

Arab Society Demographic and Social Trends

Issue No. 17 2025







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Arab Society Demographic and Social Trends

Issue No. 17 2025



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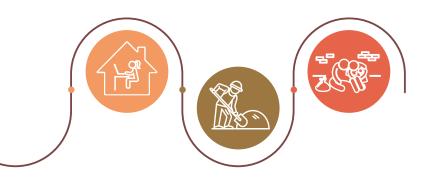
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Preface

Arab Society: Demographic and Social Trends, Issue No. 17 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, education, poverty and inequality, the report provides a comprehensive and up-to-date overview of Arab society, showing how it is changing across countries in the region and identifying factors 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.

The present publication is produced with a wide audience in mind, including policymakers, service providers, researchers and teachers at academic institutions, journalists, staff members at national statistical offices, and the general public.



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Key messages



The number of international migrants in the Arab region **has increased steadily over the past 20 years,** going from 19 million in 2005 to nearly 45 million in 2024. Globally, one third of refugees come from the Arab region.

The population of the Arab region is young, with a median age of just 22. However, the **proportion of older persons is increasing rapidly** in several ESCWA member States, including **Algeria, Morocco** and **Tunisia**.





Access to improved drinking water sources, electricity and sanitation facilities is increasing in most Arab countries, although access remains limited in some rural areas and has declined in countries in conflict.

Home ownership is the norm for Arab households, apart from in certain Gulf Cooperation Council countries.



Women's participation in the labour force remains significantly lower than men's, with only slight progress in some Arab countries.





Unemployment rates are disproportionally **high** among **women and young people.**

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

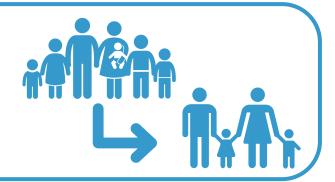






Poverty levels continue to rise in Egypt, Lebanon, Palestine and Yemen.

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



There has been an **increase in government expenditure** per capita on **health care** between 2000 and 2021 in the region, with the exception of Lebanon and Yemen.

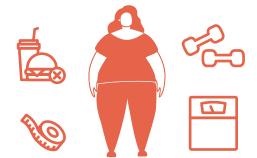






Indicators relating to reproductive and maternal health, including the number of mothers receiving prenatal care, the number of births attended by skilled health personnel, and maternal mortality rates have improved significantly in the region, but disparities among countries persist.

Obesity is **increasing** throughout the **Arab region**, especially among **women**.



Vaccination rates **improved**, but vary widely across **Arab countries**.





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

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





Public expenditure on education as a percentage of total government expenditure has decreased in Bahrain and Yemen, and increased in Iraq and Palestine.

Introduction

The present 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). Up to issue No. 10, the publication was entitled Arab Society: A Compendium of Demographic and Social Statistics. The title has since been changed to Arab Society: Demographic and Social Trends to highlight a renewed emphasis on displaying data over time. Focusing on population dynamics, household composition, family formation, housing conditions, health, education, labour, poverty and inequality, the publication presents a broad illustration of Arab society and the ways in which it has been changing since 2000, with particular focus on the period 2020–2023, where data are available.1

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 publication shows that the population in the Arab region continues to grow and that, as it does, it is diversifying. The total population of the region is estimated to have reached approximately 482 million in 2023. Population growth varies widely between countries, from less than 1 to over 3 per cent per year. The average population growth for the region was 1.9 per cent

in 2023. Based on the current rate of growth, the population of the region is expected to double in size in approximately 35 years.

The Arab region's population is young overall, but there is considerable heterogeneity in the age-sex profiles of countries, owing to varying demographic transitions, the size of migrant populations and, in certain countries, the influx of large numbers of refugees. For example, children below 15 years old make up less than 15 per cent of the population in Qatar, but near 40 per cent in Palestine. Sex ratios in all Gulf Cooperation Council (GCC) countries are high. In Qatar, for example, there are 258 males for every 100 females.

Total fertility ranges from below or near the replacement level (of 2.1 children per woman) in Bahrain, Kuwait, Lebanon, Libya, Qatar, Oman, Morocco and Tunisia, to over 4 children per woman in Mauritania, Somalia, the Sudan and Yemen. Over the past decades, the Arab region has experienced a decline in total fertility rates. However, the speed of that decline differs across countries, 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. For example, life expectancy at birth currently ranges from 62 years for men and 65 years for women in Djibouti, to 80 years for men and 83 years for women in Qatar. However, differences in life expectancy at birth for boys and girls are generally small, and currently stand at less than 3 years in Algeria, Bahrain, the United Arab Emirates and Yemen. This stands in contrast to the global life expectancy gap between men

¹ Not all available demographic and social statistics indicators are included in the present publication. A more exhaustive set of tables can be found on the ESCWA webpage for this publication, or the online ESCWA indicator database (https://data.unescwa.org/datacatalog/ArabOfficialStatistics). Although as much as possible of the data received from member States has been included, some data may have been excluded to ensure consistency in methodology and in time series. For comparison and continuity, this publication is inclusive of available data and analysis from all Arab countries, including the Comoros, in addition to the other 21 ESCWA member States.

and women, which is 5 years according to the United Nations Population Division.

The number of international migrants in the region increased between 2000 and 2021 in all 16 countries for which data are available, except Lebanon and the Syrian Arab Republic. GCC countries have relatively large migrant populations, consisting primarily of labourers from Central and Southeast Asia. As at 2024, the region hosted 38 per cent of the global refugee population, with four countries (Jordan, Lebanon, the State of Palestine and the Sudan) hosting over 1 million refugees each.

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, Morocco and Tunisia. Female household headship is generally low in the region, except in Mauritania and Somalia, where a third of households are headed by women.

Throughout the region, numbers of registered marriages per year have been largely stable or gradually increasing in recent years, with notable declines in Algeria and Oman. Similarly, the number of registered divorces per year has remained stable in most countries, with some showing a gradual increase. However, there has been a sharp rise in both Algeria and Egypt, with the number of registered divorces tripling and quadrupling since the early 2000s, respectively.

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. Available data show that in Mauritania, Somalia, the Sudan and Yemen, a third or more of women aged 20–24 reported being married or in a union before the age of 18. This stands in stark contrast to numbers for Algeria, Oman and Tunisia, where less than 5 per cent of girls reported being married or in a union before the age of 18. Available data on early child-bearing shows a similar trend to that of early

marriage: over 20 per cent of women aged 20–24 reported giving birth before age 18 in Mauritania and Somalia, while 2 per cent or less of women in the same age group reported early childbearing in Algeria, Oman and Tunisia.

The latest available data show that in most Arab countries, more than 60 per cent of households own the homes they live in. The exception is in GCC countries, where low levels of home ownership are attributable to the high number of non-nationals living there. Within countries that have substantial urban areas, such as Egypt, Jordan, Kuwait, Qatar and Palestine, apartments are the most prevalent form of housing compared with 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 Arab countries, more than 90 per cent of households enjoy access to improved sanitation facilities and electricity. The exceptions are Mauritania and Yemen, where improved sanitation facilities and electricity can be lacking in rural areas. The recent conflicts in Palestine and the Sudan have also significantly impacted the availability of improved sanitation and electricity.

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 10 per cent in Somalia. According to recent data, most pregnant women in the region 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 third of pregnant women receive four or more prenatal visits, and around 60 per cent of births are attended by a skilled health professional.

Childhood immunization coverage is high in most Arab countries. In recent years, almost all children in Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, Palestine and Tunisia received vaccinations for diphtheria, tetanus, pertussis (DTP), measles, tuberculosis (known as BCG) and polio. Somalia and Yemen have the lowest immunization coverage and, notably, rates have been decreasing. Children's nutritional status is often particularly poor in those two countries, where near 30 per cent of boys and girls are stunted in Somalia, and close to 50 per cent in Yemen.

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 Djibouti and Somalia, where 16 and 20 per cent of women, respectively, and 6 and 5 per cent of men, respectively, are obese.

In most Arab countries, 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 health-care 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 2022, the State of Palestine reported the highest density of physicians in the Arab region at 28 per 10,000 people, and the highest density of pharmacists at 18 per 10,000 people.

In recent decades, the region has experienced a dramatic expansion of education. In Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia and Palestine, approximately 99 per cent of young people are literate. The lowest youth literacy rate (among countries with data since 2020) is in Somalia at around 70 per cent. Enrolment in primary schools is generally high, and has been increasing in the low-income countries of Mauritania and Somalia. In some Arab 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. Although the gender gap in net secondary enrolment has narrowed over time in Iraq, it has increased in Palestine.

Labour force participation is low across the region, mainly due to low participation rates by women. Most Arab countries 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 those four countries has increased owing 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, at around 25 per cent or more since 2001. Unemployment among women is consistently higher than among men. Youth unemployment is also high, exceeding 20 per cent in most Arab countries. Employment in agriculture is low in all GCC countries, and has been decreasing in Palestine owing 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 Arab countries have relatively low to moderate levels of inequality.

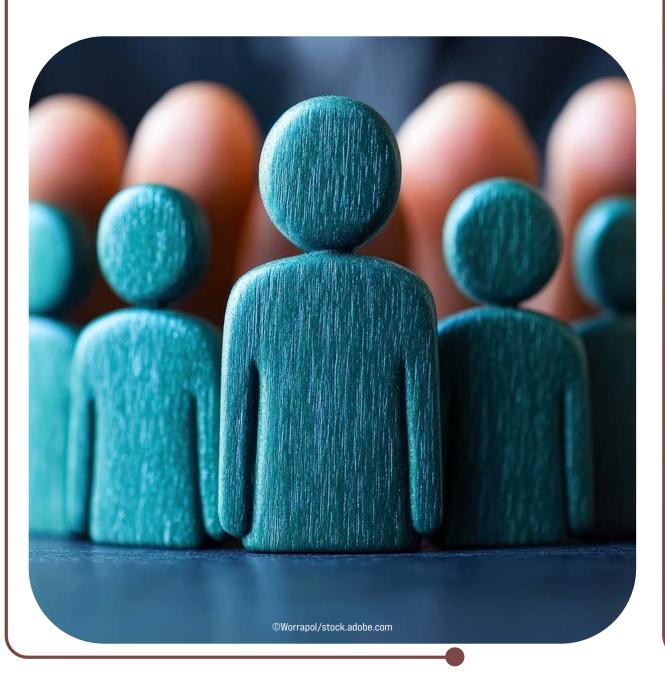
Education and health account for the smallest share of consumption expenditure in the region. In Egypt, Jordan and Palestine, expenditure on food and non-alcoholic beverages accounts for the largest share of total consumption expenditure; while in Kuwait and Lebanon, the largest share is spent on housing,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

ESCWA member States

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

1. Population





The Arab region has a heterogeneous demographic profile, with countries at different stages of demographic transition. This is due to a wide range of country-specific social, economic, political and cultural factors, and 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, Arab countries have markedly different population sizes, growth rates and population compositions, including the age-sex structure. Those features are determined by the evolution of the 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 and 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, the present chapter provides a descriptive account of demographic trends in several 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. Approximately two decades later, fertility started to decline in several Arab countries (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 polarized demographic profile and considerable variations in population growth rates across countries.

Owing 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 currently 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 (United Nations Department of Economic and Social Affairs (DESA), 2024).

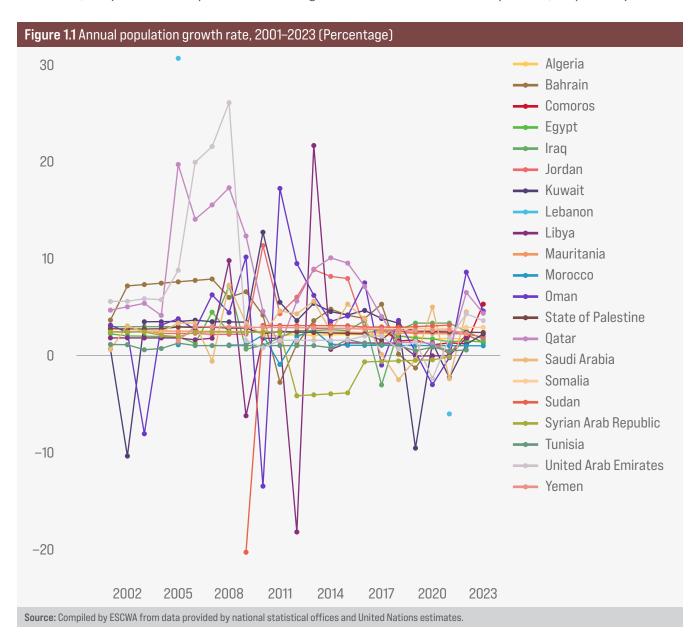
The United Nations projected that the world's population would reach nearly 8.2 billion by the end of 2024. Furthermore, on the basis of data provided by the DESA Population Division, the average population growth rate for ESCWA member States in 2023 is estimated to have reached 1.9 per cent. This represents a substantial increase from the last edition of this publication, where the 2021 growth rate was estimated at 1.2 per cent (DESA, 2024).

However, current population estimates for the period 2001–2023, as calculated by national statistical offices in the Arab region and by the DESA Population Division, exhibit significant differences in population growth rates across

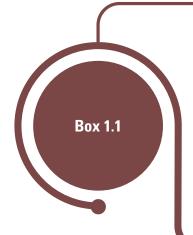
countries (figure 1.1). For example, available data for the period show annual growth rates ranging from as low as -20.3 per cent in the Sudan (2009) to over 30 per cent in Lebanon (2005). Such extreme growth rates are often due to conflict or forced displacement, where people migrate to and from a particular place in large numbers. While these figures are useful for understanding variations in population growth between countries and over time, they are less helpful in illustrating

both the broader picture and more recent population growth trends.

Estimates for the past five years show less variation among countries, with most falling between +/- 4 per cent annual growth rates (figure 1.1). Available estimates for 2023² show that Morocco and Bahrain had the lowest growth rates at 1 and 1.3 per cent, respectively. Qatar and Oman had the highest estimated population growth rates in 2023 at 4.4 and 4.6 per cent, respectively.



² Growth rate estimates for 2023 are only available for Bahrain, Egypt, Iraq, Jordan, Kuwait, Morocco, Oman, the State of Palestine, Qatar and the United Arab Emirates.



Percentage of older persons in the population

According to population estimates for 2023, older persons (persons aged 65 and above) comprise less than 5 per cent of the population in Arab countries, except Algeria, Egypt, Morocco and Tunisia. Qatar and the United Arab Emirates have the lowest proportion of older persons. They comprise 1.7 per cent of the population in the United Arab Emirates, and only 1.4 per cent in Qatar. Tunisia, Morocco and Algeria have the highest proportion of older persons, accounting for 10.9, 7.9 and 7.1 per cent of the population, respectively.

Source: Data provided by national statistical offices.

Note: Population age distribution estimates for 2023 are only available for Algeria, Bahrain, Egypt, Jordan, Kuwait, Morocco, Oman, the State of Palestine, Qatar, Saudi Arabia, Tunisia and the United Arab Emirates.

Demographic and population trends are mainly shaped by fertility and mortality, both of which have declined globally. Migration has also become a determinant factor shaping some countries' population structure. This is especially true in the Arab region, with GCC countries attracting millions of labour migrants, and recent crises across the region displacing millions within and outside Arab countries.

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

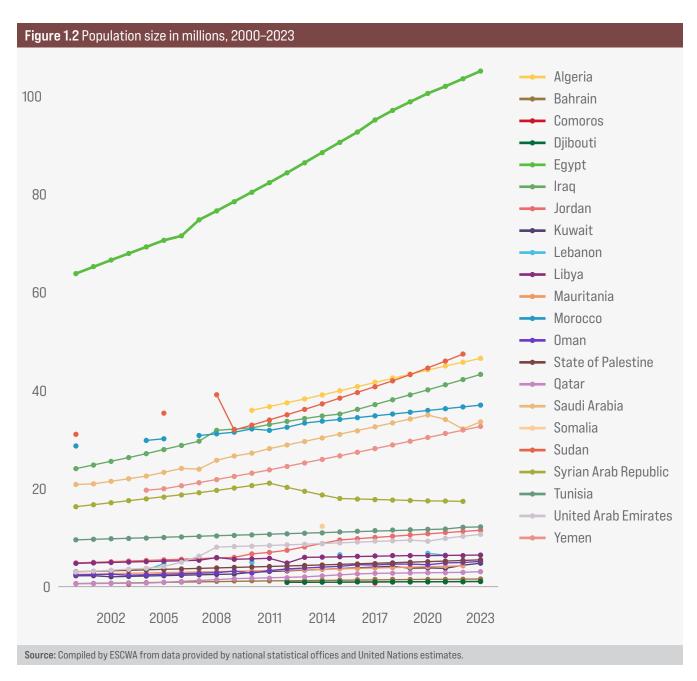
B. A young population overall

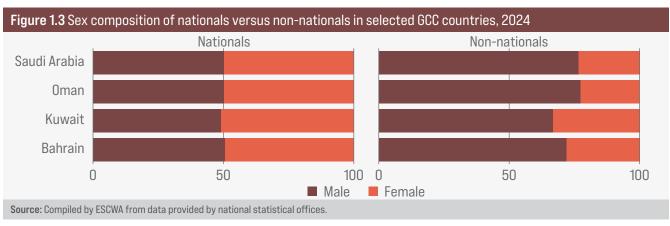
Current population estimates for the Arab region for the period 2000–2023 show that population size varies considerably across countries, ranging from 105 million in Egypt to about 1.6 million in Bahrain (figure 1.2).

Large-scale population displacements caused by ongoing conflicts have significantly altered the population size and composition of certain Arab countries, including the Syrian Arab Republic and Yemen, and more recently the State of Palestine and the Sudan.

Jordan and Lebanon are the Arab countries that have received the highest number of immigrants owing to conflict and forced displacement, mostly from the Syrian Arab Republic. The estimated net outflow of migrants from the Syrian Arab Republic exceeded 6 million between 2010 and 2023 (UNHCR, 2023).

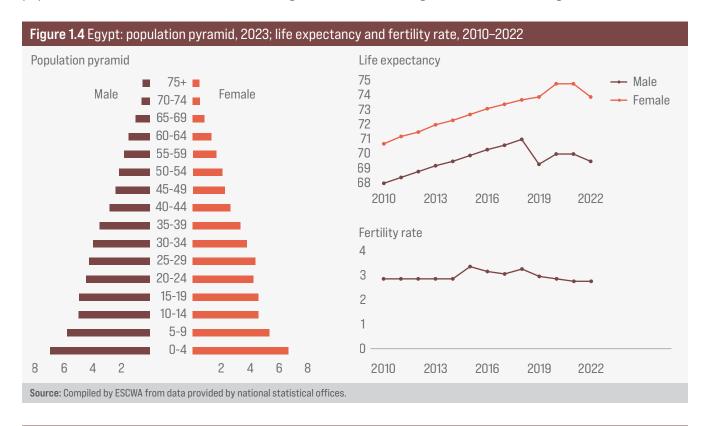
Data from four GCC countries (Bahrain, Kuwait, Oman and Saudi Arabia) show that all have a significant migrant population, with three (Bahrain, Kuwait and Oman) having larger numbers of non-nationals than nationals. Figure 1.3 displays the overall sex distribution of populations in these four countries. There is a disproportionate number of males compared with females: 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 2023.

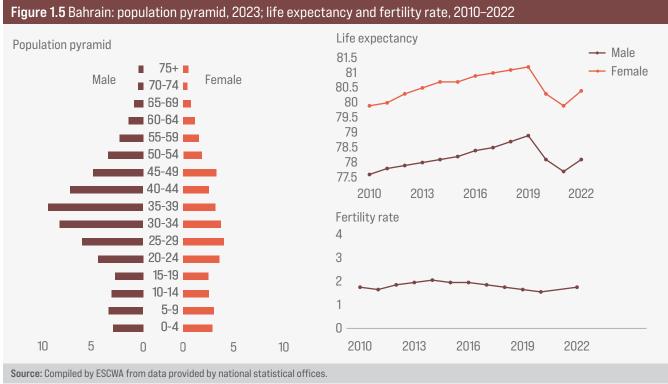




The presence of non-nationals has a significant impact on the age-sex structure of every GCC country, and of Jordan. Such age- and sex-distorted population structures are most visible in an age

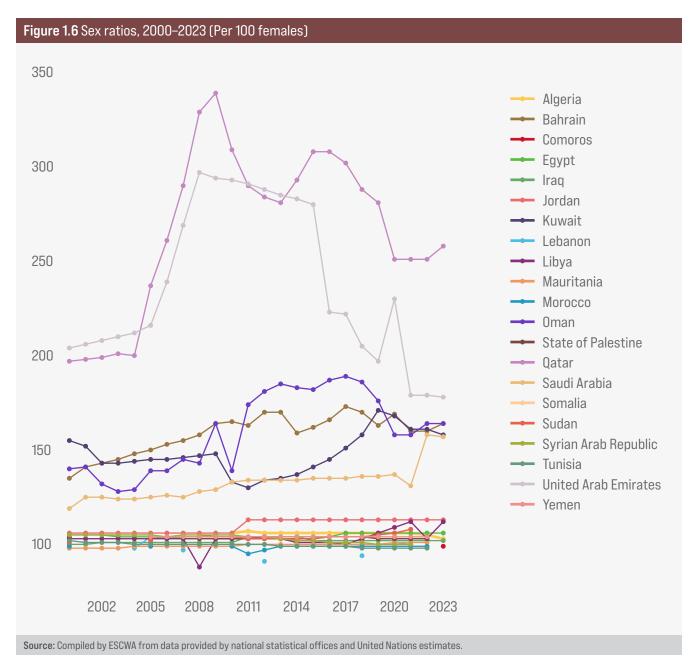
pyramid. Figures 1.4 and 1.5 contrast the age pyramid of Egypt, a country with a relatively small number of migrant labourers, with that of Bahrain, a country with a significant number of migrant labourers.

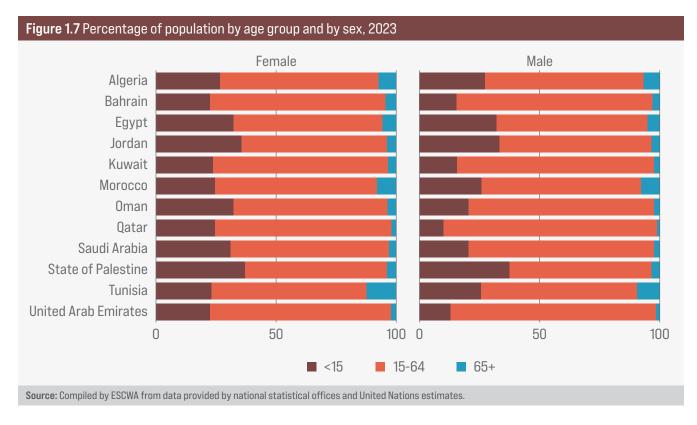




As a result of labour migration, population sex ratios, defined as males per 100 females, are large for all GCC countries. Sex ratios increased dramatically between 2000 and 2009 in Qatar and the United Arab Emirates, from 197 to 339 in the former, and from 204 to 294 in the latter. In both countries, the sex ratio has subsequently decreased to 258 in Qatar (2023) and to 178 in the United Arab Emirates (2023). Outside GCC countries, the highest sex ratios are found in Jordan (2023) at 113, and in Libya (2023) at 112 (figure 1.6).

According to data provided by the DESA Population Division, the average median age in the 22 Arab countries considered in the present publication is only 24 years, compared with a world average of 30 years (DESA, 2024). 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 available population age and sex distribution data for 2023, the proportion





of children under 15 ranges from a low of 14.1 per cent in Qatar to a high of 37.3 per cent in Palestine, followed by Jordan at 34.3 per cent and Egypt at 32.2 per cent. In contrast, the proportionate size of the working age population in Qatar is 84.5 per cent and 82 per cent in the United Arab Emirates, compared with 59.2 per cent in Palestine and 62 per cent in Jordan.

Data clearly show distorted sex distributions of populations in 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 (2023), where the proportion of the working-age population stands at 89 per cent for males and 73 per cent for females, and Oman (2023) at 77 per cent and 64 per cent, respectively.

C. Overall decline in fertility

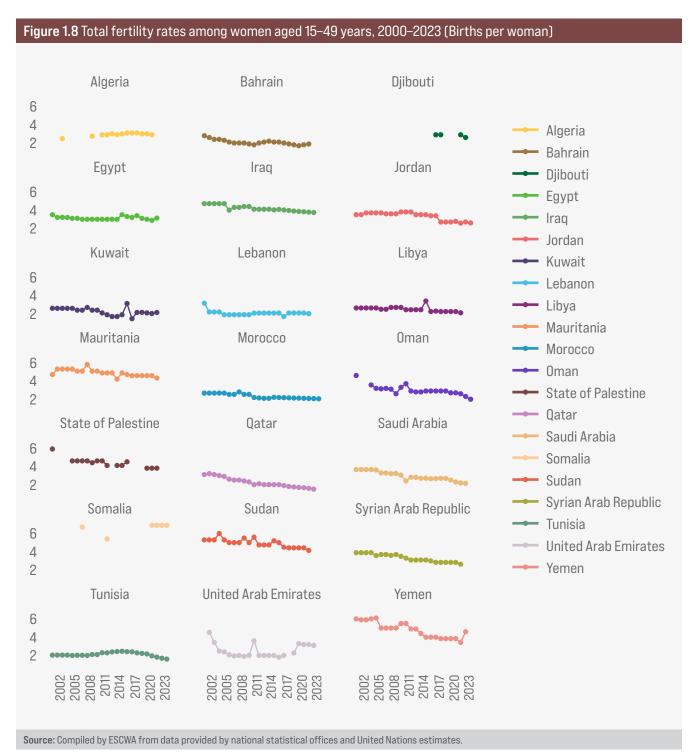
Over the period 1950–2023, global fertility declined from 5 to 2.3 births per woman. According to recent projections, the average fertility of the world's population is expected to decline further to 2.1 births per woman by 2050 (DESA, 2024).

Over the past decades, several Arab countries 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. Consequently, 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, Saudi Arabia and Tunisia, to over four children per woman in Mauritania, Somalia and the Sudan. Reported figures for GCC countries refer to total population, including non-nationals. Recent fertility estimates for the population in those countries are under three children per woman, with the exception of Oman.

Fertility tends to decline over time almost everywhere worldwide. Trends in recent estimates of total fertility in 21 Arab countries with available data (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 largely experienced a rapid decline in fertility since 2000. Five countries, namely Kuwait, Morocco, Oman, the State of Palestine and the Sudan, have experienced a slow decline of about 1 per cent or less annually. A few countries have experienced recent stalls or even a slight



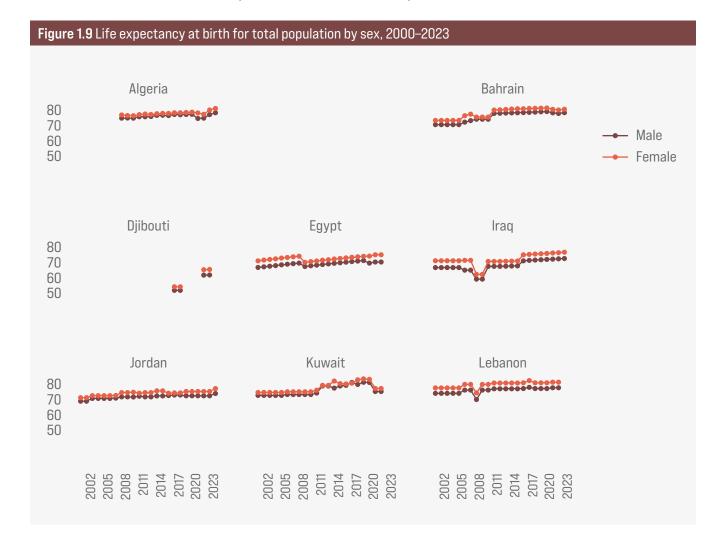
increase in fertility, including Algeria, Egypt and Mauritania. Fertility in Jordan declined slightly from 3.7 children per woman in 2002 to 3.5 in 2012. However, the 2023 Demographic and Health Survey of Jordan revealed a sharp decline in fertility from 3.4 in in 2013 to 2.6 in 2023. In contrast, after sharp decreases, estimates from the United Arab Emirates show

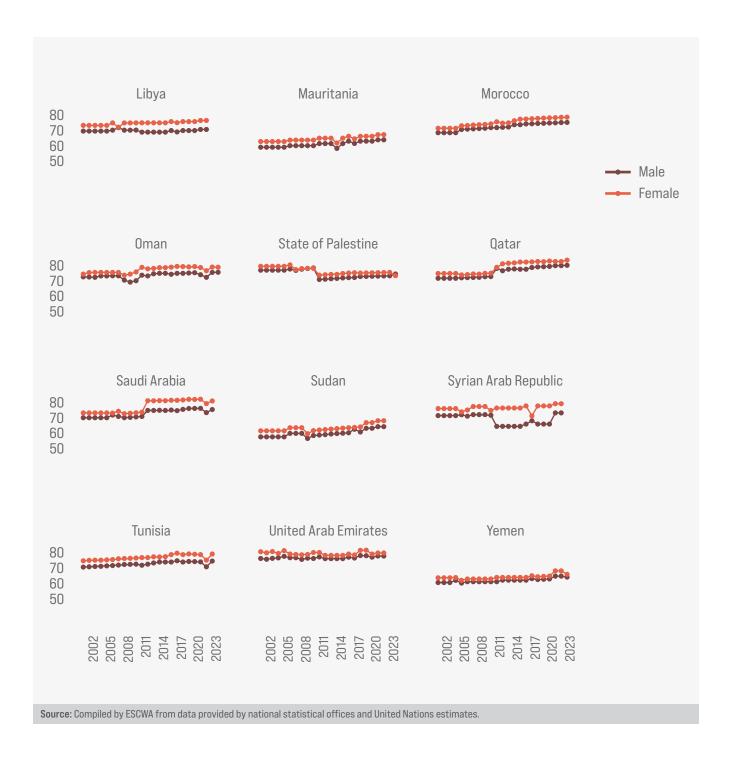
a rise in fertility from 2 children per woman in 2016 to 3.1 in 2024. Similarly, Yemen experienced a rapid decline in fertility from 2000 to 2018, going from 6 to 3.8. However, the most recent multiple indicator cluster survey (MICS), conducted between 2022–2023, reveals a notable rise in fertility to 4.6. (Yemen Central Statistical Organization and UNICEF, 2023).

D. Life expectancy at birth

Improvements in population health and to the health system are important determinants of life expectancy at birth. According to United Nations estimates, life expectancy at birth has improved by nearly 30 years in the Arab region since the 1960s (DESA, 2024). However, improvements

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





Trends in life expectancy at birth are available for 20 Arab countries. As shown in figure 1.9, estimated life expectancy at birth has tended to increase over time. People living in richer countries tend to enjoy higher life expectancy than those in poorer countries, with the highest life expectancy for those born in GCC countries. Qatar and the United Arab Emirates have the

highest life expectancies at birth, with both expecting to reach 80 years or more. Some middle-income countries, including Lebanon, Morocco and Tunisia, have similar levels as some of the richer GCC countries. In 2022, estimates of life expectancy at birth ranged from 61.8 years for males and 65.4 females in Djibouti to 80 years for males and 83.4 for females in Qatar.

Gender differences in life expectancy are generally small: there is a difference of less than two years in Kuwait, and less than three years in Algeria, Bahrain, the United Arab Emirates and Yemen. As women typically outlive men by several years, 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 health care 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, Libya, Saudi Arabia, the Sudan, the Syrian Arab Republic and Tunisia, all countries with data on life expectancy by gender showed values above 0.94 in the most recent years of reporting (2021–2023), suggesting notable gender disparities in longevity. However, trend data from certain countries reveal that health 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 Arab countries (figure 1.10). However, the ongoing decline in infant mortality seems to have stalled not only in countries with relatively high infant mortality rates, including Egypt and Iraq, but also in countries with low rates, including GCC countries. Declines in infant mortality in countries experiencing armed conflict, including Palestine and the Sudan, have also stalled in recent years. However, as these conflicts are quite recent, available data does not capture the full effect of conflict on infant mortality rates. Estimates from Jordan and Yemen show sharp declines in recent years. Jordan went from 23 deaths per 1,000 live births in 2010 to 14 in 2023, while Yemen went from 72 deaths per 1,000 live

births to 35 over the same period. Infant mortality rates range from 58 in Djibouti (2022) to low rates of 10 or less in GCC countries. Those figures clearly show that poorer countries in the Arab region, including Djibouti, Mauritania, Somalia, the Sudan and the Syrian Arab Republic, are characterized by high infant mortality rates (around 40 or more per 1,000 live births during the 2000–2023 period), although overall rates have declined across Arab countries over the years.

Sex differentials in infant mortality vary widely across Arab countries. Since 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 in most countries (Coale, 1991). In Qatar and Oman, 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 1.2. In the Arab region, where data on infant mortality rates by sex are available, the sex ratio is around or above 1.2 in Algeria (2023), Iraq (2022), the United Arab Emirates (2022) and Yemen (2023), and below 1.2 in Bahrain (2022), Oman (2022) and Qatar (2022). A lowerthan-expected gender difference in infant mortality may indicate discriminatory practices against girls, such as providing them with less access to health services or nutrition than boys (Coale, 1991).

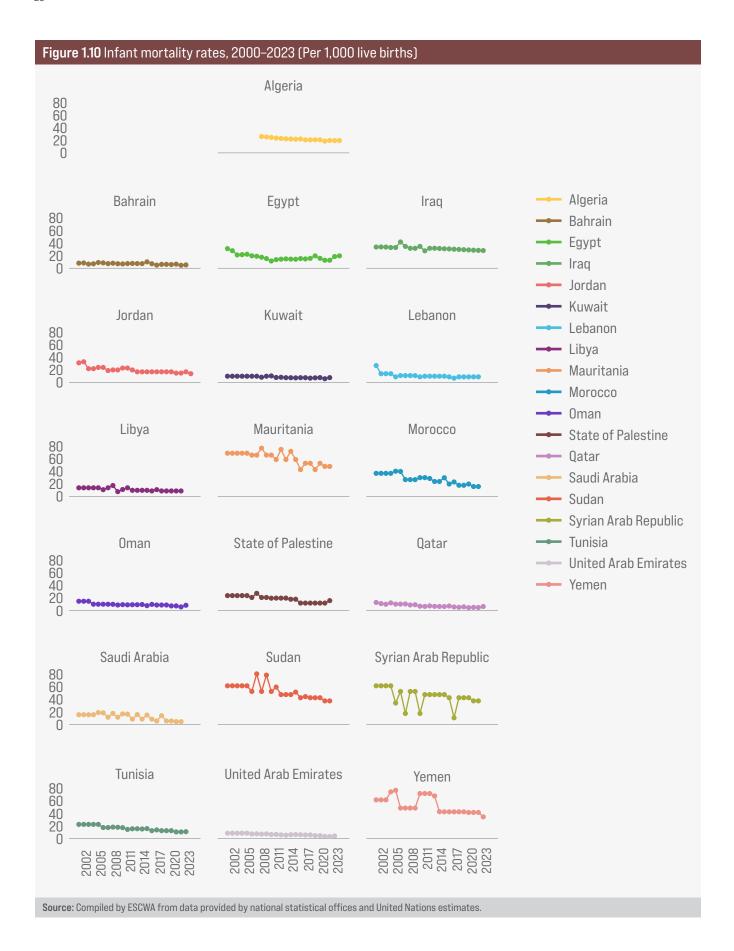
Jordan went from

23 deaths
per 1,000 live births in 2010

.14

in 2023





E. International migration

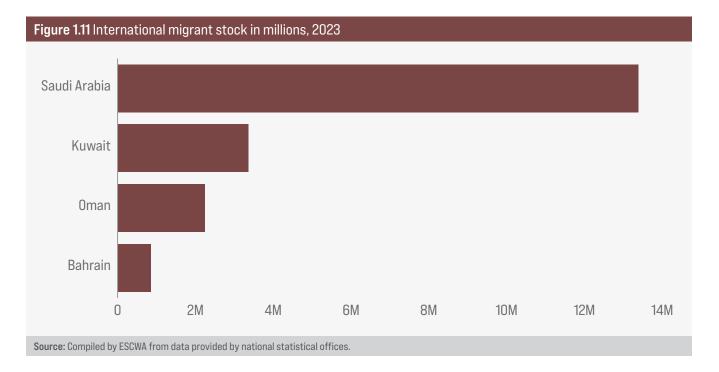
International migration can have a profound impact on the population size and age-sex structure of a country, and on its economic, social and health conditions. Despite its significance, there is little data or literature on international migration in the Arab region outside of GCC countries, which host a significant proportion of the world's labour migrants. In the present publication, limited data from GCC countries and international sources are used to shed light on the size of migrant and displaced populations, and on net migratory movements.

According to the most recent United Nations estimates (2020), the Arab region is home to over 40 million migrants. Of these, more than half live in GCC countries. While 2023 migration estimates are only available for four GCC countries (Bahrain, Kuwait, Oman and Saudi Arabia), the population of migrants in them is over 20 million (figure 1.11), with Saudi Arabia hosting the largest number of migrants at nearly 14 million. In 2023, migrants accounted for 42 per cent of the population in Saudi Arabia, 43 per cent in Oman, 54 per cent in Bahrain, and 70 per cent in Kuwait. While not as

recent, 2020 United Nations migration stock data estimated that the migrant population in the United Arab Emirates exceeded 70 per cent. Furthermore, migrant populations are also relatively large in Jordan and Lebanon. However, unlike GCC countries who receive many labour migrants from Central and Southeast Asia, migrants in Jordan originate largely from neighbouring Arab countries, primarily Egypt, Iraq, the State of Palestine and the Syrian Arab Republic.

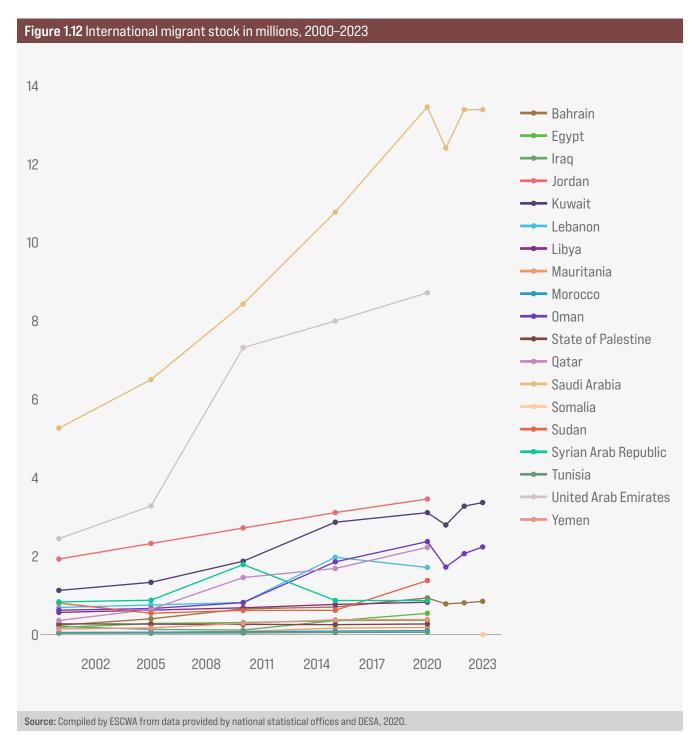
Of the 19 Arab countries with available data, trends in estimated international migration stocks indicate a substantial increase between 2000 and 2023. During that period, the number of migrants more than doubled in 10 countries and more than tripled in 5, namely Bahrain, Mauritania, Oman, Qatar and the United Arab Emirates (figure 1.12). For the 19 countries as a group, the number of international migrants increased by nearly 158 per cent between 2000 and 2020.

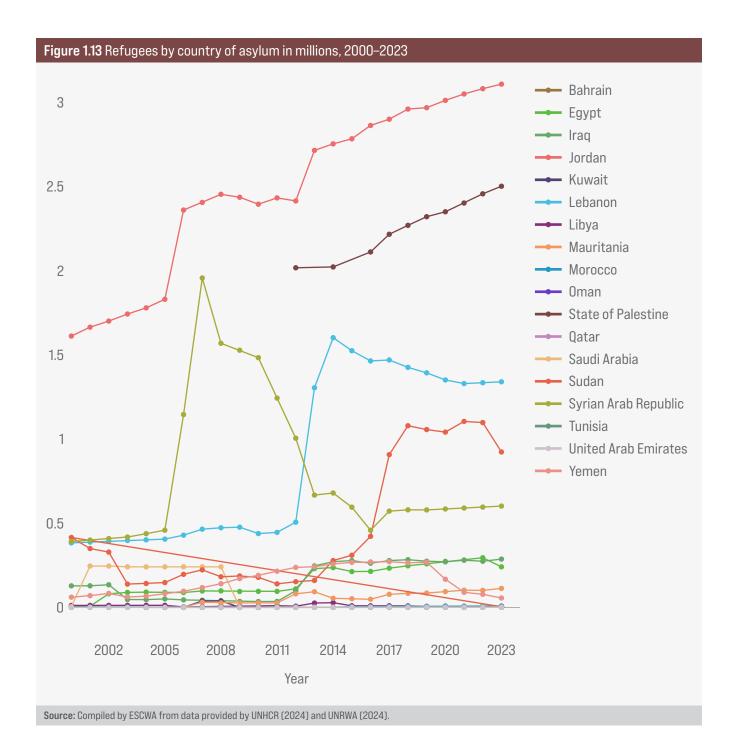
Owing to instability and conflict, millions have been forced to leave their homes and move within or outside of their country of origin.



In 2024, UNHCR estimated the global refugee population reached 43.4 million, tripling from just a decade ago. This number includes 15 million refugees from the Arab region, largely from the State of Palestine, the Sudan and the Syrian Arab Republic, which represent 35 per cent of the global refugee population. As shown in figure 1.13, four countries, namely

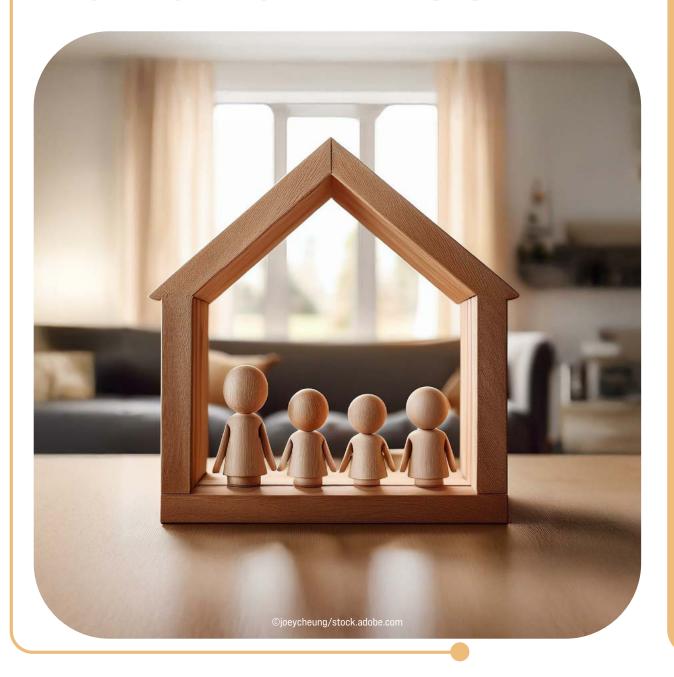
Jordan, Lebanon, the State of Palestine and the Sudan, each host over 1 million refugees, while the broader region collectively hosts 10 million refugees. The large size of the refugee population in Jordan and Lebanon relative to their national populations has important implications for their labour markets and their capacity to provide adequate health, education and social services.





2. Households and families





The composition of a household shapes the lived experience of its members, and provides broad indications of their social and economic wellbeing (Deaton and others, 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 a 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 marriage patterns in the region can generally be described as early and broadly universal. 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 and higher rates of celibacy (Rashad and others, 2005).

The present chapter provides a descriptive overview of household composition and family formation. The analysis draws on official statistics reported by national statistical offices, on available data obtained through recent demographic and health surveys and MICS, and on data contained in relevant databases maintained by DESA.

A. 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, Saudi Arabia and Tunisia, to roughly 7

persons per household in Oman, Somalia and Yemen. However, average household size has declined for most Arab countries over the past two decades.

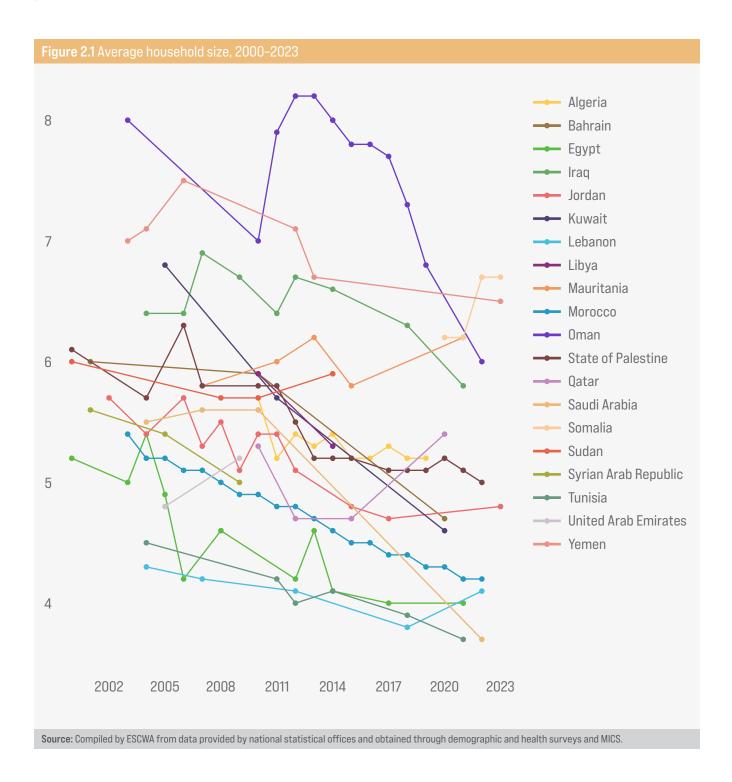


Household size trends

Global demographic trends marked by transitions to low levels of fertility, smaller families and ageing populations, as well as increasing urbanization and international migration, are changing the household contexts in which people live.

The size and composition of households are intertwined with multiple social and economic processes, such as childbearing, demand for education and health care, spending priorities, and consumption patterns. Understanding the patterns and trends of household size and composition worldwide is therefore helpful for identifying some of the challenges and opportunities towards the achievement of the SDGs, in particular those related to poverty reduction, education, gender equality, sustainable cities, and protecting the environment.

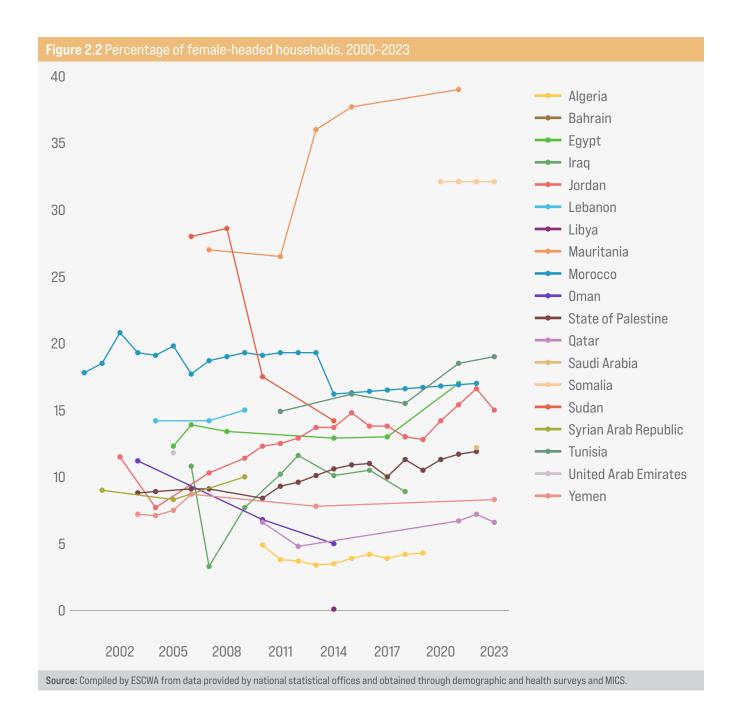
Source: DESA, 2019b.



B. Female-headed households

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

at 39 per cent (2019 Demographic and Health Survey) followed by Somalia at 32 per cent (2023). Algeria has the lowest proportion at 4 per cent (2018), followed by Qatar at 7 per cent (2023).



C. Registered marriages and divorces

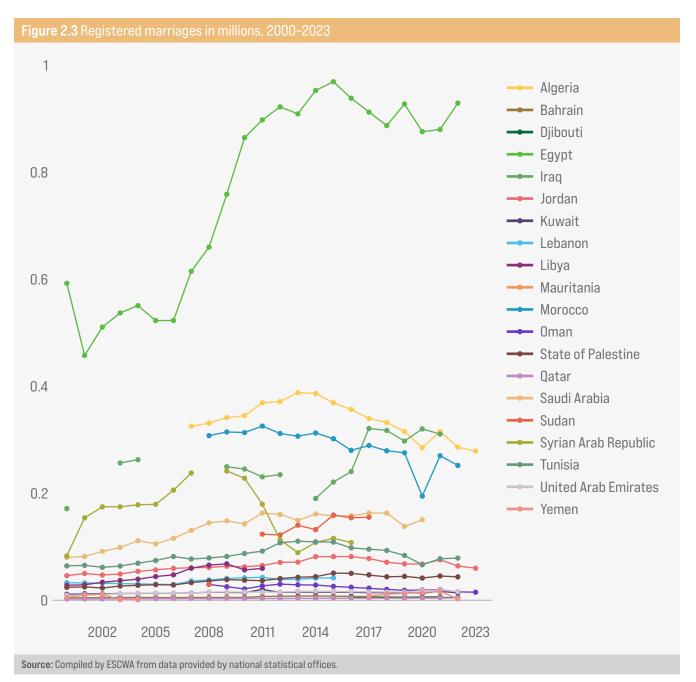
In most Arab countries with available data, the number of registered marriages largely reflects the country's population size, with Egypt recording far more than any other Arab country. While registered marriages in Egypt have risen sharply since 2008, marriage registration stayed fairly stable or grew gradually from 2000 to 2023 for most countries

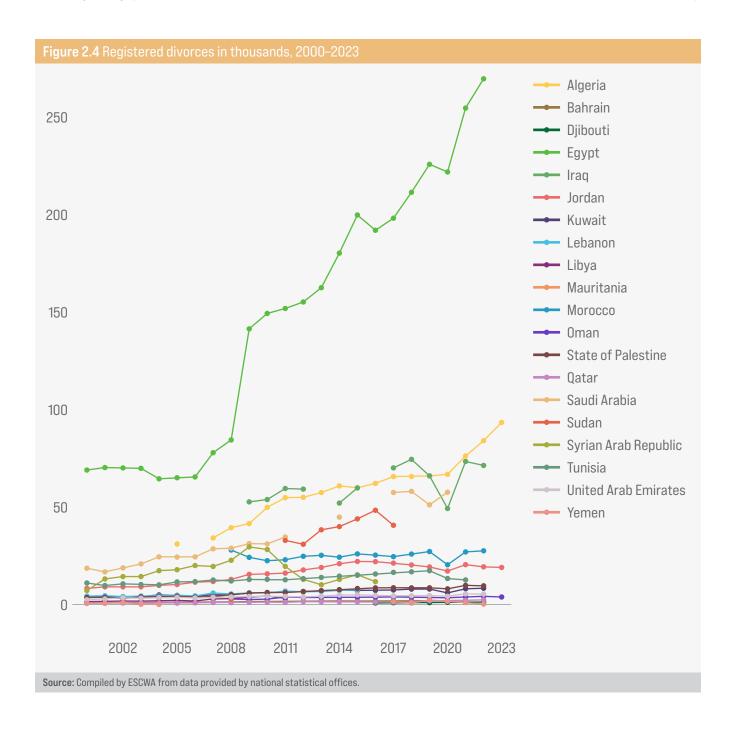
(figure 2.3). Although for several countries, including Algeria, Egypt and Oman, there was a notable decrease in the number of registered marriages that coincided with the COVID-19 pandemic. While these rebounded to some degree in the year following the pandemic-era restrictions, Algeria and Oman have since continued a trend

of decreasing registered marriages, despite their growing populations. Similarly, registered marriages in the Syrian Arab Republic declined precipitously from a high of around 240,000 in 2009 to only 108,000 in 2016, though this is likely due to conflict and forced displacement.

Similar to registered marriages, most Arab countries have experienced a gradual rise in the number of registered divorces from 2000 to 2023 (figure 2.4), with the two most notable

exceptions being Egypt where registered divorces have quadrupled since 2000, and Algeria where they have tripled since 2005. However, with the exception Iraq, Morocco, Oman, Tunisia and Yemen, registered divorces have at least doubled across Arab countries over that period. There are many possible causes for these trends, including both challenges or improvements made to the registration system, early marriage, unemployment, poverty, political instability and cultural and/or ideological factors.





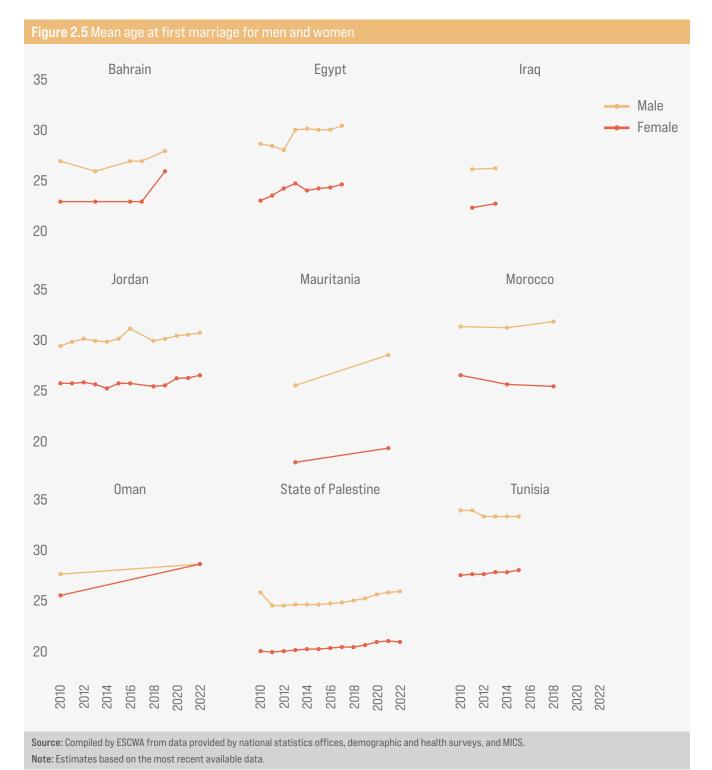
D. Over half of women are married by age 20-24

According to data obtained through recent demographic and health surveys and MICS, between 50 and 60 per cent of women between the ages of 20 and 24 are married in Egypt, Iraq, Mauritania, Palestine, the Sudan and Yemen. In Tunisia, the percentage is significantly lower at only 14 per cent.

While marriage is still the norm across the Arab region, many countries have experienced a steady rise in the age at first marriage in recent years, for both men and women. Figure 2.5 shows the mean age at first marriage for Arab countries with available data. For every country except Morocco, the mean age at first

marriage has increased for women since 2010. Bahrain and Oman have experienced the largest rise, going from age 23 (2010) to age 26 (2019) in Bahrain, and age 26 (2010) to age 29 (2022) in Oman. Apart from Tunisia, the mean age at first marriage has also risen for men, though

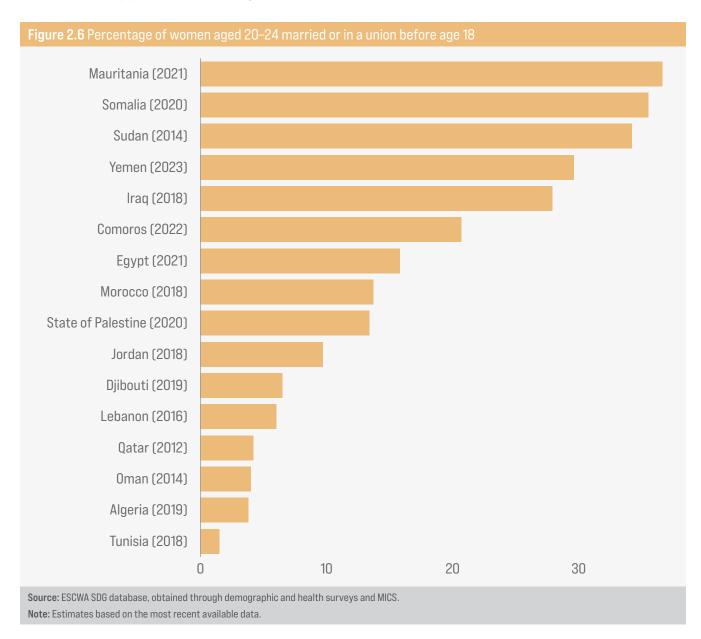
the gains have not been as large as for women. Based on available data, the one exception is Mauritania, where men marry on average three years later at age 29 in 2019, compared with 26 in 2013. However, women still marry young in Mauritania at age 19.



E. Early marriage

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

Figure 2.6 shows the percentages of women aged 20–24 who were ever married or in a union before the age of 18. This data comes from the ESCWA SDG database, and contains numbers for the most recent years available for each country with data. The Arab countries with the highest proportions of girls subjected to early marriage are Mauritania (37 per cent in 2021) and Somalia (36 per cent in 2020).

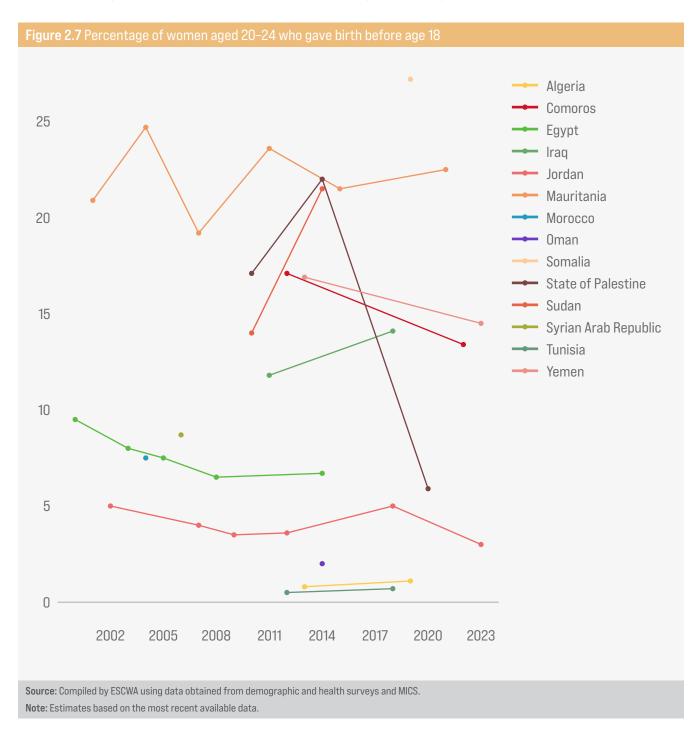


F. Childbearing soon after marriage

In the Arab region, women tend to start childbearing soon after marriage. According to available data obtained through recent demographic and health surveys and MICS (figure 2.7), 27 per cent of girls in Somalia already started childbearing before the age of 18 (2019), 23 per cent in Mauritania (2021), and

22 per cent in the Sudan (2014). In comparison, only 1 per cent began childbearing before the age of 18 in Algeria (2019) and Tunisia (2018).

Early childbearing before the onset of adulthood poses multiple risks to both mother and child.



27% of girls in Somalia already started childbearing before the age of 18 (2019),
23% in Mauritania (2021), and 22% in the Sudan (2014).

In comparison, only began childbearing before the age of 18 in

Algeria (2019) and Tunisia (2018)

For the mother, early pregnancy is associated with adverse education, economic and health outcomes, with maternal conditions being the second leading cause of mortality among girls aged 15–19 (UNICEF, 2024). For the child, there are substantially increased risks of perinatal and

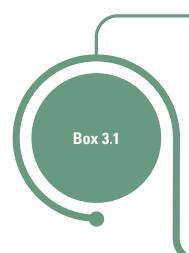
infant death (United Nations Population Fund, 2013). However, figure 2.7 demonstrates a stall or decline in early childbearing for Arab countries with available data, though there is still room for improvement both in data collection and in reducing early childbearing.

3. Housing conditions





Housing is one of the most important aspects of people's lives, and adequate, decent and affordable 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. Adequate housing is also essential for people's health, and affects childhood development Organisation for Economic Co-operation and Development (OECD, 2011).



SDG 11

Housing issues figure prominently in SDG 11 on making 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.

Source: United Nations Statistics Division (UNSD), 2021.

The present chapter sets out the latest available data on housing conditions in Arab countries, and provides an overview of types of housing, tenure in housing units, access to improved drinking water sources, access to improved sanitation facilities,

access to electricity, Internet usage and mobilecellular subscriptions. 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.

A. Housing unit ownership

Home ownership remains the most common type of housing tenure across the region, with over 60 per cent of the population owning their homes, except in certain GCC countries (figure 3.1).

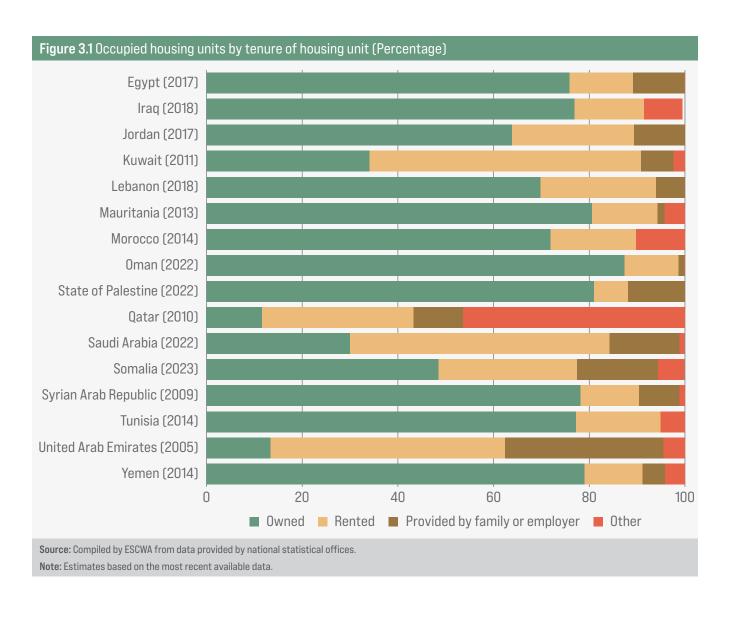
As a percentage of the total population, Qatar (2010) has the lowest home ownership rates at 12 per cent, and 32 per cent of housing units are rented.

Similarly, in Saudi Arabia (2022) and Kuwait (2011), just 30 and 34 per cent of housing units are owner occupied, while 54 and 57 per cent are rented, respectively. At 87 per cent, Oman (2022) stands out as the GCC country with the highest percentage of

households living in housing units that they own, followed by other Arab countries: Mauritania (2013) and the State of Palestine³ (2022) at 81 per cent.

Households occupying housing units provided by their employers or families are non-existent in Morocco and Tunisia (2014). In 2022, the State of Palestine and Saudi Arabia reported that approximately 12 and 15 per cent of all households lived in such housing units, respectively. In 2023, Somalia reported that 17 per cent of households occupied housing units provided by employers or families.

³ In Palestine, it is estimated that by the third quarter of 2024, approximately 60 per cent of buildings and infrastructure had been damaged or destroyed because of the ongoing war on Gaza which began in October 2023 (ESCWA and UNDP, 2024).

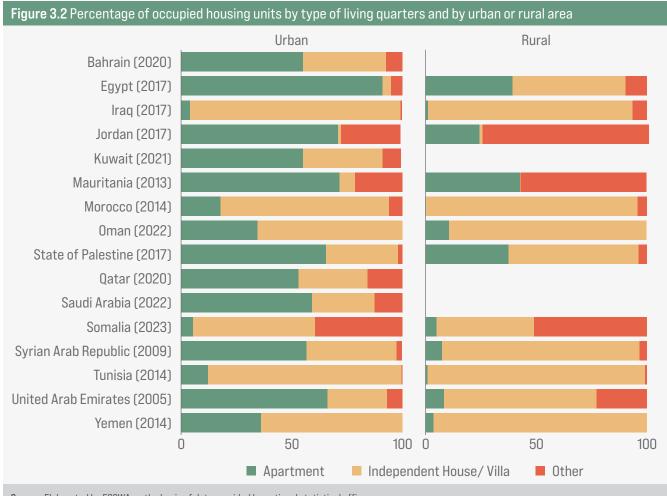


B. Higher percentages of apartments in urban areas

Apartments remain more widespread in urban areas than in rural areas in the Arab region (figure 3.2). Estimates from Egypt, Jordan and the State of Palestine (2017) show that apartments are more than twice as prevalent in urban areas than freestanding houses or villas. In Egypt, over 90 per cent of housing units in urban areas are apartments. In Bahrain (2020), Kuwait (2021) and Qatar (2020), countries comprised mainly of urban areas, and Saudi Arabia (2022), apartments account for approximately 55 per cent of housing units. Freestanding or independent houses 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 Arab countries 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 includes huts, shacks, tents and mobile homes. In urban Somalia (2023), approximately 40 per cent of housing units are huts, separate rooms, improvised homes or tents. This is by far the largest proportion in Arab countries.



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

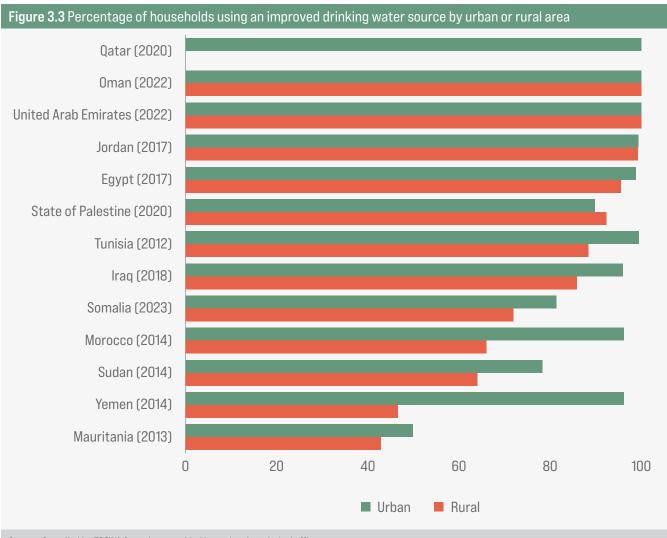
Note: Estimates based on the most recent available data. Data for Oman (2022) include only apartments and Arabic houses/villas. Data for Saudi Arabia (2022) represent the total and are not specific to urban areas.

C. Access to improved drinking water sources

Figure 3.3 shows the estimated proportion of households with access to an improved drinking water source in 13 Arab 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. However, this is not the case in Palestine, where before the war on Gaza started on October 2023, urban households were less likely to enjoy access to an improved drinking water source than

rural households because of the particular challenges facing the Strip. In Gaza, a largely urban territory, there was widespread use of water delivered by tanker truck, which is not categorized as an improved water source. By mid-2024, significant portions of Gaza's water infrastructure and facilities had been damaged or destroyed, including desalination plants and wells (ESCWA and UNDP, 2024).

According to recent estimates, more than 95 per cent of urban households enjoy access to an improved source of drinking water in 9 of 13 Arab



Source: Compiled by ESCWA from data provided by national statistical offices.

Notes: Estimates based on the most recent available data. The data for the United Arab Emirates (2022) represent the percentage of the total population using at least basic water services. The figures for Somalia (2023) represent the average values across both the rainy and dry seasons. In the Sudan, access to improved water sources significantly declined following the outbreak of internal conflict in April 2023.

countries (figure 3.3). In Egypt and Jordan (2017), Qatar (2020), Oman and the United Arab Emirates (2022), both urban and rural areas exceeded 95 per cent of households having access to improved drinking water. Mauritania (2013) and Yemen (2014) reported the lowest rates of improved drinking water for rural households, at 43 and 47 per cent, respectively.

D. Improved sanitation

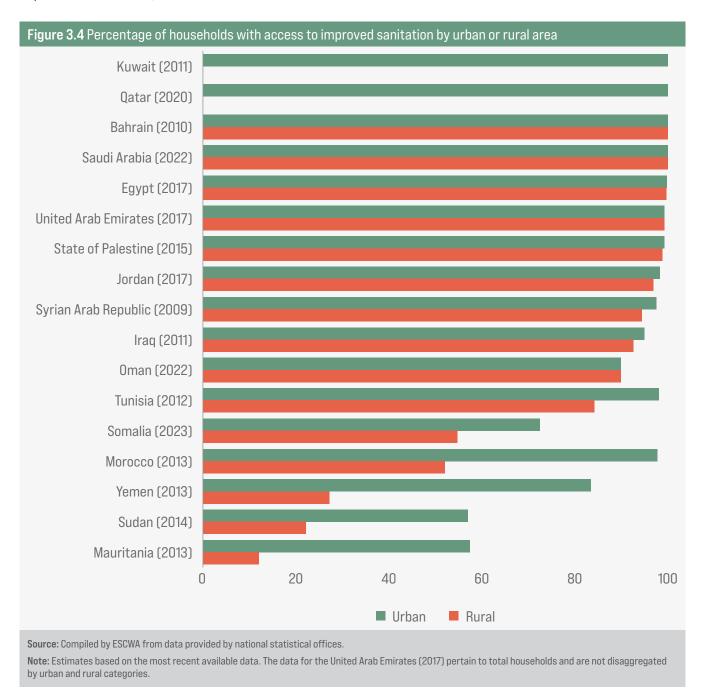
Figure 3.4 shows the proportion of households in Arab countries that enjoy access to improved sanitation, namely to a modern or traditional flush toilet that empties into a public sewer, a vault, or a

septic system. In 12 of 17 countries, more than 90 per cent of households in urban areas use improved sanitation. The figure is highest in Bahrain (2010), Kuwait (2011), Qatar (2020) and Saudi Arabia (2022)

at 100 per cent, and lowest in Mauritania (2013) and the Sudan (2014) at 57 per cent.⁴

The proportion of households using improved sanitation in rural areas is above 80 per cent in nine countries (Kuwait and Qatar have no reported rural areas) but is low in Mauritania

(2013), the Sudan (2014), and Yemen (2013) at 12, 22 and 27 per cent, respectively. The difference between urban and rural areas in those three countries is stark: it is 56 percentage points in Yemen, 45 percentage points in Mauritania, and 35 percentage points in the Sudan.

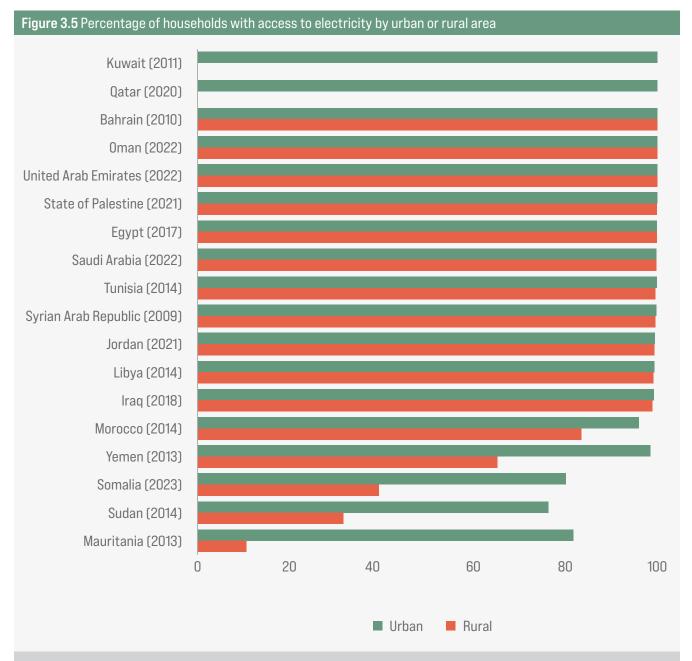


⁴ In the Sudan, access to improved sanitation significantly declined following the outbreak of internal conflict in April 2023.

E. Access to electricity

In 14 of the 18 countries with reported data, the proportion of households that enjoy access to electricity is over 95 per cent in both urban and rural areas, as shown in figure 3.5 (no rural data was reported for Kuwait and Qatar). Access to electricity is particularly low in rural Mauritania,

Somalia and the Sudan. In Mauritania (2013), 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 Somalia (2023) are 80 and 39 per cent, respectively.



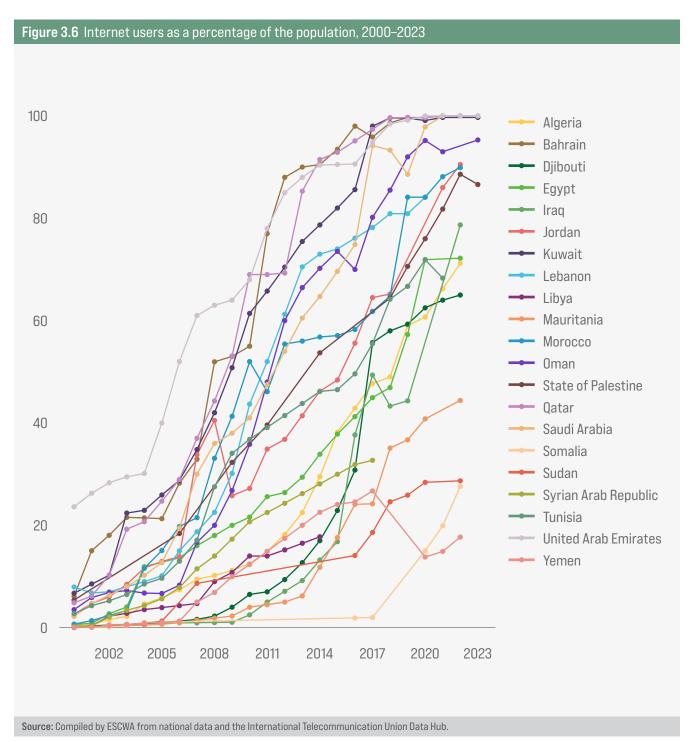
Source: Compiled by ESCWA from data provided by national statistical offices.

Notes: Estimates based on the most recent available data. In Iraq Palestine and the Sudan, access to electricity does not mean a continuous supply of electricity. Data for Saudi Arabia and the United Arab Emirates (2022) pertain to total households and are not disaggregated by urban and rural categories.

F. Internet usage

Internet usage in the Arab region has increased dramatically since 2005, when less than 50 per cent of inhabitants among all ESCWA member States used the Internet (figure 3.6). 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 have taken place in Oman and



Saudi Arabia, where the number of Internet users increased from 36 to 95 users per 100 inhabitants and from 41 to 100, respectively, between 2010 and 2023. Internet usage has also increased dramatically in other Arab countries. Between 2010 and 2022, the number of Internet users in Algeria increased from 12 to 71 per 100 inhabitants, from 6 to 65 users in Djibouti, and from 22 to 72 users in Egypt. The numbers remained unchanged for those countries in 2023. In Bahrain, Iraq and Jordan,

usage also increased notably from 2010 to 2022, going from 55 to 100 per cent in Bahrain, from 3 to 79 per cent in Iraq, and from 27 to 90 per cent in Jordan.

However, Internet use in certain Arab countries remains limited: in 2022, less than half of the populations of Mauritania, Somalia, the Sudan and Yemen used the Internet, with Internet use in Yemen standing out as particularly low at just 18 per cent in 2022.

G. Mobile cellular subscriptions

Similar to Internet usage rates, GCC countries have consistently reported the highest rates of mobile cellular subscriptions (figure 3.7). According to the most recent data, the Sudan and Libya reported 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 per 100 inhabitants in 2021, with the highest being 195 in the United Arab Emirates.

Between 2000 and 2010, mobile cellular subscriptions increased rapidly across the region. 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.

However, from 2010 to 2023, mobile cellular subscriptions increased throughout the region at a much slower rate than in the preceding decade. 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.

Countries that had the largest increases in mobile cellular subscriptions per 100 inhabitants between 2010 and 2021

United Arab Emirates

129 🕈 195

in 2021

in 2010

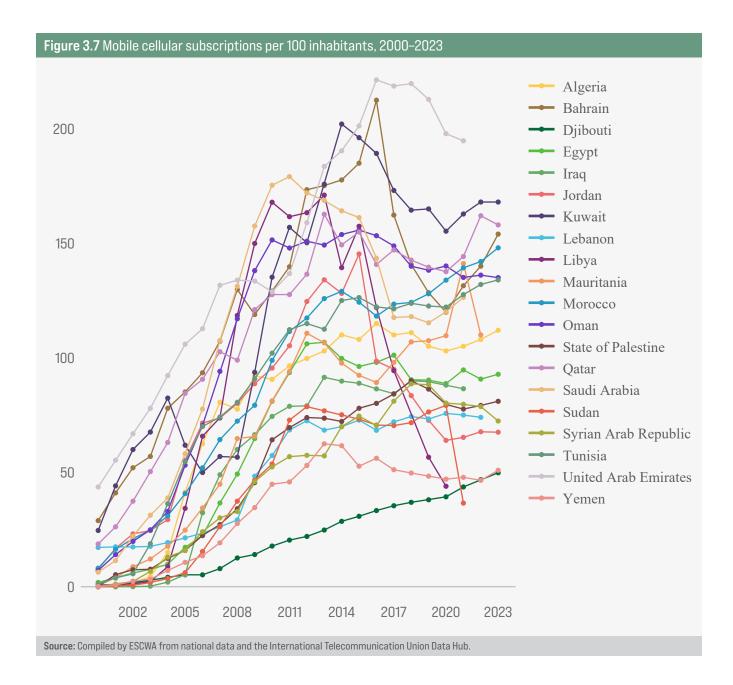
Mauritania

81 141

in 2010

in 2021





4. Health





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 present chapter provides a descriptive account of trends in health status, access to health care, and the quality of health-care systems in the Arab region on the basis of data provided by national statistical offices and WHO. The chapter begins by discussing 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 chapter concludes with a summary of health expenditure patterns across Arab countries.

A. Contraception use in Arab countries

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). Trends in contraceptive use varied between Arab countries during the period 2000-2023 (figure 4.1).

Egypt, Iraq, Jordan, Mauritania, Morocco, the State of Palestine, the Sudan and the Syrian

Arab Republic have recorded significant increases in contraceptive prevalence rates since 2000. The highest increase among countries with available data was reported in Egypt, where the rate increased from 56 to 66 per cent between 2000 and 2021. Similarly, Iraq, Morocco, Mauritania and the State of Palestine recorded a notable increase in the use of contraception, rising between 6 and 10 percentage points since 2000.

However, a number of countries have experienced declining rates in contraceptive use. The largest decreases were observed in Libya (17 per cent), followed by the Comoros (14 per cent), Algeria (13 per cent) and Tunisia (12 per cent). Available data show the use of contraception also decreased by between 7 and 9 per cent in Jordan, Lebanon, Somalia and Yemen.

The largest decreases in contraceptive use were observed in

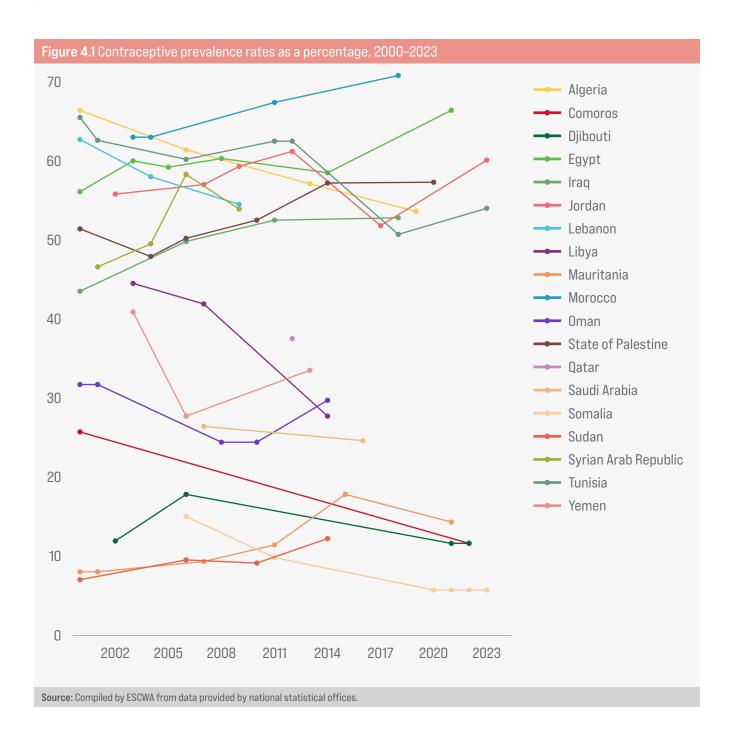
170/n

14%

Algeria 13%

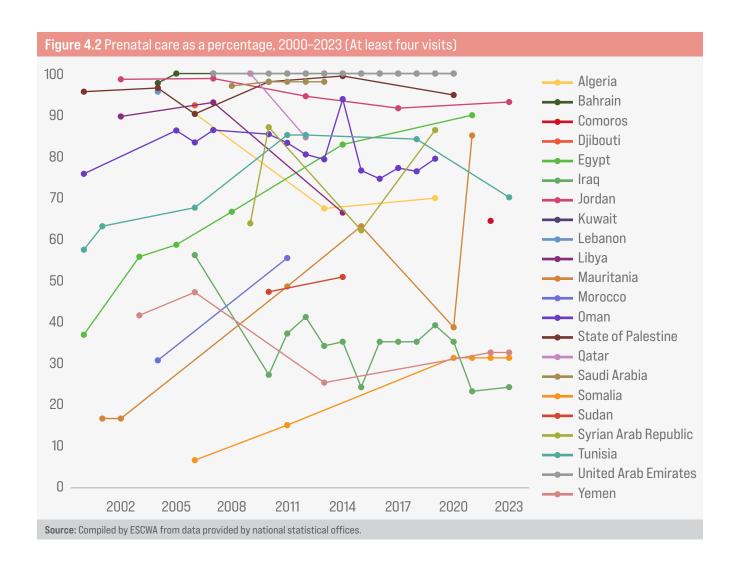
12%

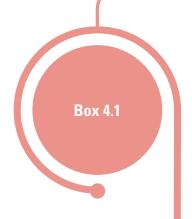




B. Prenatal visits for pregnant women

WHO recommends that pregnant women receive a minimum of four antenatal visits by a skilled health professional. Such visits should 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 Bahrain, Egypt, Jordan and Palestine during the most recent year of reporting.





Better maternal health

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

In recent years, 17 of 22 Arab countries 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 for most countries since 2020, especially in countries with previously high ratios. Based on the most recent data, 13 Arab countries now report fewer than 50 maternal deaths per 100,000 live births.

Source: Data provided by national statistical offices and WHO.

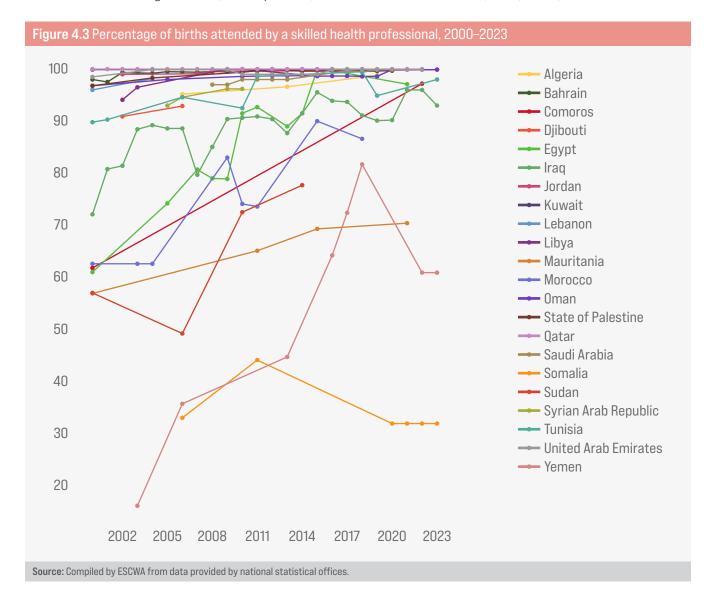
The highest increases in the number of women receiving four or more prenatal visits have been reported by Egypt and Mauritania at 53 and 69 percentage points, respectively. In Egypt, the rate steadily increased from 37 per cent in 2000 to 90 per cent in 2021. In Mauritania, the rate rose to 85 per cent in 2021, a significant increase from just

16 per cent in 2001. In contrast, Iraq reported the lowest antenatal coverage, decreasing sharply from 56 per cent in 2006 to just 24 per cent in 2023. Somalia and Yemen also reported low percentages of pregnant women receiving a minimum of four prenatal visits at 31 per cent (2023) and 32 per cent (2023), respectively.

C. Births attended by a skilled health professional

A skilled birth attendant is an accredited health professional, such as a midwife, doctor or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated)

pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborn babies to a doctor (WHO, 2011a).



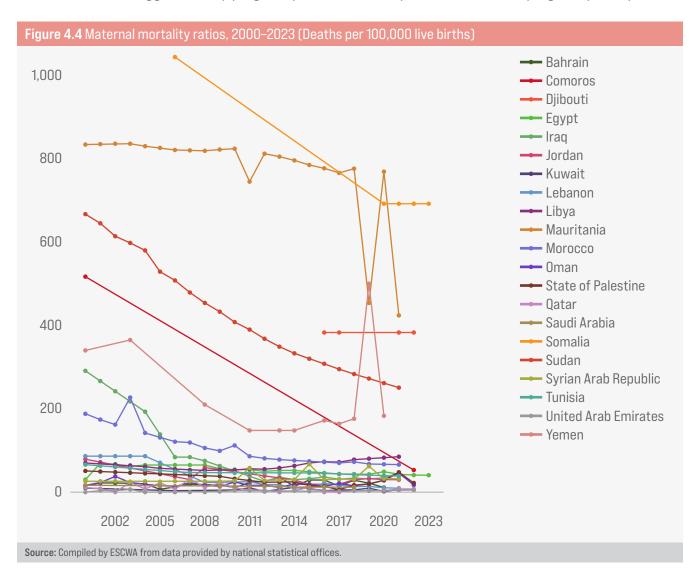
Overall, the proportion of births attended by a skilled health professional have been high in recent years across Arab countries, reaching 90 per cent or higher in 17 countries, and 100 per cent in 8 countries. GCC countries reported consistently high coverage of births attended by a skilled health professional (at or above 97 per cent) between 2000 and 2023. In the most recent years of reporting, low coverage was observed in Somalia, Yemen, and Mauritania, at 32

per cent (2023), 61 per cent in (2023), and 70 per cent (2021), respectively. All countries reported increases between 2000 and the latest year for which data are available, except for Somalia that had a slight decrease of 1 percentage point over the period. Yemen recorded the highest increase (45 percentage points), with the number of births attended by a skilled health professional increasing from 16 per cent in 2003 to 61 per cent in 2023.

D. Maternal mortality

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 of the 21 ESCWA members States that have provided estimates since 2000. In the Comoros, Libya and Morocco, estimates are between 50 and 100 deaths per 100,000 live births, at 53 (2022), 85 (2021) and 66 (2021), respectively. The remaining countries report estimates that have varied between 100 and 692 deaths per 100,000 live births in recent years. In 2023, Somalia reported the highest maternal mortality ratios at 692 deaths per 100,000 live births, followed by Mauritania with 424 deaths in 2021, and Djibouti with 383

deaths in 2022. The lowest rates were experienced in Kuwait (2021) and the United Arab Emirates (2022), which reported 6 and 5 deaths per 100,000 live births, respectively.

Maternal mortality in the Arab region has decreased substantially since 2000, especially in countries with historically high estimates. The Comoros reported a decline of 464 percentage points, from 517 (2000) to 53 (2022) deaths per 100,000 livebirths. 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 percentage points). Moreover, in the Sudan, the ratio fell from 667 deaths per 100,000 live births in 2000 to 251 deaths in 2021.

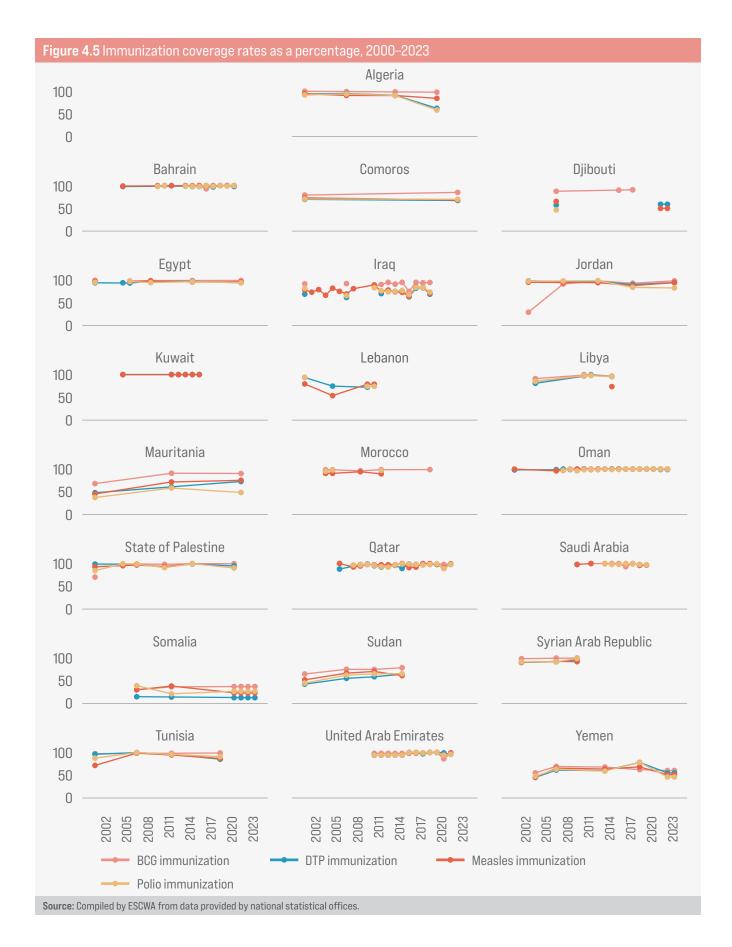
E. Childhood immunization coverage

Immunization is an effective approach to reducing under-5 mortality. Immunization coverage rates for Bacillus Calmette-Guérin (anti-tuberculosis: BCG), diphtheria-tetanus-pertussis (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 1-year-olds who have received three doses of polio vaccine in a given year (WHO, 2015).

Over the last two decades, immunization data on children under 2 years of age shows variation in coverage, with some countries experiencing increased immunization coverage, while others have witnessed a decline. Large increases have been observed in Mauritania for all types of vaccinations; an increase of 25 percentage points in DPT (from 48 per cent in 2000 to 72 per cent in 2021), 30 percentage points in measles (from 45 per cent in 2000 to 75 per cent in 2021), 22 percentage points in BCG (from 68 per cent in 2000 to 90 per cent in 2021), and 11 per cent points in polio (37 per cent in 2000 to 48 per cent in 2021). The smallest gains were observed in

GCC countries, where immunization rates for all four vaccines have been high since 2000. Recent estimate show that all GCC countries are at or above 97 per cent coverage for all four vaccines.

Vaccination rates during the period 2020–2023 were also high in Egypt (2021) and Palestine (2020), where more than 90 per cent of children received full coverage for all four vaccines. In some countries, vaccination rates vary by type. For example, Jordan reported over 90 per cent coverage across vaccine types, with the exception of Polio, which reached only 83 per cent coverage in 2023. In Algeria, vaccination rates were 62 per cent for DPT, 84 per cent for measles, 98 per cent for BCG, and 58 per cent for polio in 2019. In Mauritania around 90 per cent of children had received the BCG vaccine, 72 per cent had received the DTP vaccine, 75 per cent had received the measles vaccine, and 48 per cent had received the polio vaccine in 2021. The lowest vaccination rates among children were reported in Somalia, where just 12 per cent of children were immunized against DTP, 23 per cent against measles, 37 per cent against BCG, and 26 per cent against polio in 2023.

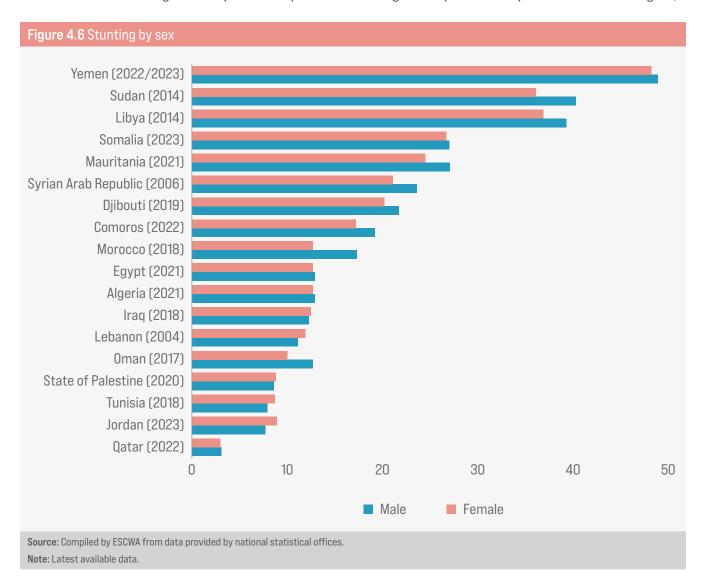


F. Child nutrition

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. The present

section sets out the most recent data on nutrition from selected Arab countries.

Yemen reported the highest levels of stunting in 2023, with 49 per cent of children affected. The nutritional status of children in Djibouti, Libya, Somalia and the Sudan is also poor compared with the rest of the region, ranging from 40 to 22 per cent as per the latest available year. In the most recent years, Qatar, Jordan, and the State of Palestine reported the lowest rates of stunting at 3 per cent (2022), 8 per cent (2023), at 9 per cent (2020), respectively. As shown in figure 4.6, boys are generally more likely to be stunted than girls,

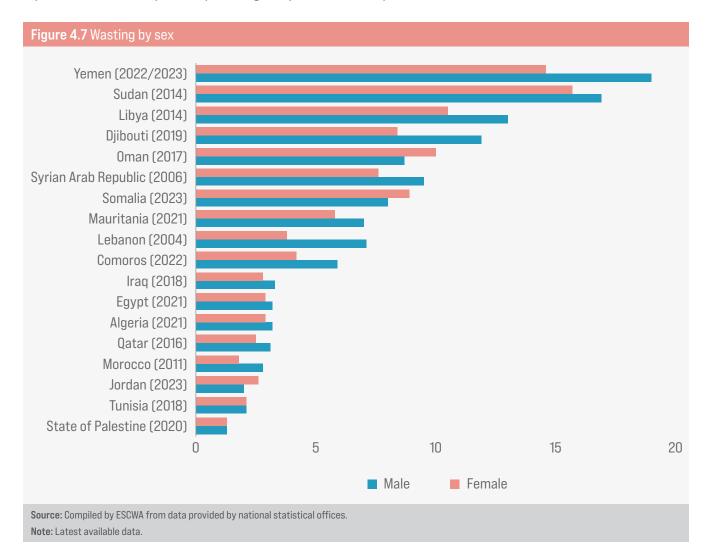


but differences by sex are rather small. According to in the most recent years of reporting, the largest difference by sex was observed in the Comoros (2022), with a 2 per cent difference in the rates of stunting for boys and girls.

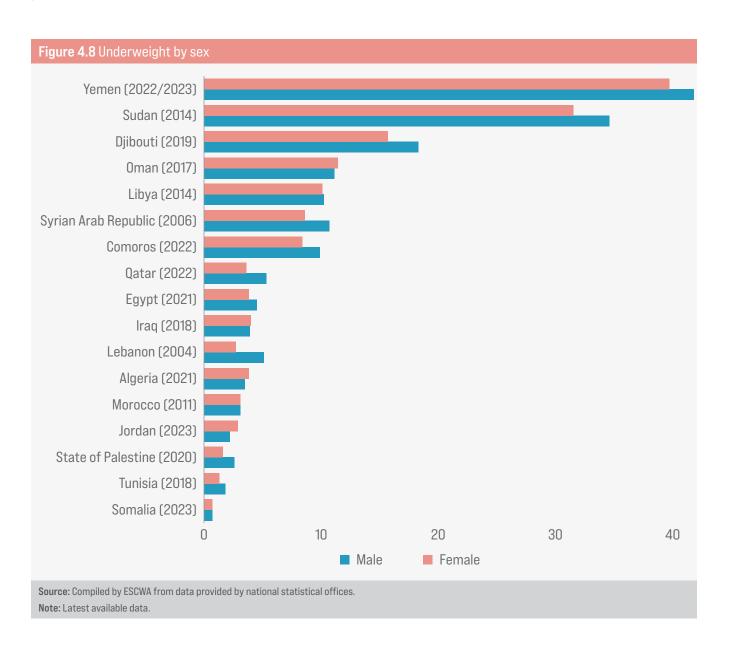
Wasting is less common than stunting in all countries for which recent data are available. In all countries, fewer than half of children are wasted or stunted. Yemen reported in 2023 that almost 17 per cent of children were wasted, the highest rate in the region. The lowest rates are reported in Palestine and Jordan at 1 per cent (2020)⁵ and 2 per cent (2023), respectively. During the period

2020–2023, the largest disparities in wasting prevalence between boys and girls is observed in Yemen (2023) at 4 percentage points.

The proportion of children who are underweight is reported at below 10 per cent in all countries for which recent data are available (2020–2022). Mauritania and Yemen are notable exceptions, which are categorized as low-income countries and reported 17 per cent (2021) and 41 per cent (2023) of underweight children, respectively. Very slight differences were observed for boys and girls throughout the region, ranging from 0 to 2 per cent.



⁵The war on Gaza has had a devastating effect on child health and nutrition. According to recent estimates by the Integrated Food Security Phase Classification (IPC), acute malnutrition (a form of wasting) has increased to 16.5 per cent for children aged 59–6 months, and to 29 per cent among children aged 23–6 months (IPC, 2024).

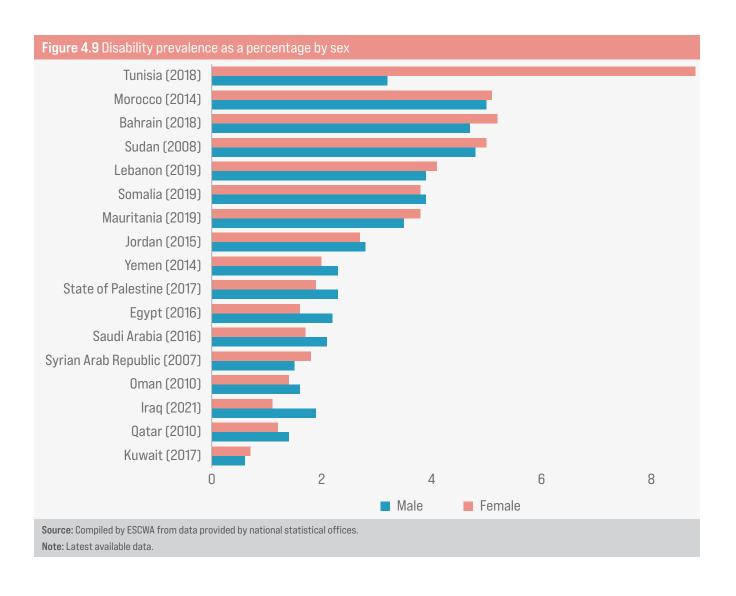


G. Disabilities

The WHO International Classification of Functioning, Disability and Health defines disability as an umbrella term for impairments, limitations on activity and restrictions to participation (WHO, 2011b).

Figure 4.9 shows the most recent data on disability prevalence rates, which range from between 1 to 5 per cent for men and 1 to 9 per cent for women. Kuwait (2017) and Qatar (2010) observed the lowest rates for men and

women, with both reporting around 1 per cent, followed by Iraq. Tunisia ranked as the highest country reporting 9 per cent of disabled women, followed by Bahrain (2018), Morocco (2014) and the Sudan (2008), each reporting about 5 per cent for women. Across the region, rates are similar for men and women, with all countries reporting gender gaps of less than 1 percentage point, except Tunisia (2019) which reported a 6 percentage point difference between men and women, at 3 and 9 per cent, respectively.



H. Obesity

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 on the rise throughout the Arab region, especially among women, with rates rising in most countries since 2000.

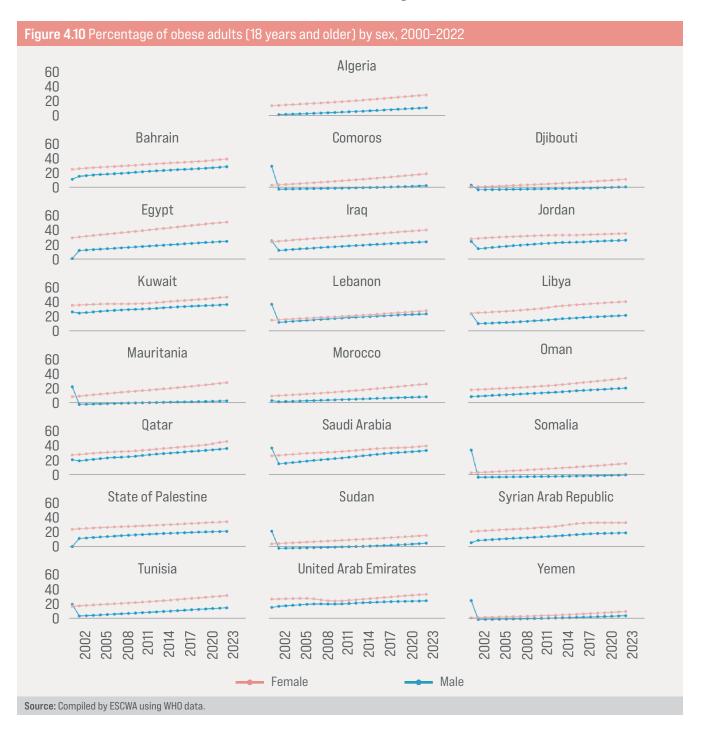
Obesity is particularly high in GCC countries. In 2022, 52 per cent of women and 42 per cent of men in Kuwait were obese, the highest proportions in the GCC region. Kuwait was followed by Qatar, where 51 per cent of women and 42 per cent of men were reported to be obese. Oman and the United Arab Emirates reported the lowest rates of obesity in the GCC region, with 26 per cent for women and 39 per cent for men, and 29 per cent for women and 38 per cent for men, respectively.

Outside GCC countries, Egypt reported the highest proportion of women who were obese in 2022 at 56 per cent, followed by Libya and Iraq at 46 and 45

per cent, respectively. Jordan reported the highest proportion of men who were obese in 2022, at 31 per cent, followed by Egypt at 30 per cent, and Iraq and Lebanon at 29 per cent. Mauritania and Djibouti reported the largest gender disparity in obesity prevalence in 2022, with the proportion of women who were obese four times that of men in Mauritania and nearly three times in Djibouti. The lowest rates for men were noted in Somalia and

Djibouti, at 5 and 6 per cent, respectively, whilst the lowest rates for women were observed in Yemen and Djibouti, at 14 and 16 per cent, respectively.

Since 2000, obesity among women has increased fastest in Egypt (by 22 percentage points) followed by Mauritania and Qatar (each by 19 percentage points). The largest observed increase in obesity among men has been in Saudi Arabia, where the



proportion of men who were categorized as obese increased from 20 per cent in 2000 to 39 per cent in 2022, followed by Qatar where male obesity rose from 24 to 42 per cent over the same period. Obesity is lowest, though gradually increasing, in Somalia: in 2000, 1 per cent of men and 8 per cent of women

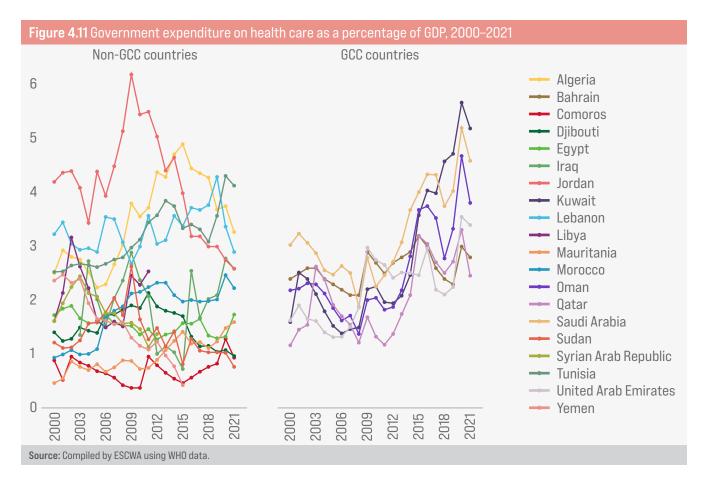
were obese, but those figures increased to 5 per cent and 20 per cent, respectively, in 2022. Djibouti has also been characterized by low but slowly rising rates of obesity, with obesity among men increasing from 2 per cent in 2000 to 6 per cent in 2022, and from 5 to 16 per cent among women over the same period.

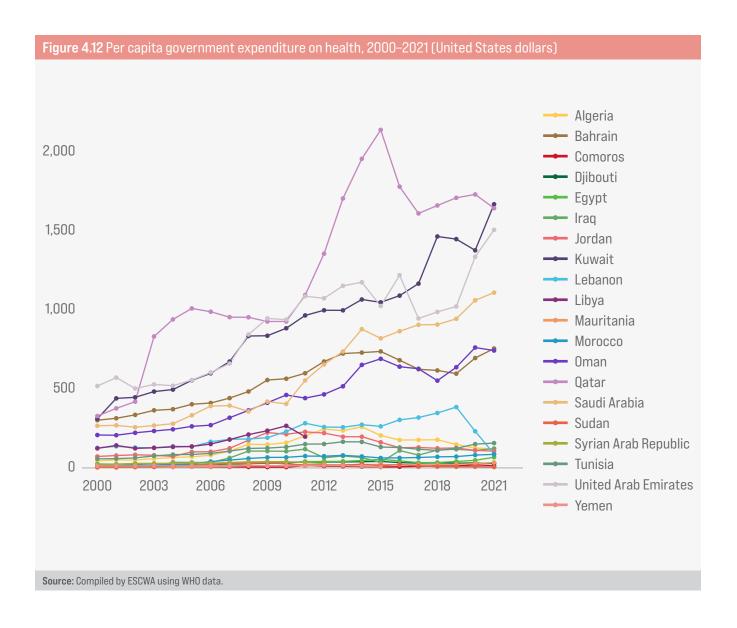
I. Government expenditure on healthcare as a share of gross domestic product

Adequate financing of health care 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 2021, of the countries for which recent data were available, government health-care

expenditure as a share of GDP ranged from 1 to 5 per cent; the lowest being in the Comoros and Djibouti at 1 per cent each, while Kuwait and Saudi Arabia reported the highest at 5 per cent each. Between 2000 and 2021, most Arab countries reported either a negligible decrease or a slight increase in government expenditure on health as a percentage of GDP.





J. General government health expenditure per capita in dollars

A review of per capita government health-care expenditure across the region (in United States dollars) reveals that GCC countries spent most on health care in 2021, most notably Kuwait, Qatar and the United Arab Emirates, whose per capita expenditure stood at \$1,669, \$1,644 and \$1,508, respectively. The Sudan reported the lowest per capita government health-care expenditure in 2021 at \$6, followed by the Comoros at \$15.

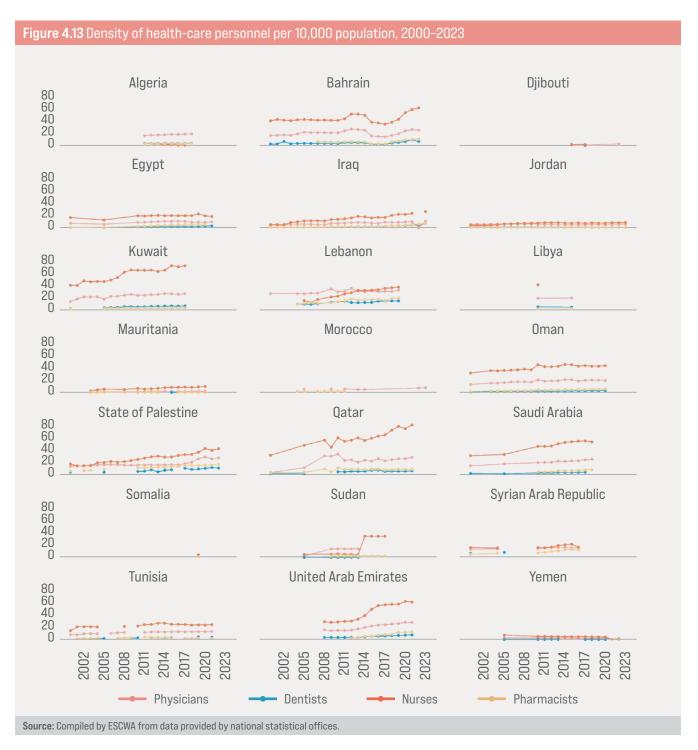
All countries for which data are available increased their general government expenditure per capita in dollars on health care between 2000 and 2021, except Lebanon which decreased by \$39. The highest numerical increases during that period were reported by GCC countries: per capita government expenditure on health in Kuwait increased by \$1,358, the highest in the region, followed by Qatar which increased expenditure by \$1,316.

K. Density of health-care personnel

In most Arab countries, there are roughly twice as many nurses as physicians, and fewer pharmacists than nurses and physicians. The density per 10,000 population of physicians, nurses and pharmacists has increased across

most Arab countries over recent year, but there is no uniform trend.

In the most recent year for which data are available, GCC countries and the State of Palestine



reported the highest density of physicians per 10,000 population in the region, ranging from 20 in Oman (2020) to 29 in Qatar (2021). The lowest density of physicians was reported in Yemen and Mauritania, with 1 per 10,000 population in 2022 and 2020, respectively, followed by Djibouti with 3 physicians per 10,000 population in 2022.

During the same period time, all GCC countries reported that there were between 45 and 84 nurses per 10,000 population, with Oman having the lowest density of nurses and Qatar the highest. This is followed by the State of Palestine with a density of nurses at 44 (2022). Jordan, Mauritania and Yemen were classified as having rates below 10 nurses per 10,000 population in the most recent year of reporting. The remaining countries reported a density of nurses between approximately 20 and 30 per 10,000 population. Little data has been made available on the number of pharmacists and dentists in Arab countries. It appears, however, that the highest density of pharmacists and dentists per 10,000 population are in GCC countries, Iraq and Palestine.

Qatar has reported the largest increase in the number of physicians and nurses, with the number of physicians increasing from 4 per 10,000 population in 2000 to 29 in 2021. The number of nurses in Qatar increased from 33 per 10,000 population in 2000 to 83 per 10,000 in 2021. The smallest increase in the number of physicians and nurses has been observed in Mauritania, where the number of physicians increased from 1 to 2 per 10,000 population between 2003 and 2020, and the number of nurses increased from 3 to 10 per 10,000 population over the same period. In contrast, Yemen experienced a decrease in the density of physicians and nurses: from 3 to 1 physicians and 8 to 2 nurses per 10,000 population between 2005 and 2022.

The United Arab Emirates and the State of Palestine have experienced the largest increase in the number of pharmacists, rising from 17 to 29 per 10,000 population between 2000 and 2021, and from 7 to 18 per 10,000 population between 2000 and 2022, respectively. Mauritania and Yemen showed no increase in the density of pharmacist per 10,000 population during the same period.

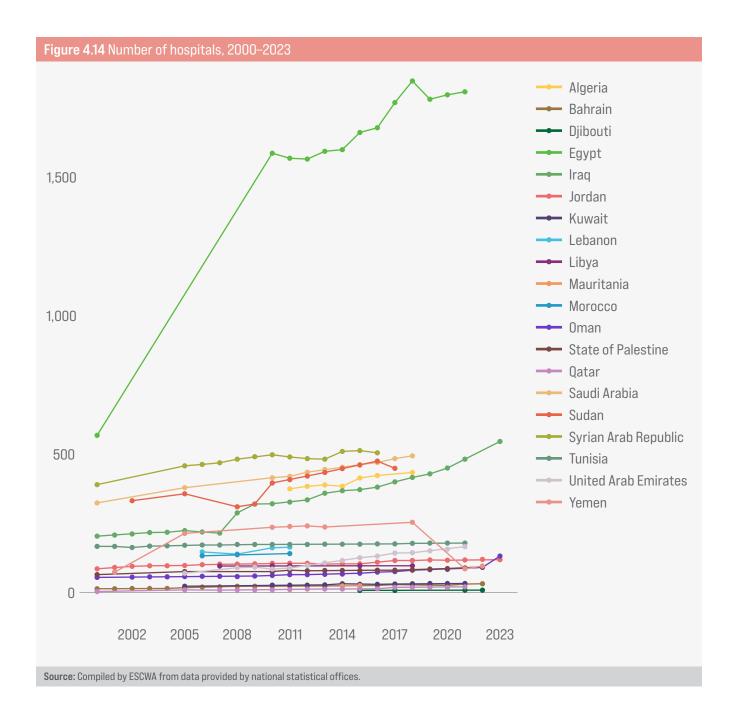
L. Number of hospitals

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 data, Egypt has the highest number of hospitals of any Arab country, with 1,809 hospitals (2021), followed by Iraq with 546 hospitals (2023). In general, more populous countries tend to have more hospitals. However, Yemen, the fifth most populous Arab country, ranked eighth in terms of the number of hospitals, with 96 in 2022. The less populous Arab countries, namely Bahrain, Djibouti, Kuwait

and Qatar, report having the lowest number of hospitals, ranging from 9 to 33 for the most recent year of available data.

Increases in the number of hospitals have been observed in all Arab countries that have reported data since 2000. The highest increase in the number of hospitals was in Egypt, tripling the number of hospital from 2000 to 2021. Iraq has experienced a substantial increase in the number of hospitals, rising from 204 in 2000 to 546 in 2023. The smallest increases were observed in Djibouti, gaining only one additional hospital between 2015 and 2022, followed by Kuwait with an increase of 10 hospitals between 2005 and 2021.



5. 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-aged children increases every year in the region, necessitating an

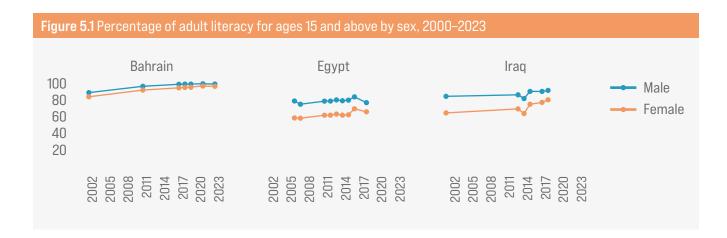
increase in both the human and financial resources earmarked for education. The present chapter provides an overview of formal education in ESCWA member States using data obtained primarily from national statistical offices and UNESCO. It focuses on adult and youth literacy, educational attainment, pupil-teacher 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 women.

Box 5.1

Adult literacy

Recent estimates indicate that adult literacy exceeds 90 per cent in 9 of the 18 countries reviewed in figure 5.1, 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 2000 and 2018. Adult men tend to be more literate than women throughout the region, particularly in North Africa. In Mauritania in 2017, Morocco in 2018, and Somalia in 2023, the percentage of literate men was 20, 19 and 18 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: some 96 per cent of men were literate compared with 90 per cent of women in 2010, whereas literacy rates were 98 and 93 per cent, respectively, in 2022.

Source: Data provided by national statistical offices and UNESCO.



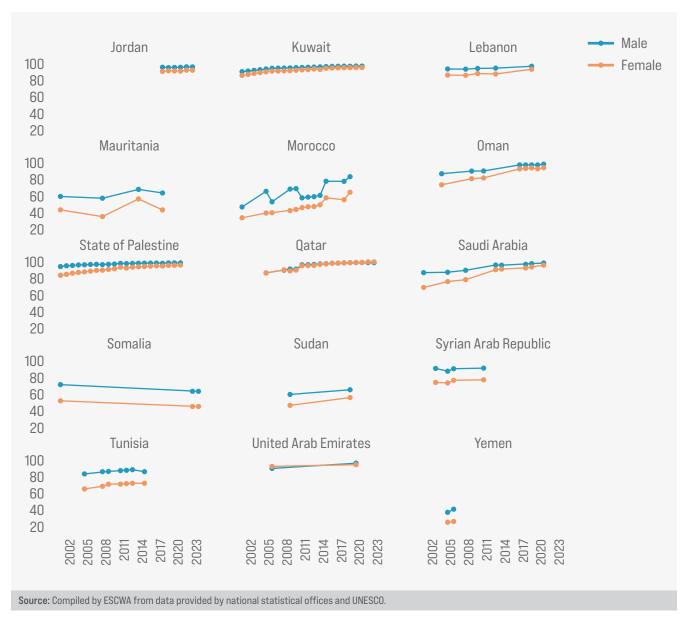


Figure 5.2 shows literacy rate trends for young men and women aged 15 to 24. Young people tend to be more literate than the overall adult population (those aged 15 and above). Although young men are generally more literate than young women, the difference is much less pronounced than it is within the broader adult population. Bahrain, Iraq and Morocco have reported noticeable increases in youth literacy rates for both men and women over time, and a narrowing of the gender gap. By 2020, Lebanon, Oman, the State of Palestine, Qatar and Saudi Arabia had bridged the gender gap. Whereas in Kuwait, the Sudan and the United Arab Emirates,

young women have surpassed young men in literacy rates.

In Iraq in 2012, 87 per cent of young men and 79 per cent of young women were literate, and both increased in 2022 to 96 and 92 per cent, respectively. In Morocco, 63 per cent of young men and 52 per cent of young women were literate in 2000, compared with 98 and 97 per cent, respectively, in 2018. A noticeable decrease of 13 percentage points was witnessed among Sudanese young men between 2000 and 2018, dropping from 86 per cent in 2000 to 73 in 2018.

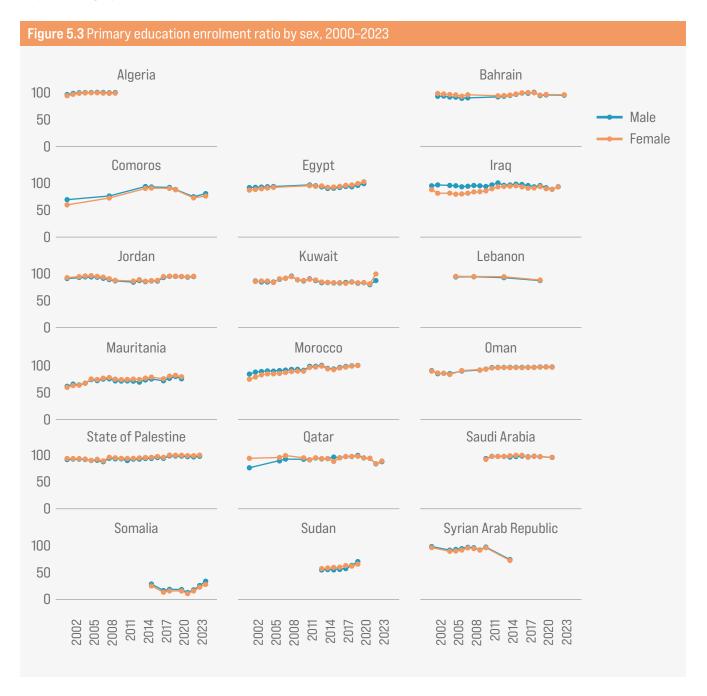


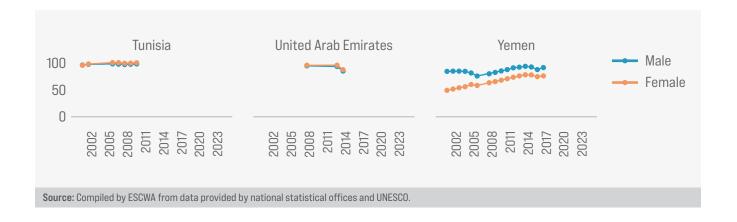
A. Gender gap in net enrolment ratio in primary education

Figure 5.3 displays net enrolment ratios in primary education in 20 Arab countries. 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 12 of the 20 countries in figure 5.3. Net enrolment in primary education among girls in Yemen increased significantly, rising 27 percentage points between 2000 and 2016 from 49 per cent to 75 per cent, respectively. Whereas it increased by 17 percentage points between 2000 and 2023 in the Comoros, from 59 per cent to 76 per cent, respectively. In Egypt, school-aged girls were fully enrolled in primary education in 2019, with a rise of 16 percentage points between 2000 and 2019.

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 0.5 percentage points in 2021. In Morocco, while 84 per cent of primary school-aged boys and 74 per cent of primary school-aged girls were enrolled in primary school in 2000, 100 per cent of primary school boys and girls were enrolled in school by 2018.

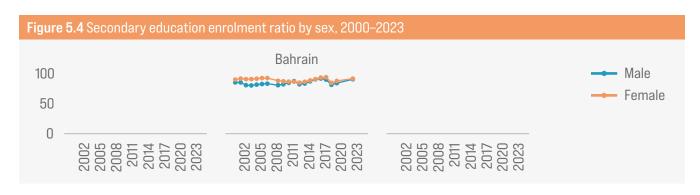




B. Net enrolment ratios in secondary education

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, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman, Palestine, Qatar 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 Palestine has widened significantly over time. In 2000, some 48 per cent of secondary school-aged girls were enrolled in school while just 41 per cent of boys in the same age bracket were enrolled. In 2022, this increased to 88 per cent of secondary school-aged girls enrolled in school, compared with 68 per cent of boys, reflecting an increase in the gender gap in favour of girls from 7 to 20 percentage points (figure 5.4).

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-aged boys and 12 per cent of secondary school-aged girls were enrolled in school. By 2018, those figures had more than doubled to 30 and 32 per cent, respectively. Between 2000 and 2022, Morocco and the State of Palestine experienced a similar increase: in Morocco, from 28 per cent of boys and 25 per cent of girls in 2000 to 62 and 66 per cent, respectively, in 2018; and in Palestine from 41 per cent of boys and 48 per cent of girls in 2000 to 68 and 88 per cent, respectively, in 2022. Over the same period, the increase in Iraq was also significant, from 39 per cent of boys and 26 per cent of girls in 2000 to 73 and 69 per cent, respectively, in 2022.



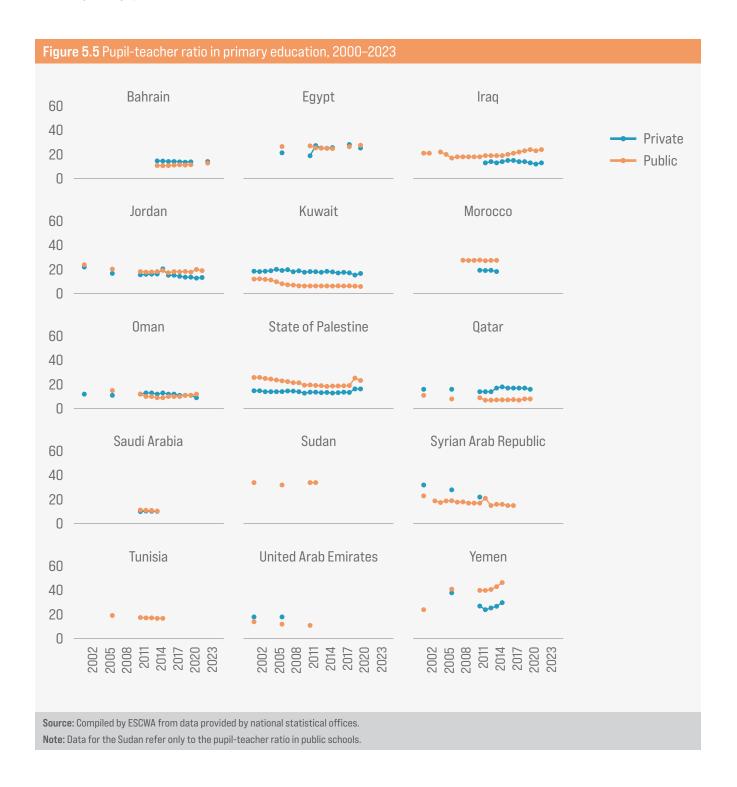


C. Pupil-teacher ratios in primary schools

Pupil-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 each pupil. Since 2005, Yemen has consistently reported the highest pupil-teacher ratio in primary schools in the region (figure 5.5). That ratio has decreased dramatically 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 2021 was 24, which was higher than in private schools at 13. 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 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 was 17, which was more than double that in public primary schools at 6. In Qatar, a similar relationship was observed in 2019: 16 students per teacher, on average, in private primary schools, compared with 8 students per teacher in public primary schools. Average pupilteacher ratios in public and private schools were equitable in Saudi Arabia, according to recent data, with differences no greater than one student per teacher.



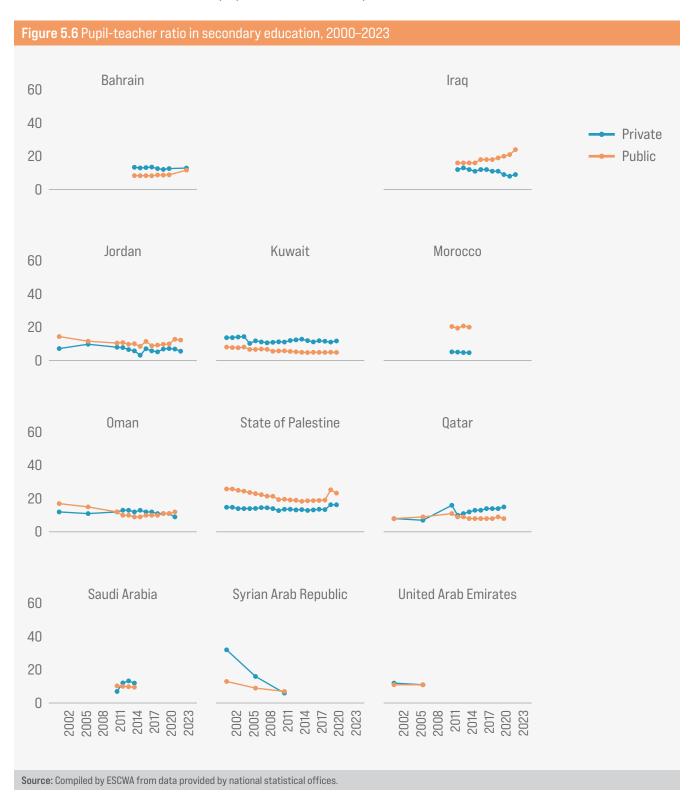
D. Pupil-teacher ratios in secondary schools

Trends in pupil-teacher ratios are not necessarily constant across different levels of education, and between public and private education. In Morocco, between 2010 and

2013, the average ratio in public secondary schools was 20, which was consistently four times higher than the ratio in private secondary schools at 5.

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

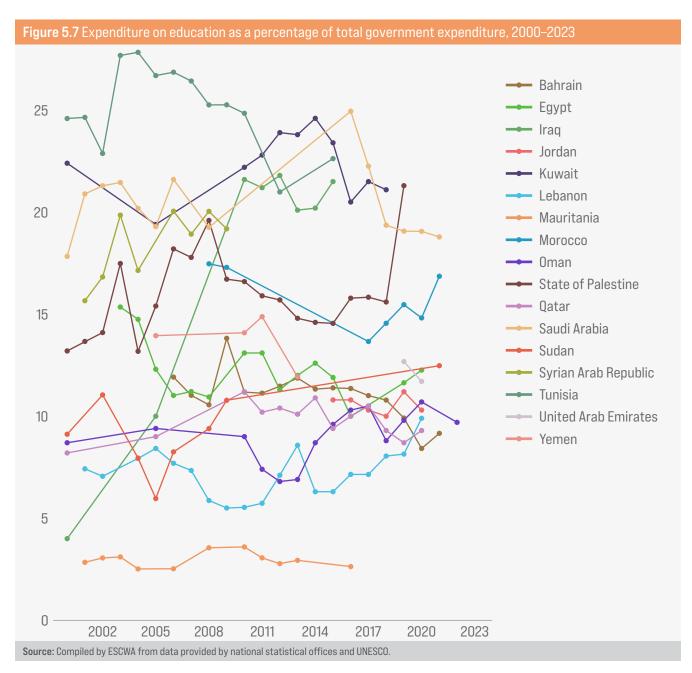
ratio averaged 5 in public schools and 12 in private schools. The ratios in public schools in Saudi Arabia were similarly low and constant between 2010 and 2013, at around 10 pupils per teacher.



E. Public expenditure on education

The UNESCO Institute for Statistics provides data on education expenditure 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 Arab

countries but decreased in others (figure 5.7). In Iraq, for example, the education budget increased from 4 to 22 per cent of total government expenditure between 2000 and 2010, but remained relatively constant afterwards. However, in Tunisia, 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 2021.



6. Labour





Labour market composition and trends are important determinants of macroeconomic performance. In the Arab region, substantial gender disparities persist, with women's labour force participation significantly trailing that of men (ILO, 2024b). Moreover, unemployment rates remain notably high among young people and women, underscoring ongoing challenges in fostering inclusive economic growth and labour market accessibility (ILO, 2023). The present chapter provides an overview of labour markets in Arab countries using labour force surveys and census data provided by national statistical offices, in addition to estimates by ILO. The statistics concern total populations, except in the

case of Jordan where labour force surveys began including non-nationals only after 2016. Hence, for consistency, the estimates shown only apply to Jordanian nationals.

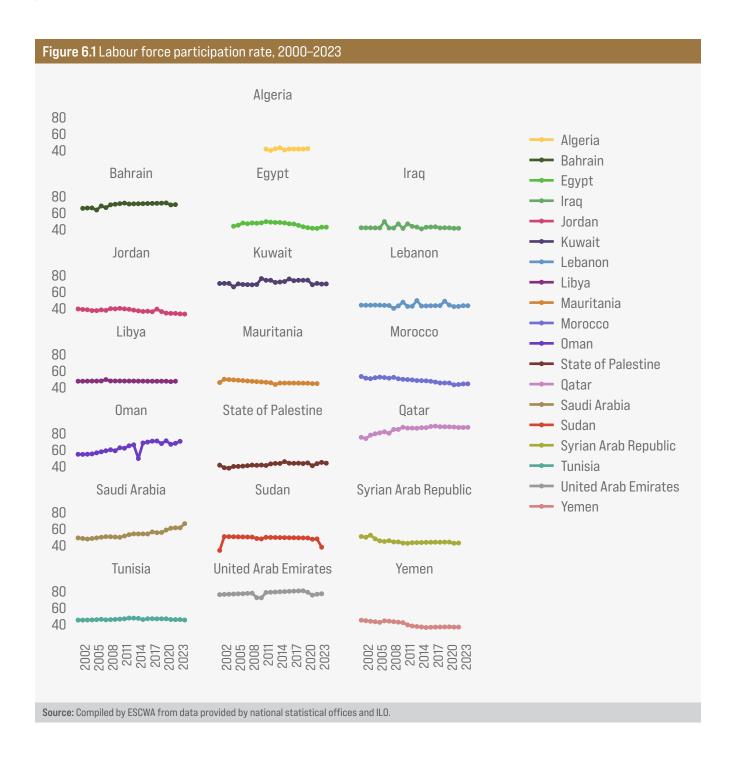
Other important issues shaping the labour market in the Arab region include labour migration and the movement of forcibly displaced persons. In 2023, UNHCR estimated that there were over 25 million internally displaced persons in the region, mainly because of conflict-induced displacement. Conflicts in Iraq, Libya, Palestine, the Sudan, the Syrian Arab Republic and Yemen have led to waves of human displacement, with 38 per cent of the world's refugees originating from the region (UNHCR, 2024).

A. Labour-force participation

Labour-force participation is the percentage of adults (aged 15 years and above) who are either working, or not working but actively seeking employment. Labour force participation is low in most of the Arab region, particularly outside GCC countries. As illustrated in figure 6.1, no country outside the GCC region reported a rate above 55 per cent for any year from 2000 to 2023. The Arab region's low labour force participation figures are primarily due to the low participation rate of women.

Labour force participation rates vary across Arab countries. Yemen and the Sudan reported the lowest rates in the region, at 36.8 in 2021 and 37.9 per cent in 2022, respectively. Qatar has consistently reported the highest rate in the region, steadily increasing from 76 to 87.6 per cent between 2000 and 2023. 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 2023.

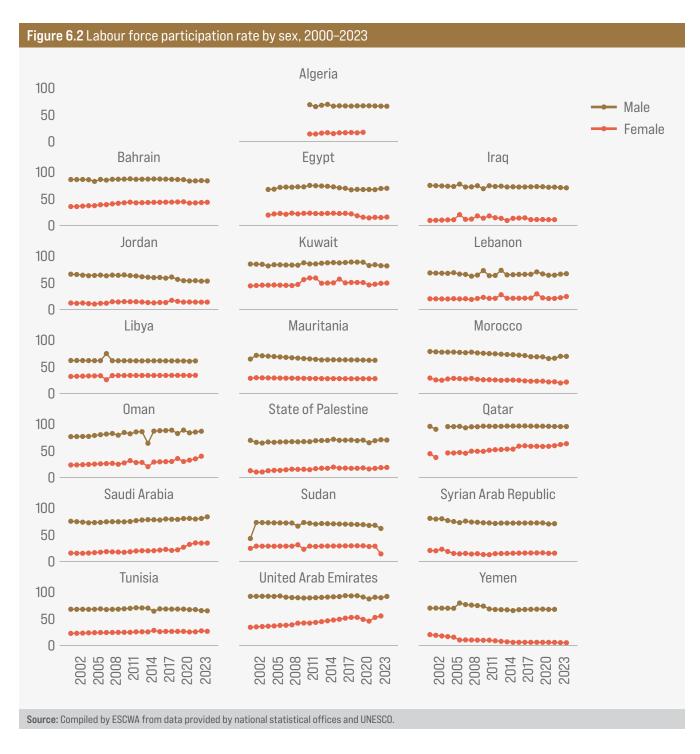




B. Women's labour force participation

In all ESCWA member States with available data reviewed in the present report, women participate in the labour force at far lower rates than men. In 15 countries, participation rates for women are less than half of those for men (figure 6.2). However,

the gender gap has decreased in some countries over time, particularly in Qatar and the United Arab Emirates where an increase in the overall labour force participation rate is being driven by increasing female participation. In Qatar, for example, female



labour force participation rose from 45 per cent in 2006 to 63 per cent in 2023, compared with a much smaller percentage point increase among men from 93 to 95 per cent over the same period.

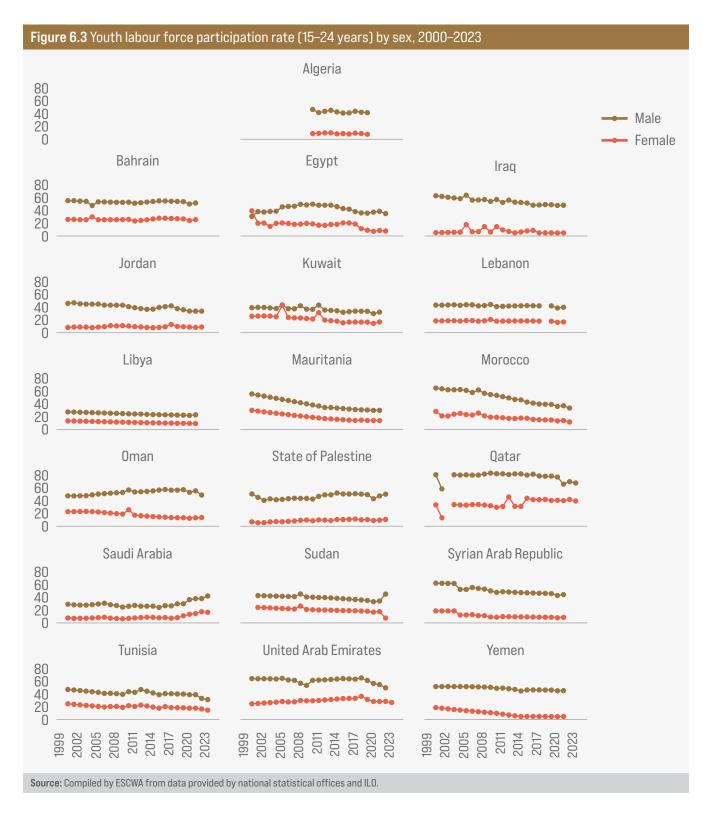
In Morocco, participation rates decreased, albeit slowly, from 77 per cent of men and 28 per cent of women in 2005 to 70 and 22

per cent, respectively, in 2023. 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 60 and 5 per cent, respectively, in 2023. Consequently, according to the most recent data available, female labour force participation in Yemen is the lowest in the region.

C. Youth labour force participation rates

As is the case with older adults, young men participate in the labour force at higher rates than

young women (figure 6.3). However, trends in adult labour force participation rates are not necessarily



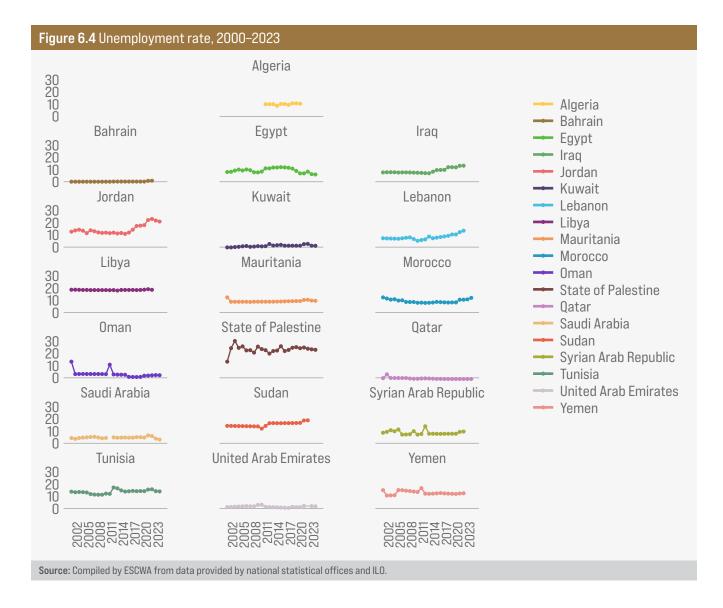
reflected in trends in youth labour force participation rates, or vice versa. In Iraq and Morocco, youth labour force participation rates have decreased more rapidly than those of adults. In Iraq, the rate for young men steadily decreased, from 64 to 48 per cent, and for young women, from 18 to 5 per cent, between 2005 and 2022. In Morocco, over the same period, the percentage of young men participating in the labour force steadily decreased

from 61 to 35 per cent, while the percentage of young women steadily decreased from 23 to 12 per cent.

In Saudi Arabia, the percentage of young men participating in the labour force increased from 30 to 42 per cent between 2005 and 2023, while that of young women increased from 8 to 17 per cent over the same period.

D. Unemployment rate

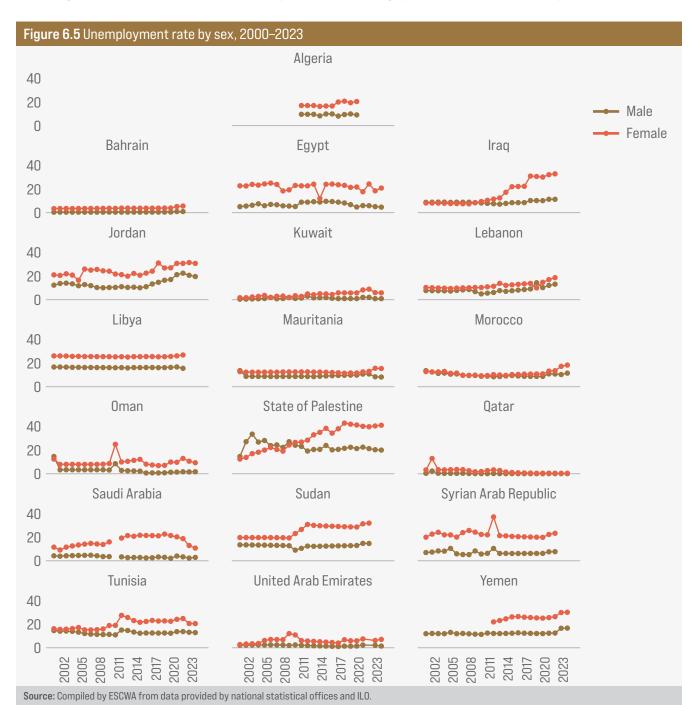
As illustrated in figure 6.4, Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates consistently report the lowest unemployment rates in the region. In 2023, the rate in Qatar was just under



0.1 per cent. Saudi Arabia reported the highest rate among those five countries at only 4 per cent in 2023.

Between 2000 and 2023, 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 2021. The unemployment rate in Jordan is also high, increasing from 12 per cent in 2014 to 22 per cent in 2023. Over the same period, the unemployment rate in Egypt decreased from 13 to 7 per cent.



⁶ The unemployment rate increased in the Sudan after the internal conflict of 2023. In Palestine, the unemployment rate increased to 48 per cent in 2024, as estimated by ILO, because of the war on Gaza after 7 October 2023.

E. Female unemployment

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 Arab 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, Lebanon, Morocco and 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 women hit a high of 23 per cent). The gender gap has, however, slightly narrowed in Tunisia and stood at 8 percentage points in 2023.

After 2000, female unemployment increased in Palestine and Saudi Arabia, widening the gender gap as male unemployment steadily decreased in the latter and fluctuated in the former. 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, increasing the gender gap to 16 percentage points between 2006 and 2011. According to recent estimates, female unemployment was 11 per cent and male unemployment was 3 per cent in 2023, halving the gender gap from 16 to 8 percentage points between 2011 and 2023.

Prior to 2009, female unemployment in Palestine was lower than male unemployment. Since then, however, female unemployment has increased rapidly while male unemployment has decreased slightly. In 2023, the female unemployment rate was 41 per cent, compared with 24 per cent in 2008. Conversely, the male unemployment rate was 27 per cent in 2008 but decreased to 20 per cent in 2023.

F. Youth unemployment

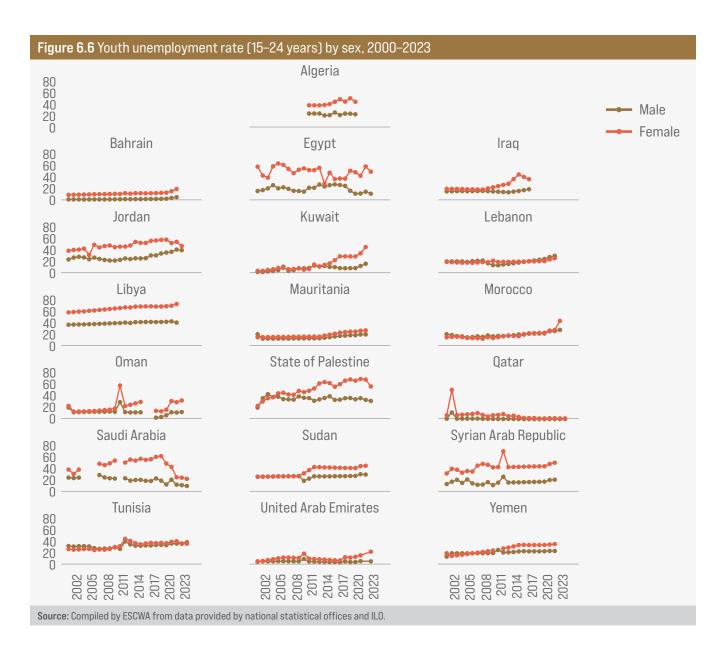
Trends in adult unemployment rates within the Arab region are largely reflected in youth unemployment, which is relatively low in the GCC countries of Kuwait and Qatar, and relatively high in Jordan, Libya, Palestine and Tunisia. Since 2015, youth unemployment has fallen in Egypt due to decreasing male youth unemployment, even as female youth unemployment has increased. In 2022, male youth unemployment in the country was 12 per cent, a huge improvement on the 2015 rate at 28 per cent. Over the same period, however, female youth unemployment in Egypt increased from 38 to 51 per cent.

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 2023 at 48 per cent, compared with 32 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 41 and 48 per cent in 2022.

Between 2009 and 2022, female youth unemployment in Palestine increased from 47 to 57 per cent, the highest in the region, whereas male youth unemployment decreased from 37 to 32 per cent over the same period.

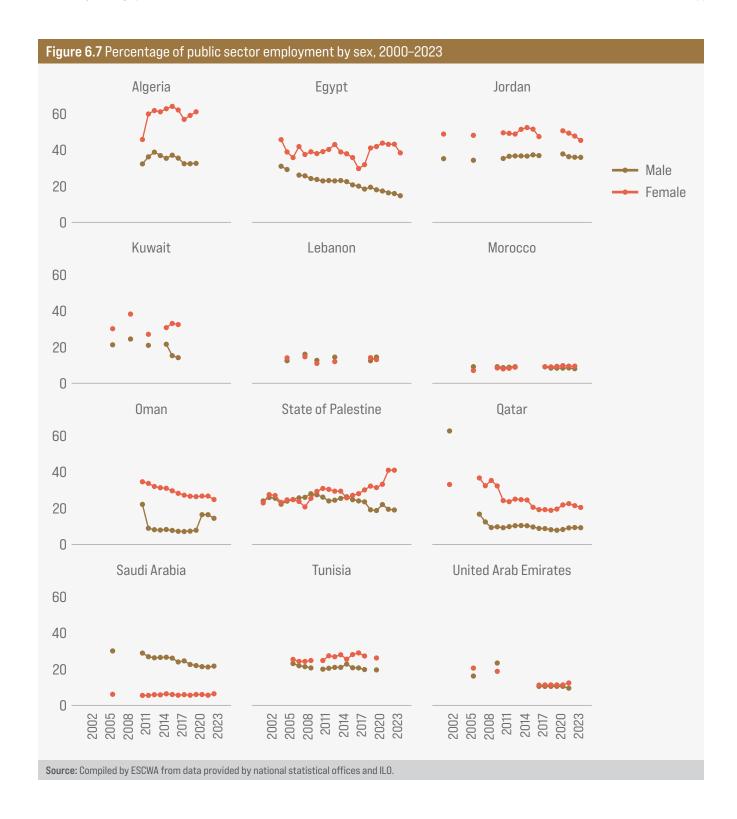


G. Public sector employment

Data on employment by sector in the Arab region are more limited than data on labour force participation and unemployment. Of the Arab countries that have provided estimates since 2000 (figure 6.7), overall employment in the public sector is highest in Saudi Arabia where 6 per cent of women worked in the public sector in 2022 compared with 22 per cent of men.

In Qatar, between 2009 and 2023, female employment in the public sector steadily

decreased from 32 to 20 per cent, while male public sector employment decreased by only 2 percentage points from 10 to 8 per cent, over the same period. In Egypt, between 2006 and 2022, male employment in the public sector steadily decreased from 26 to 16 per cent, while female public sector employment increased from 41 to 43 per cent over the same period.



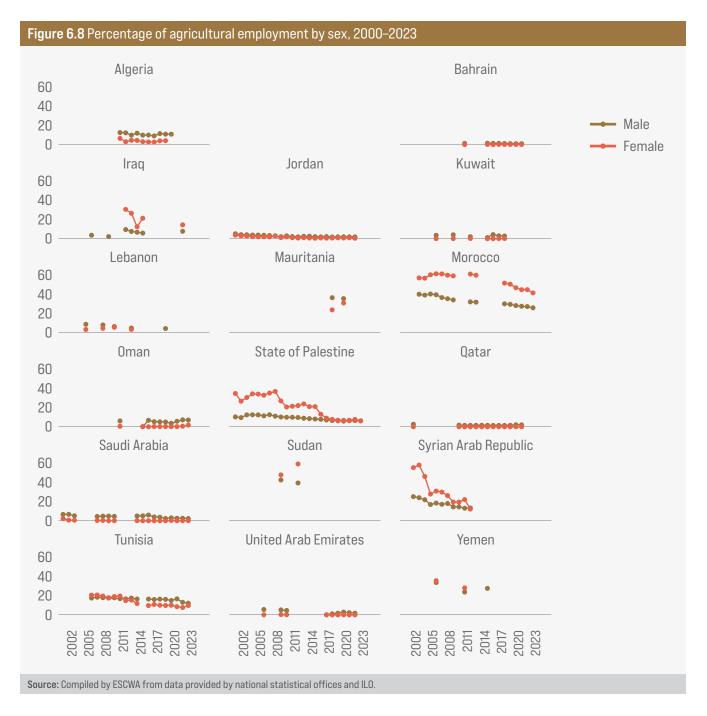
H. Employment in agriculture

Workers in GCC countries are seldom employed in agriculture: between 2000 and 2023, fewer

than 10 per cent of males and females worked in agriculture in each GCC country (figure 6.8).

For GCC countries that have provided estimates of agricultural employment since 2015, the highest estimates are in Oman where 7 per cent of men were employed in the agricultural sector in 2022. Figure 6.8 also indicates a decrease in agriculture sector employment for men and women in Arab countries. 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, the numbers had declined to 2 per cent for men and less than 1 per cent for women by 2021. In Lebanon, the percentage of males employed in agriculture decreased from 7 per cent in 2009 to 5 per cent in 2018, while the percentage of females 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 that sector. 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: some 40 per cent of the male workforce was employed in the sector in 2005 compared with only 26 per cent of males in 2022.

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 2022, only 6 per cent of females were employed in the sector, while male employment decreased from 11 to 6 per cent over the same period. In Tunisia, employment in agriculture decreased for males from 18 per cent to 12 per cent between 2005 and 2022, while it decreased from 21 to 10 per cent for females over the same period.

7. Poverty and inequality





Reducing poverty has long been a priority of the international development agenda. 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 global economic crises have only widened the gap between rich and poor (OECD, n.d.). However, poverty is multidimensional. It cannot be dealt with effectively by only 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.

The ongoing war in Ukraine, the residual effects of the COVID-19 pandemic, and persistent regional conflicts have amplified challenges in the Arab region. These include rising energy prices, disruptions to supply chains, and the global increase in the cost of living. Economically weaker Arab countries, such as non-GCC countries, have been disproportionately affected, resulting in deteriorating living conditions for many. The compounded effects of conflict, political instability, and limited access to accurate data make it challenging to precisely determine poverty levels. However, existing statistics reveal substantial increases in poverty across the region. Based on recent estimates, a third of the region's population is expected to fall below the ESCWA poverty threshold in 2024–2025, which is comparable to national poverty lines. In low-income and conflict-affected countries, this is expected to exceed 50 per cent (ESCWA, 2024).

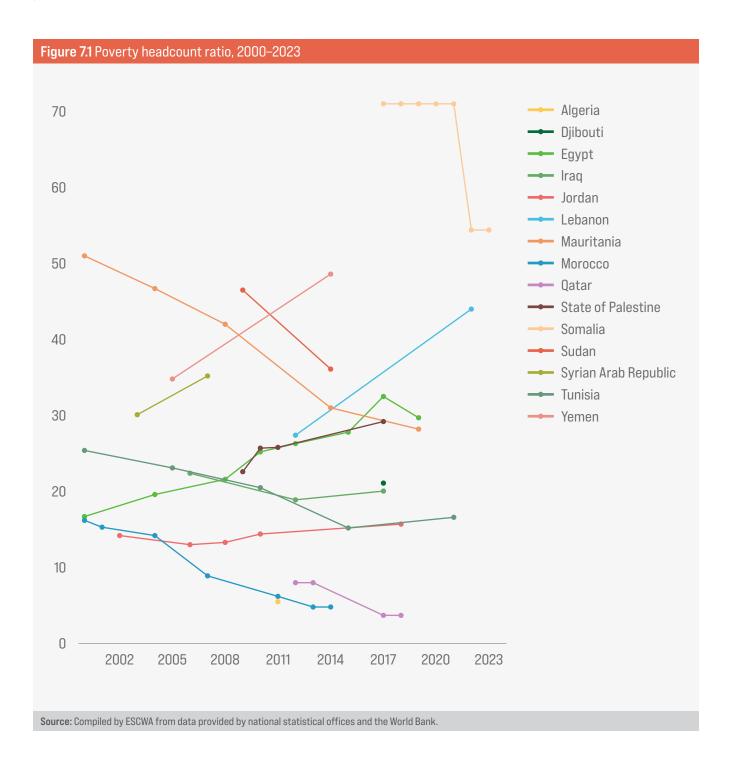
A. Increasing poverty is some Arab countries

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 7.1 shows the poverty headcount ratios in 11 Arab countries for which data are available. Of those, Lebanon has only one estimate for the 2000–2019 period. 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 decreased slightly between 2000 and 2017, indicating a minimal decline over the period. Somalia remains one of the countries with the highest poverty levels in the region, despite a gradual decrease observed in recent years.

In Egypt, official 2019 data showed a marginal decline in poverty levels. Lebanon, however, has experienced a sharp increase, with poverty levels reaching 44 per cent in 2022, according to the World Bank (2024). Furthermore, in conflict-affected countries such as Palestine, the Syrian Arab Republic and Yemen, poverty has escalated dramatically. The Sustainable Development Goals Indicator Report for Yemen 2016–2018 estimates that poverty levels have reached as high as 80 per cent.

These trends reflect the deepening of economic vulnerability across the Arab region, particularly in countries grappling with ongoing conflicts and political and social challenges. The combination of regional instability and global crises has exacerbated poverty, creating significant obstacles to development and recovery.

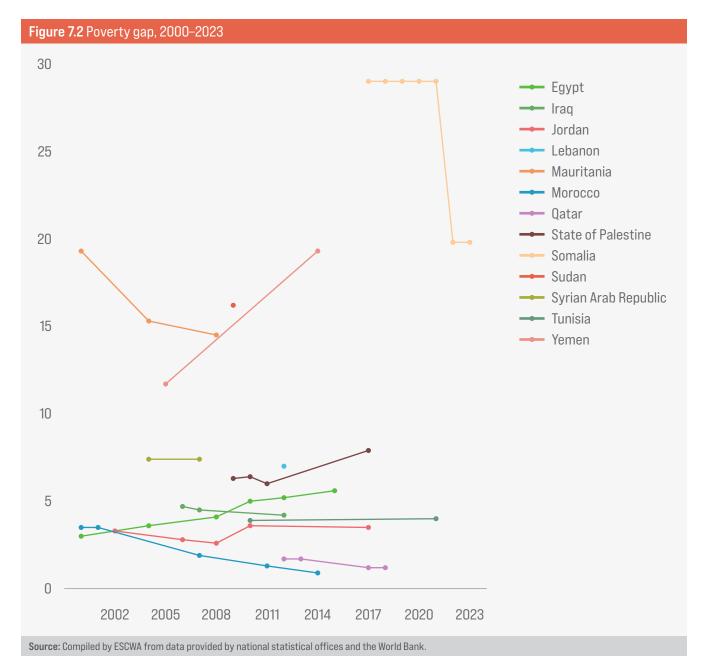


B. Poverty gap is widest in Somalia

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. Despite a reduction in overall poverty levels, Somalia continues to exhibit the highest disparity in the depth of poverty. Recent data indicate that Somalia has the widest poverty gap in the region at 19.8 per cent (2023). The Sudan and Yemen also report significant poverty gaps at 16.2 per cent (2009) and 19.3 per cent (2014), respectively, reflecting the severity of poverty experienced in these countries.

Figure 7.2 provides an overview of poverty gaps for 13 Arab countries during the period 2000–

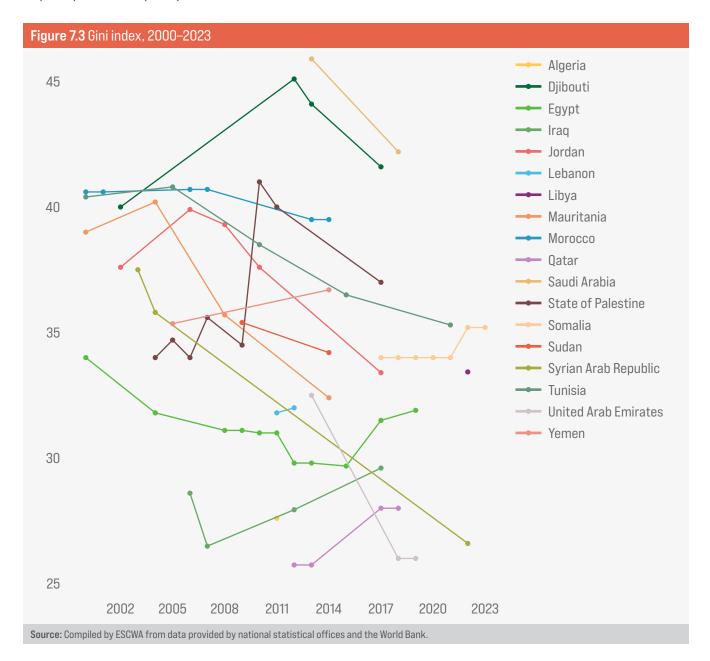
2023, with two countries having no trend data. Trends in poverty gaps are similar to those for poverty headcounts, as countries with increasing poverty headcounts also tend to be characterized by increasing poverty gaps, and vice versa. Notably, for most of the countries shown, poverty gap ratios remain relatively small, with only four countries having ratios above 10 per cent. Yemen reports the highest poverty gap among the countries with data, which steadily increased from 12 per cent in 2005 to 19 per cent in 2014.



C. 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 Arab countries is the highest worldwide. While average per capita GDP in Somalia and the Sudan is less than \$900, it is over \$70,000 in Qatar (International Monetary Fund, 2025).

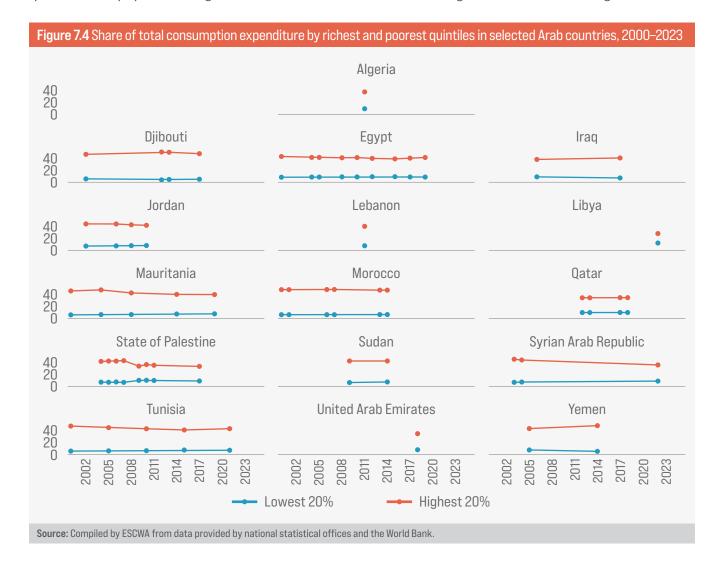


Data for the Gini index are available for 18 Arab countries, of which 16 have trend data. As shown in figure 7.3, four countries show an increase in inequality and six a rather sharp decrease, while the others have remained relatively stable over time. Most countries have relatively low to moderate levels of inequality. Based on the most recent data,

the most unequal distribution is in Saudi Arabia that 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, with a Gini index score of 28 in 2018.

D. Total consumption expenditure between the richest and the poorest

Another widely used measure of inequality is the gap between the share of total consumption expenditure between the richest and poorest quantiles in a population. Figure 7.4 shows data on the expenditure shares of 12 countries, and a single estimate for 4 countries. Eight countries showed a slight decrease in inequality, while four showed a slight increase or no change over time.



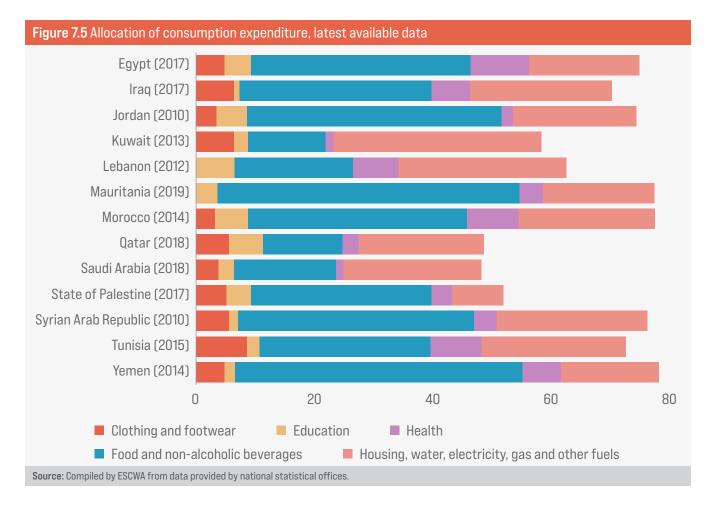
The richest quintile in Yemen, Djibouti, and Morocco spends the largest share of total consumption expenditure among all countries measured: 48 per cent (2014), 48 per cent (2017), and 47 per cent (2014), respectively. In contrast, the richest quintile in Libya (2022) spends the smallest share at 28 per cent, followed by the State of Palestine at 34 per cent (2017), and Qatar and the United Arab Emirates both at 35 per cent

(2018). Conversely, the poorest quintile in Libya (2022), Qatar (2018), and Palestine (2017) spends a larger share of total expenditure than the poorest quintile in any other Arab country, at 12 per cent, 10 per cent, and 9 per cent, respectively. The poorest quintile in Yemen and Djibouti spends the lowest share of total consumption expenditure in the Arab region, at 5 per cent in 2014 and 5 per cent in 2017, respectively.

E. Consumption expenditure by category

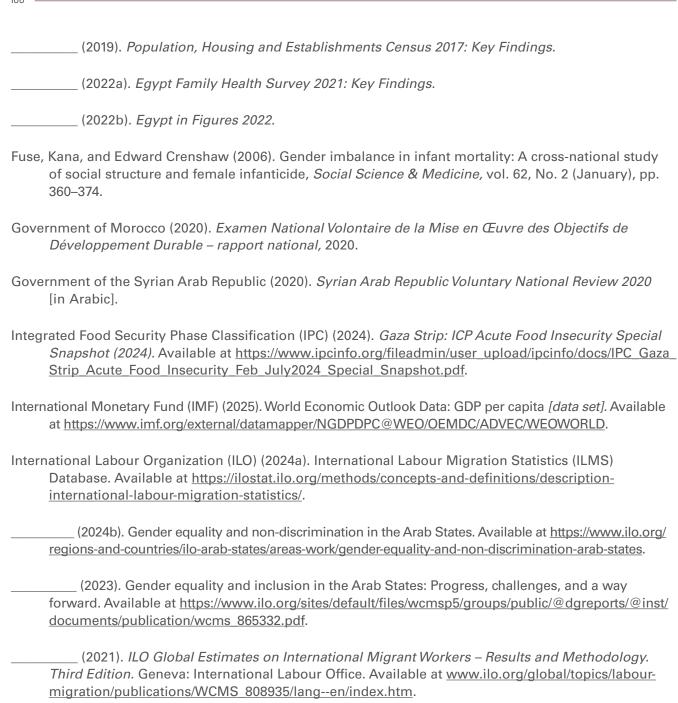
Figure 7.5 shows how consumption expenditure is allocated to major expenditure categories in 13 Arab countries. Food and non-alcoholic beverages account for the largest share in Mauritania (51 per cent of total expenditure in 2019), Yemen (49 per cent in 2014), the Syrian Arab Republic (40 per cent in 2010), 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).



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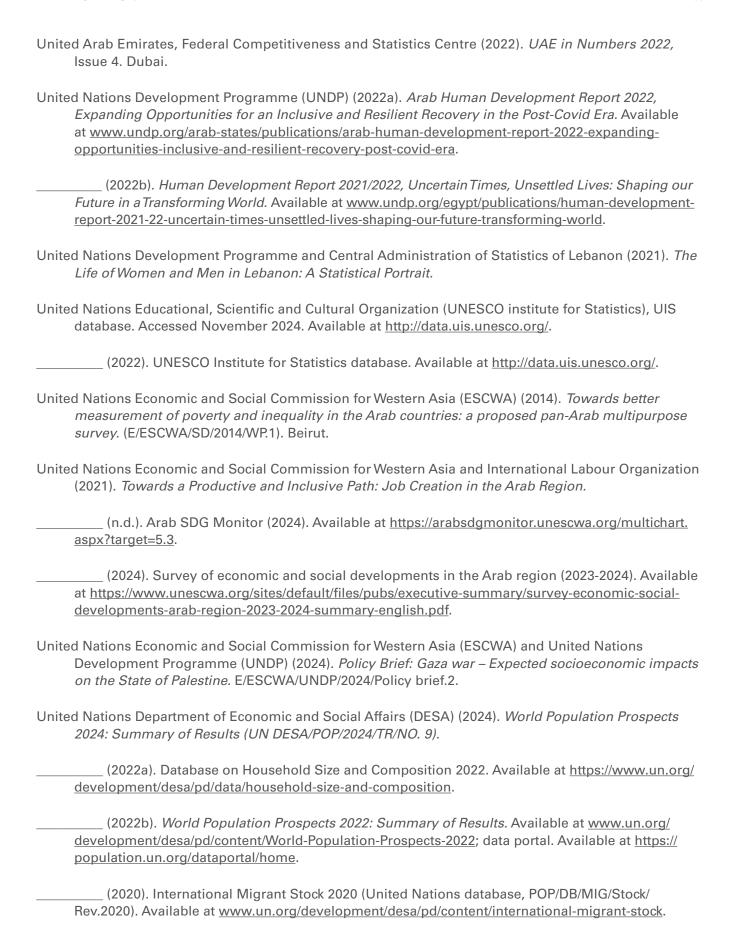
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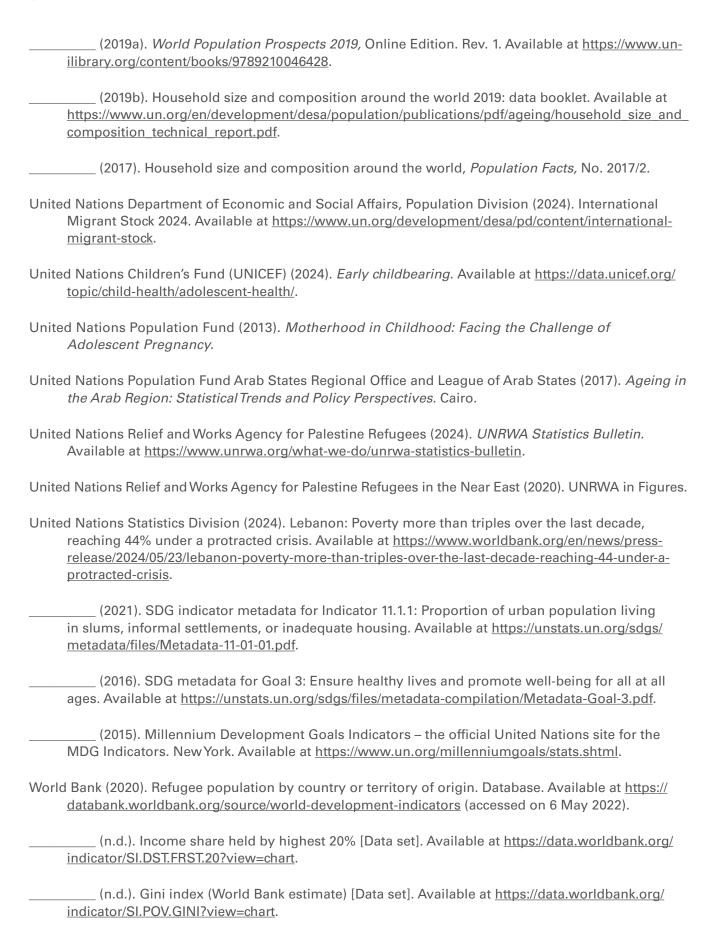
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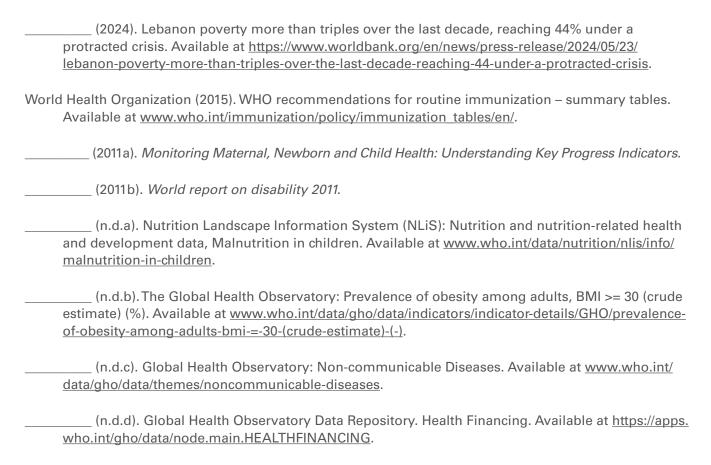
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The present publication is the latest in a series published biennially by the Statistics, Information Society and Technology Cluster of the Economic and Social Commission for Western Asia (ESCWA). It presents a broad illustration of Arab society and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

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



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