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Population Levels, Trends and Policies in the Arab Region: Challenges and Opportunities

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EXECUTIVE SUMMARY

Population levels, trends and policies in the Arab region: challenges and opportunities

The major aim of this study is to provide an overview of population levels and trends as well as population policies for the 22 countries and areas of the Arab Region since 1970. The study also considers future population prospects in the Region to mid-century and the implications of these trends for socio-economic development across the Arab Region. The major challenges and opportunities are summarized below:

1. Despite a common language and a shared culture and history, tremendous economic, demographic and social diversity exists across the Arab Region, a Region marked by both dynamism and unrest.
2. The population of the Arab countries has nearly tripled since 1970, climbing from 128 million to 359 million. The Arab Region is expected to have 598 million inhabitants by 2050, increasing by two-thirds or 239 million more people than in 2010.
3. Infant, child and maternal mortality are relatively high and continue to pose major health concerns and development challenges for the Region.
4. Enormous changes in fertility have taken place in the Region. While some countries are at or near the replacement level, in other countries high fertility persists. These rates point to continuing high levels of population growth.
5. The Region has been characterized by large movements from rural to urban areas, from traditional farming activities to manufacturing and service sector employment.
6. Rapid urbanization has also been accompanied by the growth of large cities, namely, Algiers, Amman, Baghdad, Cairo, Damascus, Jeddah and Riyadh. Governments have expressed concern about rapid growth of cities and the provision of services.
7. The Region has witnessed substantial outflows of migrants to Europe, large inflows to the countries of the Gulf Cooperation Council, as well as movements of irregular migrants transiting the Region on their way to Europe. Countries of transit in the Region have been cooperating with the European Union to stem this movement.
8. The Region is characterized by large numbers of youth and those in the working ages, and comparatively small but growing populations of older persons. The growing youth population is entering a labour market already suffering from persistently high unemployment. Millions of additional jobs will be needed to accommodate the new job seekers.

9. Noteworthy changes in the role and status of women have taken place in the Region, including increased levels of female education and labour force participation and delayed marriage for women - and consequently for men as well. These changes may pose difficult challenges for some traditional sectors of society.
10. The population trends noted above will continue to have tremendous economic, social, political and environmental consequences for the Arab Region, as well as for other regions of the world.

The profound demographic transformations taking place in the Arab Region are affecting the fundamental pillars of society, in particular: marriage and the family; childbearing and childrearing; the status of women; and the care of older persons. This short report can only summarize and highlight the major developmental opportunities, challenges, and consequences relating to population levels and trends facing the Arab Region.

I. Introduction

The Arab Region¹, which lies at the crossroads of Europe, Africa and Asia, is the cradle of civilization and the birthplace of the three great monotheistic religions of the world. The Region benefits from a number of similarities and opportunities, including a long, rich history spanning thousands of years, strong cultural traditions, common language and a large, educated workforce, due in part to increasing female labour force participation. Furthermore, the Region sits atop more than half of the world's oil resources.

Despite these similarities, the Arab Region is characterized by enormous demographic, geographic, political and socio-economic diversity. The Region includes countries with very large populations, led by Egypt with a population of 84 million, and countries with small populations, such as Qatar at 111,000, which is the smallest. While several countries in the Region are already hovering at or near replacement level fertility (Kuwait, Lebanon, Tunisia, United Arab Emirates), other countries and areas continue to exhibit high levels of fertility (the Occupied Palestinian Territory, Somalia, Sudan and Yemen). The Region is also characterized by extreme differences in land areas. For example, Sudan, the largest country in the Region with 2.5 million square kilometres, is the tenth largest country in the world. In contrast, the region's smallest country, Bahrain, covers just 750 square kilometres. Another distinguishing feature among the Arab countries is the sharp differences in population density. For example, Bahrain is the most densely populated with some 1,454 inhabitants per square kilometre. In comparison, Libya and Mauritania have a mere three inhabitants per square kilometre. The Region also contains countries with very high and low mortality, very urbanized and very rural, and countries of emigration, countries of immigration and countries of transit.

Perhaps no other region in the world is marked by such extreme disparities in wealth as the Arab Region. Six countries (Comoros, Djibouti, Mauritania, Somalia, Sudan and Yemen) that together represent a quarter of the Region's population are classified as least developed by the United Nations and are among the poorest countries in the world. At the other end of the spectrum are Kuwait, Qatar and the United Arab Emirates, which are among the world's wealthiest nations, as reflected in their per capita Gross Domestic Product.

Bitter boundary disputes have also plagued the Region for most of the past century. The most far-reaching dispute began in the 1940s, when Israel was created within the then-British protectorate of

¹ The Arab Region includes Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, the Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates and Yemen.

Palestine. Many neighboring countries have not recognized Israel as a country, and the discord has sparked several wars and ongoing civil conflicts. In Northern Africa, Algeria endured a protracted war before it gained independence from France in 1962. In contrast, the union of the Yemen Arab Republic and the Democratic Republic of Yemen in 1990 went smoothly after the collapse of the Soviet Union. However, two wars have taken place in Iraq and civil strife and violence continue to take lives and disrupt the economies and social life in parts of the Region.

Demographic trends in the Arab Region pose a host of challenges and opportunities to the governments and people of the Region. Among the challenges are unemployment and job creation, poverty alleviation, the attainment of the Millennium Development Goals, climate change, environmental degradation, food and water shortages, scarcity of inhabitable land, rapid urbanization, and the provision of services (housing, education, medical care).

The profound demographic transformations taking place in the Arab Region affect the fundamental pillars of society, in particular marriage and the family, childbearing and childrearing, the status of women and the care of older persons. Actually, the developmental impact that demographic changes pose for each of these important topics warrants individual reports.

The major aim of this study is to provide an overview of the most recent data on population levels and trends, as well as population policies for the 22 countries and areas of the Arab Region since 1970. The study also considers future population prospects in the Region to mid-century and the implications of these trends for socio-economic development across the Arab Region. The primary source of the data for this report is the United Nations, which ensures consistency and compatibility with the Arab Human Development Report. In addition, other relevant international data are included as warranted.

II. Population levels and trends

A. Population size and growth

In 2010, world population reaches 6.9 billion, with 5.7 billion or 82 per cent living in developing countries. Of these, 359 million reside in the 22 countries and areas of the Arab Region and together account for five per cent of world population (table 1). One in 20 people in the world live in the 22 countries of the Arab Region. The population of the Arab Region is slightly larger than that of the United States, at 318 million, and smaller than the 27 states of the European Union, which stands at 500 million.

The population of the Arab countries nearly tripled between 1970 and 2010, climbing from 128 million to 359 million. According to the medium variant projection, the Arab Region will have 598 million inhabitants by 2050, increasing by two-thirds or 239 million more people than in 2010, equal to the current population of Indonesia.² Moreover, the populations of four countries or areas of the Region Iraq, the Occupied Palestinian Territory, Somalia and Yemen - are expected to

² Assumptions about future fertility levels are based on current fertility trends. The fertility assumptions are described in terms of the following groups of countries:

- High-fertility countries: Countries that until 2010 had no fertility reduction or only an incipient decline;
- Medium-fertility countries: Countries where fertility has been declining but whose level was still above 2.1 children per woman in 2005-2010;
- Low-fertility countries: Countries with total fertility at or below 2.1 children per woman in 2005-2010.

1. Medium-fertility assumption:

Total fertility in all countries is assumed to converge eventually toward a level of 1.85 children per woman. However, not all countries reach this level during the projection period, that is, by 2045-2050. Projection procedures differ slightly depending on whether a country had a total fertility above or below 1.85 children per woman in 2005-2010.

Fertility in high- and medium-fertility countries is assumed to follow a path derived from models of fertility decline established by the United Nations Population Division on the basis of the past experience of all countries with declining fertility during 1950-2010. The models relate the level of total fertility during a period to the average expected decline in total fertility during the next period. If the total fertility projected by a model for a country falls to 1.85 children per woman before 2050, total fertility is held constant at that level for the remainder of the projection period (that is, until 2050). Therefore, the level of 1.85 children per woman represents a floor value below which the total fertility of high- and medium-fertility countries is not allowed to drop before 2050. However, it is not necessary for all countries to reach the floor value by 2050. If the model of fertility change produces a total fertility above 1.85 children per woman for 2045-2050, that value is used in projecting the population.

In all cases, the projected fertility paths yielded by the models are checked against recent trends in fertility for each country. When a country's recent fertility trends deviate considerably from those consistent with the models, fertility is projected over an initial period of 5 or 10 years in such a way that it follows recent experience. The model projection takes over after that transition period. For instance, in countries where fertility has stalled or where there is no evidence of fertility decline, fertility is projected to remain constant for several more years before a declining path sets in.

double between 2010 and 2050. These projections, however, are contingent on continued fertility reductions in the Arab Region. Without further fertility change, the population of the Arab Region would be substantially larger by 2050. If the countries of the Arab Region were to maintain current levels of fertility, the population of the Region would more than double to reach a population of 781 million by 2050, or 183 million more people than actually projected. While the Arab Region represented 4 per cent of world population in 1970, this increased to 5 per cent in 2010. By 2050, the population of the Arab Region is expected to reach almost 7 per cent of world population. The largest population increments between 2010 and 2050 are expected to take place in Egypt (45 million), Iraq and Sudan (33 million each) and Yemen (29 million).

Most of the Region's population is concentrated in a few countries. Today, about half of the Region's population resides in Algeria, Egypt and Sudan. With a projected population of 130 million by 2050, Egypt is expected to be the 12th most-populated country in the world by mid-century.

While most countries of the Arab Region are experiencing the demographic transition from high to low rates of population growth, the demographic momentum from earlier periods of rapid population growth will remain a powerful force into the Region's future and ensure large population increments for many years. The average annual rate of population change of 2.8 per cent in 1970-1975 dropped to 2.1 per cent in 2005-2010. In comparison, the average annual rate of population change for all developing countries during the same period fell from 2.4 per cent to 1.4 per cent. By 2045-2050, while it is anticipated that the average annual rate of population growth for Arab countries will fall to 0.8 per cent, this rate will still be double the population growth rate of 0.4 per cent projected for all developing countries in 2050.

Fertility in low-fertility countries is generally assumed to remain below 2.1 children per woman during most of the projection period and reach 1.85 children per woman by 2045-2050. For countries where total fertility was below 1.85 children per woman in 2005-2010, it is assumed that over the first 5 or 10 years of the projection period fertility will follow the recently observed trends in each country. After that transition period, fertility is assumed to increase linearly at a rate of 0.05 children per woman per quinquennium. Thus, countries whose fertility is currently very low need not reach a level of 1.85 children per woman by 2050.

2. High-fertility assumption:

Under the high variant, fertility is projected to remain 0.5 children above the fertility in the medium variant over most of the projection period. By 2045-2050, fertility in the high variant is therefore half a child higher than that of the medium variant. That is, countries reaching a total fertility of 1.85 children per woman in the medium variant have a total fertility of 2.35 children per woman in the high variant at the end of the projection period.

3. Low-fertility assumption:

Under the low variant, fertility is projected to remain 0.5 children below the fertility in the medium variant over most of the projection period. By 2045-2050, fertility in the low variant is therefore half a child lower than that of the medium variant. That is, countries reaching a total fertility of 1.85 children per woman in the medium variant have a total fertility of 1.35 children per woman in the low variant at the end of the projection period.

International migration assumptions:

1. Normal-migration assumption:

Under the normal migration assumption, the future path of international migration is set on the basis of past international migration estimates and consideration of the policy stance of each country with regard to future international migration flows. Projected levels of net migration are generally kept constant over most of the projection period.

2. Zero-migration assumption:

Under this assumption, for each country, international migration is set to zero starting in 2010-2015.

B. Population density

The total land area of the Region, 13.8 million square kilometres, represents about 9 per cent of the world's total area; however, 90 per cent of it lies within arid, semi-arid and dry sub-humid areas. The combination of demographic growth and desertification is producing serious loss of arable land in a number of countries, including Algeria, Libya, Morocco and Tunisia.

Rapid population growth in the Arab Region has contributed in some cases to very high population densities. For example, crowding in the Occupied Palestinian Territory is expected to worsen. From 182 people per square kilometre in 1970, population density quadrupled to 732 people per square kilometre in 2010. Due to the persistence of high fertility, population density is expected to more than double and reach 1,705 people per square kilometre by 2050. In Egypt, the relatively low population density is misleading, since the country's population is concentrated on only five per cent of the land; the remaining 95 per cent of the country is desert. A more appropriate indicator would be physiological density, which is the number of people supported by a unit of arable land. Because the country falls within arid and hyper-arid zones, farming in Egypt is confined to less than 3 per cent of the country's total land area. Consequently, there are 2,167 people per square kilometre of arable land in Egypt. In comparison, the United States has a physiological density of 140 people per square kilometre. Population pressures are also exacerbating the scarcity of fresh water in the Region. While such natural factors as intermittent droughts and limited fresh water reserves cause water scarcity, high population growth imposes additional pressures. In 2000, there were four water-stressed countries in the Region: Comoros, Egypt, Lebanon and Morocco; and 12 water-scarce countries: Algeria, Bahrain, Djibouti, Jordan, Kuwait, Libya, Oman, Qatar, Saudi Arabia, Tunisia, United Arab Emirates and Yemen (UN-ESCWA, 2004). Kuwait, which has negligible renewable fresh water of its own, is almost entirely dependent on such unconventional sources as desalination to meet its demand for water. Only two countries in the Region are considered to have an adequate supply of fresh water, Mauritania and Sudan. Drylands account for over 50 per cent of total area in the Arab Region. These areas are characterized by harsh environment, fragile ecosystems, limited water resources and arable lands. Land degradation in the Arab Region is widespread and is proceeding at an accelerating rate. A growing population and changing patterns of consumption have resulted in increasing food demand, thus hastening land degradation in this arid environment. Wind erosion, salinity and water erosion also constitute major threats.

C. Age structure

Currently, the population of the Arab Region is still young, with children under age 15 accounting for a third of the population and young persons aged 15 to 24 years accounting for a fifth. Thus, in the Arab Region, a majority of the population, 54 per cent, is now under the age of 25 (table 2). By comparison, 48 per cent of the population of developing countries and 29 per cent of the population of developed countries is under the age of 25. The youngest countries or areas in the Region are the Occupied Palestinian Territory and Somalia, with a median age of 17.6 years, closely followed by Yemen with a median age of 17.8 years.

The number of children and youth is at an all time high in the Region; there are 121 million children and 71 million young people, for a total of 192 million. The increase in the proportion of 15 to 24 year olds in the total population, referred to as the “youth bulge,” combined with the rapid growth in the overall population, has resulted in the most rapid growth in the number of young people in the Region’s modern history. The number of children and youth is expected to climb to 217 million by 2050. This will pose challenges to Governments, many of which are already straining to provide education and employment to large cohorts of children and youth. Because of this youth bulge, high unemployment among young people is proving to be particularly resilient to change and is expected to persist into the future.

The number of people in the main working ages, 25 to 59 years, is also at an all-time high in the Region, totaling 145 million. The size of the working age population is expected to almost double by 2050, to reach 278 million. The large working age population can provide opportunities for economic growth, only if gainful employment can be generated for the large number of persons in the working ages. According to the 2004 Middle East and North Africa Report of the World Bank, “the dynamics of demography in the Arab Region have created some of the most intense pressures on labour markets observed anywhere in the post-World War II period (World Bank, 2004)”.

In the Arab Region, high population growth in previous decades has produced a rapidly growing labour force, and most countries are unable to generate a sufficient number of jobs for new entrants into the labour market. In 17 of the countries and areas, on average, one in five young adults aged 20-24 is unemployed. The situation is especially critical in the countries of Northern Africa, where nearly 2 million young adults (28 per cent) are unemployed. Faced with increasing marginalization, many Arab youth have resorted to emigration, which results in increasing loss to human capital in these countries.

At the other end of the age spectrum, the movement from high to low fertility and mortality rates (the major consequence of the demographic transition), has been the ageing of the population. Smaller families and longer life are shifting the age distribution of the world population from younger to older. Population ageing is a relatively recent phenomenon in the Arab Region. Due to its higher fertility, the Arab Region has experienced a slower pace of population ageing than in developing countries as a whole. In 2010, the proportion of the population aged 60 years or over is seven per cent in the Arab Region, as compared to nine per cent for all developing countries. Today, the countries with the oldest populations in the Region are Lebanon and Tunisia. In both countries, older persons are 10 per cent of the total population. Thus, the countries of the Arab Region are experiencing a youth bulge because of the high fertility of previous decades, combined with population ageing as a result of the demographic transition.

After 2010, however, more rapid population ageing is expected among Arab countries. By 2050, the proportion of older persons is projected to climb to 19 per cent, while the proportion of children under 15 will decline. The number of older persons in the Arab Region will more than quadruple from 22 million in 2010 to 103 million in 2050. In nine countries of the Region, the number of older persons will exceed the number of children by 2050.

Population ageing places pressure on a society's ability to support its older members. A commonly used indicator of societal support is a dependency ratio. The ratio of the population aged 60 or over to that of the population aged 15 to 59 years is useful as a measure of the potential economic burden that older generations impose on younger ones. In the Arab Region, the ratio will almost triple from 10 persons aged 60 years or older per 100 persons of working age in 2010, to 28 persons 60 years or older in 2050 per 100 persons in the working ages. This means that in 2010, 10 working age people are supporting one older person, while in 2050, fewer than 4 workers will support one older person.

D. Fertility

Globally, the average number of children per woman has declined markedly since 1970, from 4.3 children per woman in the period 1970-1975 to 2.6 children per woman in 2005-2010 (table 3). In the Arab Region, a similar pattern took place, with total fertility declining by 3.2 children- that is, from 6.8 children per woman in 1970-1975 to 3.6 children per woman in 2005-2010. This significant decline masks the heterogeneity of fertility levels across the Region. The sharpest fertility decline in the Arab Region and perhaps the world was experienced by Algeria, where fertility fell by 5 children, from 7.4 children per woman in 1970-1975 to 2.4 children per woman in 2005-2010. Libya's fertility decline was equally dramatic, falling from 7.6 children in 1970-1975 to 2.7 children per woman in 2005-2010. In addition to Algeria and Libya, fertility declined by more than 50 per cent in Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Qatar, Saudi Arabia, Syria, Tunisia and the United Arab Emirates during this period (figure 1). In some of these countries, however, stagnation in the pace of fertility decline has been noted. In three countries, Egypt, Syria and Jordan, fertility remains at three or more children per woman.

Not all the countries or areas in the Region have experienced sharp declines in fertility. In eight countries or areas in the Region, fertility remains above 4 children per woman. In four of these countries or areas, the Occupied Palestinian Territory, Somalia, Oman, and Yemen, fertility is above 5 children per woman. Somalia, with total fertility of 6.4 children, has the highest total fertility in the Region.

According to the United Nations medium variant population projection, total fertility in the Arab Region is expected to fall to 2.1 children per woman by 2045-2050. However, the pattern of future fertility decline will vary markedly among the Arab countries (table 4). Lebanon, Tunisia and the United Arab Emirates already reached replacement fertility in 2005. Because of the very slow pace of fertility declines in Comoros, Iraq, Mauritania, the Occupied Palestinian Territory, Somalia, Sudan and Yemen, these countries or areas will attain replacement fertility after 2050, which is beyond the United Nations' projection horizon.

The sharp fertility declines in much of the Arab Region are attributable to several factors, including: the rising age at marriage for women and consequently for men also; delayed childbearing; increased availability and use of contraception, especially modern contraceptive methods; higher levels of female education; increased female labour force participation; improved status of women;

and urbanization. Increased access for girls to education at all levels has been accompanied by a marked reduction in the literacy gap between young men and women.

E. Health and Mortality

Improvements in the health of the population are key ingredients to help nations achieve social and economic prosperity. Better hygiene, improved nutrition and scientifically-based medical practices resulted in major reductions in mortality during the twentieth century. Since 1970, there have been significant declines in mortality in almost all countries, including those in the Arab Region. Thirteen countries in the Arab Region met the International Conference on Population and Development's (ICPD) Programme of Action goal of reaching a life expectancy at birth higher than 70 years in 2005-2010. Egypt and Morocco crossed the threshold in 2005-2010. Seven countries, however, (Comoros, Djibouti, Iraq, Mauritania, Somalia, Sudan and Yemen) fell far short of that benchmark. A number of factors contributed to their low life expectancy, including military and political conflict, economic crises, and the re-emergence of certain infectious diseases, such as malaria, tuberculosis and cholera.

Infant health is crucial to the health of future generations. The infant mortality rate is one of the indicators that provide a useful insight both to the health status of the population and to the effectiveness of the health services offered in the community. Reductions in infant mortality have been major contributors to the rise of life expectancy.

In Arab countries, improvements in infant mortality have outpaced improvements in other developing countries. In 1970-1975, infant mortality in the Arab Region was 137 infant deaths per 1,000 live births, compared to 102 infant deaths per 1,000 live births in developing countries (table 5). By 2005-2010, infant mortality in the Arab Region had dropped to 44 deaths per 1,000 live births, compared to 52 deaths per 1,000 live births in developing countries. Despite the fact that infant mortality in Arab countries has declined more precipitously than for developing countries as a whole, it still poses a major public health concern in some of the countries of the Arab Region. Infant mortality rates are highest in Somalia (110), Djibouti (85), Mauritania (73), Sudan (69) and Yemen (59). In sharp contrast, low rates are found in Qatar (8), Kuwait (9) and Bahrain (10). By 2045-2050, the average infant mortality rate in the Arab Region is anticipated to drop to 17 deaths per 1,000 live births.

Similar progress has been noted for under-five mortality. Improvements in under-five mortality have been the result of improved access to basic health services as well as more hygienic conditions and better infrastructure. Despite substantial progress among Arab countries, the Arab Region as a whole is not on track to meet the Millennium Development Goal of reducing under-five mortality by two thirds by 2015. In fact, progress in the Region has fallen significantly short of the 40 per cent reduction required by 2015 to be on track.

Sharp disparities between the subregions continue to exist. In fact, no other Region in the world records such wide differentials. Among the Region's least developed countries, more than one in

ten children die before reaching the age of five – around 5 times as high as in the Member States of the Gulf Cooperation Council (GCC), namely, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. Over the period 1990-2005, progress stagnated in the least developed countries of the Region, excluding Comoros. This contrasts sharply with the experience among the countries of Northern Africa, where all four countries are likely to meet the target and the average under-five mortality rate has decreased by 51 per cent since 1990. In Egypt, under-five mortality has been reduced by 68 per cent, the largest improvement among Arab countries.

As regards life expectancy at birth, there have been substantial gains for both males and females in all 22 Arab countries and areas during 1970-2010. These trends are expected to continue in varying degrees up to 2050 (ESCWA, 2008). However, large disparities remain. For example, the highest life expectancy at birth in the Region - 77.6 years for both sexes - was found in Kuwait. Somalia's life expectancy at birth of 49.6 years, 28 years less than in Kuwait, was the lowest in the Region.

Turning to the maternal mortality ratio (MMR) in the Arab Region, it fell to around 272 maternal deaths per 100,000 live births in 2000, a decrease by about a third from its 1990 level. Assuming that the rate of progress achieved between 1990 and 2000 can be maintained, the Arab Region as a whole will meet the Millennium Development Goal of reducing maternal mortality by three quarters by 2015. The considerable decline in maternal mortality is linked to the significant increase in births attended by skilled health personnel. In fact, this ratio rose by over 16 percentage points over the decade. In addition, the reduction in adolescent pregnancy - associated with high risks - has contributed to the overall decline in maternal mortality. Indeed, adolescents aged 15-19 are twice as likely to die and those under age 15 are five times as likely to die during childbirth, compared with women in their twenties.

Mixed progress is found in the Region, due to the wide socioeconomic differences between sub-regions. Accordingly, while the Region as a whole is on track, this is not the case for all countries. In 2000, the MMR was lowest in the GCC countries at about 17 per 100,000 live births, mostly since 98 per cent of births in the GCC are supervised by skilled birth attendants. On the other hand, while the MMR in the least developed Arab countries dropped by 38 per cent to 638 per 100,000 live births in 2000, it remains significantly above the developing world average of 450 per 100,000 live births. The average MMR in the least developed Arab countries was the highest in the Arab Region; only 45 per cent of newborns were delivered by skilled birth attendants in 2000, up by 22 percentage points from 1990. The trends in maternal mortality and births attended by skilled personnel in the least developed Arab countries are largely influenced by the respective trends in Sudan, which accounted for almost half the live births in the subregion. Slightly more than half of these births were attended by skilled personnel. The MMR in Sudan was 509 per 100,000 live births in 2000.

The limited information available on the prevalence of HIV/AIDS in the Arab Region indicates that approximately 380,000 people were living with HIV in 2007, including the 40,000 people who were newly infected with the virus in 2007. Some 25,000 people died of AIDS-related illnesses in 2007 (UNAIDS, 2008). With the exception of the Sudan, the epidemics in the Arab Region

are comparatively small. Varying combinations of risk factors are associated with the epidemic in the Region; chief among them are unprotected commercial sex and the use of contaminated drug injecting equipment. An estimated 10,000 people were receiving antiretroviral therapy in the Region at the end of 2008 (UNAIDS, 2009).

F. Urbanization

World population reached a landmark in 2008: for the first time in human history the urban population equaled the rural population of the world and, from then on, the majority of the world population will be urban. This event is a consequence of rapid urbanization in the last decades, especially in the less developed regions. The world's urban population is projected to gain nearly 3 billion persons, passing from 3.5 billion in 2010 to 6.4 billion by 2050 (table 6). Thus, the urban areas of the world are expected to absorb all the population growth expected over the next four decades, while at the same time drawing in some of the rural population. Furthermore, most of the population growth expected in urban areas will be concentrated in the cities and towns of the less developed regions.

Because the Arab Region has undergone rapid urbanization since 1970, it is now more highly urbanized than developing countries as a whole. Today, half of the Arab Region is urban, compared to 45 per cent for developing countries. However, there is significant diversity in the urbanization levels reached by the countries in the Region. While Bahrain, Djibouti, Kuwait, Lebanon and Qatar have levels of urbanization above 85 per cent, the level of urbanization is around one third of the total population in Comoros, Somalia and Yemen. The Region's urban population is highly concentrated in a few countries. In 2010, two-thirds of the Region's 181 million urban dwellers lived in six countries. In many developing countries, natural increase (the number of births minus the number of deaths) accounted for at least 60 per cent of urban population growth, with internal migration and reclassification accounting for the rest.

The Arab Region is projected to see its urban population more than double, increasing by 251 million between 2010 and 2050. By 2050, almost three quarters of the Arab Region will be urban. Today on Earth, there are 19 megacities (urban agglomerations with at least 10 million inhabitants). Cairo with a population of 12 million inhabitants is the Arab Region's sole megacity, and the 13th largest megacity in the world. By 2050, Cairo is projected to have a population of nearly 16 million. At present, other large urban agglomerations in the Arab Region include Baghdad, Iraq (5.1 million), Riyadh, Saudi Arabia (4.5 million), Algiers, Algeria (3.4 million) and Jiddah, Saudi Arabia (3.1 million). In 2005, the Arab Region had some 43 million slum dwellers. Northern Africa has the lowest slum prevalence in the developing world, 15 per cent (UN Habitat, 2009).

To date, evidence indicates migration from rural to urban areas to varying degrees of magnitude across the Arab Region, particularly among those in the working ages (UN-ESCWA, 2008). Declining and in some cases negative growth of rural populations suggests substantial rural to urban migration movements, possibly leading to reductions in agricultural output and food supplies.

Conflicts and other crises frequently involve the displacement of large numbers of people within national boundaries. At the end of 2008, the number of people internally displaced (IDPs) by conflict, generalised violence or human rights violations across the world stood at approximately 26 million (Internal Displacement Monitoring Committee, 2009). The Arab Region continued to experience an increase in population displacement. At the end of 2008, there were around 10 million IDPs in the Region, the highest total in the past decade. Most of them have been displaced for decades, and there is little information on these long-term IDPs. Around 470,000 were displaced during 2008, principally by armed conflict in Iraq and Yemen. The largest return movements took place in Iraq, where 167,000 people were reported to have returned and in Yemen where an estimated 70,000 people returned (Internal Displacement Monitoring Committee, 2009a). However, renewed conflict during 2009 in northern Yemen led to a new surge of internal displacements (Internal Displacement Monitoring Committee, 2009b).

At the end of 2008, the largest IDP populations in the Arab Region were found in Sudan (4.9 million), Iraq (2.8 million) and Somalia (1.3 million). Human rights violations, generalized violence, internal and international armed conflicts along political, religious and ethnic lines, as well as competition for scarce land and other natural resources, are among the causes of internal displacement in the Region.

G. International Migration

Another characteristic of the Arab Region is the significant migration flows to, from and within the Region, as the Region encompasses countries of immigration, countries of emigration and countries of transit. In 2010, the total number of international migrants in the world is expected to reach 214 million, representing 3 per cent of the world population (table 7). It is anticipated that Arab countries will host nearly 26 million migrants or 12 per cent of the world's migrants. Thus in 2010, the Arab Region is hosting one in every ten international migrants in the world and nearly one in every three migrants in the less developed regions. In the Arab Region, international migrants represent 7.2 per cent of the total population.

A dominant feature of migration flows in the Arab Region has been the large and growing volume of labour migration, especially to the Member States of the Gulf Cooperation Council (GCC), namely, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. Of the world's 20 countries or areas with the highest proportion of international migrants in 2010, nine are found in the Arab Region. These countries or areas are Qatar (87 per cent), United Arab Emirates (70 per cent), Kuwait (69 per cent), Jordan (46 per cent), the Occupied Palestinian Territory (44 per cent), Bahrain (39 per cent), Oman and Saudi Arabia (28 per cent each) and Lebanon (18 per cent).

A significant change in migration to the GCC countries is the diminishing number of migrants from the Arab Region, and growing numbers of workers from Asia. While in the past, two-thirds of migrants were from Arab countries, it is now only one-third. The other notable feature of labour migration to the GCC is the pattern of female migration. In 2005, half of all migrants in the world

were females, while among the Member States of the GCC, females constituted less than one-third (29 per cent) of the migrant stock.

Countries in the Arab Region have also witnessed some of the largest gains in the number of international migrants between 1990 and 2010. In four countries of the Arab Region, the number of migrants increased by one million or more; Saudi Arabia had the largest increase at 2.5 million, followed by the United Arab Emirates with 2.0 million, Jordan with 1.8 million and Syria with 1.5 million. In contrast, the number of migrants declined in Algeria, Djibouti, Iraq, Morocco, Somalia, Sudan and Tunisia.

The impact of net migration on population growth has been significant among the major migrant receiving countries of the Arab Region. During 2000-2005, net migration accounted for over a quarter of total population growth in the GCC countries as a whole (table 2). Furthermore, in Kuwait, Qatar and the United Arab Emirates, population growth was higher from net migration than from natural increase. Because of high natural increase combined with high net migration, some of the GCC countries experienced some of the fastest rates of population growth in the world.

Refugees constitute an important share of the total number of international migrants residing in the Arab Region. In 2010, the global refugee stock is estimated to reach an estimated 16.3 million persons. The Arab Region is believed to host 9.1 million refugees, or 56 per cent of the global number of refugees. The major destinations in the Arab Region for refugees are Jordan, the Occupied Palestinian Territory and Syria. UNRWA reports that there are 4.5 million Palestinian refugees in the Arab Region (UNRWA, 2009)³.

The Arab Region is not only the destination for millions of international migrants, but it is also the source of millions of migrants. After declining in the 1990s, emigration from the Arab Region increased during the following decade. Data on the foreign-born population in OECD countries around 2000 show that there were about 4.5 million migrants in OECD Member States whose place of birth was a country in the Arab Region (Dumont and Lemaitre 2005). The largest numbers of these migrants were born in Morocco (1.4 million) and Algeria (1.3 million). Estimates indicate that some 3.2 million Moroccans, 1.1 million Algerians and 934,000 Tunisians were living abroad (Fargues, 2006). The major recipient countries for these migrants included France, Italy and Spain. In Spain, the number of Arab nationals quintupled between 1998 and 2006. Recent work by the OECD has attempted to estimate the magnitude of the Arab Region's "brain drain" in the health section. Estimates indicate that some 43,000 physicians from the Arab Region are now living in OECD countries. Thus, almost 1 in 5 physicians have left the Arab Region for OECD countries (OECD, 2009).

3 At the end of 2008, the Office of the United Nations High Commissioner for Refugees (UNHCR) reported a total of 15.2 million refugees and persons in refugee-like situations, of whom 10.5 million were under the mandate of the UNHCR and 4.7 million under the mandate of the United Nations Relief and Works Agency for Palestinian Refugees in the Near East.

According to official statistics, 3.9 million Egyptian nationals live abroad, representing approximately five percent of the country's total population. Saudi Arabia, Jordan and Libya are the top three destinations for Egyptian migrants (IOM, 2009). Other major countries of emigration are Iraq with 2.3 million nationals abroad and Yemen, with one million citizens living abroad. The majority of emigrants from these two countries live in other countries of the Arab Region.

Before 1990, countries in the Arab Region were either countries of destination or source countries for emigrants. Except for the countries of the Gulf Cooperation Council and Libya, many countries of the Arab Region in recent years have been transformed into both countries of origin and countries of destination for international migrants.

The third major migration movement in the Arab Region is transit migration. Because of its unique position at the crossroads of Europe and Africa, irregular migrants from Africa and Asia are using an increasing number of countries in the Arab Region as stepping stones in their attempts to breach the borders of Southern Europe. Major transit countries in the Arab Region include Algeria, Mauritania, Morocco, Libya and Yemen. Data concerning irregular transit migration are fragmentary. For example, almost 50,000 migrants, refugees and asylum seekers have crossed from Somalia to Yemen since the beginning of 2009. As a consequence of this influx, the Government of Yemen requested international assistance in 2009 to blunt the economic burden posed by the absorption of so many people (United Nations General Assembly, 2009). Algeria is both a transit country and source of irregular migrants. In 2008, some 2,000 irregular Algerian migrants arrived in Italy. In total, some 14,000 irregular migrants reached the shores of southern Italy in 2008.

In recent years, Mauritania has become a transit country for irregular migration to Spain's Canary Islands, which last year saw the arrival of more than 30,000 irregular migrants from West Africa. In Mauritania, the Ministry of Interior reported 11,367 deportations of arrested migrants in 2006 and 6,624 in 2007 (Fargues, 2009). This situation has highlighted the inadequacies of existing Mauritanian legislation on migration, which does not define human smuggling as a crime. Mauritania, along with Senegal, Gambia and other Western Africa countries, has seen an increase in irregular transit migration across its borders following the closure of traditional routes for irregular migration through Morocco to Spain. Experts believe that several thousand migrants did not survive the more than 1,000-kilometre journey in fishing boats across the Atlantic Ocean in 2006.

Although most migrants consider Morocco a country of transit, an increasing number of migrants who fail to enter Europe prefer to settle in Morocco on a long-term basis rather than return to their more unstable and substantially poorer home countries. Probably several tens of thousands have settled on a semi-permanent basis in Tangiers, Casablanca, and Rabat, where they sometimes find jobs in the informal service sector, trade, and construction. Others try to pursue studies in Morocco (Fargues, 2008). Morocco has released a few statistics on arrested irregular migrants that reveal that they overwhelmingly originate in sub-Saharan Africa, in particular from Mali and Senegal (Fargues, 2009). Another of the Region's countries, Egypt, has in recent years seen a growing number of irregular migrants from Africa transiting through Egypt on their way to other countries.

III. Government views and policies on population in the Arab region

A majority of Governments in the Arab Region view high mortality as the most significant demographic issue facing them (Box 1). In particular, high mortality in infancy and childhood and high maternal mortality are the most important issues for more than three-fourths of Governments in the Region. The second most important issue is the high level of immigration. Nearly two-thirds of Governments feel that it is a major concern. The HIV/AIDS epidemic is viewed as the third most important issue. More than half of the Governments are also concerned by the size of the working age population, mainly because of the need to create sufficient employment opportunities for their rapidly growing labour forces. Other issues of concern confronting at least half the Governments in the Region are the high rate of population growth and the inappropriate patterns of spatial distribution.

A. Population size, growth and age structure

Many Governments in the Arab Region continue to be concerned by the consequences of rapid population growth for economic growth and sustainable development. Despite declining rates of growth in the Region, half the Governments consider their rates of population growth as too high.

Concerns about the detrimental consequences of high population growth have been translated into policy interventions. Thirteen countries in the Region—Algeria, Bahrain, Comoros, Djibouti, Egypt, Jordan, Mauritania, Morocco, Oman, Sudan, Tunisia, United Arab Emirates and Yemen—have adopted policies aimed at reducing their population growth rate. These policies include: promoting the use of modern family planning methods; raising the legal age for marriage; and reducing immigration. These policies are aimed at easing the mounting pressures on renewable and non-renewable resources, combating climate change, preventing food insufficiency and providing decent employment and basic social services to all their citizens.

In addition, 57 per cent of Arab countries are concerned over the size of the working age population. Countries in the Region are grappling with the challenges of providing decent work for their growing labour forces. The rate of unemployment for the Region was estimated at nearly 10 percent prior to the recent global recession (ILO, 2009). Based on population projections of the future increase in the working age population (ages 15-60 years) of the Arab Region, the maximum number of additional jobs that need to be created is 94 million by 2030, or almost 5 million jobs a year. These are the number of new jobs required to avoid an increase in the rate of unemployment. Because of declining fertility and the slower growth of the working age population, the number of new jobs needed between 2030 and 2050 will decrease by almost half to 55 million, or nearly

3 million jobs annually. These estimates can be further refined by focusing on the increase in the prime working ages of 25 to 55 years, providing an estimate of the minimum number of jobs necessary. For this smaller group, some 83 million jobs are required by 2030 and 28 million by 2050. Thus, the number of new jobs needed by 2030 will be in the range of 83 million to 93 million, and between 28 million and 55 million additional jobs will have to be created during 2030 to 2050. Future employment generation will be vital for alleviating pressures to emigrate.

**BOX 1. MAJOR POPULATION CONCERNS OF GOVERNMENTS
IN THE ARAB REGION: 2007**

Issues of significance to at least half of governments

| Issues | Percentage of Governments reporting issue as significant |
|---------------------------------|---|
| Infant and child mortality | 77 |
| Maternal mortality | 77 |
| High level of immigration | 62 |
| HIV/AIDS | 57 |
| Large population of working age | 57 |
| Pattern of spatial distribution | 57 |
| High rate of population growth | 52 |

Source: United Nations (2008b).

In the Arab Region, where the onset of fertility decline is a relatively recent trend, the process of population ageing is also in its early stages. Accordingly, most countries view population ageing to be a “minor” concern (UN, 2008b). Nevertheless, in the wake of the rapidly changing demographic situation in the Region, some Governments have recognized the need to meet the future challenges with regard to the expected increases in the population of older persons.

Owing to strong cultural traditions in this Region, the family continues to provide social support and care to the elder relatives. This trend is promoted and strengthened by stakeholders who acknowledge the family as the primary provider for the elderly within the traditional social support system. In most Arab countries, the majority of older people live with their families and rely on support, care and assistance from family members. In Northern Africa, an estimated 10 per cent of older persons live alone. A similar situation was found in Bahrain, Jordan, the Occupied Palestinian Territory, Syria and Yemen, where the percentage of older persons living alone is 7 per cent or less. By comparison, some 26 per cent of older persons in Europe and Northern America are living alone (UN, 2006b)

As noted earlier, notable progress has been made in implementing government programmes to support the elderly in a number of countries in the Region. For example, Bahrain, Oman and Saudi Arabia have established mobile units to provide health and other services to elder family members. Using such mobile units, social workers have direct contact with older persons at their

own home or at the community centre. In addition, some countries are keen to formulate new or upgrade existing legislation concerning the elderly. Relevant activities include: (a) issuing licenses and tax directives regarding the establishment of homes and clubs for older persons, as in the case of Jordan; (b) initiating health insurance provisions that cover the needy elderly, as in the case of Egypt, Jordan and Oman; (c) expanding welfare provisions to cover disability caused by ageing, as in the case of Kuwait; (d) formulating projects to implement a new pension law, as in the case of Lebanon; (e) upgrading pension funds and social security schemes, as in the case of Oman and (f) establishing day centres for the aged, in Egypt, Jordan and Lebanon.

B. Fertility and family planning policies

One of the most significant population policy developments in the wake of the 1994 International Conference on Population and Development held in Cairo is the increase in the number of Governments in the Arab Region reporting policies to reduce fertility. In 1976, 14 per cent of Governments in the Arab Region had policies aimed at lowering fertility. Today more than half of Governments in the Region, 57 per cent, have policies aimed at lowering fertility (UN, 2008b). Governments have implemented a variety of measures to reduce fertility levels either directly or indirectly. These measures include the integration of family planning and safe motherhood programmes into primary health care systems, providing access to reproductive health services, promoting the responsibility of men in sexual and reproductive health, raising the minimum legal age for marriage of men and women, discouraging son preference, improving female education and employment opportunities, promoting women's empowerment and providing accessible, low cost, safe and effective contraception.

Government policies regarding access to modern contraceptive methods are an important determinant of reproductive behaviour, as well as of maternal and child health. Government support for access to methods of contraception has steadily increased. Despite widespread government support for improving access to contraceptives, demand is believed to outstrip supply. In developing countries it is estimated that some 200 million women lack ready access to modern methods of contraception (UN, 2009).

The use of modern contraceptive methods among women in the least developed countries of the Arab Region remains especially low: Djibouti, 17 per cent; Yemen, 13 per cent; Mauritania, 8 per cent; Sudan, 6 per cent; and Somalia, 1 per cent. By comparison, contraceptive prevalence is 24 per cent for all least developed countries and 54 per cent for the countries of Northern Africa (UN, 2008).

During the last three decades, most developing countries have strengthened support for increasing access to contraceptive methods. Even Governments that in the past aimed to maintain or even increase population growth have gradually modified their positions and accepted family planning and contraception as integral components of maternal and child health programmes. Such countries include Djibouti, Mauritania, Oman and the United Arab Emirates. Moreover, throughout the Arab Region direct support for the provision of family planning services has been steadily

increasing, climbing from 9 countries in the 1970s to 17 countries today. Direct support entails the provision of family planning services through Government-run facilities, such as hospitals, clinics, health posts and health centres and through government fieldworkers.

In recent years, the pace of fertility decline has stagnated in several Arab countries. Jordan, for example, undertook an in-depth analysis of fertility determinants in order to better understand the causes behind the observed fertility stagnation. The analysis revealed a number of reasons for the reduced tempo of fertility declines, including an increase in the proportion of married women aged 25 to 29 years. This increase was accompanied by a decrease in contraceptive prevalence among this age cohort and in turn shorter birth intervals between the first and second births, which has offset to some extent the progress achieved by other age cohorts (Arab Conference on Population and Development, 2009).

C. Health and mortality policies

The pursuit of health and longevity is not only a basic human desire but also one of the fundamental pillars of development. As already noted, infant and child mortality and maternal mortality are the principal concerns of Governments in the Arab Region. Nearly three-quarters of countries in the Arab Region cite levels of under-five mortality as unacceptable. Often a lack of basic sanitation, safe water and food - along with low immunization coverage - account for an important part of the high death toll among children. Half of the deaths to children under the age of five are from preventable disease, such as acute respiratory infection, diarrhea, measles and malaria. Furthermore, poor health and nutrition during pregnancy can lead to poor pregnancy and low birth-weight babies. Also, too early pregnancies and inappropriate child-spacing, which are widespread phenomena in many countries in the Region, contribute to poor infant health and nutrition, thus increasing the risk of early childhood death.

Maternal mortality continues to be one of the major concerns in the Arab Region. Despite the remarkable achievements in reducing maternal mortality rates in some countries, women in other countries suffer from high health risks during pregnancy, delivery and infancy. The inclusion of maternal mortality in the Millennium Development Goals has heightened the awareness of Governments to the need to provide appropriate reproductive health services. Maternal mortality alleviation can be achieved through timely access to high quality prenatal care, delivery and postnatal care, management of pregnancies with complications and emergency obstetric care. In addition, maternal mortality may be reduced through the prevention of child marriages, which are associated with high risks of pregnancy, and through the use of contraceptives to prevent unwanted pregnancies.

For every maternal death there are about 20 cases with complications ranging from chronic diseases to illness leading to disability such as fistula. Countries with high levels of maternal mortality are faced with the need to improve the health system and ensure accessibility to quality reproductive health services. They need to work on external factors, such as reproductive behavior (including preventing child marriages, encouraging well spaced children, preventing high risk pregnancies

such as among older women), as well as to improve the infrastructure including transportation, communication and information systems.

Chronic non-communicable conditions, mental illness and injuries represent a growing portion of the burden of disease in the region (WHO, 2009). The burden of death due to these conditions is greater in low-income and middle-income countries, and if current trends continue, death from such ailments is projected to rise many times by 2030. This reflects to a large extent the lack of preparedness of health systems to cope with these conditions, which are often diagnosed late and where social health insurance to support life-long care and medication is often unavailable. Moreover, it reflects the absence of health promotion and prevention strategies.

Tobacco consumption is a major cause of heart disease and cancer in the Region. Several countries, including Egypt, Jordan and Morocco, have made major efforts in the past year to implement important elements of the WHO Framework Convention on Tobacco Control, but the latest tobacco surveys among young people show alarming rates of consumption. A concerted front on diet, physical activity, lifestyle and tobacco has never been more urgent.

It has long been known that the social conditions in which people are born, live and work are the single most important determinants of good health or ill health. Inequities in health arise because of the circumstances in which people age and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by cultural, political, social and economic forces. Thus health care and lifestyle are important determinants of health, but access to health care and lifestyle choices are heavily influenced by factors in the social environment. Security restrictions that curtail access to health services and basic amenities continue in Iraq, the Occupied Palestinian Territory, Somalia and Sudan, further compounding the challenges faced by vulnerable populations there.

Although the levels are comparatively low, HIV/AIDS is also a health concern in the Region. In the majority of countries in the Region, attention has been concentrated on most-at-risk populations. Estimating the sizes of most-at-risk populations and monitoring risk behaviours and HIV prevalence, as well as developing culturally appropriate and efficient HIV prevention and care interventions for these groups, remain challenges for all countries in the region.

D. Urbanization and internal migration policies

Urbanization has been a major transforming force, particularly during the 20th century. Urbanization is increasingly viewed as a process concomitant with socio-economic development that can play a positive role in promoting development. Changes in the pattern of spatial distribution, however, have also given rise to or accentuated existing concerns. Faced with the opportunities and challenges that growing urbanization brings, an increasing number of policymakers in the Arab Region are focusing on the spatial distribution of their populations. More than half of the Arab Governments (57 per cent) are concerned with their pattern of spatial distribution.

Reducing or even reversing the flow of internal migrants from rural areas into urban areas and large urban agglomerations is the most common type of policy intervention pursued by Arab Governments, with two-thirds of countries pursuing this strategy. In addition, Governments have also undertaken initiatives to improve the quality of life and the sustainability of cities. These have generally been of two types: regulatory and positivist. Regulatory policies consist of urban growth controls, zoning and land subdivision regulations, and building codes and standards. Positivist policies focus on public land acquisition and allocation, investment in public infrastructure and facilities and public-private partnerships in urban development projects. Most cities manage their development with various combinations of regulatory and positivist policies.

Against a background of rapid urbanization in the Region, the provision of adequate infrastructure and public services is a key urban challenge. This is all the more challenging given the backlog of un-serviced and under-serviced populations and the increasing pressures on fragile environments from urbanization. In addition, a further major challenge is the high percentage of informal housing in some parts of the Region, which creates social pressures and reduces economic opportunities for lower income groups.

Finally, there is also the need to develop capacities to manage natural disasters and address vulnerability from the consequences of climate change. In this regard, a number of initiatives have been pursued in the Region. In Libya, for example, a large concentration of the population lives along the northern coast, principally in the Gafara and Benghazi Plains, which are more favourable for agricultural productivity and living conditions than elsewhere in the country. Urban centres such as Benghazi, Misurata, Tripoli and Zawia - all coastal cities - are growing at a rate twice that of the national average. Favourable state policies promoting open boundaries and economic opportunities followed by huge public investments encourage migration to these coastal cities. These patterns suggest that urban growth in many countries is initially driven by national governments, and then further propelled by local authorities.

In other countries, the expansion of regional transport networks has boosted the development of urban centres located along railways and roads lines, often as sites for trade and tourism. The expansion of transport infrastructure in the 1990s contributed to the growth of dozens of cities, both on the coastline and in the interior. Cities such as Annaba and Tebessa in Algeria grew at an annual rate of 3 per cent or more because a national railway line passed through them. The city of Tiaret also grew at a similar rate as a result of the construction of a high plateau line. Dubai in the United Arab Emirates experienced a remarkable growth rate of 7 per cent per year during the 1990s by combining innovative real estate projects with IT, industrial and finance services, free trade zones and the development of a tourism industry.

In Amman, Jordan a “Comprehensive Development Plan” is currently underway to address urban development to the year 2025. The first phase of the plan concerns the expansion of the city to link different socially distributed sites and territories around Amman under one administrative body; the goal of the plan is to better reflect the actual metropolitan area of the city, which has reached a vast 1,860 square kilometres. The city held public hearings and brainstorming sessions in 2007 during the preparation of the 2025 plan. The process implemented an informative participatory

approach as opposed to an interactive one. Effective citizen participation is crucial for Amman's successful growth, particularly as the city's expansion has been driven by waves of refugee arrivals, beginning in 1948 and continuing up to the present.

In many countries, natural increase (the difference between births minus deaths) accounts for 60 per cent or more of urban population growth. Consequently, policies that facilitate the reduction of fertility by allowing couples to have the number of children they desire are likely to contribute to moderating the increase in the number of urban dwellers, thereby making it easier for developing countries to adjust to the transformations associated with increasing urbanization.

E. International migration policies

Governments in the Arab Region have become increasingly inclined to take measures to lower immigration. Whereas in 1976 no country aimed to lower immigration, today 12 Arab countries have policies to lower immigration (table 8). In most Arab countries with restrictive admission policies, the number of migrants either constitutes more than 15 per cent of the population, or the countries have experienced sharp rises, as in Morocco or Yemen, where the number of migrants rose by over 25 per cent since 1995. The Member States of the Gulf Cooperation Council have long maintained policies to restrict migrant inflows in order to reduce their dependence on foreign workers, while seeking to foster the employment of their citizens. In 2003, for instance, the Government of Saudi Arabia set the goal of reducing the number of migrant workers and their families to at most 20 per cent of the population by 2013. According to the 2004 census, there were 6.2 million foreigners in Saudi Arabia, representing about 27 per cent of the total population. Jordan and Lebanon, two countries with significant numbers of low-skilled Asian migrants, also aimed to lower the inflow of migrants. In Egypt, Morocco and Yemen, the concern is to reduce transit migration and to focus on policies to address the plight of refugees and asylum-seekers.

Globally, many countries have taken measures to manage the inflow of migrant workers. Skilled migration, in particular, is on the rise, facilitated by policies that favour the admission of persons with needed skills that can enhance the competitive advantages of knowledge-based economies. Since 1990, several countries have relaxed restrictions on the admission of highly skilled workers. Some 36 countries, including 17 developing countries, have policies or programmes to promote the admission of highly skilled workers (United Nations, 2008b). Although the Member States of the GCC have admitted significant numbers of skilled migrants, none of their Governments have formulated policies that explicitly facilitate the admission of migrants with skills. Furthermore, among the five countries in the world that report wishing to reduce the inflow of skilled foreign workers in order to improve the employment prospects of their educated nationals, three are in the Arab Region (Jordan, Saudi Arabia and the United Arab Emirates).

Beginning in the late 1980s, the increasing presence of migrant workers in the labour force prompted Governments to develop programmes to "nationalize" the labour force, that is, to replace migrant workers by citizens and thus provide more employment opportunities to citizens and reduce dependence on migrant workers. There are generally two categories of policies in

this regard: those aimed at decreasing the supply of foreign workers and those aimed at boosting demand for citizens. “Nationalization” policies have been in place for some time. However, in most countries with such policies, the percentages of foreign workers have either remained the same or increased. One exception is Kuwait, where the decline in the proportion of foreigners in the total population dropped by 20,000—from 2.36 million at the end of 2008 to 2.34 million in the first half of 2009—bringing to an end 19 years of sharp increases in the foreign-born population (AFP, 2009a). The other exception is Saudi Arabia, where the share of foreigners in the labour force declined from 64 per cent in 1995 to 50 per cent in 2002, whereas their proportion in the overall population has remained basically unchanged. This development suggests that family reunification has been counterbalancing to some extent the reduction in the proportion of foreign workers. Indeed, census data between the early 1990s and 2000s indicate that while male foreign workers have declined, the proportions of foreign residents at the older and youngest ages have increased.

In most parts of the world, Governments have been addressing shortages of low-skilled workers in sectors such as agriculture, construction, hospitality or domestic service by adopting temporary worker programmes. All GCC countries admit large numbers of migrant workers under temporary worker programmes in which employment and stay are usually regulated through the issuance of work permits tied to a particular employer. Because of its nature, domestic service is usually not regulated in the same way as other types of employment. In most countries, employers of domestic workers are not bound by law to abide by the labour regulations that apply to salaried workers. That is the case in most Arab countries, although the situation is changing in some countries.

The United Arab Emirates has recently adopted a set of policies and measures aimed at enhancing labour protection, including wages and housing. In this context, the United Arab Emirates took the initiative of intensifying regional cooperation between countries of destination and countries of origin in Asia within the context of the Abu Dhabi Dialogue. The Dialogue aims at promoting the protection of labour at all stage of contractual work. In mid 2008, the United Arab Emirates announced a pilot project with India and the Philippines to manage migration during recruitment, employment abroad, preparation for return and reintegration (Martin and Abella, 2009).

Few countries in the Region have policies to integrate migrants, as the countries have not regarded themselves as countries of immigration. Migrants are recruited on a temporary basis and so no policies are in place to facilitate integration. Given the sizes and proportions of the migrant stock, integration would be virtually impossible. Among the GCC countries, the proportion of foreign-born residents ranges from 30 per cent to almost 90 per cent. By comparison, one of the countries with the highest proportions of foreign-born residents in Europe is Switzerland, where the proportion foreign-born is some 23 per cent of the population. Among cities where migrants are generally concentrated, such as Montreal, New York and Toronto, the foreign-born represent about one-third of the population, much lower than the proportions of foreign-born in the GCC.

Countries of origin have become more pro-active in encouraging the return of their expatriates so as to harness their potential contribution to the socio-economic development of their communities of origin. About 80 countries in the world have policies and programmes to encourage the return of their nationals, up from about 60 in the mid-1990s. Several countries in the Arab

Region with large numbers of expatriates abroad have developed such programmes, including Algeria, Egypt, Lebanon and Morocco. In addition to promoting permanent return, an increasing number of Governments are fostering links with expatriates and facilitating temporary returns. An important means of maintaining ties with expatriates has been the granting of dual citizenship. In the Arab Region, Jordan, Lebanon, Morocco, the Syrian Arab Republic and Tunisia recognize dual citizenship.

A number of Governments in the Region have also undertaken initiatives to facilitate remittance transfers, as well as to maximize the positive impact of remittances on development. Estimates for 2008 indicate some \$US 35 billion in remittances were received by the Arab Region. Egypt is in first place among Arab countries as the largest recipient of remittances. Recorded remittances sent home by Egyptian migrants reached \$US 9.5 billion in 2008, compared to \$US 5.3 billion in 2006. Egypt was followed by Morocco (\$6.7 billion), Lebanon (\$6.0 billion), Jordan (\$3.7 billion), Algeria (\$2.2 billion), Sudan and Tunisia (\$1.9 billion each) and Yemen (\$1.4 billion) (World Bank, 2009a). Preliminary estimates for 2009 suggest that remittances to the Arab Region will be lower than expected. Remittance flows to Egypt declined by 20 percent in the first half of 2009 on a year-on-year basis. Morocco experienced a similar decline in the first eight months of 2009 (World Bank, 2009b).

In contrast, remittances from Saudi Arabia's estimated nine million (mostly Asian) migrant workers are soaring as the Kingdom recruits more of them for its massive development plan. At \$18.4 billion in 2008 and \$15.0 billion in the first eight months of 2009, earnings sent abroad now equal four percent of Saudi gross domestic product. Saudi Arabia was the world's third largest source of foreign worker remittances in 2008 after the United States and Russia, which are far larger economies (AFP, 2009b). Other resource-rich countries in the Region, such as Libya and Sudan, have also become attractive destinations for migrants.

Governments in Northern Africa continue to be concerned by transit migration. To stem the flow of migrants from sub-Saharan Africa transiting through Algeria, Libya, Tunisia and Morocco who try to gain access to Europe, Governments in Northern Africa have tightened their immigration controls. The Governments have also cooperated by signing bilateral agreements with the European Union. In addition, Libya and Tunisia have established detention centres. In November 2009, the Libyan Minister of the Interior reported that since signing an agreement with Italy earlier in the year, it has slashed by 90 percent the number of African migrants trying to reach Europe illegally by sea and has also dismantled and arrested criminal gangs of people smugglers. Under the agreement, illegal migrants caught by Italian authorities are returned to Libya before being sent back to their home countries (Reuters, 2009). In another recent development, the Algerian Minister responsible for Northern Africa Affairs called on European countries in mid- 2009 to take a more nuanced approach to migration, by placing greater emphasis on development in countries of origin (New York Times, 2009b).

IV. Summary and conclusions

Despite distinct differences between the countries of the Arab Region, there are also many common challenges faced by the countries: expanding populations, a growing youth bulge and high youth unemployment, rapid urbanization and crowding in cities, large flows of immigrants, and shortages of arable land, food and water. Demographic pressures will continue to constitute a core development problem and will continue to have substantial environmental, economic and political consequences for the Region.

The challenge of job creation will need to take into account the millions of new entrants to the labour market as both the working age population and the labour force participation rates, especially for women, will continue to expand. High levels of unemployment will persist even though international migration has provided some relief in certain countries. Consequently, if more opportunities to work abroad are available, the potential for continued emigration will be high. However, in the longer term, emigration might decrease following the decline in the numbers of young people attaining working age in several countries after 2025, although this obviously depends on future economic growth. This can be viewed as an opportunity if education and training programmes are combined with economic policies that promote employment generation, while taking into account the integration in the global economy. In GCC countries, increased labour immigration has coexisted with rising unemployment among national workers, especially university graduates. The segmentation of labour markets, with nationals largely employed in the public sector and migrant workers in the private sector, indicates that, in the present situation, labour migration is not a significant cause for the unemployment of nationals in countries of destination.

Religion, tradition and culture play important roles in the social, economic and political life of the Arab Region. While providing stability and other benefits, they also pose challenges to the changes needed to address various critical developmental issues, including women's empowerment, the quality of health care services in areas such as reproductive health, and the prevention of HIV/AIDS. Accordingly, effective programming and policy debates on issues such as high levels of maternal morbidity and mortality require culturally sensitive approaches and measures to address these issues. Regional dialogue and cooperation among development partners will ensure that appropriate social development policies, which are embedded in national poverty-alleviation frameworks, are implemented. Also, even though several countries have included women's empowerment issues on national agendas, the status of women in the Region continues to be challenged by legislation that does not promote the empowerment of women and contains gaps in policies concerning women's rights, harmful practices and traditional attitudes. Expanding access to effective modern methods of contraception and improving the quality of contraceptive information and services is likely to be a strategy that is the most achievable in the near-term and is most responsive to women's health needs.

Despite the wide array of measures Governments have used to shape internal migration and urban growth, policies have generally failed to meet their stated objectives of reducing or slowing urban growth. A more realistic approach would entail focusing on the consequences of population distribution and urbanization and taking measures to adapt to them. Management of urbanization and planning of urban settlements are essential to improve lives and better livelihoods in cities and to limit the adverse impact of large concentrations of people on the natural environment. In general, natural increase has accounted for over half of the population growth in urban areas. Thus, policies to reduce fertility are likely to go a long way in limiting urban and city growth.

Adopting a population policy is only the initial step in ensuring the achievement of population and development objectives. Other essential elements include the implementation of appropriate programmes, sufficient political commitment and adequate financial resources. Respect for cultural values, partnerships with nongovernmental organizations, civil society, the business community and international donors, good governance and the maintenance of peace and security are also crucial. Lastly, a process to evaluate population policies on a regular basis is also important and a vital step.

The Arab Region has experienced war and conflict during the last 60 years. Some of these conflicts have been resolved, but others remain on-going. Social unrest, ethnic conflict and war in the Region, as well as political tensions in neighboring regions, are seriously hampering development efforts, including the implementation of population policies. While some countries enjoy stable growth and development, others face complex emergency, conflict and security situations, requiring a shift from long-term development planning to more immediate emergency response and preparedness.

Statistical annex

TABLE 1. TOTAL POPULATION AND AVERAGE ANNUAL RATE OF CHANGE, 1970-2050

| Country or area | Total population (thousands) | | | Average annual rate of population change (percentage) | | |
|--------------------------------|------------------------------|-----------|-----------|---|-----------|-----------|
| | 1970 | 2010 | 2050 | 1970-1975 | 2005-2010 | 2045-2050 |
| World | 3,685,777 | 6,908,688 | 9,194,984 | 1.9 | 1.2 | 0.3 |
| Developing countries | 2,678,300 | 5,671,460 | 7,874,742 | 2.4 | 1.4 | 0.4 |
| Arab Region | 127,865 | 359,273 | 598,174 | 2.8 | 2.1 | 0.8 |
| Algeria | 13,745 | 35,423 | 49,610 | 3.1 | 1.5 | 0.4 |
| Bahrain | 220 | 807 | 1,277 | 4.3 | 2.1 | 0.6 |
| Comoros | 238 | 691 | 1,226 | 2.6 | 2.3 | 0.9 |
| Djibouti | 162 | 879 | 1,469 | 6.5 | 1.8 | 0.9 |
| Egypt | 35,575 | 84,474 | 129,533 | 2.1 | 1.8 | 0.6 |
| Iraq | 10,210 | 31,467 | 63,995 | 3.3 | 2.2 | 1.1 |
| Jordan | 1,623 | 6,472 | 10,241 | 3.5 | 3.0 | 0.7 |
| Kuwait | 744 | 3,051 | 5,240 | 6.0 | 2.4 | 0.8 |
| Lebanon | 2,443 | 4,255 | 5,033 | 2.3 | 0.8 | 0.0 |
| Libyan Arab Jamahiriya | 1,994 | 6,546 | 9,819 | 4.3 | 2.0 | 0.6 |
| Mauritania | 1,149 | 3,366 | 6,061 | 2.8 | 2.4 | 1.0 |
| Morocco | 15,310 | 32,381 | 42,583 | 2.5 | 1.2 | 0.3 |
| Occupied Palestinian Territory | 1,096 | 4,409 | 10,265 | 2.7 | 3.2 | 1.4 |
| Oman | 747 | 2,905 | 4,878 | 4.1 | 2.1 | 0.7 |
| Qatar | 111 | 1,508 | 2,316 | 8.6 | 10.7 | 0.7 |
| Saudi Arabia | 5,745 | 26,246 | 43,658 | 4.7 | 2.1 | 0.7 |
| Somalia | 3,600 | 9,359 | 23,522 | 2.7 | 2.3 | 1.7 |
| Sudan | 15,039 | 43,192 | 75,884 | 3.0 | 2.2 | 0.9 |
| Syrian Arab Republic | 6,371 | 22,505 | 36,911 | 3.4 | 3.3 | 0.8 |
| Tunisia | 5,127 | 10,374 | 12,711 | 2.0 | 1.0 | 0.1 |
| United Arab Emirates | 225 | 4,707 | 8,253 | 17.2 | 2.8 | 1.0 |
| Yemen | 6,391 | 24,256 | 53,689 | 2.1 | 2.9 | 1.3 |

Source: United Nations (2009a).

TABLE 2. DISTRIBUTION OF THE POPULATION BY BROAD AGE GROUPS, 2010 AND 2050

| Country or area | 0-14 years | | 15-24 years | | 25-59 years | | 60 years and older | |
|---|------------|-----------|-------------|-----------|-------------|-----------|--------------------|-----------|
| | 2010 | 2050 | 2010 | 2050 | 2010 | 2050 | 2010 | 2050 |
| World | 1,861,505 | 1,797,296 | 1,218,070 | 1,208,629 | 3,070,004 | 4,135,816 | 759,110 | 2,008,244 |
| Developing countries | 1,657,243 | 1,600,687 | 1,059,499 | 1,074,383 | 2,464,809 | 3,607,483 | 489,909 | 1,592,188 |
| Arab Region | 120,609 | 129,983 | 71,474 | 87,210 | 145,140 | 278,297 | 22,030 | 102,681 |
| Algeria | 9,560 | 9,010 | 7,246 | 5,958 | 16,174 | 22,583 | 2,443 | 12,059 |
| Bahrain | 210 | 209 | 145 | 146 | 424 | 611 | 30 | 311 |
| Comoros | 263 | 302 | 133 | 195 | 263 | 562 | 23 | 168 |
| Djibouti | 313 | 343 | 190 | 233 | 328 | 698 | 35 | 193 |
| Egypt | 27,148 | 26,679 | 17,030 | 18,214 | 34,001 | 59,795 | 6,295 | 24,846 |
| Iraq | 12,803 | 15,370 | 6,273 | 10,346 | 10,901 | 29,940 | 1,490 | 8,336 |
| Jordan | 2,197 | 1,987 | 1,322 | 1,383 | 2,593 | 4,917 | 359 | 1,954 |
| Kuwait | 711 | 889 | 440 | 588 | 1,779 | 2,456 | 124 | 1,307 |
| Lebanon | 1,052 | 855 | 765 | 609 | 1,991 | 2,272 | 443 | 1,296 |
| Libyan Arab Jamahiriya | 1,970 | 1,857 | 1,133 | 1,143 | 3,008 | 4,546 | 435 | 2,273 |
| Mauritania | 1,320 | 1,520 | 676 | 1,000 | 1,220 | 2,840 | 149 | 701 |
| Morocco | 9,078 | 7,929 | 6,376 | 5,393 | 14,316 | 19,496 | 2,611 | 9,766 |
| Occupied Palestinian Territory | 1,962 | 2,726 | 879 | 1,762 | 1,375 | 4,663 | 194 | 1,113 |
| Oman | 898 | 953 | 598 | 656 | 1,269 | 2,263 | 140 | 1,006 |
| Qatar | 240 | 329 | 269 | 245 | 969 | 1,289 | 31 | 453 |
| Saudi Arabia | 8,383 | 8,296 | 4,949 | 5,741 | 11,703 | 21,494 | 1,211 | 8,127 |
| Somalia | 4,201 | 7,778 | 1,740 | 4,619 | 3,012 | 9,461 | 406 | 1,665 |
| Sudan | 16,697 | 18,425 | 8,773 | 12,339 | 15,242 | 35,467 | 2,480 | 9,652 |
| Syrian Arab Republic | 7,824 | 7,356 | 4,618 | 5,031 | 8,968 | 17,547 | 1,095 | 6,976 |
| Tunisia | 2,370 | 2,109 | 2,001 | 1,443 | 4,995 | 5,571 | 1,008 | 3,588 |
| United Arab Emirates | 901 | 1,152 | 559 | 937 | 3,152 | 4,714 | 96 | 1,451 |
| Yemen | 10,508 | 13,909 | 5,359 | 9,229 | 7,457 | 25,112 | 932 | 5,440 |
| Percentage distribution by age group | | | | | | | | |
| World | 27 | 20 | 18 | 13 | 44 | 45 | 11 | 22 |
| Developing countries | 29 | 20 | 19 | 14 | 43 | 46 | 9 | 20 |
| Arab Region | 34 | 22 | 20 | 15 | 40 | 47 | 6 | 17 |
| Algeria | 27 | 18 | 20 | 12 | 46 | 46 | 7 | 24 |
| Bahrain | 26 | 16 | 18 | 11 | 52 | 48 | 4 | 24 |
| Comoros | 39 | 25 | 20 | 16 | 39 | 46 | 3 | 14 |
| Djibouti | 36 | 23 | 22 | 16 | 38 | 48 | 4 | 13 |
| Egypt | 32 | 21 | 20 | 14 | 40 | 46 | 7 | 19 |
| Iraq | 41 | 24 | 20 | 16 | 35 | 47 | 5 | 13 |
| Jordan | 34 | 19 | 20 | 14 | 40 | 48 | 6 | 19 |
| Kuwait | 23 | 17 | 14 | 11 | 58 | 47 | 4 | 25 |
| Lebanon | 25 | 17 | 18 | 12 | 47 | 45 | 10 | 26 |
| Libyan Arab Jamahiriya | 30 | 19 | 17 | 12 | 46 | 46 | 7 | 23 |

| | | | | | | | | |
|--------------------------------|----|----|----|----|----|----|----|----|
| Mauritania | 39 | 25 | 20 | 16 | 36 | 47 | 4 | 12 |
| Morocco | 28 | 19 | 20 | 13 | 44 | 46 | 8 | 23 |
| Occupied Palestinian Territory | 44 | 27 | 20 | 17 | 31 | 45 | 4 | 11 |
| Oman | 31 | 20 | 21 | 13 | 44 | 46 | 5 | 21 |
| Qatar | 16 | 14 | 18 | 11 | 64 | 56 | 2 | 20 |
| Saudi Arabia | 32 | 19 | 19 | 13 | 45 | 49 | 5 | 19 |
| Somalia | 45 | 33 | 19 | 20 | 32 | 40 | 4 | 7 |
| Sudan | 39 | 24 | 20 | 16 | 35 | 47 | 6 | 13 |
| Syrian Arab Republic | 35 | 20 | 21 | 14 | 40 | 48 | 5 | 19 |
| Tunisia | 23 | 17 | 19 | 11 | 48 | 44 | 10 | 28 |
| United Arab Emirates | 19 | 14 | 12 | 11 | 67 | 57 | 2 | 18 |
| Yemen | 43 | 26 | 22 | 17 | 31 | 47 | 4 | 10 |

Source: United Nations (2009a).

TABLE 3. ESTIMATED AND PROJECTED TOTAL FERTILITY 1970-1975, 2005-2010 AND 2045-2050 (AVERAGE NUMBER OF CHILDREN PER WOMAN)

| Country or area | 1970-1975 | 2005-2010 | 2045-2050 |
|--------------------------------|-----------|-----------|-----------|
| World | 4.3 | 2.6 | 2.0 |
| Developing countries | 5.2 | 2.7 | 2.1 |
| Arab Region | 6.8 | 3.6 | 2.1 |
| Algeria | 7.4 | 2.4 | 1.9 |
| Bahrain | 5.6 | 2.5 | 1.9 |
| Comoros | 7.1 | 4.0 | 2.2 |
| Djibouti | 7.2 | 4.0 | 2.1 |
| Egypt | 5.7 | 2.9 | 1.9 |
| Iraq | 7.2 | 4.1 | 2.2 |
| Jordan | 7.8 | 3.1 | 1.9 |
| Kuwait | 6.9 | 2.2 | 1.9 |
| Lebanon | 4.8 | 1.9 | 1.9 |
| Libyan Arab Jamahiriya | 7.6 | 2.7 | 1.9 |
| Mauritania | 6.8 | 4.5 | 2.3 |
| Morocco | 6.9 | 2.4 | 1.9 |
| Occupied Palestinian Territory | 7.7 | 5.1 | 2.4 |
| Oman | 7.2 | 5.1 | 2.0 |
| Qatar | 6.8 | 2.4 | 1.9 |
| Saudi Arabia | 7.3 | 3.2 | 1.9 |
| Somalia | 7.1 | 6.4 | 3.1 |
| Sudan | 6.6 | 4.2 | 2.2 |
| Syrian Arab Republic | 7.5 | 3.2 | 2.2 |
| Tunisia | 6.2 | 1.9 | 1.9 |
| United Arab Emirates | 6.4 | 2.0 | 1.9 |
| Yemen | 8.7 | 5.3 | 2.2 |

Source: United Nations (2009a).

**TABLE 4. ATTAINMENT OF REPLACEMENT LEVEL FERTILITY
IN THE ARAB REGION**

| Period | Country or area |
|---------------|--------------------------------|
| 2000-2005 | Lebanon |
| | Tunisia |
| 2005-2010 | United Arab Emirates |
| 2010-2015 | Bahrain |
| | Kuwait |
| 2020-2025 | Algeria |
| | Libyan Arab Jamahiriya |
| | Morocco |
| | Qatar |
| 2025-2030 | Jordan |
| 2030-2035 | Saudi Arabia |
| | Syria |
| 2035-2040 | Egypt |
| | Oman |
| 2045-2050 | Djibouti |
| after 2050 | Comoros |
| | Iraq |
| | Mauritania |
| | Occupied Palestinian Territory |
| | Somalia |
| | Sudan |
| | Yemen |

Source: United Nations (2009a).

TABLE 5. ESTIMATED AND PROJECTED INFANT MORTALITY RATE, 1970-1975, 2005-2010 AND 2045-2050

| Country or area | Infant mortality rate (infant deaths per 1,000 live births) | | |
|--------------------------------|--|-----------|-----------|
| | 1970-1975 | 2005-2010 | 2045-2050 |
| World | 91 | 47 | 23 |
| Developing countries | 102 | 52 | 25 |
| Arab Region | 137 | 44 | 17 |
| Algeria | 131 | 31 | 11 |
| Bahrain | 50 | 10 | 6 |
| Comoros | 127 | 48 | 13 |
| Djibouti | 154 | 85 | 29 |
| Egypt | 138 | 35 | 11 |
| Iraq | 74 | 33 | 12 |
| Jordan | 82 | 19 | 8 |
| Kuwait | 41 | 9 | 6 |
| Lebanon | 47 | 22 | 9 |
| Libyan Arab Jamahiriya | 105 | 16 | 9 |
| Mauritania | 148 | 73 | 42 |
| Morocco | 123 | 31 | 10 |
| Occupied Palestinian Territory | 82 | 18 | 8 |
| Oman | 110 | 12 | 7 |
| Qatar | 57 | 8 | 5 |
| Saudi Arabia | 105 | 19 | 8 |
| Somalia | 155 | 110 | 48 |
| Sudan | 121 | 69 | 28 |
| Syrian Arab Republic | 83 | 16 | 8 |
| Tunisia | 119 | 20 | 8 |
| United Arab Emirates | 57 | 10 | 6 |
| Yemen | 184 | 59 | 15 |

Source: United Nations (2009a).

TABLE 6. URBAN POPULATION AND PERCENTAGE URBAN, 1970-2050

| Country or area | Urban population (thousands) | | | Percentage urban | | |
|-----------------------------------|------------------------------|-----------|-----------|------------------|------|------|
| | 1970 | 2010 | 2050 | 1970 | 2010 | 2050 |
| World | 1,331,783 | 3,494,607 | 6,398,291 | 36.0 | 50.6 | 69.6 |
| Developing countries | 679,811 | 2,569,905 | 5 326 899 | 25.3 | 45.3 | 67.0 |
| Arab Region | 39,094 | 180,937 | 432,303 | 30.6 | 50.4 | 72.3 |
| Algeria | 5,430 | 23,555 | 41,425 | 39.5 | 66.5 | 83.5 |
| Bahrain | 184 | 702 | 1,088 | 83.8 | 88.6 | 92.8 |
| Comoros | 53 | 254 | 869 | 19.4 | 28.2 | 50.7 |
| Djibouti | 100 | 773 | 1,394 | 61.8 | 88.1 | 94.2 |
| Egypt | 5,278 | 18,374 | 75,623 | 42.2 | 42.8 | 62.4 |
| Iraq | 5,678 | 20,375 | 48,165 | 56.2 | 66.4 | 77.8 |
| Jordan | 908 | 5,067 | 8,741 | 56.0 | 78.5 | 86.4 |
| Kuwait | 638 | 3,001 | 5,187 | 85.7 | 98.4 | 99.0 |
| Lebanon | 1,453 | 3,688 | 4,826 | 59.5 | 87.2 | 92.4 |
| Libyan Arab Jamahiriya | 990 | 5,086 | 8,446 | 49.7 | 77.9 | 87.2 |
| Mauritania | 168 | 1,393 | 4,097 | 14.6 | 41.4 | 64.4 |
| Morocco | 5,278 | 18,374 | 32,093 | 34.5 | 56.7 | 75.4 |
| Occupied Palestinian Territory | 595 | 3,177 | 8,520 | 54.3 | 72.1 | 83.0 |
| Oman | 221 | 1,984 | 3,817 | 29.7 | 71.7 | 82.3 |
| Qatar | 98 | 848 | 1,301 | 88.4 | 95.8 | 97.6 |
| Saudi Arabia | 2,796 | 21,681 | 40,391 | 48.7 | 82.1 | 89.7 |
| Somalia | 816 | 3,553 | 13,403 | 22.7 | 37.4 | 63.7 |
| Sudan | 2,395 | 18,646 | 54,046 | 16.5 | 45.2 | 74.0 |
| Syrian Arab Republic | 2,761 | 11,754 | 25,775 | 43.3 | 54.9 | 73.9 |
| Tunisia | 2,229 | 7,175 | 10,810 | 43.5 | 67.3 | 82.0 |
| United Arab Emirates | 175 | 3,693 | 7,384 | 77.7 | 78.0 | 86.7 |
| Yemen | 850 | 7,784 | 34,902 | 13.3 | 31.8 | 60.2 |

Source: United Nations (2007b).

TABLE 7. ESTIMATED NUMBER OF INTERNATIONAL MIGRANTS AND THE PERCENTAGE OF TOTAL POPULATION, 1970-2050

| Country or area | Number of inter-national migrants (thousands) | | Increment (thousands) | Percentage of total population | | Number of refugees |
|--------------------------------|---|---------|-----------------------|--------------------------------|------|--------------------|
| | 1990 | 2010 | | 1990-2010 | 1990 | |
| World | 155,518 | 213,944 | 58,426 | 2.9 | 3.1 | 16,346 |
| Developing countries | 73,163 | 86,232 | 13,069 | 1.8 | 1.5 | 13,975 |
| Arab Region | 15,255 | 32,790 | 17,535 | 6.6 | 9.1 | 9,110 |
| Algeria | 274 | 242 | -32 | 1.1 | 0.7 | 94 |
| Bahrain | 173 | 315 | 142 | 35.1 | 39.1 | 1 |
| Comoros | 14 | 14 | 0 | 3.2 | 2.0 | 1 |
| Djibouti | 122 | 114 | -8 | 21.8 | 13.0 | 8 |
| Egypt | 176 | 245 | 69 | 0.3 | 0.3 | 93 |
| Iraq | 84 | 83 | -1 | 0.5 | 0.3 | 43 |
| Jordan | 1,146 | 2,973 | 1,827 | 35.2 | 45.9 | 2,527 |
| Kuwait | 1,585 | 2,098 | 513 | 74.0 | 68.8 | 38 |
| Lebanon | 524 | 758 | 234 | 17.6 | 17.8 | 463 |
| Libyan Arab Jamahiriya | 457 | 682 | 225 | 10.5 | 10.4 | 3 |
| Mauritania | 94 | 99 | 5 | 4.7 | 2.9 | 30 |
| Morocco | 58 | 49 | -9 | 0.2 | 0.2 | 645 |
| Occupied Palestinian Territory | 911 | 1,924 | 1,013 | 42.3 | 43.6 | 1,924 |
| Oman | 424 | 826 | 402 | 23.0 | 28.4 | 7 |
| Qatar | 370 | 1,305 | 935 | 79.1 | 86.5 | 46 |
| Saudi Arabia | 4,743 | 7,289 | 2,546 | 29.2 | 27.8 | 241 |
| Somalia | 633 | 23 | -610 | 9.6 | 0.2 | 785 |
| Sudan | 1,273 | 753 | -520 | 4.7 | 1.7 | 209 |
| Syrian Arab Republic | 690 | 2,206 | 1,516 | 5.4 | 9.8 | 1,581 |
| Tunisia | 38 | 34 | -4 | 0.5 | 0.3 | 97 |
| United Arab Emirates | 1,330 | 3,293 | 1,963 | 71.3 | 70.0 | 167 |
| Yemen | 344 | 518 | 174 | 2.8 | 2.1 | 107 |

Source: United Nations, Department of Economic and Social Affairs, Population Division (2009). Trends in International Migrant Stock: The 2008 Revision (United Nations database (POP/DB/MIG/Stock/Rev. 2008)).

FIGURE 1. TOTAL FERTILITY IN THE ARAB REGION: 1970-2010

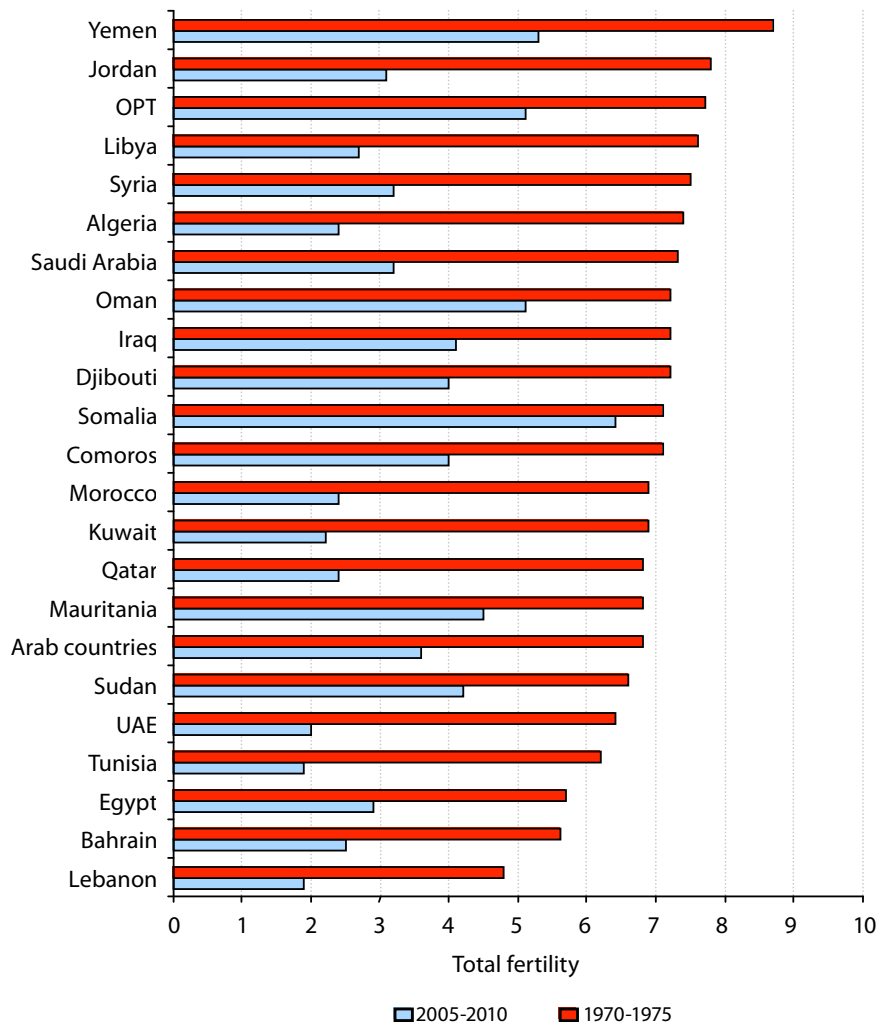


TABLE 8. GOVERNMENT POLICIES ON THE LEVEL OF IMMIGRATION AND MIGRANT STOCK IN THE ARAB REGION, 2007

| Migrants as percentage of total population | Government policy on the level of immigration | | |
|--|---|----------|-----------------|
| | Lower | Maintain | No Intervention |
| Greater than 15 | Jordan | Bahrain | |
| | Kuwait | Libya | |
| | Lebanon | | |
| | Oman | | |
| | Qatar | | |
| | Saudi Arabia | | |
| | United Arab Emirates | | |
| | Emirates | | |
| Between 5 and 15 | Djibouti | Syria | |
| Less than 5 | Iraq | Algeria | Comoros |
| | Morocco | Iraq | Mauritania |
| | Yemen | Sudan | Somalia |
| | | | Tunisia |

Source: Adopted from United Nations (2006).

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