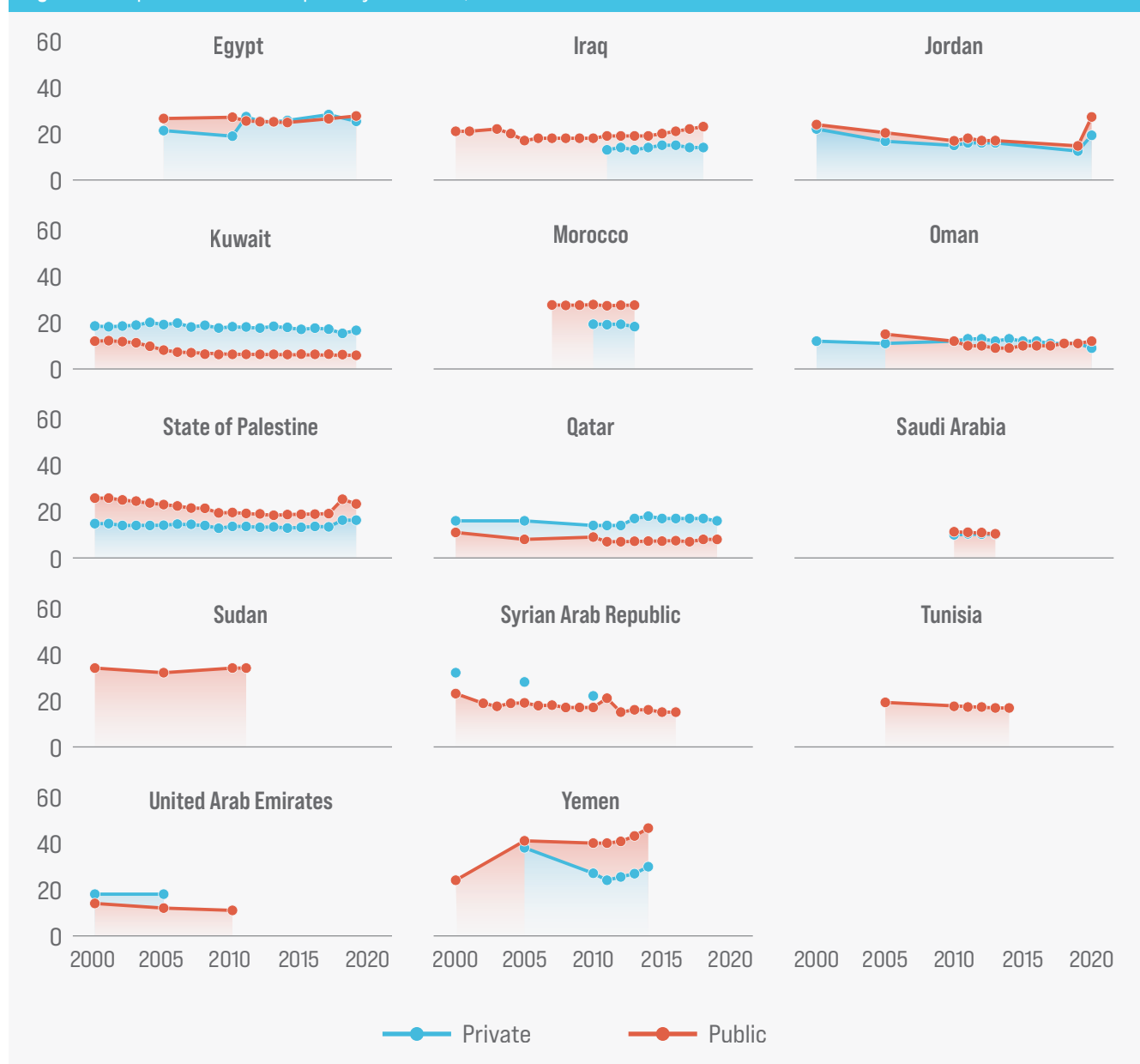
Pupil-teacher or student-teacher ratios can be indicators of the quality of education. In crowded classrooms, the quality of education may suffer as teachers may not be able to dedicate enough time to the needs of every pupil. Since 2005, Yemen has consistently reported the highest

pupil-teacher ratio in primary schools in the region (figure 6.5). That ratio has decreased dramatically in Oman and the Syrian Arab Republic: in Oman it decreased from 51 in 2000 to 12 in 2020, and, in the Syrian Arab Republic, from 23 in 2000 to 15 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 have consistently had lower pupil-teacher ratios than public primary schools. That is also the case in Egypt, Jordan, Morocco, Oman and the State of Palestine. Conversely, Kuwait and Qatar have consistently reported higher average pupil-teacher ratios in private primary schools. In 2019 in Kuwait, the

average ratio in private primary schools (17) was more than double that in public primary schools (6). In Qatar, a similar relationship was observed in 2019: 16 students per teacher, on average, in private primary schools, compared with 8 per teacher in public primary schools. Average pupil-teacher ratios in public and private schools were equitable in Saudi Arabia, according to recent data, with differences no larger than one student per teacher.

Figure 6.5 Pupil-teacher ratio in primary education, 2000–2020



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

Note: Data for the Sudan refer only to the pupil-teacher ratio in public schools.

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

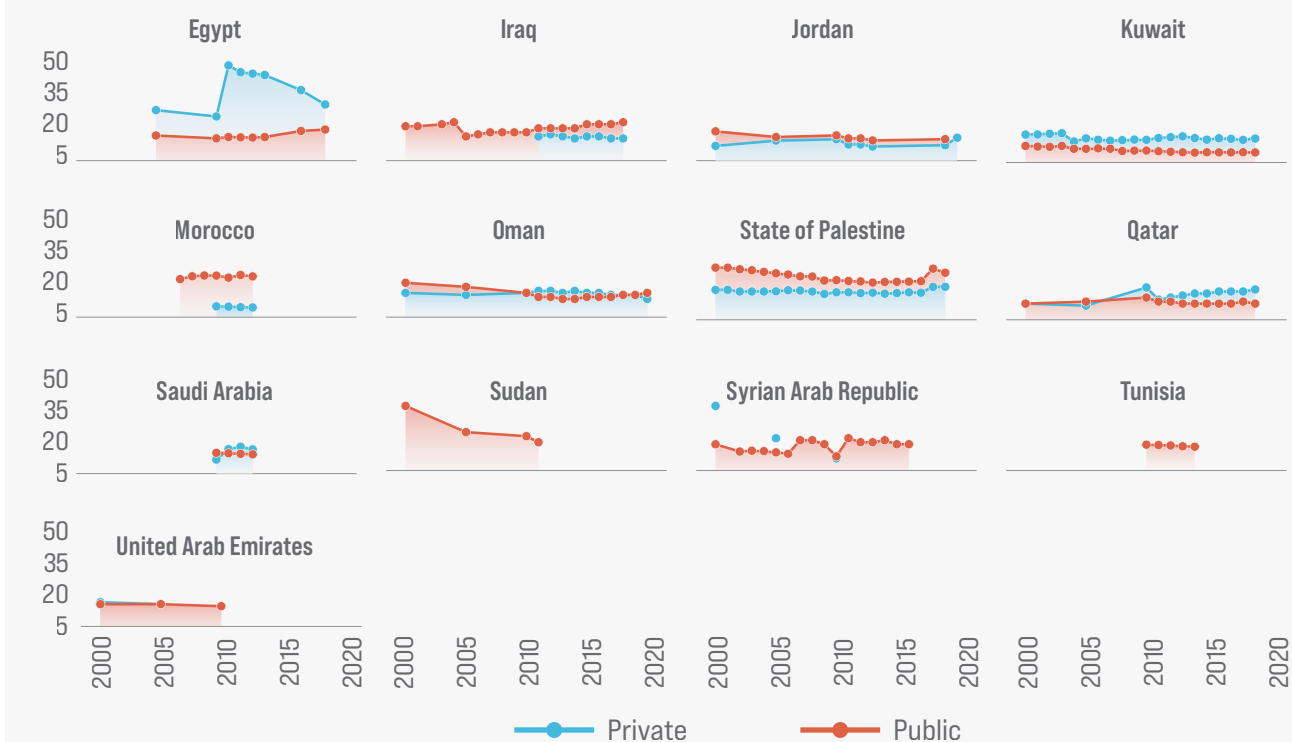
Trends in pupil-teacher ratios are not necessarily constant across different levels of education and between public and private education. In Egypt from 2010 to 2014 and from 2017 to 2019, the average pupil-teacher ratio in public secondary schools remained about the same (figure 6.6). However, between 2010 and 2011, the country reported a much larger increase in average pupil-teacher ratios 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. Nonetheless, the country reported a decrease in 2019 in average pupil-teacher ratios in both private primary and private secondary education. In Morocco, between 2010 and 2013, the average ratio in public secondary schools (20)

was consistently four times higher than the ratio 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 in the region in both public and private schools. In Kuwait, in 2019, the pupil-teacher ratio averaged 5 in public schools and 12 in private schools. The ratios in public schools in Saudi Arabia were similarly low and constant between 2010 and 2013, at around 10 pupils per teacher.

Figure 6.6 Pupil-teacher ratio in secondary education, 2000–2020



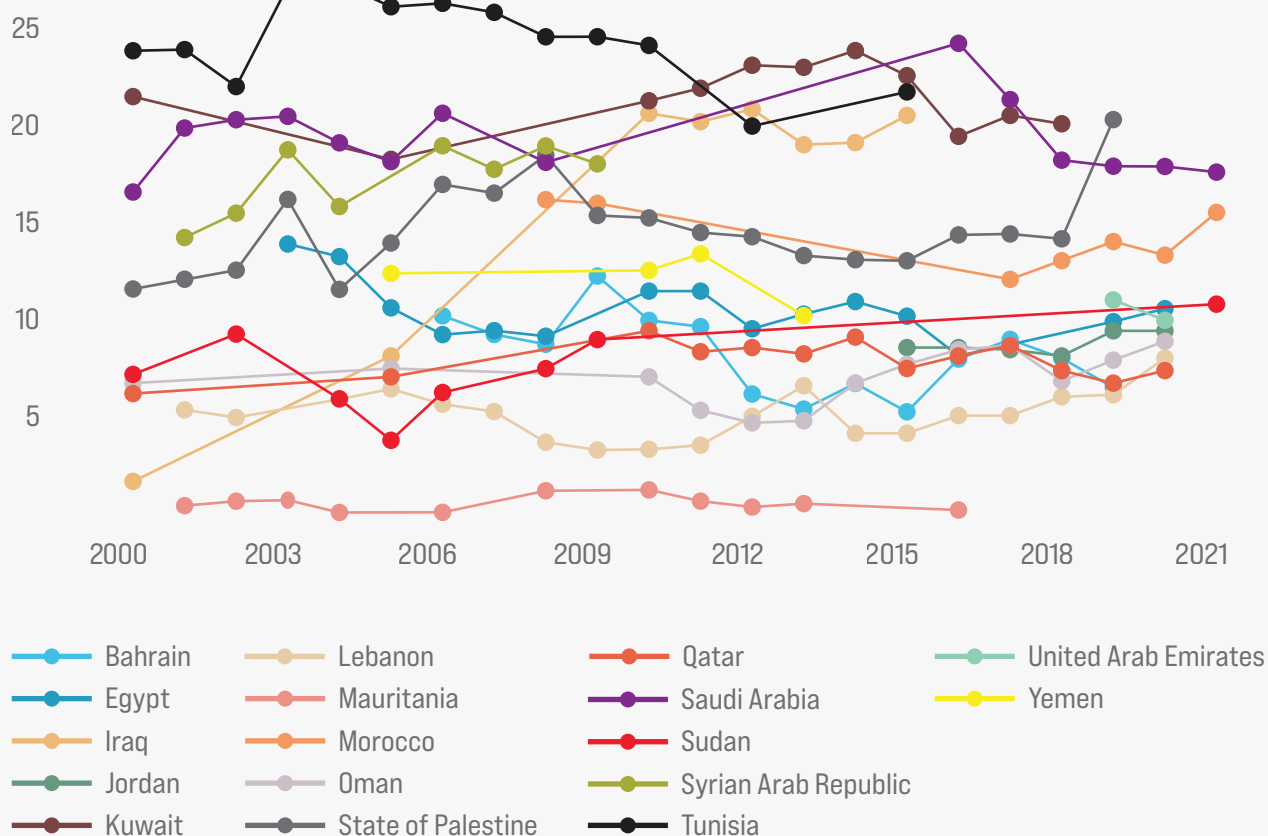
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

# Public expenditure on education: increasing in Iraq and the State of Palestine, decreasing in Bahrain and Tunisia

The UNESCO Institute for Statistics provides data on expenditure on education for most Arab countries. Figures are reported as a percentage of total government expenditure, thereby providing an indication of the relative importance that each country gives to education compared with other areas of the public sector. Public expenditure on education as a percentage of total government expenditure has increased over time in some countries but decreased in others (figure 6.7). In

Iraq, for example, the education budget increased from 4 to 22 per cent of total government expenditure between 2000 and 2015 but remained relatively constant after 2010. In Tunisia, on the other hand, spending on education decreased from 28 to 23 per cent of total government expenditure between 2003 and 2015, while in Bahrain it also decreased from 12 to 9 per cent between 2006 and 2019.

Figure 6.7 Expenditure on education as a percentage of total government expenditure, 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and UNESCO.



# Labour





Job creation in the Arab region has, to a large extent, been impeded by the COVID-19 pandemic. In particular, the number of jobs that must be created to reduce unemployment and increase labour force participation rates has increased significantly compared with the pre-pandemic period. According to a recent publication by ESCWA and ILO, in order to increase women's labour force participation to the level of middle-income countries, the Arab region must create an additional 65 million jobs, and in order to reduce the unemployment rate to 5 per cent, the region needs more than 33.3 million new jobs (ESCWA and ILO, 2021).

Other important issues shaping the labour market in the Arab region include labour migration and the movement of forcibly displaced persons. Indeed, as stated in a recent report by the United Nations Development Programme (UNDP), there are 17 million internally displaced persons in the region, mainly because of conflict-induced displacement. Conflicts in Iraq, Libya, the State of Palestine, the Sudan, the Syrian Arab Republic and Yemen have led to waves of human displacement, with 58 per cent of the world's refugees originating from the region (UNDP, 2022a).

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. Furthermore, young people and women in the region typically face high unemployment rates (Assaad and Krafft, 2014).

This section provides a brief overview of labour markets in Arab countries using labour force survey and census data provided by national statistical offices, in addition to estimates by ILO. The statistics shown concern total populations, except in the case of Jordan, where labour force surveys began including non-nationals only after 2016. Hence, for consistency, estimates shown here only concern Jordanian nationals.

#### Box 7.1 Migrant workers in the Arab region

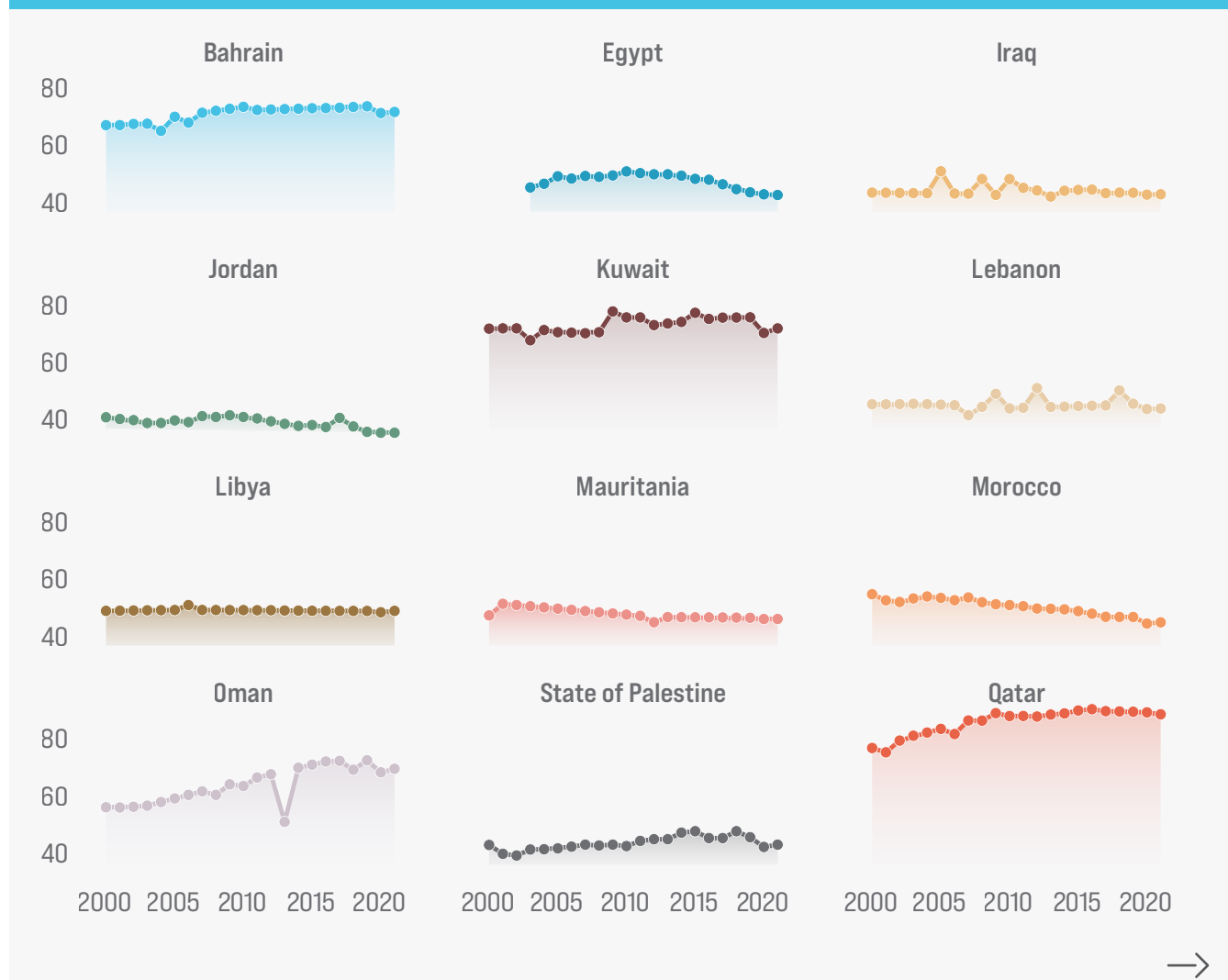
According to ILO, some 14.3 per cent of the world's migrant workers in 2019 were distributed among the Arab countries, where migrant workers make up 41.4 per cent of the labour force, a very high figure that stems from the relatively small population of the Arab region and the substantially higher labour force participation rate of migrants in certain Arab countries as compared to non-migrants. (ILO, 2021)

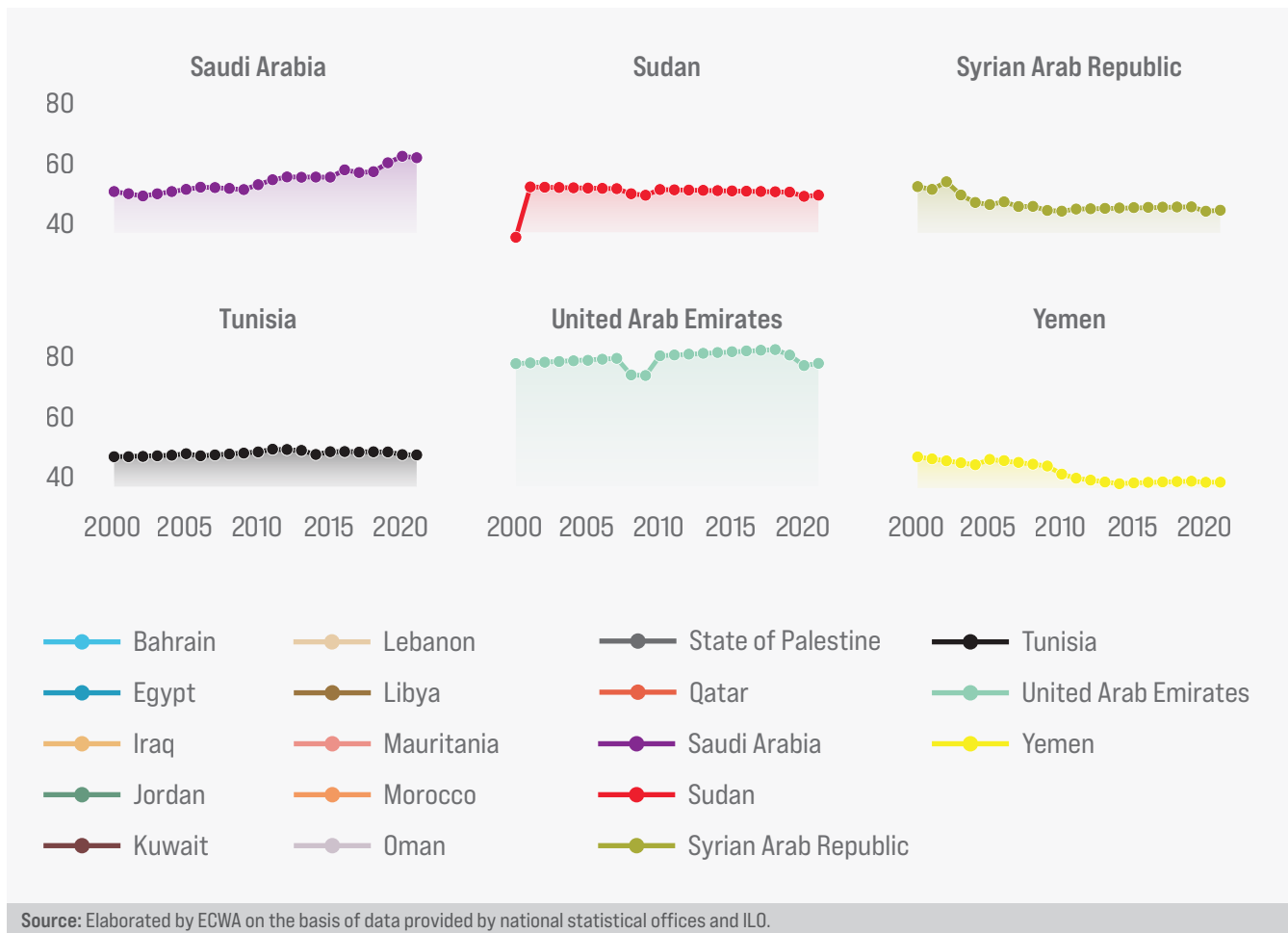
## Low labour-force participation outside GCC countries

Labour-force participation is the percentage of adults (aged 15 years and older) who are either working or not working but actively seeking employment. Labour force participation is low in most of the Arab region, particularly outside the GCC countries. Indeed, as illustrated in figure 7.1, no country outside the GCC reported a rate above 55 per cent for any year from 2000 to 2021. The Arab region's low labour force participation figures are due, primarily, to the low participation rate of women.

Labour force participation rates vary across countries. Yemen and Jordan reported the lowest rates in the region, at 36.8 and 38.7 per cent, respectively, in 2021. Qatar has consistently reported the highest rate in the region, with the rate steadily increasing from 76 to 87 per cent between 2000 and 2021. Most countries reported rates between 35 and 55 per cent for all years for which data are available, and no significant trends are apparent. In Tunisia, for example, the labour force participation rate remained relatively stable at between 45 and 48 per cent between 2000 and 2021.

Figure 7.1 Labour force participation rate, 2000–2021





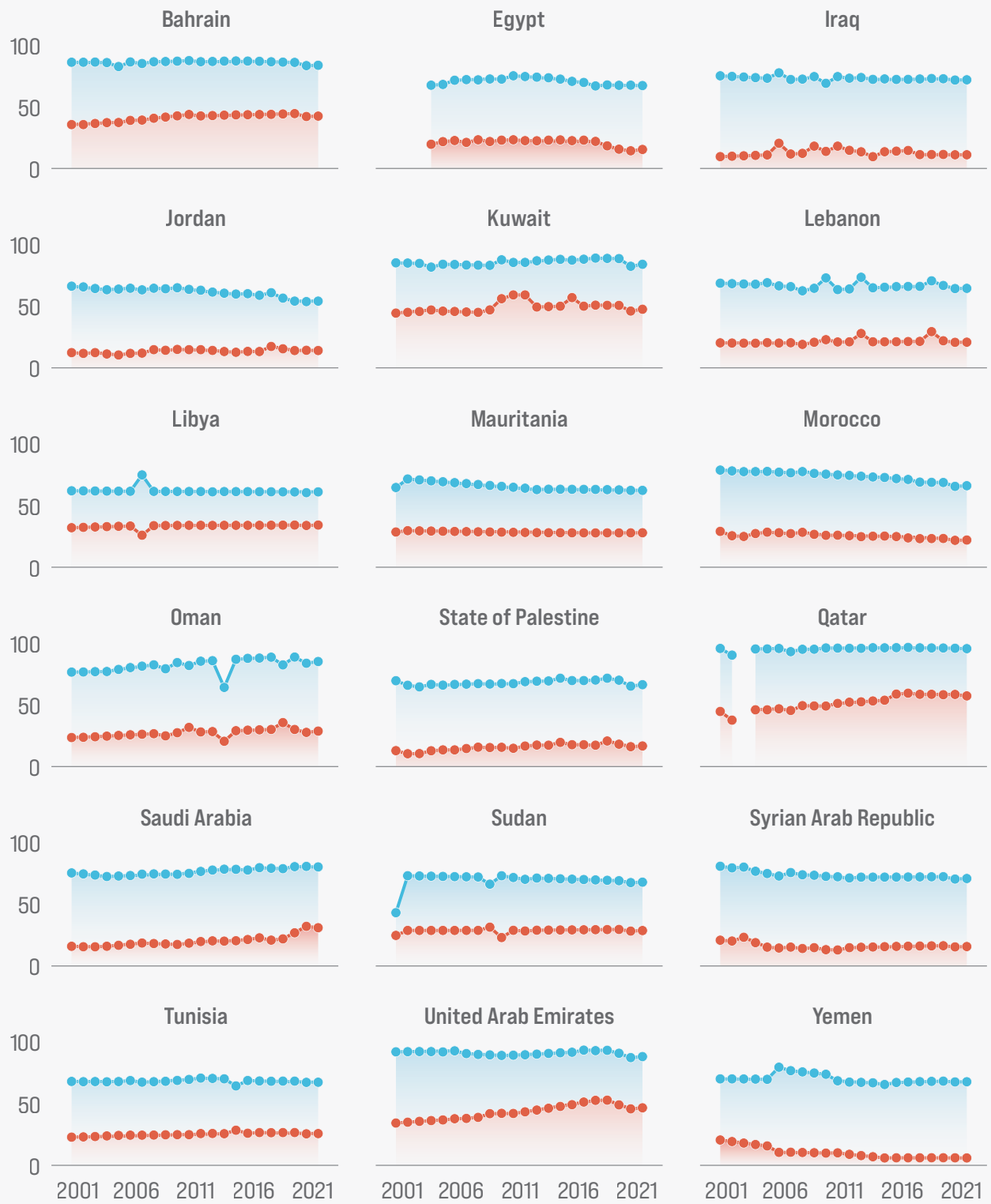
## Women’s participation in the labour force is much lower than that of men

In all 18 ESCWA member States reviewed in this report, women participate in the labour force at rates that are far lower than the rates for men; in 14 of those countries, participation rates for women are less than half those for men (figure 7.2). That gender gap has decreased in some countries over time, particularly in Qatar, where an increase in the overall labour force participation rate is being driven by increasing participation among women, whose participation rate rose from 45 per cent in 2006 to 57 per cent in 2021, compared with a much smaller percentage

point increase among men (from 93 to 96 per cent over the same period).

In Morocco, participation rates decreased, albeit slowly, from 77 per cent of men and 28 per cent of women in 2005 to 66 and 22 per cent, respectively, in 2021. In Yemen, the decrease in participation rates for both men and women was more pronounced: from 79 per cent for men and 11 per cent for women in 2005 to 68 and 6 per cent, respectively, in 2021. Thus, according to the most recent data available, female labour force participation in Yemen is the lowest in the region.

Figure 7.2 Labour force participation rate, by sex, 2000–2021



● Male ● Female

Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and ILO.

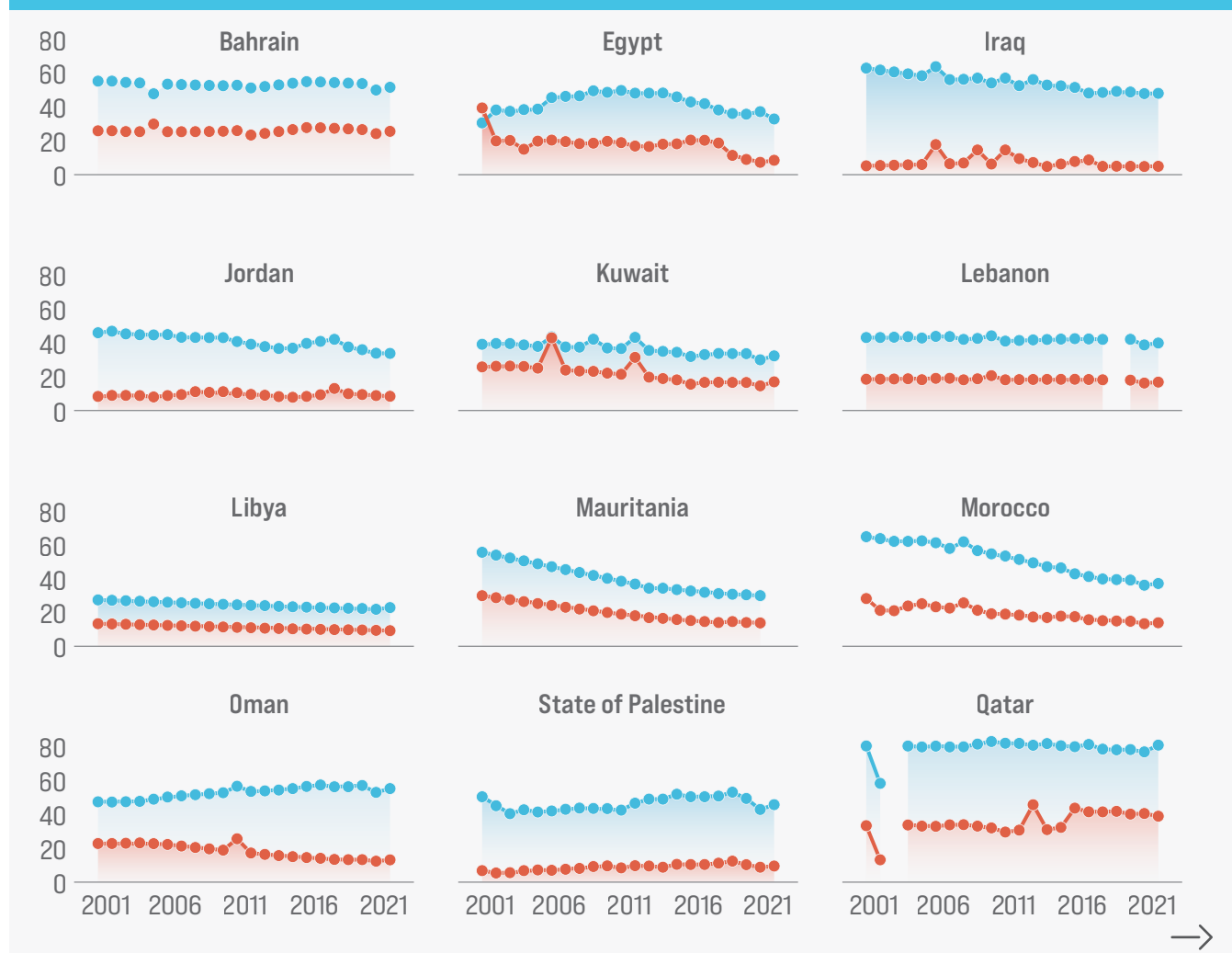
# Youth labour force participation rates decreasing in Iraq and Morocco, increasing in Saudi Arabia

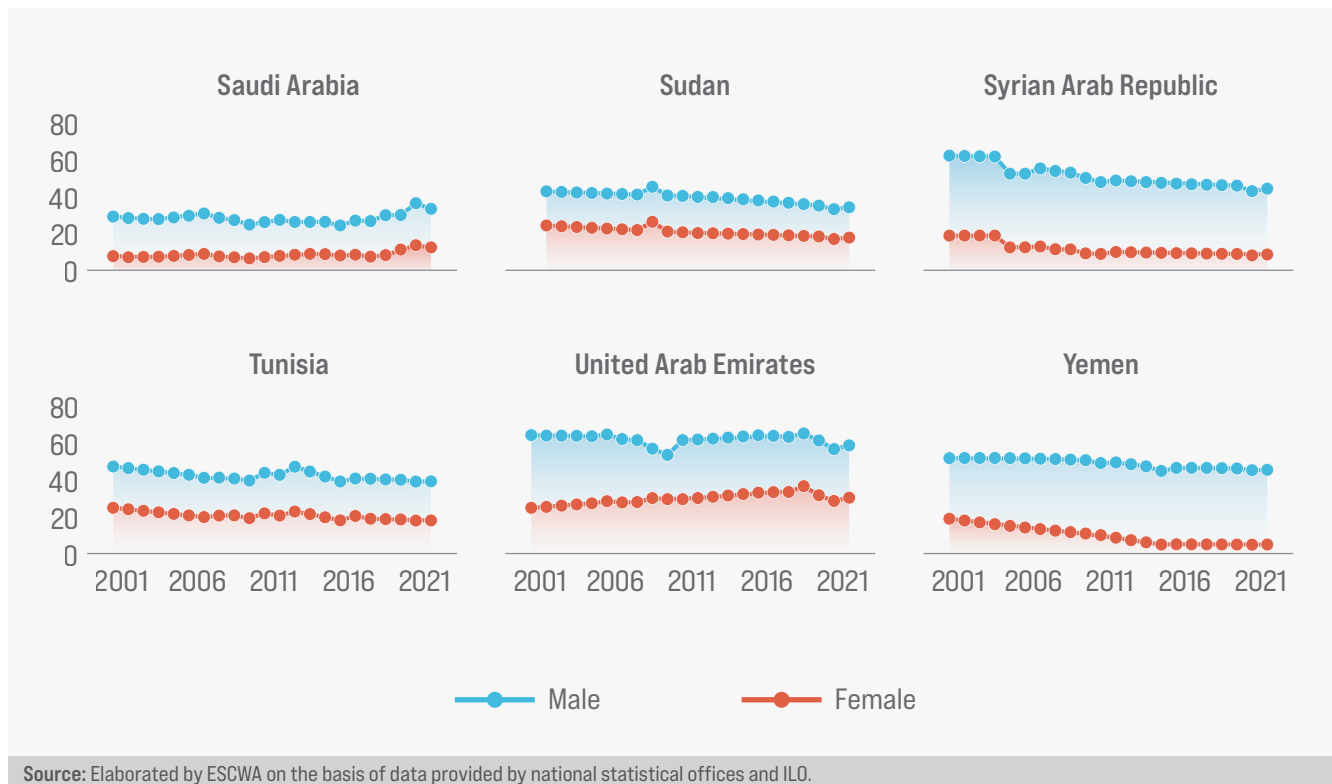
As is the case with older adults, young men participate in the labour force at higher rates than young women (figure 7.3). However, trends in adult labour force participation rates are not necessarily reflected in trends in youth labour force participation rates, or vice versa. In Iraq and Morocco, youth labour force participation rates have decreased more rapidly than those of adults: in Iraq, the rate for young men steadily decreased, from 64 to 48 per cent, and for young women, from 18 to 5 per cent, between 2005 and

2021, while in Morocco over the same period, the percentage of young men participating in the labour force steadily decreased from 61 to 37 per cent, while the percentage of young women steadily decreased from 23 to 14 per cent.

In Saudi Arabia, the percentage of young men participating in the labour force increased from 26 to 33 per cent between 2010 and 2021, while that of young women increased from 7 to 12 per cent over the same period.

Figure 7.3 Youth labour force participation rate (15–24 years), by sex, 2000–2021





## Unemployment rate in the region: highest in the State of Palestine

As illustrated in figure 7.4, Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates consistently report the lowest unemployment rates in the region. In 2020, the rate in Qatar was just under 0.1 per cent. In Saudi Arabia, which reported the highest rate among those five countries, the rate was still only 7 per cent in 2020.

Between 2000 and 2020, the State of Palestine consistently reported the highest unemployment rate in the region, which has remained above 20 per cent since 2002. In the Sudan, unemployment steadily increased from 17 per cent in 2014 to 20 per cent in 2020. The unemployment rate in Jordan is also high, increasing from 12 per cent in 2014 to 19 per cent in 2020. Over the same period,

however, the unemployment rate in Egypt decreased (from 13 to 8 per cent).

The State of Palestine reported the highest unemployment rate

>20%

Between 2000 and 2020



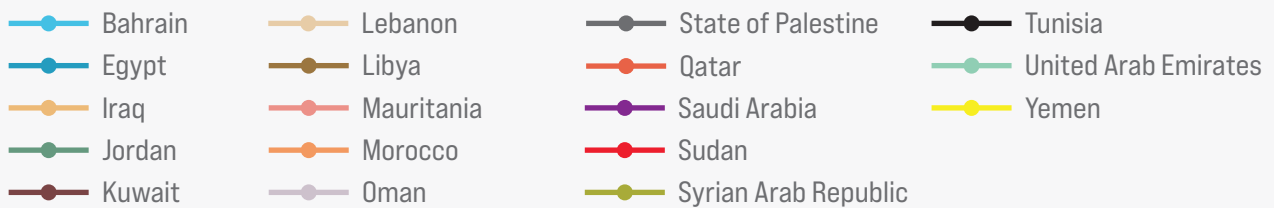
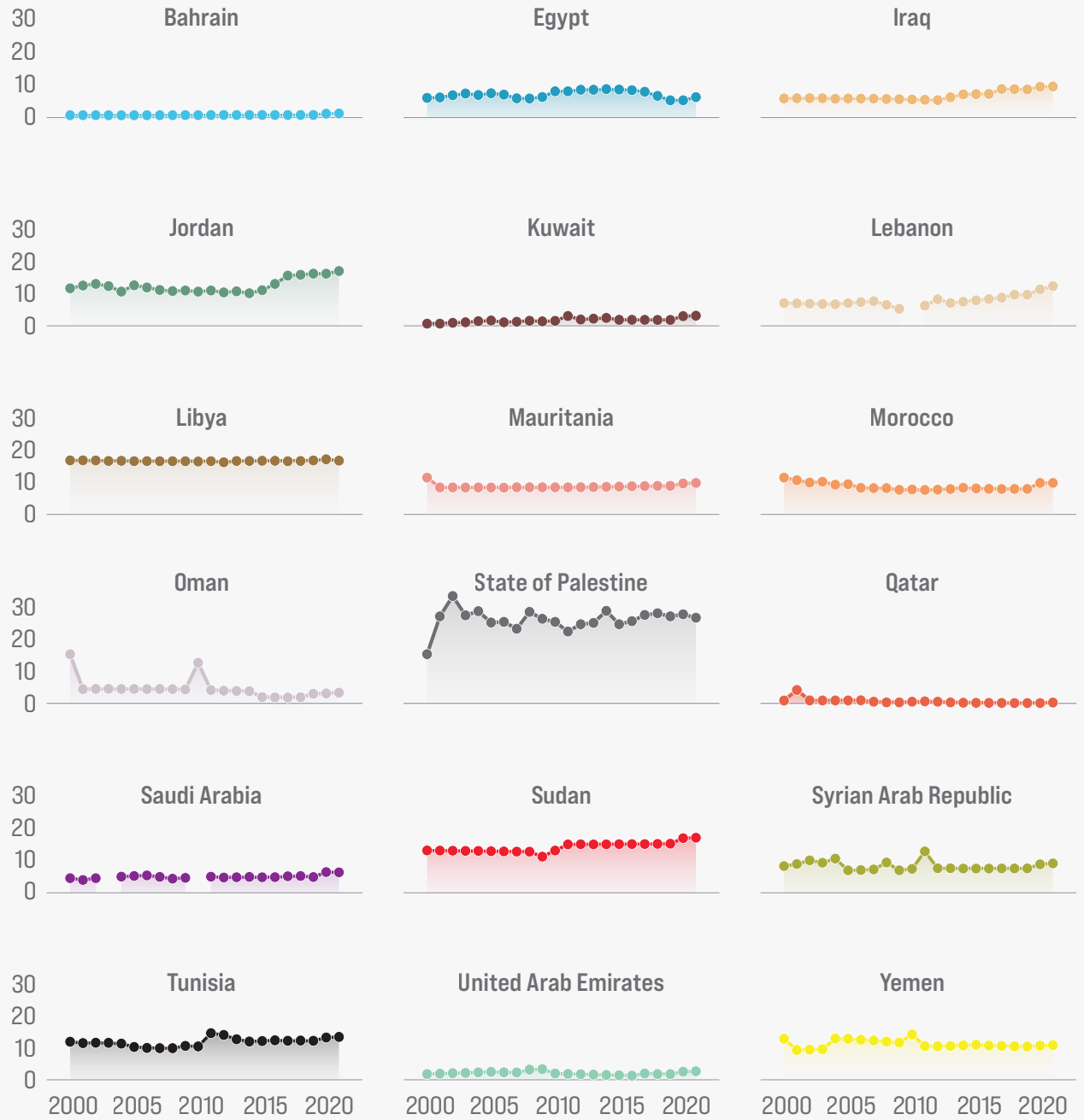
In the Sudan, unemployment steadily increased from

17% to 19%

in 2014

in 2020

Figure 7.4 Unemployment rate, 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and ILO.

## Female unemployment is particularly high and increasing in the State of Palestine

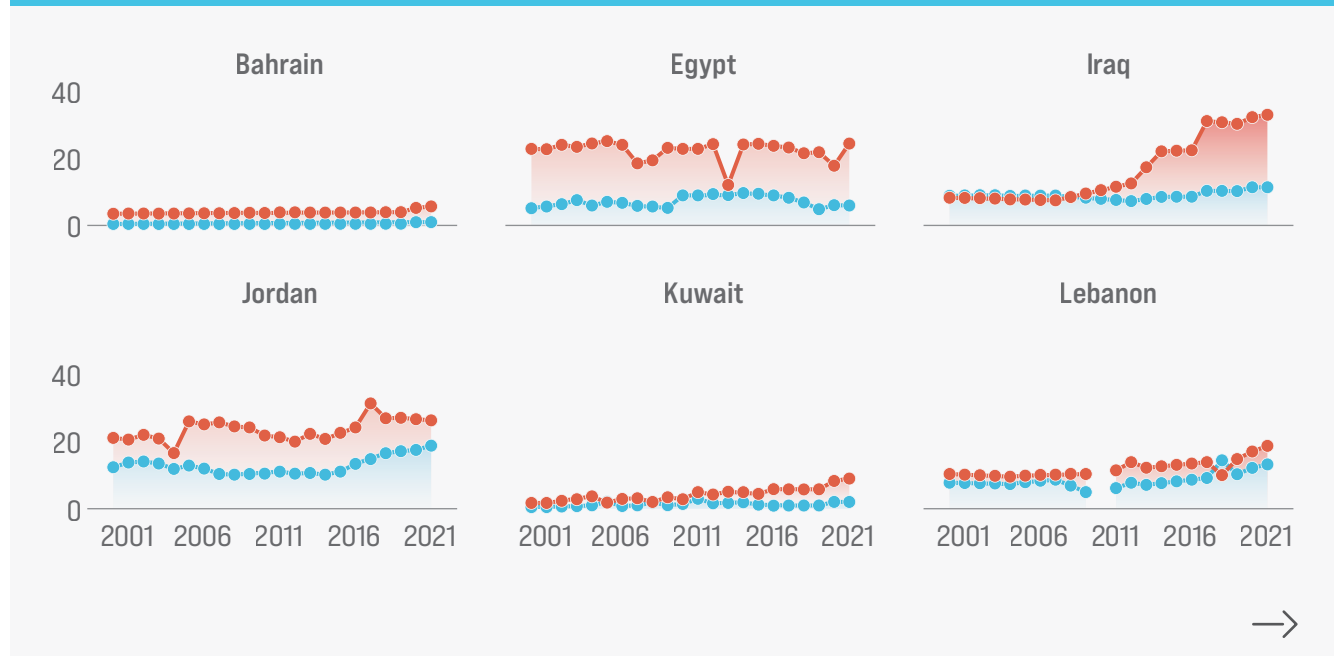
Although, overall, women participate in the labour force at much lower rates than men in the Arab region, the extent of that disparity is not necessarily reflected in national unemployment rates, which are more gender equitable in certain countries. In Qatar, for example, labour force participation rates for women are similar to or marginally higher than those for men and have remained so over time. Nevertheless, women are more likely to be unemployed than men in the Arab region, and female unemployment has increased recently in Iraq, Kuwait, Morocco, Saudi Arabia and the State of Palestine. In Tunisia, although the gender gap was only 5 per cent in 2005, it increased to 10 per cent in 2013 (as unemployment among girls hit a high of 23 per cent). The gender gap has since widened further and stood at 11 percentage points in 2021.

After 2000, female unemployment increased in Saudi Arabia and the State of Palestine, widening

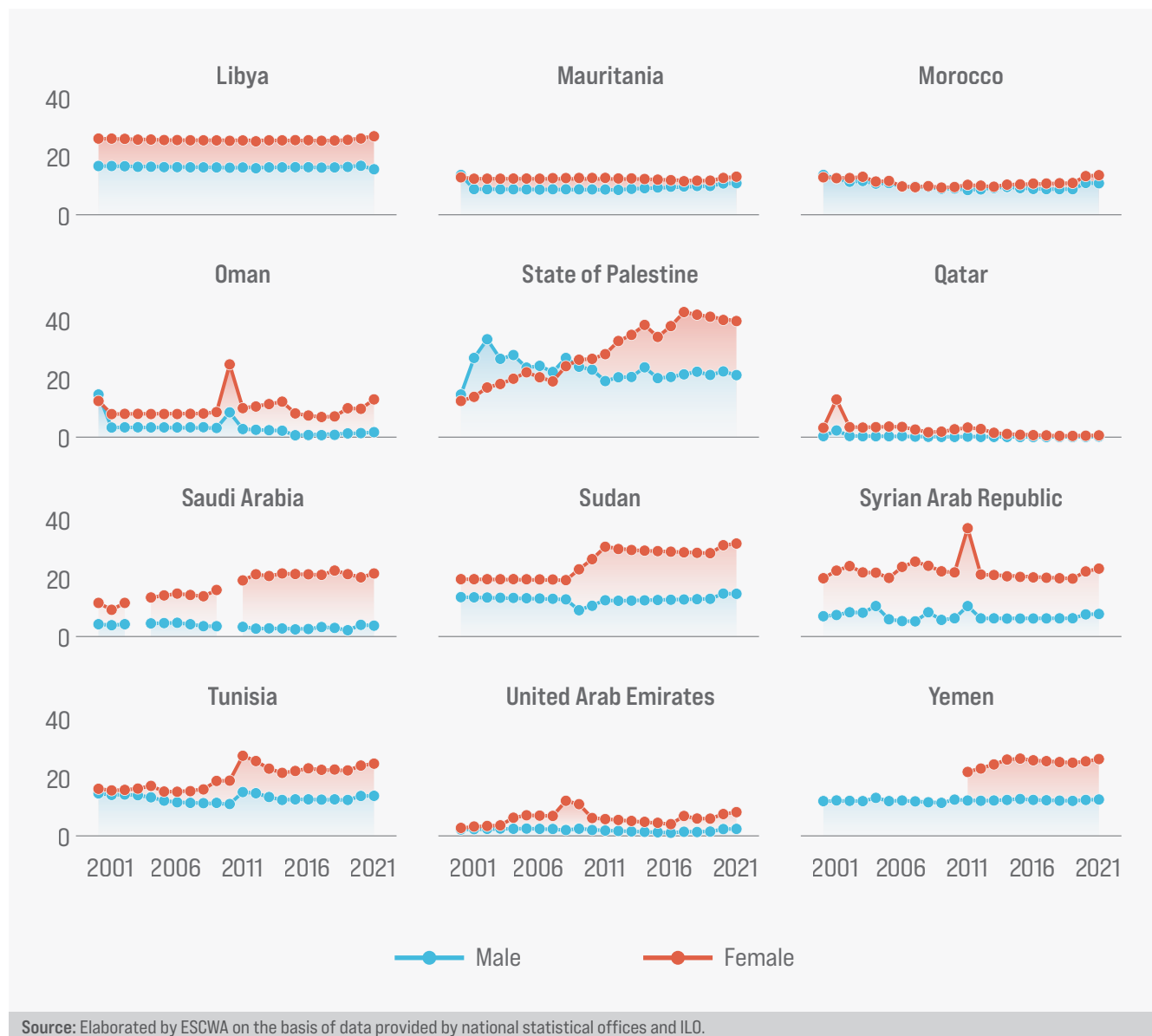
the gender gap as male unemployment steadily decreased in the former and fluctuated in the latter. In Saudi Arabia, unemployment was 15 per cent for females and 5 per cent for males in 2006; by 2011, female unemployment had increased to 19 per cent and male unemployment had decreased to 3 per cent. According to recent estimates, female unemployment was 22 per cent and male unemployment was 4 per cent in 2021, which means that the gender gap almost doubled between 2006 and 2021, from 10 to 18 percentage points.

Prior to 2009, female unemployment in the State of Palestine was, in fact, lower than male unemployment; since then, however, female unemployment has increased rapidly while male unemployment has decreased slightly. In 2020, the female unemployment rate was 40 per cent, compared with 24 per cent in 2008. Conversely, the male unemployment rate was 27 per cent in 2008 but decreased to 23 per cent in 2020.

Figure 7.5 Unemployment rate, by sex, 2000–2021







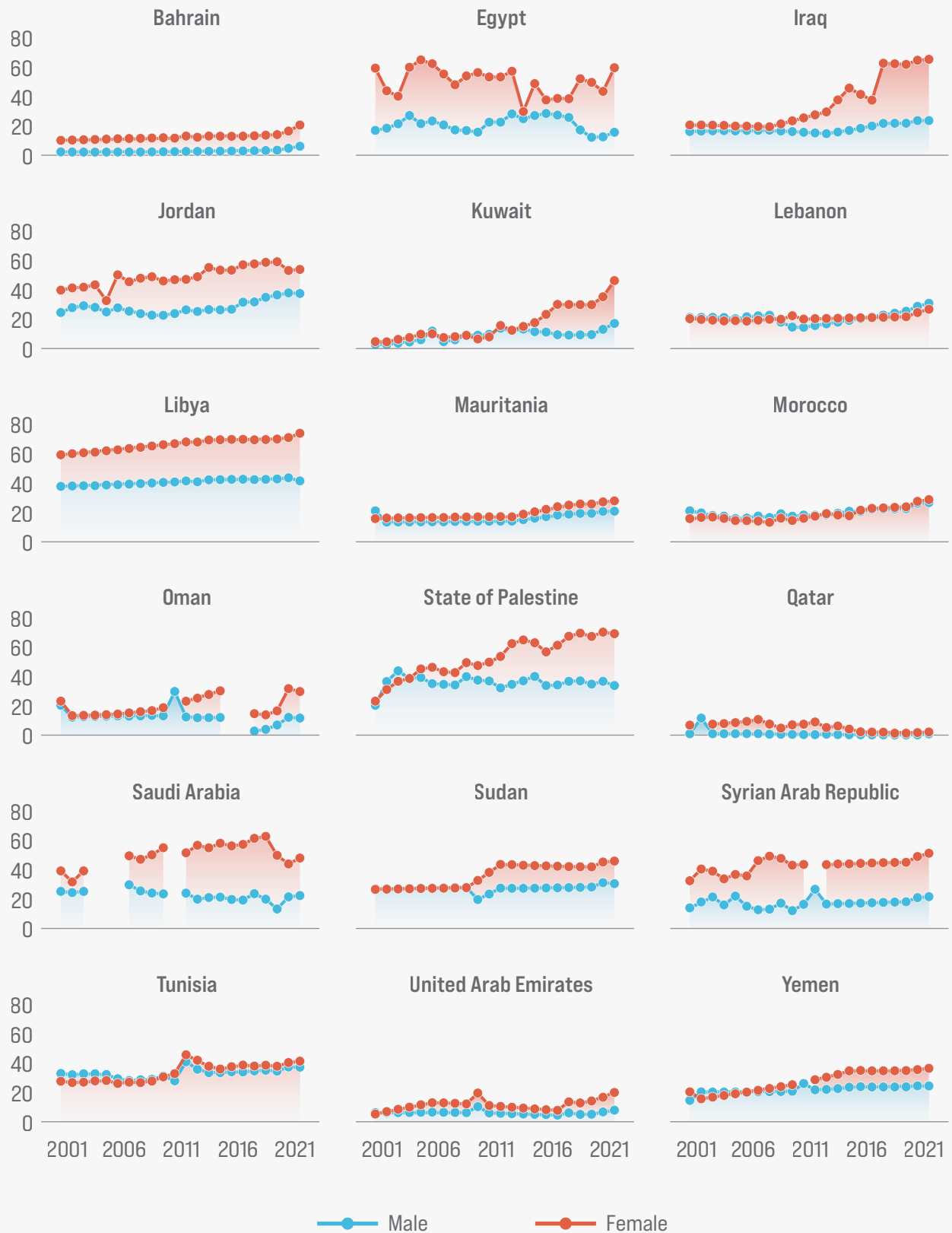
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and ILO.

## Youth unemployment decreasing among men in Egypt, increasing in Jordan and Iraq

Trends in adult unemployment rates within the Arab region are largely reflected in youth unemployment, which is relatively low in the GCC countries of Kuwait and Qatar, and relatively high in Jordan, Libya, the State of Palestine and Tunisia. Since 2015, youth unemployment has fallen in Egypt due to decreasing male

youth unemployment, even as female youth unemployment has increased. In 2021, male youth unemployment was 17 per cent, a huge improvement on the rate in 2015, when it stood at 28.4 per cent. Over the same period, however, female youth unemployment in Egypt increased from 38 to 60 per cent.

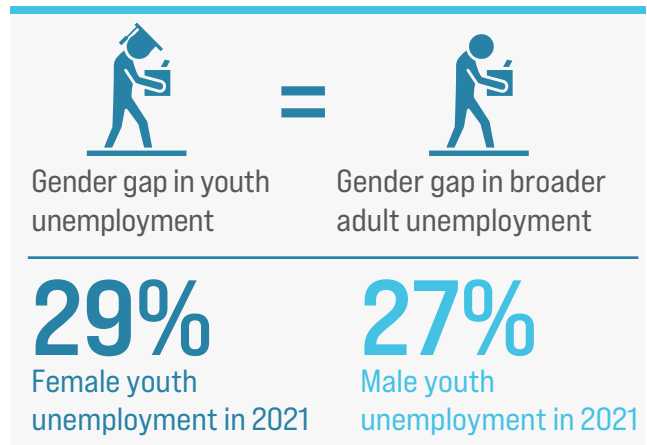
Figure 7.6 Youth unemployment rate (15–24 years), by sex, 2000–2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and ILO.

Between 2005 and 2014, the gender gap in youth unemployment in Morocco remained small and was similar to the gender gap in broader adult unemployment. Over that 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 2021 at 29 per cent, compared with 27 per cent for young men.

Jordan and to a greater extent the State of Palestine have 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 37 and 54 per cent, respectively, in 2021.



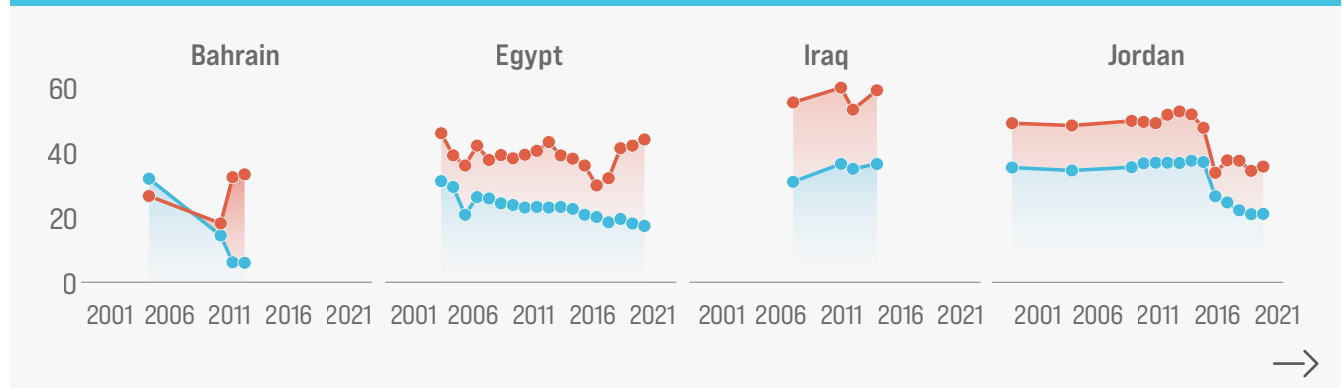
Between 2009 and 2020, female youth unemployment in the State of Palestine increased from 47 to 70 per cent, the highest in the region, whereas male youth unemployment decreased by less than 1 percentage point to 37 per cent over the same period.

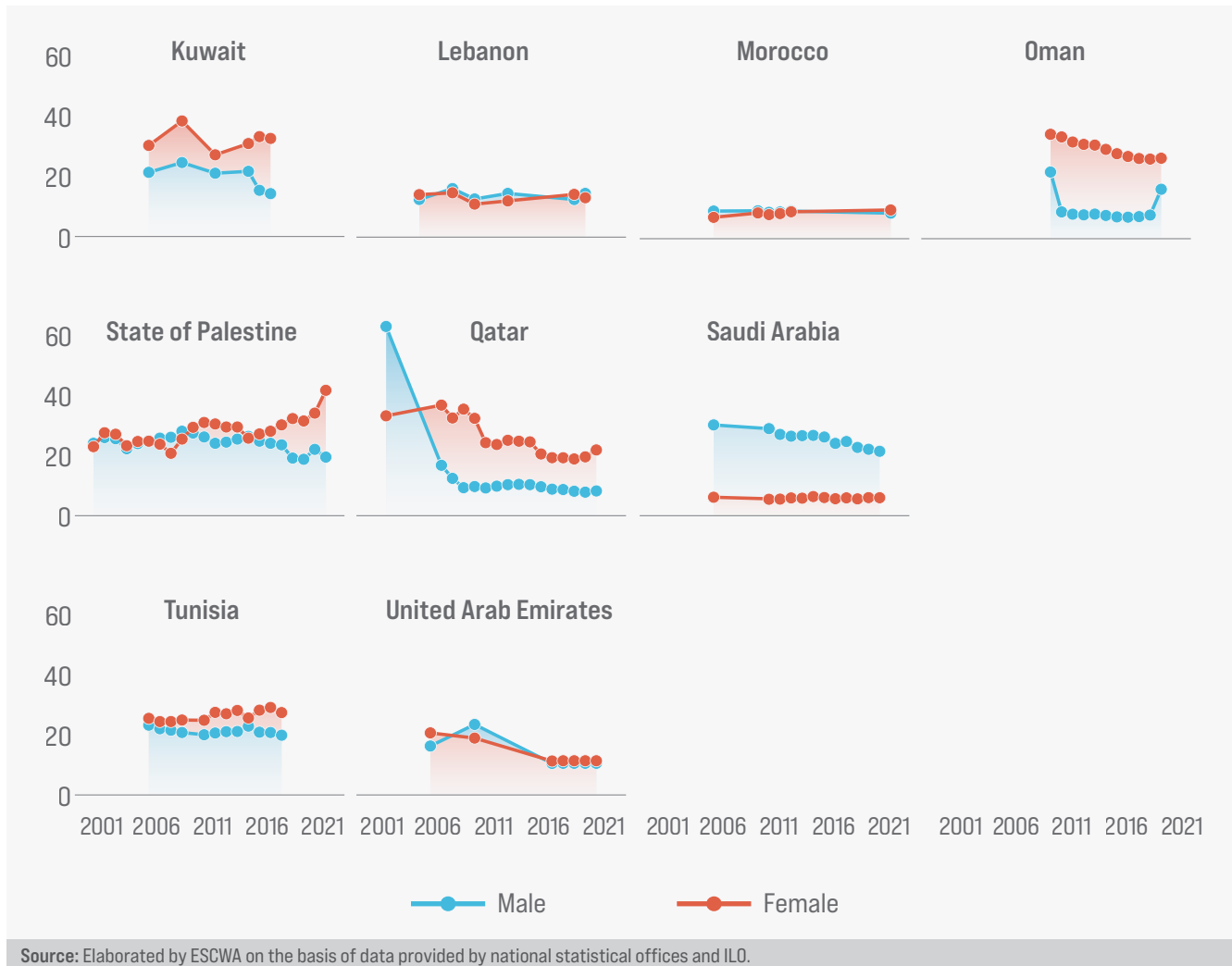
## Employment in the public sector decreasing in Kuwait and Qatar

Data on employment by sector in the Arab region are more limited than data on labour force participation and unemployment. Of the 13 countries that have provided estimates since 2000 (figure 7.7), overall employment in the public sector is highest in Saudi Arabia, where 6 per cent of women worked in the public sector in 2020 compared with 21 per cent of men.

Between 2014 and 2016, male employment in the public sector in Kuwait decreased sharply from 22 to 14 per cent, while female employment increased from 31 to 33 per cent. In Qatar, between 2009 and 2020, female employment in the public sector steadily decreased from 32 to 22 per cent, while male public sector employment decreased by only 2 percentage points, from 10 to 8 per cent, over the same period.

Figure 7.7 Employment in the public sector, by sex (percentage), 2000 -2020





## Employment in agriculture decreasing in Egypt, Morocco, the Syrian Arab Republic and the State of Palestine

Workers in GCC countries are seldom employed in agriculture: between 2000 and 2019, fewer than 10 per cent of males and females worked in agriculture in each GCC country (figure 7.8). For GCC countries that have provided estimates of agricultural employment since 2015, the highest estimates are in Saudi Arabia, where 6 per cent of men and women were employed in the agricultural sector in 2016.

Estimates for Jordan and Lebanon show similarly low employment rates in agriculture, and employment rates in the sector have been falling over time for both genders. In Jordan, for example, while 4 per cent of employed males and 2 per cent of employed females worked in agriculture in 2005, by 2019, the figures for male and female employment in the sector had declined to 2 per cent and less than 1 per cent, respectively.

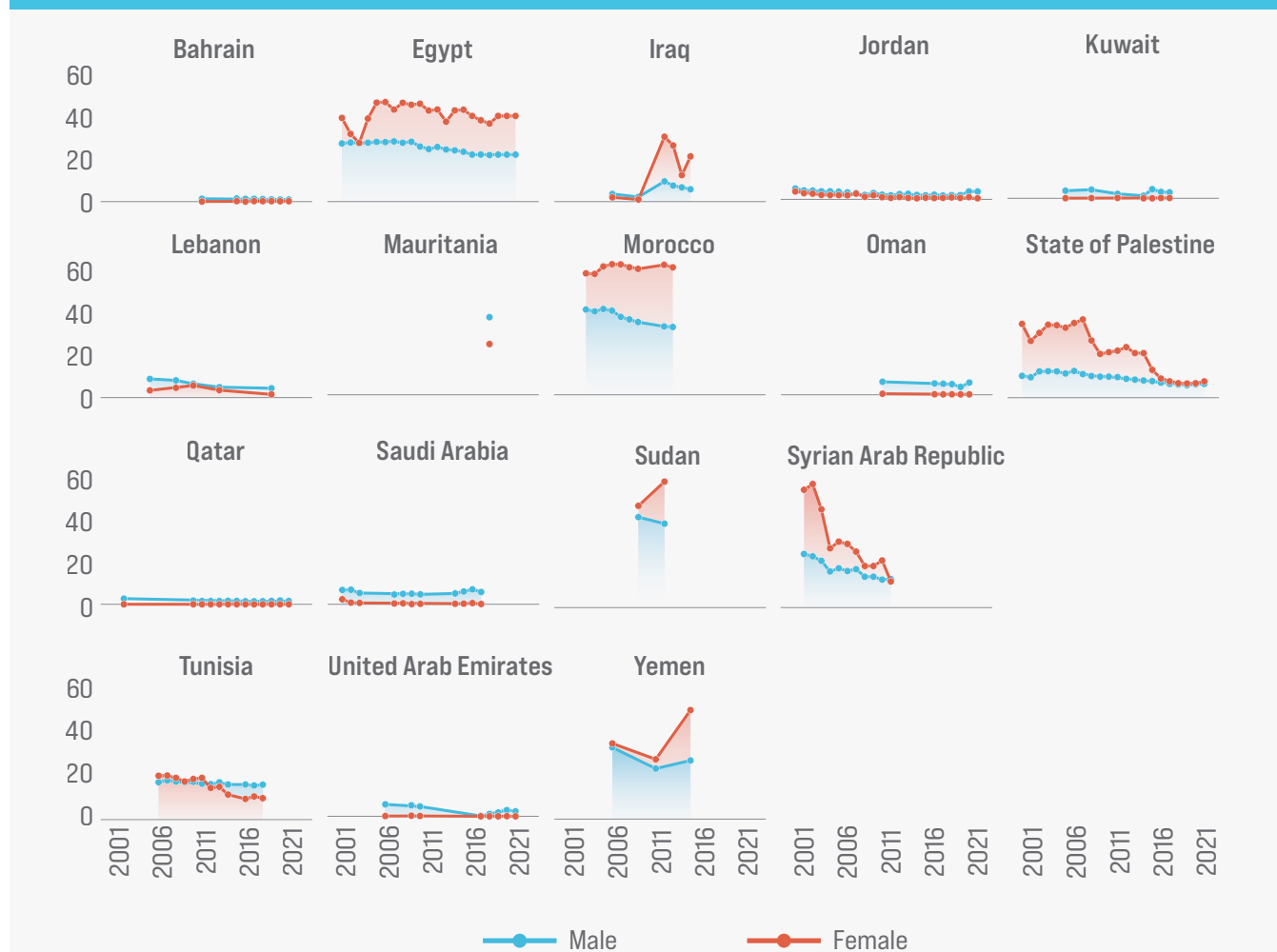
In Lebanon, the percentage of males employed in agriculture decreased from 7 per cent in 2009 to 5 per cent in 2019, while the percentage of females employed in the sector declined from 6 to 2 per cent over the same time period.

Conversely, in Egypt and Morocco, although the proportion of the labour force employed in agriculture has decreased in recent years, a significant proportion continues to find employment in the agricultural sector. In Egypt, 28 per cent of employed males and 47 per cent of employed females worked in agriculture in 2005, but those proportions dropped to 25 and 43 per cent, respectively, by 2010 and to only 21 per cent of men and 40 per cent of women by 2020. In Morocco, male employment

in agriculture decreased between 2005 and 2016, while that of females remained constant. Moreover, a sharp decrease in agricultural employment among males occurred between 2005, when some 40 per cent of the male workforce was employed in the sector, and 2012, by which time only 32 per cent of males were employed in agriculture.

The State of Palestine has 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 but decreased steadily thereafter: by 2020, only 7 per cent of females were employed in the sector, while male employment decreased from 11 to 6 per cent over the same time period.

Figure 7.8 Employment in agriculture, by sex (percentage), 2000 -2021



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and ILO.



# Poverty and Inequality



Reducing poverty has long been a priority on the international development agenda, and SDG 1 provides that the international community should take action to “end poverty in all its forms, everywhere”. Policymakers in the Arab region are therefore giving increased attention to reducing poverty and eradicating extreme deprivation. According to the OECD, there is widespread concern that the benefits of economic growth are not being shared in an equitable manner, and that the ongoing economic crisis has only widened the gap between rich and poor (OECD, n.d.). However, poverty is multidimensional. It cannot be dealt with effectively only by considering income levels: countries striving to address poverty must also take into consideration key social and economic factors, including education, health, housing, social security and employment, all of which are essential for human development.

During the COVID-19 pandemic, loss of income pushed many people into poverty in the Arab region. On average, an estimated labour loss of 11 per cent has taken place in the Arab region as a result of the pandemic (UNDP, 2022a). Conflicts and political instability are other factors that have given rise to humanitarian, social and economic challenges. Some 16 million more people were expected to fall into poverty by 2021 (ESCWA and ILO, 2021) while poverty levels were estimated to have exceeded 75 per cent in Iraq, Libya, the Syrian Arab Republic and Yemen.

### Box 8.1 Living in extreme poverty

The COVID-19 pandemic has caused an increase in the proportion of the world’s population living in extreme poverty, reversing the downward trend in poverty levels experienced since 1990. According to the 2021/2022 Human Development Report:

Over the pandemic’s first two years an additional 110–150 million people may have been pushed into extreme poverty, adding to the 689 million people worldwide forced to survive on less than \$1.90 a day in 2018. Even before the pandemic, the pace of poverty reduction was slowing – from about 1 percentage point a year in 1990–2015 to half a percentage point a year in 2015–2017. What is more, at least 1.3 billion people live in multidimensional poverty, facing deprivations in dimensions important for human development – including health, education and material standards of living. (UNDP, 2022b)

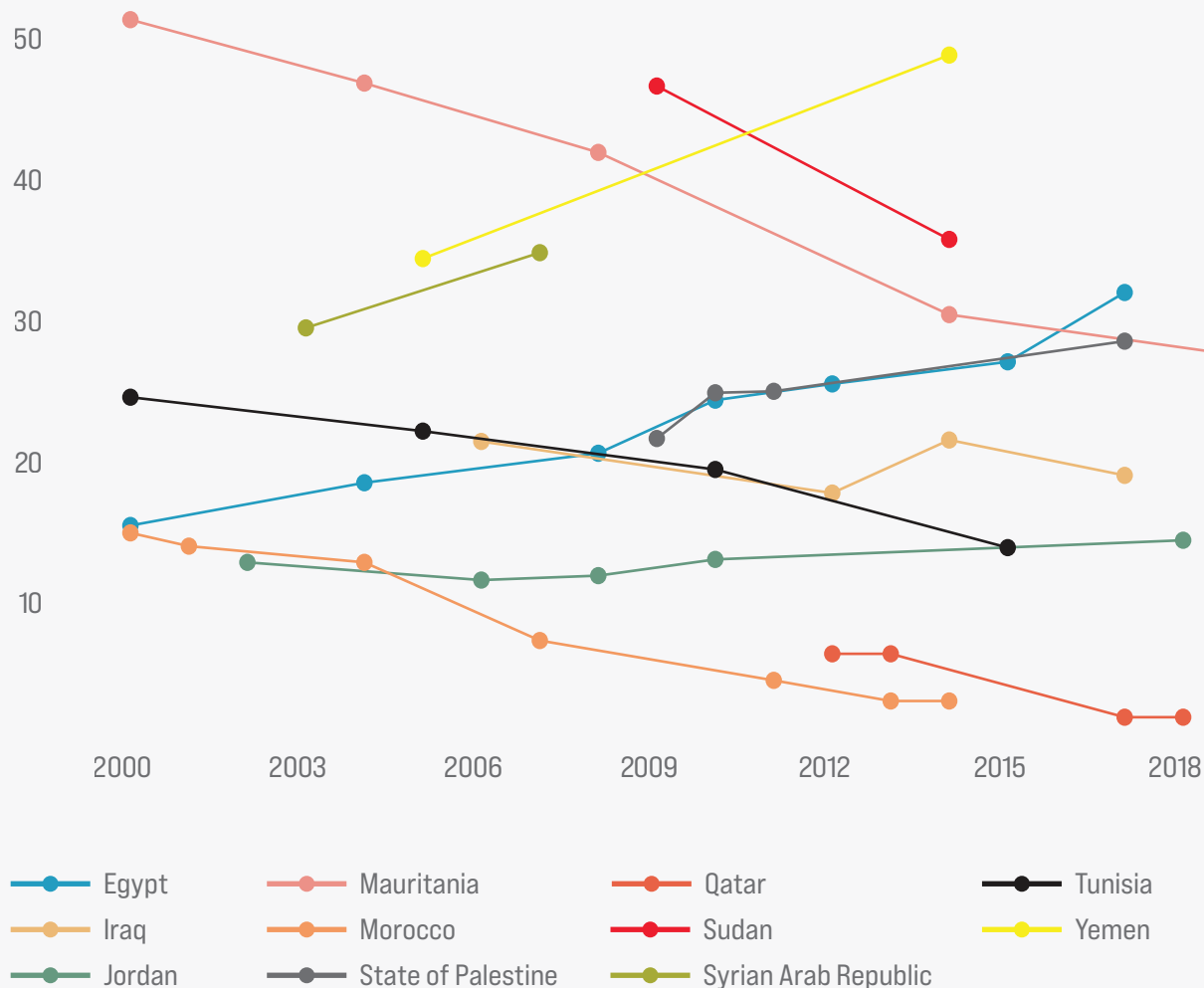
## Poverty increasing in Egypt, Jordan, the State of Palestine, the Syrian Arab Republic and Yemen

The World Bank defines the poverty headcount ratio as the percentage of the population living below the national poverty line(s) of a country.

Figure 8.1 shows the poverty headcount ratios in eleven Arab countries for which data are available. Of those, Lebanon has only one estimate for the 2000–2019 period. As clearly shown, there was no consistent trend in poverty

across countries during that period: poverty increased in some countries and decreased in others. Qatar recorded the lowest ratio, at 4 per cent in 2018, while Yemen reported the highest, at 49 per cent in 2014. With a significant gap, the Sudan followed Yemen with the second highest ratio, at 36 per cent in 2014. In Egypt, the poverty headcount ratio increased from 17 per cent to 33 per cent between 2000 and 2017.

Figure 8.1 Poverty headcount ratio, 2000–2019



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and the World Bank.

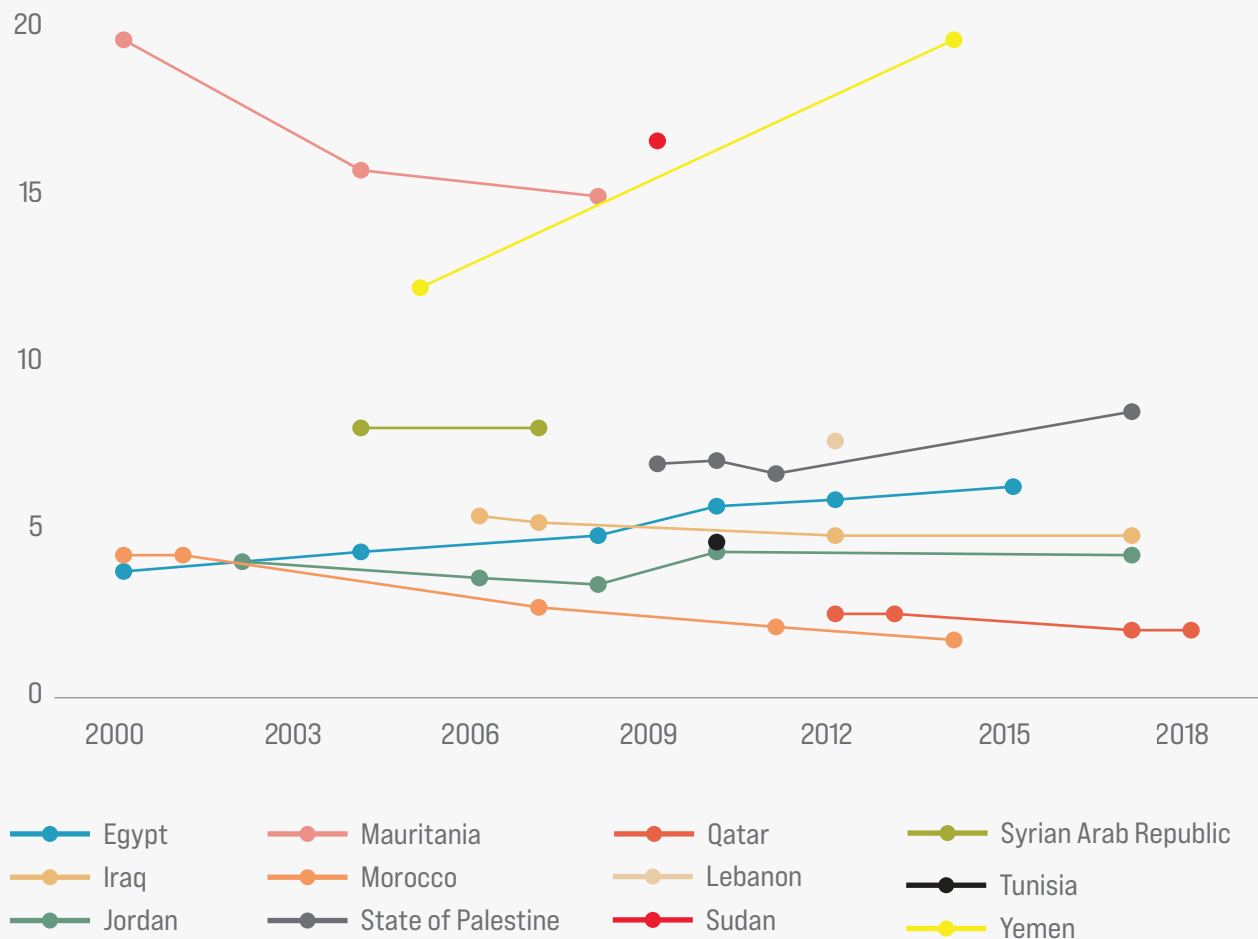


## The State of Palestine has the widest poverty gap

The poverty gap expresses the intensity or depth of poverty. Unlike the headcount ratio, which is the simple ratio of the number of people living below the national poverty line divided by 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. According to the World Bank, the poverty gap helps refine the poverty rate by providing an indication of the poverty level in a country.

Figure 8.2 provides an overview of poverty gaps for twelve Arab countries during the period 2000–2018, with three countries having no trend data. Trends in poverty gaps are similar to those for poverty headcounts, as countries with increasing poverty headcounts also tend to be characterized by increasing poverty gaps, and vice versa. Notably, for most of the countries shown, poverty gap ratios remain relatively small, with only three countries having ratios above 10 per cent. Yemen reports the highest poverty gap, which steadily increased from 12 per cent in 2005 to 19 per cent in 2014.

Figure 8.2 Poverty gaps, 2000–2018



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices and the World Bank.

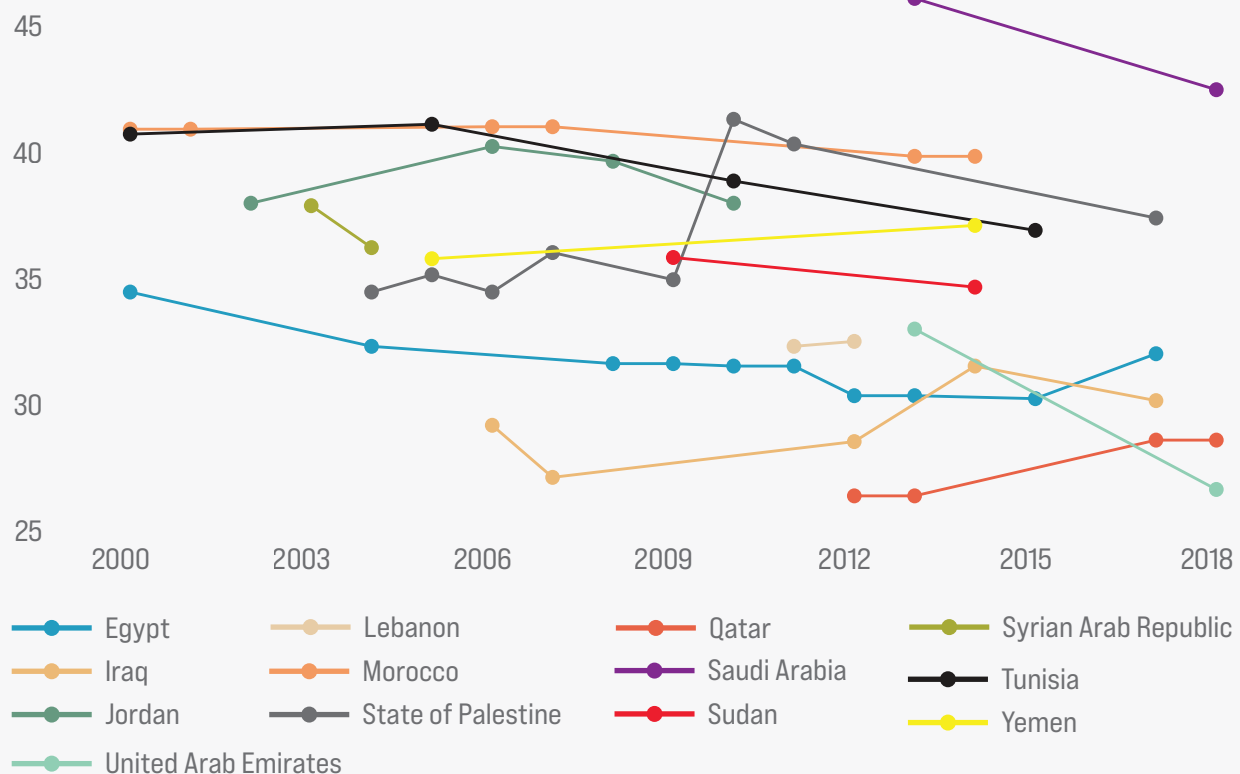
## Income inequality is greatest in Saudi Arabia and lowest in the United Arab Emirates

According to the World Bank, 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. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

Inequalities among Arab countries are mainly based on regional, ethnic and socioeconomic differences. The income inequality among the countries of the region is the highest in the world. While average per capita GDP in current terms in Somalia and the Sudan is less than \$500, it is \$50,000 in Qatar (UNDP, 2022a).

Trend data for the Gini index are available for 13 countries. As shown in figure 8.3, two countries show a modest increase in inequality and eight a modest decrease, while the others have remained relatively stable over time. Most countries have relatively low to moderate levels of inequality. Based on the most recent data available, the most unequal distribution is in Saudi Arabia, which had a Gini index score of 42 in 2018; while the United Arab Emirates, with a Gini index score of 26 in same year, is the country with the least unequal distribution. The United Arab Emirates is followed by Qatar, which was assigned a Gini index score of 28 in 2018.

Figure 8.3 Gini index, 2000–2018



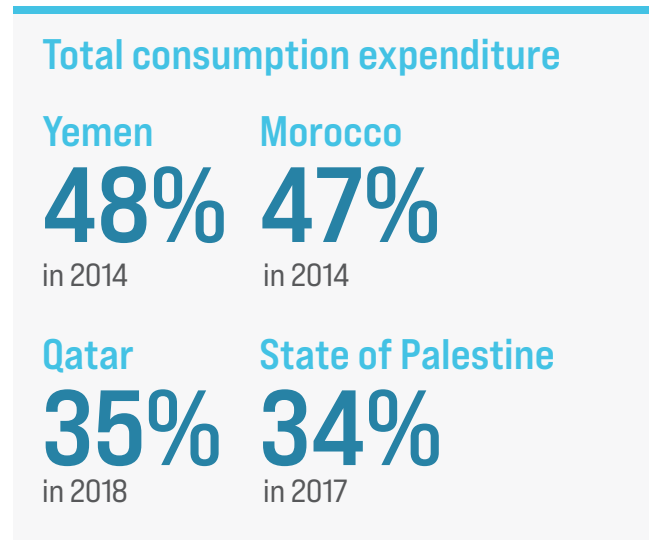
Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.

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

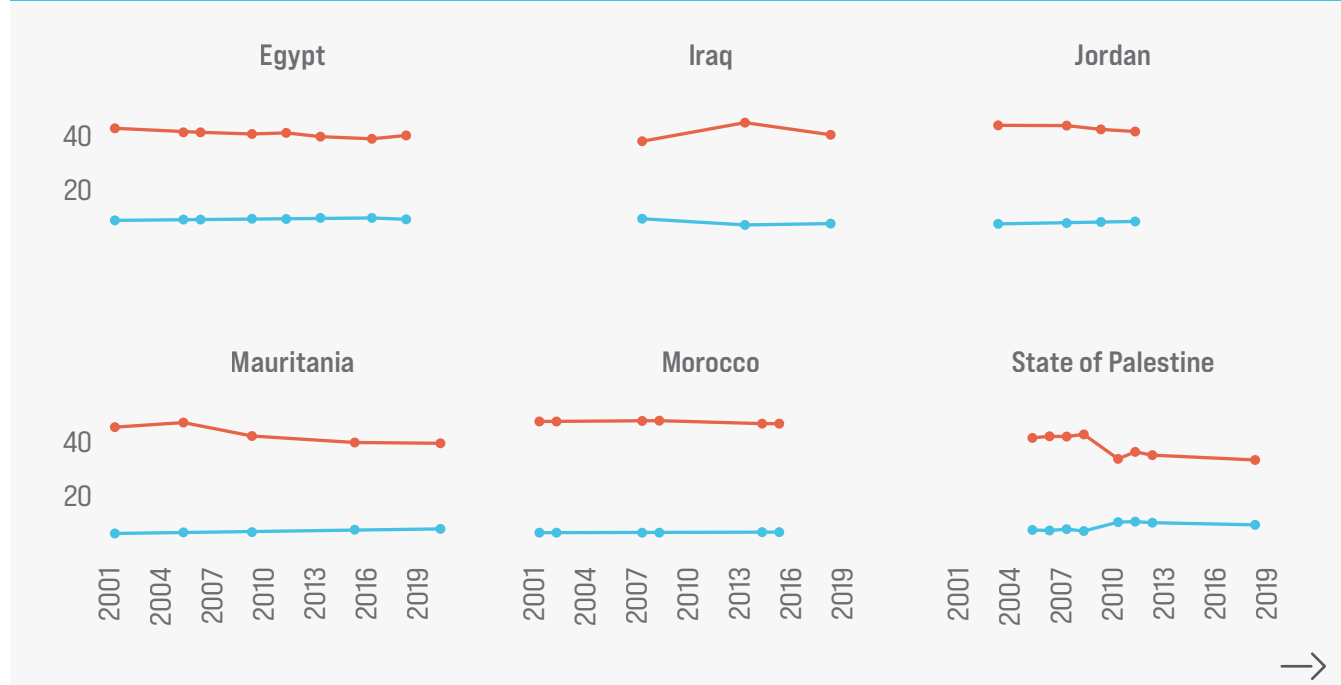
Another widely used measure of inequality is the gap between the share of total consumption expenditure by the richest and poorest quintiles in the population. Figure 8.4 shows trend data for the expenditure shares for 12 countries, and a single estimate for 1 country. Nine countries showed a slight decrease in inequality, while three showed a slight increase or no change over time.

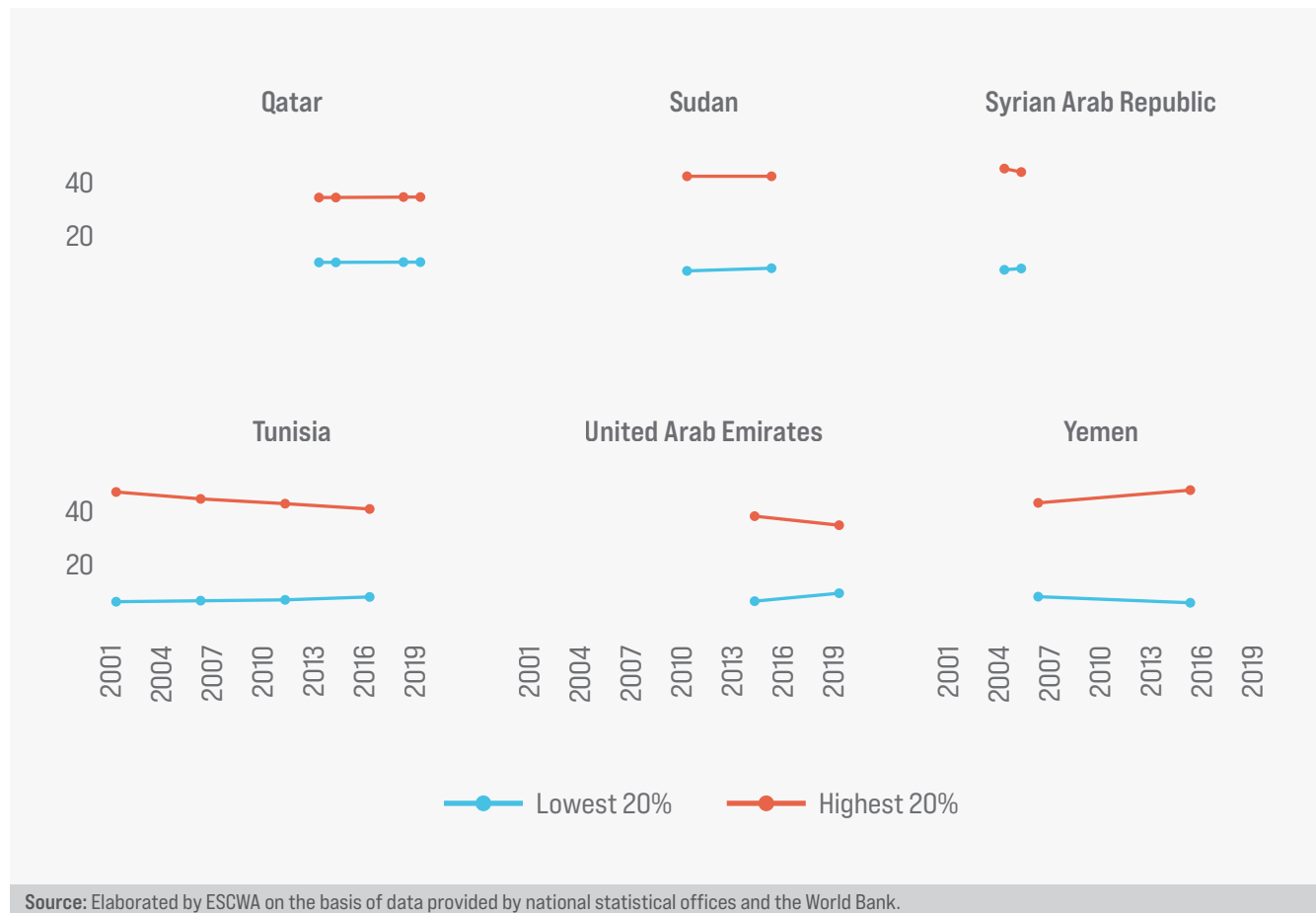
The richest quintile in both Yemen and Morocco spends the largest share of total consumption expenditure for any country measured (48 per cent and 47 per cent, respectively, in 2014); the richest quintile in Qatar (2018) and the State of Palestine (2017) spends the smallest share (35 per cent and 34 per cent, respectively). Conversely, the poorest quintile in Qatar (2018) and the State of Palestine (2017) spends a larger share of total expenditure than the poorest quintile in any other Arab country (10 per cent

and 9 per cent, respectively), while the poorest quintile in Yemen spends the lowest share of total consumption expenditure in the Arab world (less than 6 per cent in 2014).



**Figure 8.4** Share of total consumption expenditure by richest and poorest quintiles, selected Arab countries, 2000–2019





## Consumption expenditure on education and health is lowest

Figure 8.5 shows how consumption expenditure is allocated to major expenditure categories in 11 countries in the region. Food and non-alcoholic beverages account for the largest share in Mauritania (51 per cent of total expenditure in 2019), Yemen (49 per cent in 2014) and Egypt (37 per cent in 2017). In Kuwait, Lebanon and Saudi Arabia, the largest share of total expenditure is allocated to housing, water, electricity, gas and other fuels. In all the countries for which recent data are available, the smallest share tends to be spent on education or health, except in Morocco, where the smallest share is spent on clothing and footwear (3 per cent of total expenditure in 2014).

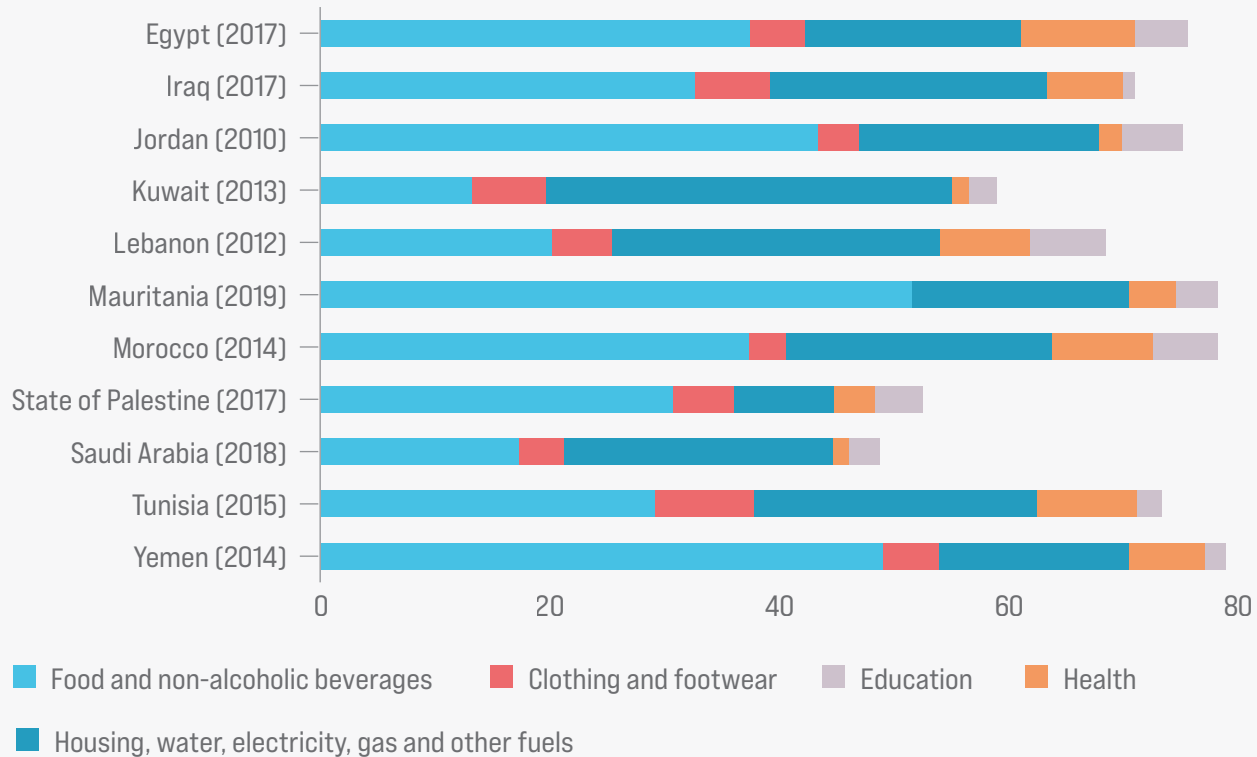
The largest share of total expenditure is allocated to housing, water, electricity, gas and other fuels.



in Kuwait, Lebanon and Saudi Arabia

The smallest share tends to be spent on education or health

Figure 8.5 Allocation of consumption expenditure, latest available data



Source: Elaborated by ESCWA on the basis of data provided by national statistical offices.



# Culture

# 09

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 national statistical offices, data used in this section have been taken from a survey conducted by Arab Barometer, a non-partisan research network that provides insight into the social, political and economic attitudes and values of ordinary citizens across the Arab world, and from two online databases, namely the database maintained by the UNESCO Institute for Statistics, and the World Telecommunication/ICT indicators database of the International Telecommunication Union. The Arab Barometer survey has been conducted in seven waves: 2006–2009, 2010–2011, 2012–2014, 2016–2017, 2018–2019, 2020–2021 and 2021–2022. In this section, we focus only on the most recent wave, in which data were collected in Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco and the Sudan.



## High religiosity, marginally higher among women

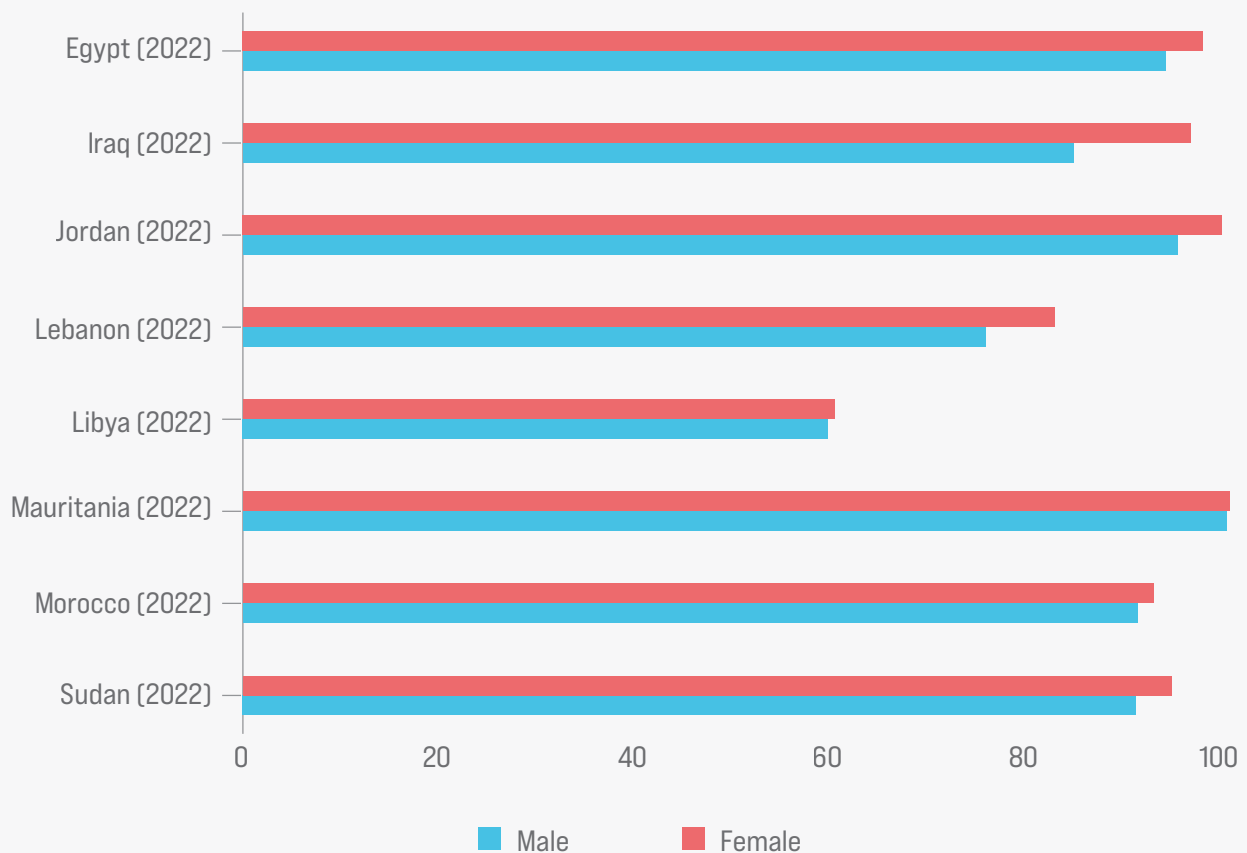
In the Arab Barometer survey, respondents are asked to rate themselves as religious, somewhat religious, or not religious. For the purposes of the present analysis, the categories

“religious” and “somewhat religious” have been amalgamated and are together referred to as “religious”. The results of the survey are shown in figure 9.1.

### Box 9.1 Religiosity

Overall, the adult population of the Arab region is particularly religious. Libya and Lebanon are at the lower end of the religiosity spectrum, with 60 and 79 per cent of the population, respectively, stating that they are religious. On the other hand, over 95 per cent of the populations of Egypt, Jordan and Mauritania state that they are religious. In recent years Mauritania and Jordan have reported the highest proportions of religious women in the region, at 100 per cent and 99 per cent, respectively. As illustrated in figure 9.1, women are, to varying degrees, more religious than men in all countries. This is most notable in Iraq, where the gender difference in religiosity is approximately 12 percentage points.

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



Source: Data provided by Arab Barometer.

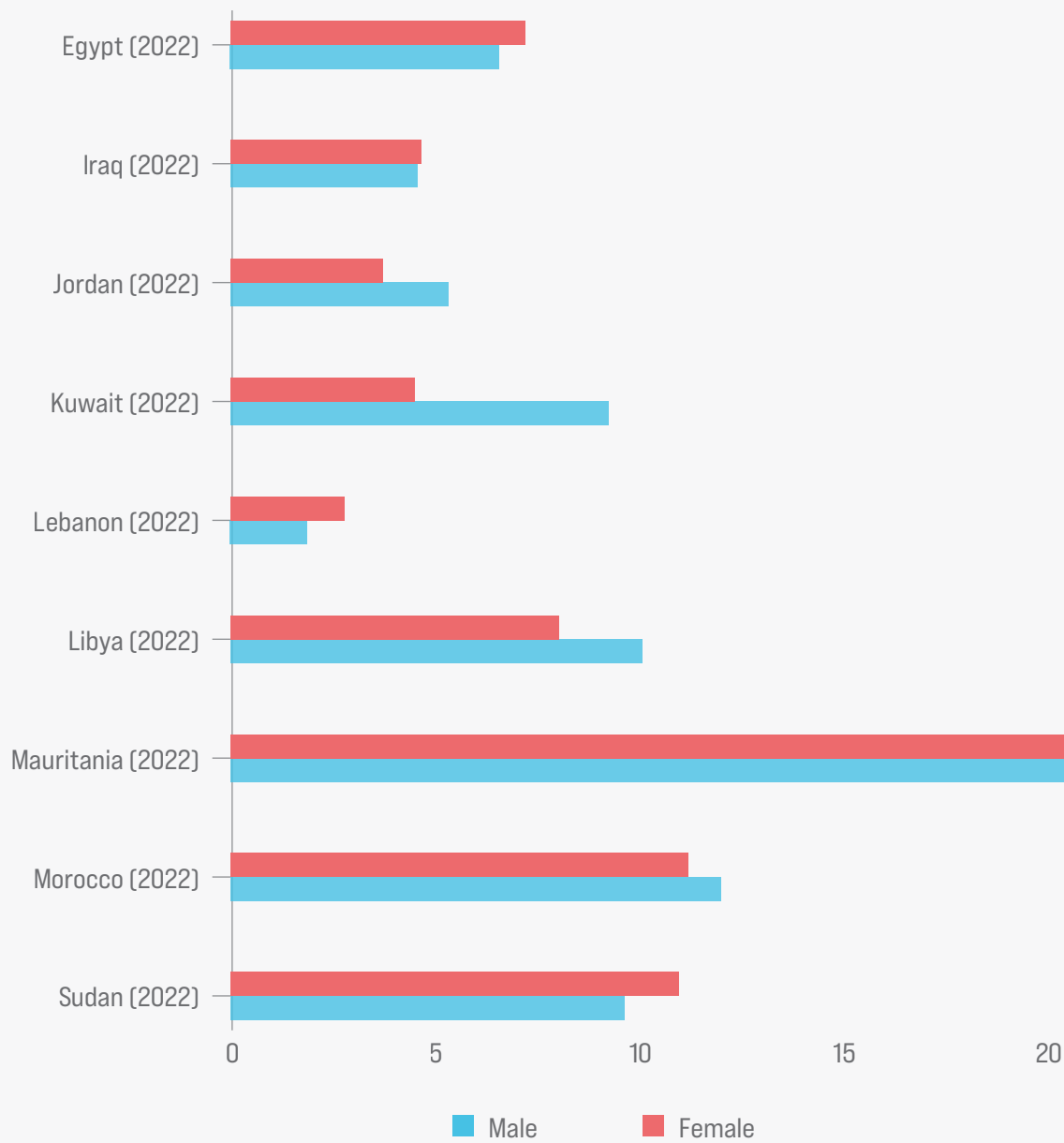


# Trust in others is low in Arab countries

Trust in others is generally low in all the countries surveyed (figure 9.2). The lowest rate is found in Lebanon, where only 2 per cent of men and 3 per cent of women report that they believe that

most people are trustworthy. Those figures stand in stark contrast to those for Mauritania, where 23 per cent of both males and females believe that most people are trustworthy.

Figure 9.2 Respondents who believe that most people can be trusted, by sex, latest data available (percentage)



Source: Data provided by Arab Barometer.


## Low cinema attendance and infrastructure

Figure 9.3 displays cinema admissions per capita and screens per 100,000 inhabitants. The data show that cinema attendance is relatively low and cinema infrastructure is limited. Out of the six Arab countries for which data have been made available since 2015, only Qatar ranks in the top 10 per cent of countries worldwide, reporting three cinema visits per capita in 2017, more than doubling from 2008, when the figure was one visit per capita. Otherwise, recent estimates indicate fewer than two visits per capita for the countries that provided recent data. Bahrain and Lebanon reported decreasing attendance since 2005, from two to one visit by 2013, and from three to one visit by 2017, respectively.

The density of cinema screens is also low; the highest density in the region is reported in Bahrain (4.8 screens per 100,000 inhabitants in 2013), fewer than in the top 25 countries worldwide in 2017. In comparison, Spain, which ranked tenth worldwide in 2017, has 9 screens per 100,000 inhabitants, nearly double the number for Bahrain. Screen density increased

**Out of the**  
**6**  
Arab countries  
for which data  
are available

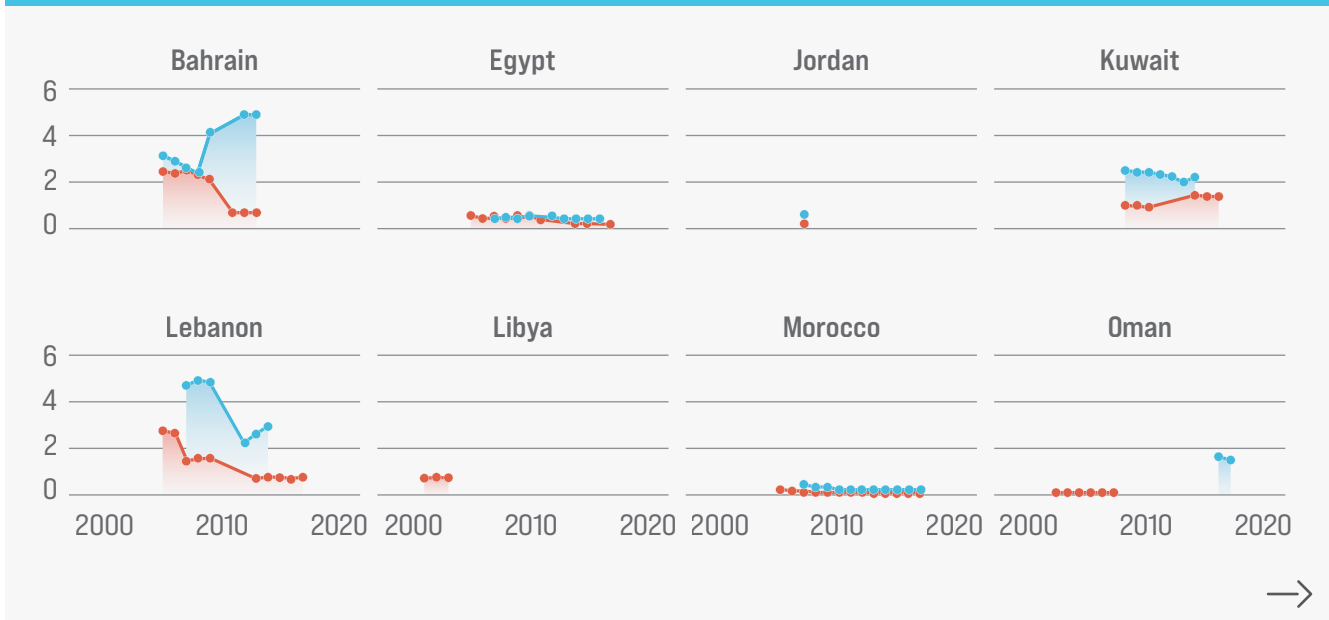
**Qatar ranks in the top**  
**10%**  
of countries worldwide

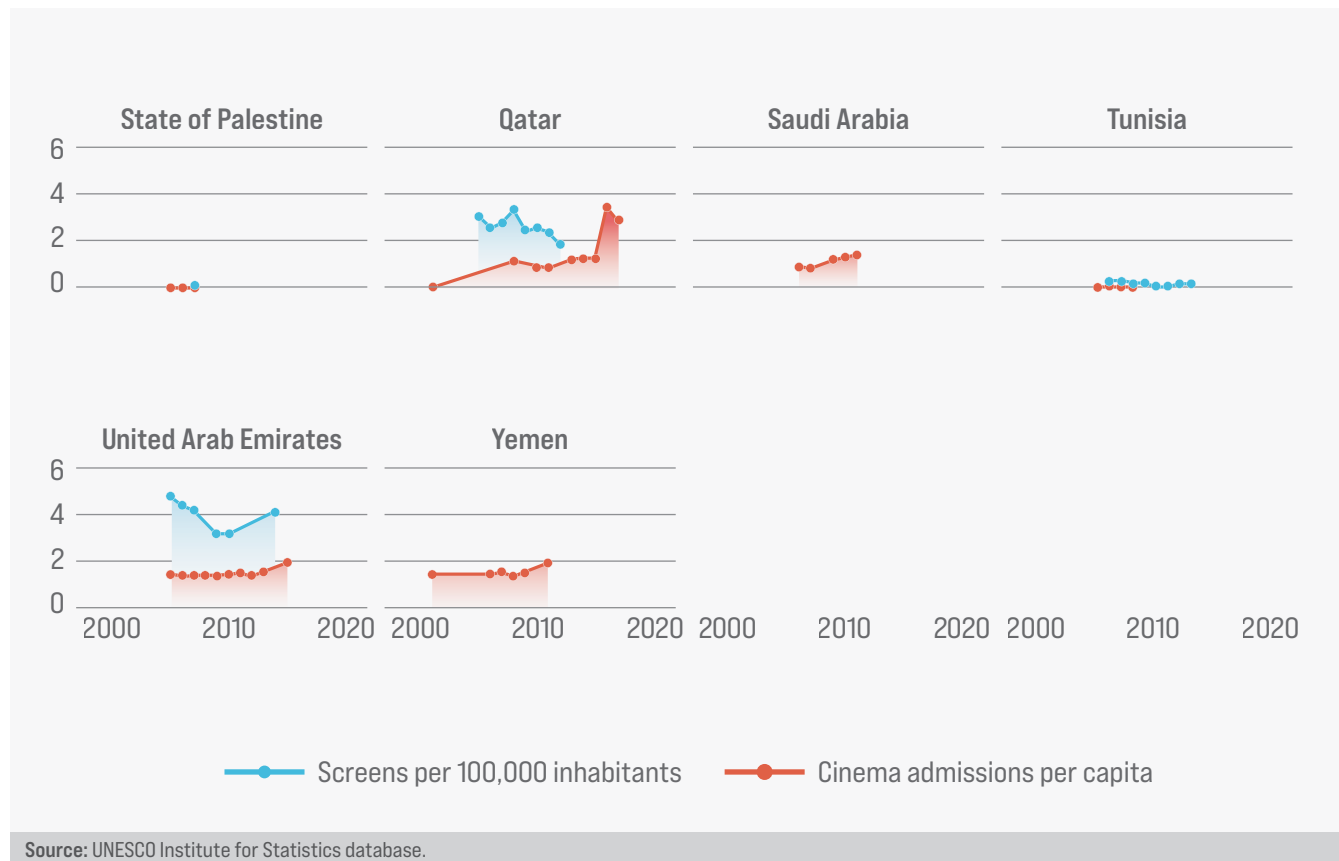


**Reporting**  
**3**  
cinema visits per capita  
in 2017

from 3 to 5 per 100,000 inhabitants in Bahrain between 2005 and 2013, even though cinema visits per capita decreased over the same period. Conversely, the decrease in cinema visits in Lebanon generally coincided with a decrease in screen density, from 5 screens per 100,000 inhabitants in 2007 to 3 per 100,000 in 2014.

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





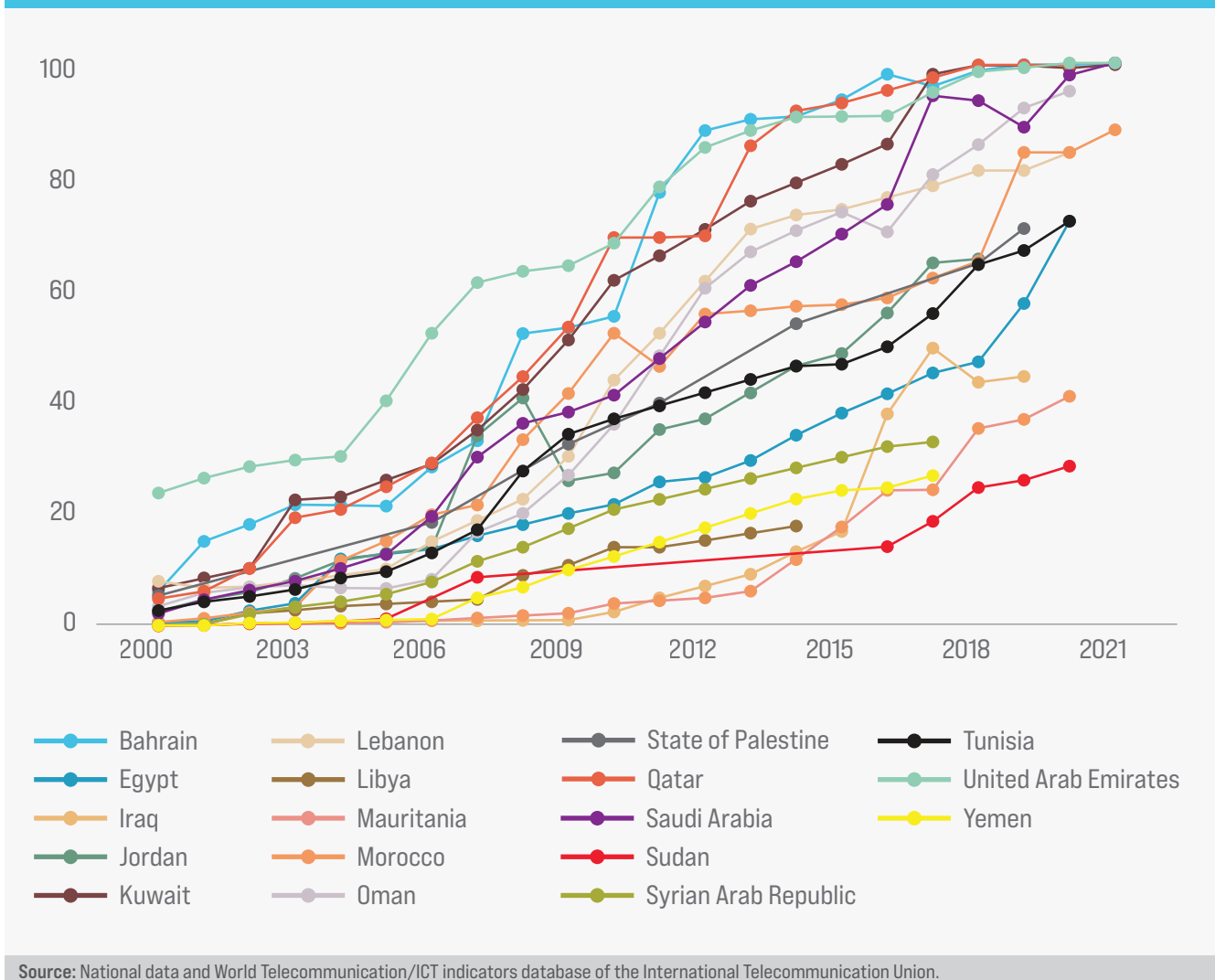
## Dramatic increase in Internet usage

Internet usage in the Arab region has increased dramatically since 2005, when less than 50 per cent of inhabitants in all 18 ESCWA member States used the Internet. The Internet has since become a major part of modern culture in the region, especially in GCC countries, which have experienced an almost tenfold increase in the number of Internet users. The sharpest increases over the past decade or so have taken place in Oman and Saudi Arabia, where the number of Internet users increased, respectively, from 36 to 95 subscriptions per 100 inhabitants between 2010 and 2020, and from 41 to 100 users per 100 inhabitants between 2010 and 2021. Internet usage has also increased dramatically in Egypt, where the number of Internet users increased from 22 per cent of inhabitants in

2010 to 72 per cent in 2020. In Bahrain and Iraq, usage also increased notably: In Bahrain the percentage of users increased from 55 to 100 per cent between 2010 and 2021, and in Iraq from 3 to 44 per cent between 2010 and 2019.

In Jordan, the number of Internet users increased dramatically from 27 per cent of the population in 2010 to 65 per cent in 2018. The State of Palestine experienced a similar increase, from 40 per cent in 2011 to 71 per cent in 2019. Use of the Internet in certain Arab countries remains limited, however: in 2017, less than half of the populations of Libya, Mauritania, the Sudan, the Syrian Arab Republic and Yemen used the Internet, with Internet use in Libya and Yemen standing out as particularly low.

Figure 9.4 Internet users (percentage of population), 2000–2021



## Mobile cellular subscriptions increased sharply between 2000 and 2010

Similar to rates of Internet usage, GCC countries have consistently reported the highest rates of mobile cellular subscriptions. According to the most recent data available, the Sudan and Libya report the lowest number of subscriptions per 100 inhabitants, at 37 in 2021 and 44 in 2020, respectively. In comparison, all GCC countries reported at least 126 subscriptions in 2021 and the highest was 195 in the United Arab Emirates.

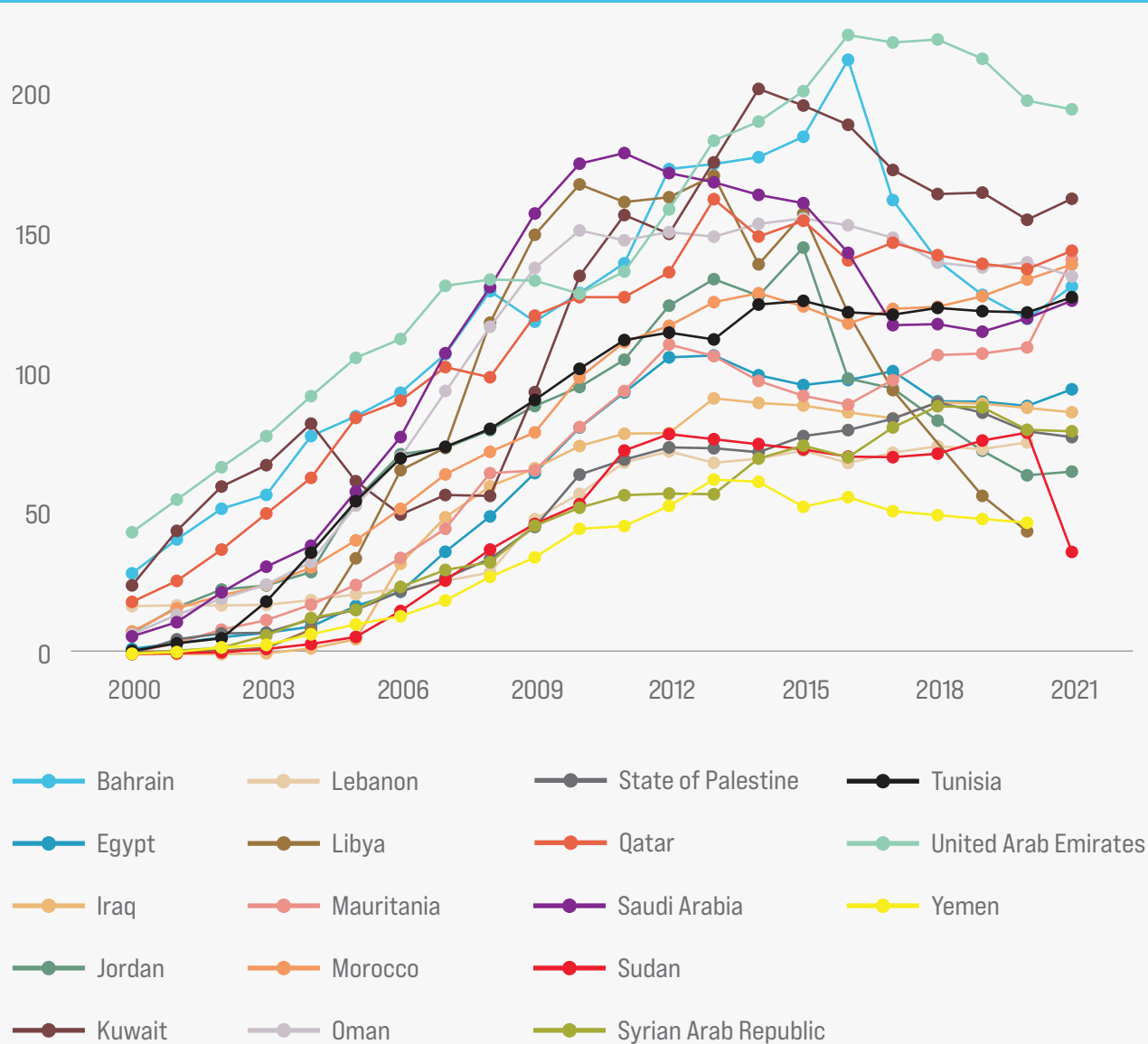
Between 2000 and 2010, mobile cellular subscriptions increased rapidly across the region. Iraq, the State of Palestine, the Sudan, the Syrian Arab Republic and Yemen all reported zero mobile subscriptions per 100 inhabitants in 2000; by 2010, there were 74 in Iraq, 64 in the State of Palestine, 54 in the Sudan, 52 in the Syrian Arab Republic and 45 in Yemen. The largest increases between 2000 and 2010 were

observed in Saudi Arabia, Libya and Oman, reaching 175, 168 and 152 mobile-cellular subscriptions per 100 inhabitants, respectively.

From 2010 to 2021, mobile subscriptions increased throughout the region at a much slower rate than in the preceding decade; in fact, the countries that had the largest increases in mobile cellular subscriptions per 100 inhabitants between

2000 and 2010, namely Libya, Oman and Saudi Arabia, experienced decreases between 2010 and 2020/2021. In Libya, the ratio decreased sharply, from 168 subscriptions in 2010 to only 44 in 2020, while the United Arab Emirates experienced the largest increase, from 129 subscriptions in 2010 to 195 in 2021. The number of mobile cellular subscriptions also increased sharply in Mauritania, from 81 in 2010 to 141 in 2021.

Figure 9.5 Mobile cellular subscriptions per 100 inhabitants, 2000–2021



Source: World Telecommunication/ICT indicators database of the International Telecommunication Union.

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This publication is the latest in a series published biennially by the Statistics, Information Society and Technology Cluster of the Economic and Social Commission for Western Asia (ESCWA). It presents a broad illustration of Arab society and the ways in which it has been changing, and focuses on population dynamics, household composition and family formation, housing conditions, health, labour, poverty and inequality, education, culture, social participation and the effects of the COVID-19 pandemic.

Data are compiled primarily from national statistical offices of ESCWA member countries and supplemented by public accessible data from international organizations, such as the International Labour Organization (ILO), the World Bank, the United Nations Education, Scientific and Cultural Organization (UNESCO), the United Nations Department of Economic and Social Affairs (DESA), the World Health Organization (WHO), the Office of the United Nations High Commissioner for Refugees (UNHCR) and UN HABITAT.



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