

Arab Human Development Report 2022

Expanding Opportunities for an
Inclusive and Resilient Recovery
in the Post-Covid Era





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ARAB HUMAN DEVELOPMENT
REPORT 2022

**Expanding Opportunities
for an Inclusive and
Resilient Recovery in
the Post-Covid Era**

Foreword by UNDP Administrator

More than two years have passed since the onset of the Covid-19 pandemic. Its impacts have been far ranging and are still being felt across the world. In many cases, the pandemic has erased several years of hard-won gains in human development. This has been even more pronounced in less developed countries, fragile regions and vulnerable communities.

This Arab Human Development Report provides a timely assessment of what it will take to get human development back on track in the Arab States region in the postpandemic era. With its diverse country contexts, the region provides good examples of response measures, a diversity of lessons learnt, as well as evidence of deepening and persistent challenges.

The Covid-19 pandemic has significantly affected governance systems, economies and societies in the region. Many of these impacts are interconnected and mutually reinforcing and need to be known and fully understood to be acted upon.

Measures to combat the pandemic, including laws, orders, decrees and regulations, have in many instances affected civic freedoms, which has decreased trust in institutions. On the path to recovery, finding the balance between protecting public health and safety and safeguarding individual civil liberties and citizens' privacy will be key. An effective recovery will require a whole-of-government and a whole-of-society response, with stepped up collaboration among governments, the private sector, citizens, civil society organizations and international organizations. The Report calls for rebuilding trust between citizens and government, ensuring freedoms and strengthening human rights and the rule of law to leave no one behind in the recovery.

While the region's growth recovered to some degree in 2021, the recovery has been uneven, and future prospects are uncertain in view of emerging challenges and macroeconomic volatility.

Fiscal deficits have widened across the region, with implications for government debt, particularly in oil-importing countries in the region. During the Covid-19 pandemic, many businesses shut down, and workers lost many working hours. On average, the region experienced an 11 percent loss of labour income, which pushed more people into poverty. The pandemic's impact widened existing inequalities, with workers in small or informal businesses more impacted than those in the public sector and women more likely to exit the labour market than men. Social protection measures were implemented by all countries and played a key role in the response. The Report calls for greater regional economic integration; promotion of job creation in the private sector, especially for women; and strengthened public financial management, with increased social spending to protect the poor and vulnerable.

Social exclusion resulting from poverty and various types of inequalities has a bearing on social cohesion in the region. Prior to the pandemic, with some exceptions, inadequate public financing for healthcare placed the burden on patients, often making it beyond the reach of the most vulnerable segments of society. Following the pandemic, unpaid care work increased for women, coupled with a concerning reported rise in the incidence of gender-based violence, as has also been seen in other parts of the world. Youth already faced inequalities in the education sector before the pandemic due to factors such as gender, family income, geography and the digital divide. During the pandemic, access to quality education was further compromised, especially in conflict-affected areas. Some positive measures were also enacted by governments towards greater inclusion, enabling digital access and protection of disadvantaged groups that could lead to more comprehensive reforms. The Report calls for placing

care, solidarity and social cohesion at the centre of the recovery effort.

Not least, nature was also impacted in the region before and during the pandemic, and its continued degradation creates barriers to a resilient recovery. Enhanced environmental services can support building forward better from the crisis, with new nature-positive recovery investments addressing decarbonization, investment in renewables, and sound water and waste management.

The Arab States region can foster an inclusive and resilient recovery by making human development a central tenet and expanding opportunities for all. The Report's broad recommendations provide a recovery path that can enable the region to diffuse the triggers of exclusion and crisis and promote increased resilience in the face of future shocks, knowing that there is no silver bullet and that integrated development solutions will be needed.

A handwritten signature in black ink, appearing to read 'Achim Steiner', with a stylized, cursive script.

Achim Steiner

Administrator, United Nations Development Programme

Foreword by the Regional Director, UNDP Regional Bureau for Arab States

The *Arab Human Development Report 2022: Expanding Opportunities for an Inclusive and Resilient Recovery in the Post-Covid Era* (AHDR 2022) is the latest in our Arab Human Development Reports (AHDRs) series. It focuses on understanding the broader impacts of the Covid-19 pandemic on the region and presents recommendations for recovery that can enable building forward better towards a more inclusive and resilient development. At the core of this Report is the concept of human development, which calls for expanding opportunities for people to live productive, meaningful and empowered lives, while also reducing planetary pressures¹ and learning to live in harmony with nature.

AHDR 2022 builds upon the legacy of the AHDRs over two decades that has engaged institutions and citizens in Arab countries in debates about factors that shape choices and opportunities available to people across the region. The aim of the AHDRs since their inception has been to foster understanding and consensus around regional and national development priorities and suggest policies, strategies and opportunities to address them.

As we reflect on the far-reaching changes in the region and in the world, ushered in during the two decades since the launch of the first AHDR in 2002, the sense of urgency is renewed. Today half the countries in the region are facing varying crises, while we host the largest number of refugees and internally displaced persons in the world. There have also been modest gains towards achievement of the Sustainable Development Goals, particularly on access to education and infrastructure; however, the Covid-19 pandemic and new challenges emerging in the aftermath of the war in Ukraine risk slowing down or even setting back the progress.

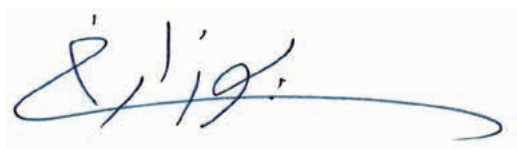
The Arab States region is notable also for a diverse range of development contexts—including high income, middle income, low income and fragile crisis-affected countries—but the rapid onset of the global Covid-19 pandemic challenged all to varying degrees, generating cascading effects across governance, economy and society. Despite the new challenges that emerged, there were also positive response measures undertaken that could be scaled up or pave the way to more comprehensive efforts. While targeted and context-specific solutions will be necessary for the diverse contexts, the Report points to several broad aspects that will be important to address:

- Critical steps will be needed to tackle the causes of inequality and vulnerability—for example, by creating social and economic safety nets, reducing the digital divide, promoting private sector growth that can advance women and youth, supporting responsive and accountable governance, increasing access to social services and enhancing social cohesion.
- The planetary pressures impacting the Arab States region require understanding the reality of our interconnectedness with the climate, dependence on fossil fuels, and depletion of water and other ecosystem services. The recovery can serve as an opportunity to reset our course towards sustainability.
- An inclusive postpandemic recovery will require the commitment and involvement of all stakeholders in the region, from governments to civil society, public to private sector, and academia and policy-makers, to effectively steer the course.

Knowledge and solutions exist to tackle the challenges; many are known and have been tested and

¹ United Nations Development Programme. 2020. *Human Development Report 2020: The Next Frontier: Human Development and the Anthropocene*. New York. <https://hdr.undp.org/content/human-development-report-2020>.

shown to work. The region is also full of potential and brimming with innovative efforts. Our collective endeavour now is to create the conditions to allow these efforts to blossom and reach fruition. What will be needed is to act with resolve towards a new social contract founded in nature-based norms, generating economic opportunities for all, ensuring citizens' enjoyment of rights and strengthening their links with responsive institutions. This can provide the basis for prosperity, stability and peace. I invite you to read the Report, and I hope you will join in discussing, debating and amplifying its messages.



Khalida Bouzar

Assistant Secretary-General, Assistant Administrator and
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1. *Assessing Multisectoral Collaborations in the COVID-19 Pandemic Response in Selected Arab Countries*, by Fadi El-Jardali with Racha Fadlallah and Najla Daher.
2. *The Impact of COVID-19 on Progress Towards Achieving the SDGs: Using a human development lens to analyse the case of the Arab region*, by Hala Ghattas with Nadine Mezher, Thurayya Zreik, Nadine Nasser, Nisreen Salti, and Stephen J. McCall.
3. *COVID-19 and Gender in the Arab States: Using a human development lens to explore the gendered risks, outcomes and impacts of the pandemic on women's health*, by Jocelyn DeJong with Sasha Abdallah Fahme.
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ARAB HUMAN DEVELOPMENT REPORT / 2022

Executive summary

The 2022 Arab Human Development Report assesses the impacts of the Covid-19 pandemic on the Arab States region's sustainable human development trajectory.¹ Although more than two years have passed since the world was confronted with the pandemic, the full range of its cascading effects on the region's prospects is still emerging. It is clear, however, that the pandemic has erased several years of previous gains in human development. The Report reviews the prospects for human development in the region and contends that getting human development back on track in the postpandemic era will require greater efforts to make governance systems more accountable and responsive, economies more diversified and competitive, and societies more cohesive and inclusive—in order to ensure a resilient recovery for all.

Although the Report's analysis was conducted prior to the war in Ukraine and its unfolding impacts on the Arab States region, its framework can increase understanding of shocks and crises beyond Covid-19. Recovery strategies that follow the approach set forth in this Report can serve as a means for countries to also build resilience against other emerging shocks, such as the impacts of the war in Ukraine on energy and food prices in many parts of the world. These impacts are particularly challenging for the region's oil-importing countries. By focusing on inclusive economic policies and social protection mechanisms that address inequality and support the most vulnerable populations—and by renewing efforts towards a resilient and green recovery that focuses on renewable sources of energy, the region can also better withstand the food, fuel and financial challenges emerging in the wake of the war in Ukraine.

Prior to the Covid-19 pandemic, the Arab States region was already struggling with multiple weaknesses and fragilities, in many cases exacerbated by conflict and political instability. Unsustainable economic practices and economic inequalities limited opportunities for inclusive human development. Spatial inequalities created structural impediments to accessing the basic services and coping mechanisms that could have supported the most vulnerable. The pandemic also revealed deep social inequalities and a lack of preparedness of many governments to address the emerging challenges.

How the Arab States dealt with the pandemic reflected their diverse development contexts. Across

fragile and conflict-affected countries, the health systems, government structures and social safety nets, already weak, were strained even more. Some middle-income countries were relatively successful in handling the first wave of the virus but later faced continuing challenges. The high-income Gulf countries fared better, given their resources and better healthcare systems, and were able to quickly impose restrictions to prevent Covid's spread.

By early June 2022, the Covid-19 pandemic had caused about 13 million officially reported cases in the region and about 170,000 reported deaths. Regional averages are somewhat lower than world averages, but the rates per million people range from 380 officially reported cases in Yemen to 324,000 in Bahrain (against a global average of almost 69,000) and from 69 officially reported deaths per million in Yemen to 2,376 in Tunisia (compared with a global average of 811).² Moreover, the region seems to underperform on the vaccination rate, with a regional average lower than the global one and a wide range from a mere 1.4 percent of the population fully vaccinated in Yemen up to 97 percent in United Arab Emirates (against a global average of 60 percent; figure 1).

The scourge of the Covid-19 pandemic on human development has been felt well beyond the spread of the virus itself to the impacts of the controls to contain it and the measures to alleviate its broader impacts. Lockdowns, closures and mobility restrictions reduced people's freedoms. And economic downturns stripped many people of their livelihoods while reducing public resources for healthcare and safety nets, especially for those already vulnerable.

There have been instances where rapid government action mitigated some of the worst development impacts, as well as occasions when social solidarity movements and civil society organizations quickly mobilized to respond to the pandemic's challenges. Across the region, however, inequalities and structural vulnerabilities have deepened, and greater political will and commitment will be needed to close the gaps between those enjoying a high level of human development and those likely to be left farther behind. Only fundamental reforms and well-coordinated innovative approaches can create the enabling environment for people to enjoy long, healthy and productive lives.

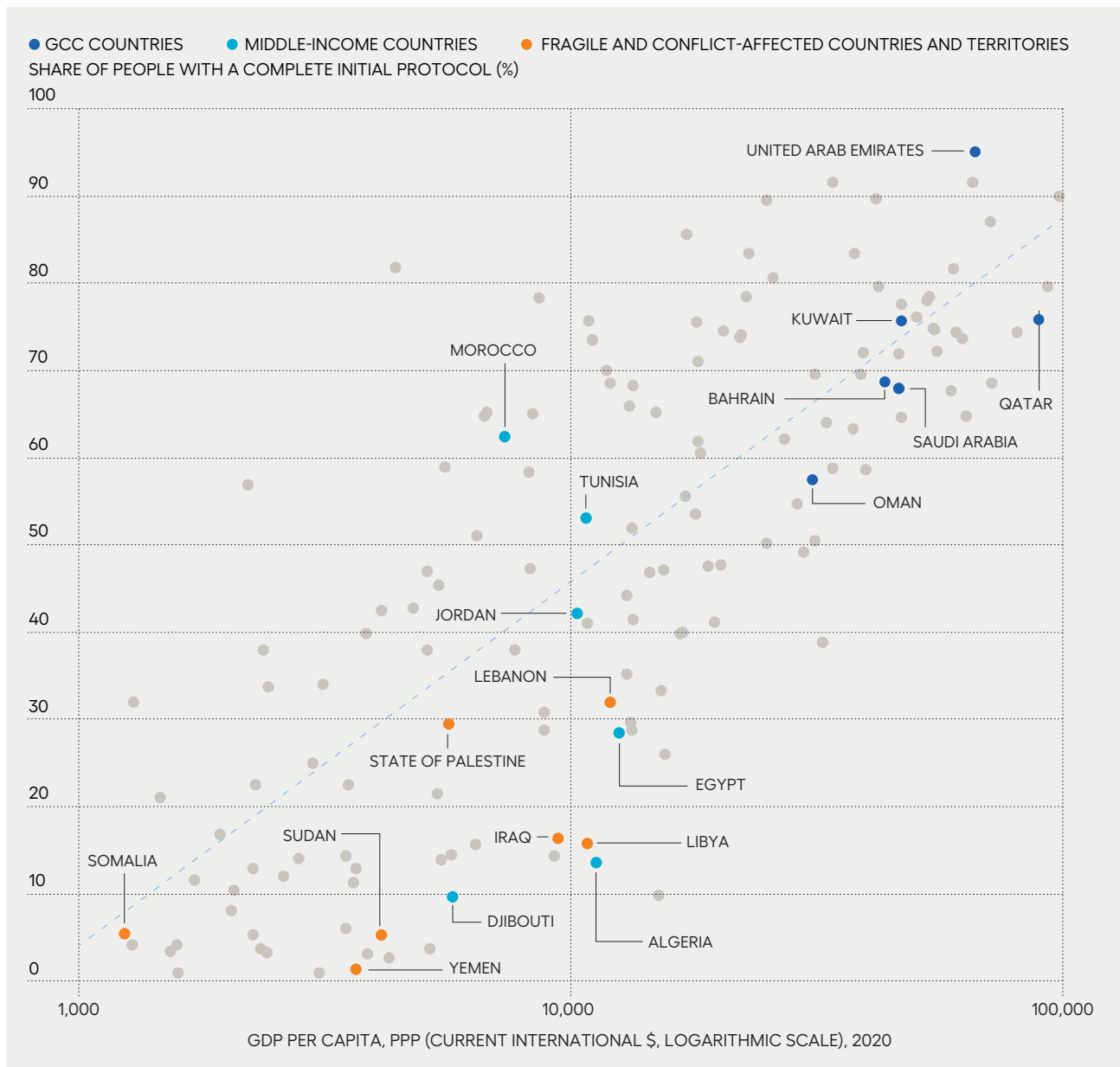
Understanding Covid-19's impacts on human development

The core premise of this Report is that human capabilities and human freedoms are enhanced by accountable and responsive governance, diversified and resilient economies, and cohesive and inclusive societies (figure 2). Across the Arab States, as in all countries, power dynamics and the interaction between institutions, economies and societies affect human capabilities and can increase or reduce many

forms of inequality. Unbalanced power structures give rise to rules, policies and outcomes that favour those with more power. This nexus between power and development underpins citizen-state relations, the processes that form and reform these relations and the trajectory of human development along the spectrum between conflict and peace.

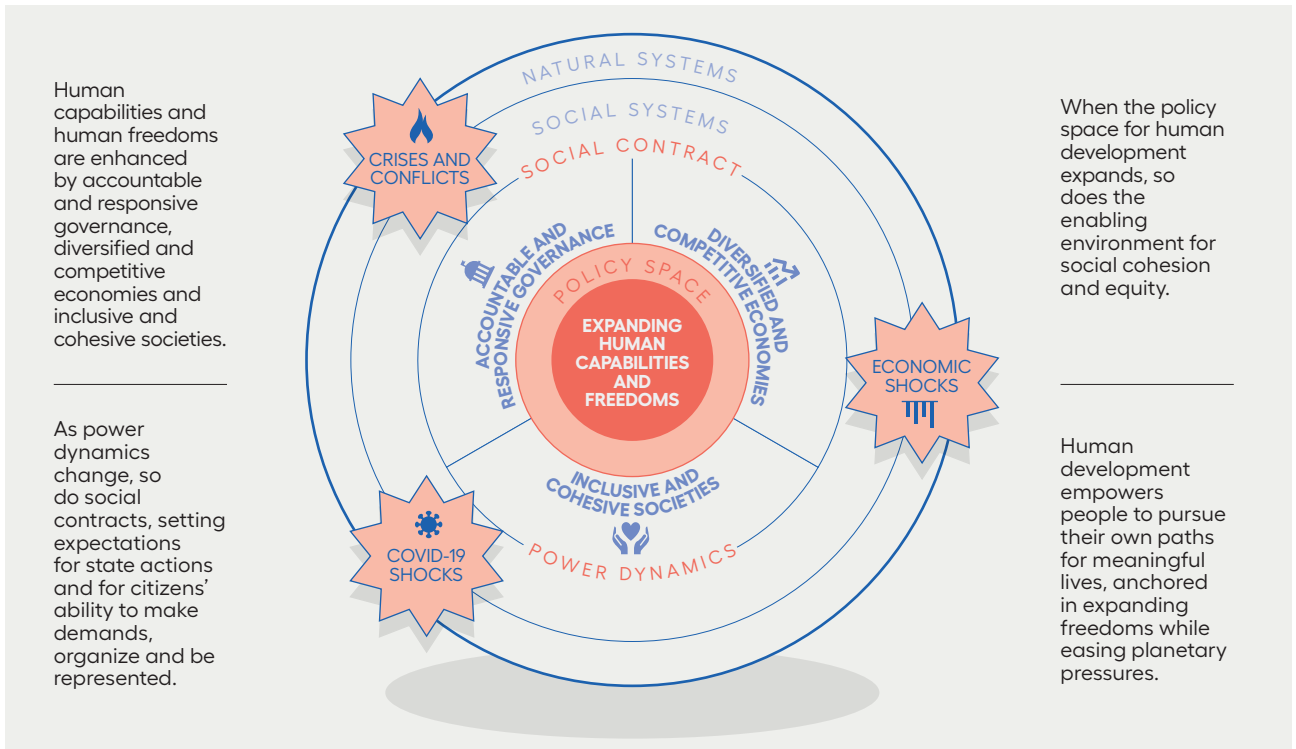
As power relations change, so do social contracts, depending on many factors. The perceptions, preferences and priorities of citizens condition their expectations for state actions, as does their capacity

Figure 1 Correlation between income level and vaccination rate



Source: Vaccination rates are official data collated by Our World Data, last updated early March 2022, <https://ourworldindata.org/covid-vaccinations>; GDP per capita data are from the World Bank's World Development Indicators.

Figure 2 Understanding the forces shaping human development in the Arab States



Source: Arab Human Development Report team.

to be represented and take part in decisionmaking. Advances in formal institutions strengthen state formation relative to informal and nonstate institutions.³ Corruption, patronage and clientelism weaken citizen–state relations and set back development processes. Economic diversification broadens opportunities, avoids high dependence on one sector and cushions the volatility of economic cycles—to the extent that the private sector is independent from the public sector.

The combination of these factors determines the strength of the social contract. When the policy space for human development shrinks, the risks of elite capture, social fragmentation and inequality increase, and as these risks increase, they contribute to further shrinkage of policy space. When the policy space expands, so too does the enabling environment for inclusion, social cohesion and equity, thereby expanding opportunities for human capabilities and freedoms. People with extensive, well-developed capabilities have the tools they need to make their vision of a good life a reality. Without basic capabilities, human potential remains unfulfilled.

As for the rest of the world, human development outcomes in the Arab States region require a balance between expanding choices and well-being and addressing planetary pressures and sustainably using natural resources. How social and natural systems interact and respect the planetary boundaries has a bearing on economic, social and natural vulnerabilities, which also affect the region's prospects for peace and stability. The drivers of conflict, crises and displacement in social and natural systems must be addressed for the Arab States region to recover from the pandemic's development setbacks and advance towards a peaceful and secure future for all.

Impacts of the pandemic on governance systems

Prior to the pandemic, countries in the region faced a legacy of governance challenges,⁴ in many cases heightened since the 2011 uprisings across the region. Power struggles in the region have continued to varying degrees since the Arab spring in 2011, and feelings are mixed about the prospects for accountable and responsive governance. While Tunisia is

an exception with its transition to a representative government, its ongoing reform process has stalled, which endangers the achievements produced so far. Some countries dealt with demands for greater freedom and accountability by offering partial reforms, or promising stability as essential for prosperity, as in many of the Gulf Cooperation Council (GCC) and middle-income countries. Several other countries have grappled with protracted crises, including armed conflicts, especially in Libya, Somalia, Syrian Arab Republic and Yemen.

The prevalence of crises and armed conflicts in some parts of the region is partially attributable to poor governance and weak institutions. The region is home to only 5.5 percent of the world's population but accounted for more than 45 percent of the world's displaced persons and 58 percent of the world's refugees in 2018.⁵ According to the United Nations Refugee Agency, the number of displaced people in the Middle East and North Africa Region increased from 15.8 million in 2020 to 16.0 million in 2021.⁶ Furthermore, the Syrian refugee population continued to be the largest globally, with 6.8 million refugees, constituting 27 percent of the global refugee population at the end of 2021.⁷ However, the war in Ukraine has displaced 8 million within the country in 2022, and more than 6 million refugees from Ukraine have been registered.⁸ As in the rest of the world, the outbreak of the Covid-19 pandemic strained the political and administrative systems of most Arab States, many of which were already under pressure. There was a great variation in the response to Covid-19 in the region across the different typologies of countries. Fragile and conflict-affected countries have been most exposed, while stable middle-income and GCC countries have also been affected but to varying degrees.

The availability of resources was an obvious factor in the efficacy of countries' response to the pandemic, along with the agility and coordination of institutions. Most GCC countries were very successful in their vaccination rollout and their speedy economic recovery in 2021 amid rising oil and gas prices.⁹ GCC governments succeeded in bringing the pandemic outbreak under control in their countries, displaying an average recovery rate that was significantly higher than the global average.¹⁰ A study has shown that Bahrain ranked highest for satisfaction with the

governmental response, followed by the Kingdom of Saudi Arabia, United Arab Emirates and Kuwait.¹¹

Middle-income countries such as Jordan, Lebanon and Tunisia were relatively successful in handling the first wave of the virus but loosened their control afterward. In some middle- and low-income countries, there was often lack of coordination between government agencies and other actors—and the slow response in implementing some public health measures required to address the pandemic eroded trust in the state.

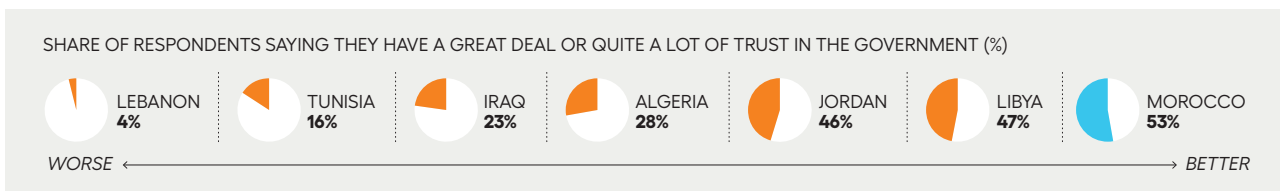
Countries in crises had limited capacity to mitigate the impact of Covid-19 outbreaks owing to other setbacks, such as the breakdown of social relations, economic challenges, the destruction of health infrastructures and the displacement or migration of many healthcare workers. The pandemic thus overstretched the already strained capacities of the public and private institutional systems in these countries and further weakened their ability to swiftly respond to the health crisis.

Public trust

A recent Arab Barometer survey of seven Arab countries between the summer of 2020 and spring of 2021 found that only 30 percent of respondents reported that they had a great deal or quite a lot of trust in government (figure 3).¹² A United Nations Development Programme survey in 12 Arab States found in 2019 that 31 percent of respondents do not believe that their government is responsive to the needs of its citizens, while 34 percent consider their government to be quite responsive (35 percent did not answer).¹³ When asked about changes in government responsiveness over the past 10 years, 38 percent said that it has stayed the same, 30 percent that it had declined and 22 percent that it had improved.

This decline in public trust in governments is also apparent in the results from the 2021 Edelman Trust Barometer, which noted that the Covid-19 pandemic had "accelerated the erosion of trust around the world."¹⁴ The Oxford Covid-19 Government Response Tracker, in its international survey on Covid-19, asked the public how much they trusted their government to take care of them and how factually truthful they thought their government had been

Figure 3 Public trust in government in selected Arab States—a great deal or quite a lot?



Source: Arab Barometer Wave VI, Part III (March–April 2021), 2021.

about the coronavirus outbreak. The results reveal a widening trust deficit in governments.¹⁵

However, the latest Edelman Trust Barometer (2022) listed two countries from the Arab States region—Saudi Arabia and United Arab Emirates—among seven countries worldwide with high public trust (out of 27 countries tracked).¹⁶

The Arab States public’s lack of trust in government institutions is reflected in the pushback against Covid-19 containment measures and mistrust of vaccination campaigns. The Arab Barometer Wave VI survey in March–April 2021 reveals high rates of vaccine hesitancy, with the majority of respondents in Algeria, Iraq, Jordan and Tunisia reporting that they were somewhat or very unlikely to get a free vaccination. Respondents in Lebanon, Libya and Morocco were more likely to favour vaccination. Low and declining trust in governments and institutions is among the reasons for vaccine hesitancy, and higher public trust is positively correlated with higher vaccine acceptance.¹⁷

Governments in the region, as in many other countries, put in place new measures that affect civic freedoms, including laws, orders, decrees, regulations and other government practices, in some cases expanding the digital surveillance of citizens. Such measures expose the tension between public health safeguards and protecting individual civil liberties; they also reveal the threat of government overreach under the pretext of the pandemic.

Indeed, perceptions of freedoms are declining.¹⁸ The pandemic created new challenges for civil society and civic space in the region, especially considering the deterioration of many groups’ livelihoods and their increasing hardships. In addition to lockdowns, emergency laws, curfew orders and bans on gatherings, there was greater control of free expression and the media, including social media. Many governments suspended newspapers while criminalizing

“fake news” about the virus. Some employed new surveillance technologies, ostensibly for tracking Covid patients and their contacts¹⁹ but with privacy implications.²⁰ There is concern that unchecked use of technology to monitor individuals’ movements and their interactions with others can lead to control of a vast amount of personal data.²¹

Some governments expanded their executive powers through emergency regulations, with limited or no oversight mechanisms. They weakened checks and balances, mechanisms of accountability and demands for participatory democracy. The lack of coordination between government agencies and other actors—and the slow response in implementing some public health measures required to address the pandemic—further eroded trust in the state for some countries. The limited trust in government in some instances generated reactions of discontent, thus further delaying or slowing responses and contributing to vaccine hesitancy.

Covid-19 started as a public health emergency that quickly deteriorated into an economic, social and human emergency. So, the response and recovery measures cannot be the responsibility of the health sector alone, or even the government alone. Instead, a whole-of-society response is needed, with governments collaborating with private firms, civilian volunteers, civil society organizations and international organizations.

Impacts of the pandemic on economies

Few Arab states have competitive private sectors, particularly for tradable goods and services, and countries with oil and gas are subject to highly volatile prices. Outside the GCC, the productivity of labour, much of it informal, is low, compared with the world average, and has been declining over the past several years—in many cases even before the Covid-19 pandemic, especially in fragile and conflict-affected

countries. This persistent equilibrium of low growth–low productivity–low employment–low institutional capacity emerges from a social contract based on a deep-seated rentier state that may favour the status quo and reject truly transformative economic reforms. The region’s well-known economic fragilities are not destiny, however. They can be corrected with a strong human development approach to tackle the region’s long-term structural challenges.

Macroeconomic dynamics

Following a deep contraction in 2020, the region’s growth bounced back in 2021, but the recovery has been uneven, contingent on each country’s policy space to support its economy. The region’s economy contracted by around 4.5 percent in 2020, with fragile and conflict-affected countries experiencing the largest average drop (around 15 percent).²² The region recovered by an estimated 6 percent in 2021, but Yemen still suffered a contraction of about 2 percent.²³ An accelerated recovery in 2022 is unlikely, with an average expected growth rate of 5.5 percent for the whole region, driven mainly by oil-exporting countries, with upward revisions in their growth outlook amid soaring international oil prices. However, downward revisions are substantial for oil-importing and crisis-affected countries amid greater inflationary pressures.²⁴

During the first year of the pandemic, already large fiscal deficits widened further across the region, with falling revenues and rising financing needs. In 2020, the average overall deficit widened by 7 percentage points, to 9.2 percent of GDP, while the region’s average fiscal deficit narrowed to 2.3 percent of GDP in 2021 and is expected to turn into a surplus of 4.1 percent in 2022.²⁵ High fiscal deficits were attributed to the big drop in oil revenues amid falling oil global demand, combined with higher spending on measures to support households and businesses. The largest deteriorations were in oil-exporting countries, but with the continued rise of oil and gas prices over the last year or so, their fiscal picture greatly improved.

Large fiscal deficits have increased government debt, worsening an already vulnerable debt position. In 2020, the region’s overall government debt peaked at 60 percent of GDP, up around 13 percentage points from 2019.²⁶ While government debt as a percentage

of GDP came down in 2021 to 56.5 percent and is expected to reach about 47 percent in 2022, it is projected to rise substantially and remain above 2019 levels over the medium term for the majority of countries in the region, which are oil importers.²⁷

On the external front, current account balances for the region deteriorated from a surplus of 1.4 percent of GDP in 2019 to a deficit of 3.5 percent in 2020 and registered a surplus of 4.4 percent in 2021.²⁸ Net flows of foreign direct investment to the region fell by 6 percent in 2020, and GCC FDI to the Middle East and North Africa region plummeted by around \$4.6 billion from the first half of 2019 to the first half of 2020.²⁹ FDI net inflows to the region recovered by about 46 percent in 2021, driven mainly by investments into GCC countries.³⁰ Despite an initial forecast of an 8 percent decline in remittance inflows to the region, the latest estimates reveal an increase of around 5.4 percent in 2020 and 7.4 percent in 2021, showing their countercyclical role for millions of households.³¹

The governments of Arab States announced average fiscal support of about 2 percent of GDP in 2020—reportedly lower when compared with that in emerging economies.³² Additional spending directed to the health sector was also below that of peer countries, and the median fiscal package to the health sector was around 0.4 percent of GDP. Saudi Arabia topped the list with 2.1 percent of GDP, while Iraq allocated 0.02 percent.

Employment losses

In response to the pandemic, most governments implemented restrictions on gatherings, ranging from strict lockdowns to partial curfews at night to temporary full curfews that had severe impacts on labour markets.³³ Unemployment rose from 10.9 percent in 2019 to 12.5 percent in 2021 in the Arab States region,³⁴ much higher than the world average of 6.2 percent.³⁵ Women’s unemployment rate rose faster, from 21.4 percent in 2019 to 24 percent in 2021, three to four times the world average and twice that of men in the region. In 2021, the region had the world’s highest youth unemployment rate (15–24 years old), at 28.6 percent, rising steeply from 25.3 percent in 2019. The unemployment rate among young women was also the highest in the world and over twice the rate among

young men, reaching 49.1 percent in 2021 from 44.7 percent in 2019 (compared with 23.8 percent among young men in 2021 and 20.8 percent in 2019).³⁶

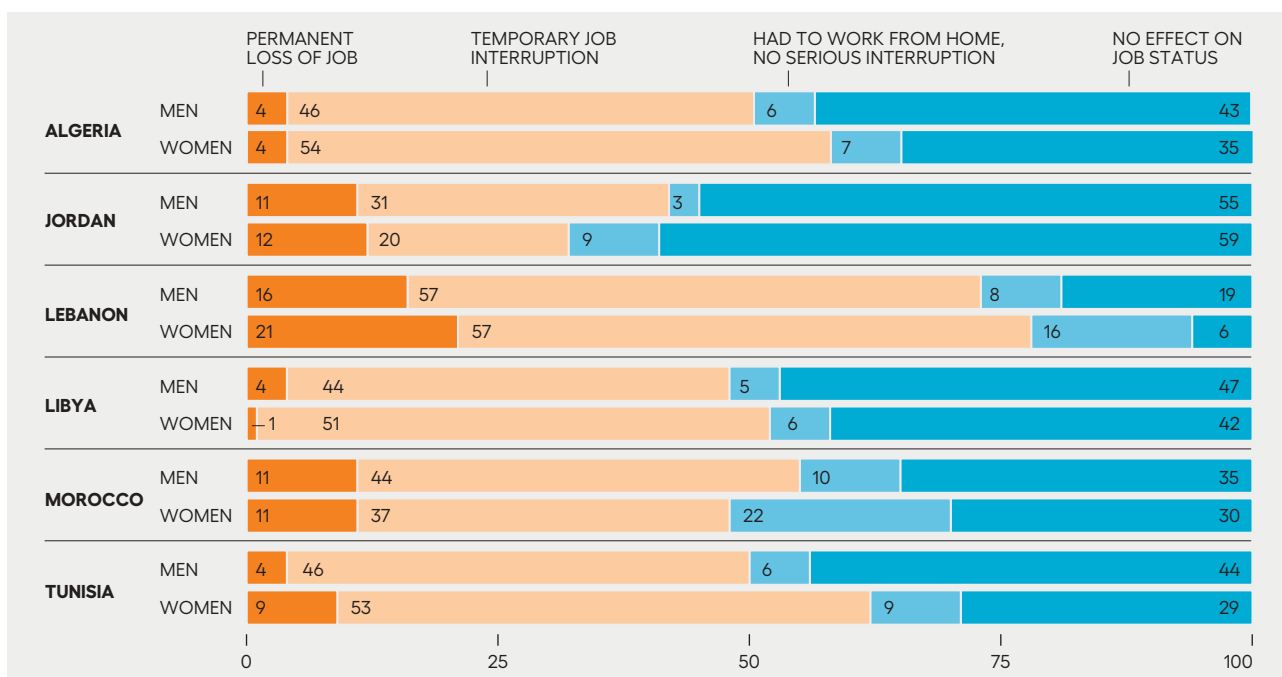
Lockdowns and curfews associated with the Covid-19 pandemic had severe impacts on businesses and their workers, with many working hours lost, varying with the stringency of lockdowns and workplace closures. Relative to the fourth quarter of 2019, over 21 percent of working hours were lost in the second quarter of 2020 and over 8 percent in the third.³⁷ These losses were equivalent to more than 23 million full-time equivalent jobs (based on a 48-hour week) in the second quarter of 2020 and more than 9 million in the third. Working hour losses continued in 2021 but at lower rates, as countries largely abandoned strict lockdown measures and as vaccination rates rose, especially in GCC countries, reflecting the lasting impact of the pandemic in supply chain bottlenecks and continued uncertainty throughout 2021 and into 2022.

In all of 2020, the region lost almost 9 percent of working hours,³⁸ equivalent to 10.2 million full-time jobs; in all of 2021, the region lost 5 percent of working hours, equivalent to 5.9 million full-time equivalent jobs.³⁹ These losses translated to a loss of labour

income of about 11 percent for the region.⁴⁰ Without adequate income support schemes, these substantial reductions in incomes will exacerbate future economic prospects, as workers are pushed into poverty, reducing aggregate demand. This could create a vicious cycle where lower demand further reduces incomes and thus the prospect of a swift recovery.

The impact of the pandemic on labour markets has been uneven and has varied over time across countries, depending on the stringency of the lockdowns, and between men and women (figure 4). More than 50 percent of men who had been working before pandemic faced either permanent job loss or temporary suspension by July–October 2020, according to an Arab Barometer survey conducted at three intervals in 2020 and 2021 in selected Arab states. The impact was most severe in Lebanon, especially early on, but continued to be strong across all countries in the survey even by March 2021. Lebanon was suffering from an exchange rate crisis and other macroeconomic challenges, but the pandemic exacerbated the impact on workers. Through various waves of the pandemic, the highest reduction in hours worked in Egypt, Iraq and Tunisia took place during the first wave, when restrictions were strictest.⁴¹

Figure 4 The Covid-19 pandemic’s impact on labour markets in July–October 2020 was highly uneven and varied by country and gender



Source: Arab Human Development Report team calculations based on Arab Barometer Wave VI, Part I (July–October 2020), 2021.

In some countries the impact of the pandemic was harsher for women than for men, and women were more likely to exit the labour market than men, whether permanently or temporarily. Women were also more likely to work from home, likely a reflection of the types of jobs that the small share of women in the region who do work hold. These jobs tend to be more conducive to remote work, such as those in education and the public sector.⁴²

Young people and the most vulnerable workers—those self-employed or in temporary or informal employment—were also more likely to bear the brunt of the Covid-19 pandemic’s impact.⁴³ In Morocco and Tunisia, for example, public sector workers were affected far less than private sector workers (figure 5).⁴⁴ As expected, informal workers—especially those informally employed outside of establishments—were the most severely affected. The severity of the impact also varied over time and by country, starting out mildly and worsening over time in Morocco, while in Tunisia, the impact was immediately evident in the form of temporary or permanent layoffs, decreased hours or even a change of work status to no longer being a wage worker. In both countries, workers faced strong impacts in February and April 2021, sometimes even more severe than in 2020, that continued into June 2021, reflecting the lingering and worsening economic outcomes as economies struggled to return to prepandemic normalcy amid new variants of the virus, supply chain bottlenecks worldwide and rising uncertainty.

Impact on micro, small and medium-sized enterprises

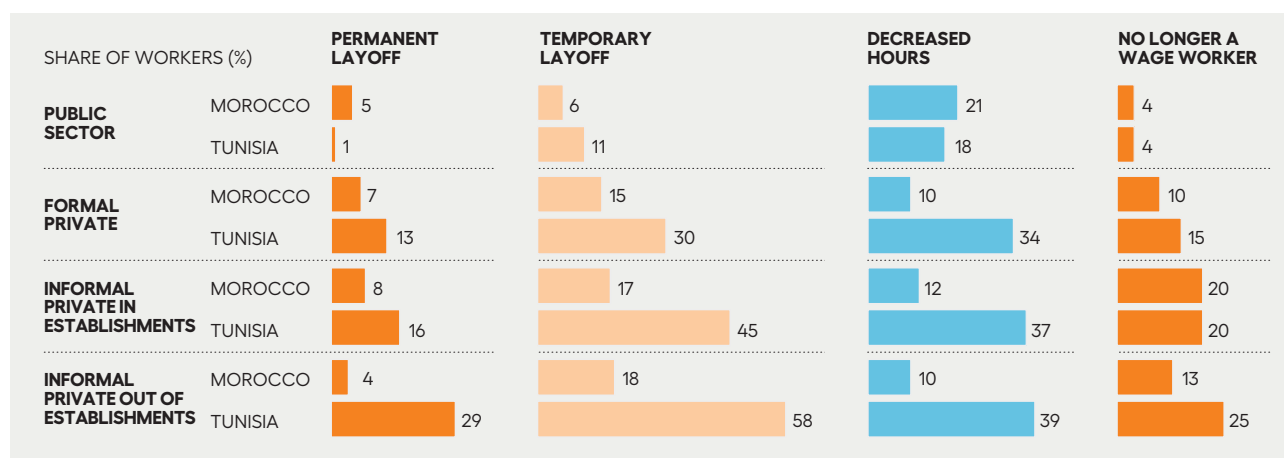
Social distancing measures, the interruption of economic activities and intermittent reopening of businesses have impacted heavily on micro, small and medium-sized enterprises (MSMEs), creating substantial losses of livelihoods.⁴⁵ The results of household and enterprise surveys in Egypt, Jordan, Morocco and Tunisia suggest that microenterprises were the most likely to be closed due to Covid-19 and that small enterprises declared the most impact of Covid-19 on revenue changes by the first quarter of 2021.⁴⁶ Among SMEs, those that adapted and switched to remote work or to e-commerce were more likely to recover faster.

All countries in the region have implemented mitigation mechanisms to support MSMEs, mainly related to easing challenges of enterprise liquidity, followed by tax or fee payment deferrals and employment protection schemes. Despite the gradual reopening observed since May–June 2020, many MSMEs in the region are still struggling to recover.

Social protection responses

Social protection has been one of the main instruments of governments responding to the pandemic’s shock to households and businesses.⁴⁷ Many social protection programmes have been expanded vertically⁴⁸ or horizontally,⁴⁹ and new emergency

Figure 5 The Covid-19 pandemic’s effect on workers differed in Morocco and Tunisia



Note: Data reflect workers’ experience in the 60 days prior to survey interview date in November 2020.

Source: Arab Human Development Report team based on Economic Research Forum Covid-19 Household Monitors, Wave 1.

programmes have been implemented, with funding mobilized to meet the increasing demand.

The United Nations Development Programme gender tracker estimated that the Arab States had a total of about 200 social protection measures in 2020, ranging from 2 in Libya, 3 in Yemen and 4 in Sudan to 18 in Tunisia and the State of Palestine and 26 in Jordan. The UN ESCWA Covid-19 stimulus tracker estimated the number of social protection measures at 174 in the Arab countries, ranging from 1 in Somalia, 2 each in Qatar and Yemen, up to 17 in Bahrain, 19 in Lebanon and 23 in Egypt.

The percentage of people covered by at least one social protection programme increased in Bahrain, Lebanon and State of Palestine in the Covid-19 period.⁵⁰ But social protection coverage is still low in the Arab countries with only about 40 percent of the population covered by at least one social protection benefit,⁵¹ ranging from 4 percent in United Arab Emirates to 82 percent in Saudi Arabia.⁵²

The expansion of coverage was slow even under Covid-19, with exceptions such as Lebanon, where it increased by more than 10 percentage points between 2018 and 2020. In Egypt, the coverage stayed the same between 2016 and 2020 (36.9 percent). In Bahrain, the coverage expanded by only 3 percentage points between 2019 and 2020. In State of Palestine, the coverage increased by 2 percentage points between 2019 and 2020. In Qatar, it increased from 4 percent in 2018 to 4.3 percent in 2020. In some countries, data were available only for one year but still low, especially in Sudan (9.3 percent in 2020) and United Arab Emirates (3.5 percent in 2020). The coverage in GCC countries might be affected in part by a larger share of migrants in the population, who are not eligible for social protection programmes and all welfare state benefits. In fragile and conflict-affected countries, the low coverage is due mainly to limited fiscal space, overreliance on short-term humanitarian support and limited institutional capacity.⁵³

Impacts of the pandemic on societies

The pandemic has underscored the imperative of placing social cohesion, solidarity and care at the centre of the recovery, to build resilience for future shocks and underpinning human development within new social contracts.

Social cohesion

The weaknesses in governance and institutions, the persistence of conflicts leading to displacement, and the high economic inequalities in the region are factors contributing to social and political fragmentation across and within countries. The region also performs poorly compared to other regions in the world, on many indicators related to gender equality, which undermines women's full participation, citizenship and enjoyment of rights.

Social cohesion in terms of social relationships among citizens, was comparable to global averages prior to the pandemic. However, interpersonal trust, which has been positively correlated with confidence and trust in government institutions, registered lower than average in the region. The multiple humanitarian crises and high levels of migration in the region further compromised social cohesion. Massive population displacement led to tense relations between residents and migrant populations, and attitudes towards migrants were not very favourable before the pandemic.⁵⁴ Evidence from several Arab countries early in the pandemic suggests that migrant populations faced Covid-related discrimination as well, such as physical violence and racist speech in some localities.⁵⁵ And there are instances where individuals, communities and social networks stepped up to confront the pandemic and provided essential support for the disadvantaged.

Social exclusion resulting from poverty and various types of inequalities is another aspect that affects social cohesion in the region. Poor and disadvantaged communities suffered higher rates of exclusion from access to vital health and education services which limited their opportunities for social mobility and compromised their social rights. The outbreak of the pandemic led to further exclusion of some groups from essential health and education services. This is especially the case in conflict-affected countries and among displaced populations, however it is equally so overall among women and girls, and the poorer populations across countries.

Prior to the pandemic, inadequate public financing had placed the burden of healthcare on patients. Out-of-pocket spending averaged 28 percent of current healthcare expenditure in the region, compared with 18 percent worldwide. But there were significant variations ranging from a low of 6.6 percent in Oman

to a high of 81 percent in Yemen.⁵⁶ Affordability was a burden to receiving healthcare in many countries. In some cases, noncitizen communities, such as migrant workers and refugees, were excluded from healthcare services.⁵⁷

Following the outbreak of the pandemic, access to and continuity of healthcare were also impeded in part by the containment measures put in place to control the spread of the virus. In conflict affected countries, healthcare disruptions were compounded by violence against health facilities and providers. Women's access to reproductive health services was notably impeded in many parts of the region. In addition, large percentages of refugees and internally displaced persons experienced greater difficulty getting medical care. Host governments in the Arab States region did not initially include refugees in their national Covid-19 plans. Among the notable exceptions was Jordan, which included refugees in its pandemic response plan from the outset.⁵⁸ A similar positive measure was the granting of access to free healthcare to migrant workers in Gulf countries during the pandemic.

In the education sector, inequalities were notable before the pandemic across and within countries, with limitations in access specifically in conflict-affected countries. Gender, family income and geography were other factors impeding access to quality education. The high cost of private education in the region made a quality education out of reach and unaffordable for many. This resulted in a widening gap between public and private education that increased inequality among students. Following the pandemic outbreak, school closures and the transition to distance education led to additional exclusion of significant segments of society. For example, on average, only 55 percent of surveyed children who were enrolled in education in Algeria, Egypt, Jordan, Morocco, Qatar, Syrian Arab Republic and Tunisia prior to the pandemic were able to access some form of remote learning after schools were physically closed.⁵⁹ Access to distance learning has been higher among students in private schools than public schools. Major inequalities in internet access between and within Arab States meant that school closures had a disproportionate negative impact on more vulnerable households, rural and marginalized communities, including refugee and IDP children and children with disabilities—increasing the risk of child labour and early marriage among girls.⁶⁰

Digital access and social media

The use of social media has increased in the region over the past decade.⁶¹ However, certain groups remain excluded from this type of media due to disparities in digital infrastructure and digital literacy, and due to inequalities in socioeconomic conditions.⁶² Gender disparities in social media use are evident, as women make up only about a third of social media users in the region.⁶³ During lockdowns following the pandemic, many people turned to social media for news and to connect with others. Social media and digital platforms were valuable for linking communities and facilitating volunteer action. But social media platforms were also fertile ground for misinformation during the pandemic, undermining the success of the response efforts. Moreover, cyber-violence against women increased during Covid-19 and was the highest form of reported violence in the region. According to a study by UN Women during 2021, 60 percent of respondents reported exposure to online violence, contributing to self-censorship by women, or their exclusion entirely from online social media spaces, including education platforms designed to reach girls in schools.⁶⁴

Care work and gender-based violence

Family relationships were affected in multiple ways by Covid-19, including increased mortality and illness due to the disease, as well as anxiety and stress due to job losses and reduced income, and disruption of vital health, education, social care and legal services. In line with global trends, several research studies in the region have shown a rise in unpaid care responsibilities in households, with most of the burden falling on women, negatively affecting their well-being and opportunities for employment.⁶⁵ According to International Labour Organization (ILO) data, even prior to the pandemic, women devoted 5.1–6.2 times more time than men to unpaid care work in West Asia and North Africa, which is much higher than the world average of 3.2 times more.⁶⁶ Lack of care policies, social care service provision and gendered social norms have contributed to women's disproportionate burden of unpaid care work in the region. While few government measures were implemented following

the pandemic to address the burden of care work, more attention was given to care policies, a step in the right direction.⁶⁷

An alarming trend harming women in the region is a rise in domestic violence, similar to the global trend.⁶⁸ While domestic violence was already a serious concern in the region prior to the pandemic, more than half of the respondents in a UN Women study in 15 Arab States reported an increase early during the pandemic.⁶⁹ The most common reasons cited for the increase in violence were mobility restrictions, financial stress and disruptions in access to support services. The pandemic also halted legal proceedings against perpetrators of domestic violence. Women refugees were particularly at risk of increased violence. It is also likely that domestic violence against children has increased. A study in Egypt reported a substantial increase in violence towards children during the 2020 lockdown.⁷⁰ Across the Arab States, 11 governments and civil society organizations have stepped up their response to the rising incidence of domestic violence, highlighting the necessity for a comprehensive response to this problem.⁷¹

Workers and labour rights

The severity of closures and workplace restrictions varied in the Arab States region during the pandemic. Workplaces in many Arab States have been slow to switch to online operations, mainly because of the dominance of small enterprises, the preponderance of informal work, disparities in internet infrastructure and access, and other factors affecting different categories of workers. Healthcare workers continued to report to their workplaces during the pandemic. Adequate protective clothing and equipment were often unavailable, especially at the beginning of the pandemic, which led to an escalation in infections and deaths among healthcare workers.⁷² Stress and mental health problems also increased, especially among female healthcare workers. Healthcare workers also mobilized against the unsafe working conditions in several countries.⁷³

In many countries, especially in Gulf countries, which host 75 percent of the migrant workers in the region, migrants make up a significant proportion of workers in healthcare, cleaning, domestic work,

agriculture, food production and other essential jobs that ensure continuity of supply chains in the Arab States region.⁷⁴ Across the region, while many migrant workers experienced challenging working conditions prior to the pandemic, during the pandemic, they had less access to sanitation and clean water, increasing their risk of infection. Many migrant workers had their wages reduced, and some were not paid.⁷⁵ The working conditions of live-in domestic workers were specifically affected, with increases in their workload during lockdowns, with cases of violence and harassment leaving some at higher risk of exploitation and human trafficking.⁷⁶

As a positive step, several Arab States introduced measures to improve the conditions of migrant workers.⁷⁷ These measures signal a welcome shift in government policies towards more egalitarian and fair treatment of migrant workers. For workers more generally, some positive measures have been undertaken to provide paid leave covering full and partial salaries and providing compensation payments for laid-off employees.⁷⁸ But the existing deficits in labour rights and protections left most workers vulnerable across the region to arbitrary dismissals, wage suspensions and deficient occupational health and safety measures.

Overall, unequal access to education and health services for parts of the population, and power imbalances in communities, families and workplaces, have weakened social cohesion. And the growing burden of care work and rise of gender-based violence threatens gender equality, while limited workers' rights increase their vulnerability. Even so, the crisis has also led to some positive measures by governments towards greater inclusion and protection of disadvantaged groups that could pave the way for more comprehensive reforms.

Building resilience and transitioning to sustainable human development

The convergence of climate change with socio-economic crises over the past decade generated unprecedented levels of vulnerability and instability in the years running up to Covid-19.⁷⁹ In the period 2006–2010, for example, in advance of the Arab uprisings and converging with the last major global financial crisis, the region experienced one of its worst

drought cycles in almost a thousand years.⁸⁰ Today, climate change and socioeconomic crises are once again coinciding, with particular challenges for poor and vulnerable communities, for which the climate crisis poses a threat to lives and livelihoods.

Many countries in the region continue to experience protracted drought and food and water insecurity, with 2020 and 2021 among the hottest years on record for the region. There have been unprecedentedly severe forest fires and droughts in Algeria, Lebanon and Syria; acceleration of the region's longstanding sand and dust storms and outbreaks of locusts in the Arabian Peninsula, driven in part by climate change.⁸¹ Fragile and conflict-affected countries have been especially vulnerable to climate change, leading to a growing awareness across the region of the threat posed by climate change to peace, security and a long-term recovery from crisis.⁸²

The convergence of the climate emergency with the Covid-19 pandemic is a major challenge for the region, but the pandemic must not distract decision-makers from the increasingly dire consequences of climate change. Rather, this convergence should serve as a wake-up call concerning the complex and multidimensional nature of the crises facing the region and the need to advance climate-resilient recovery pathways and to build forward better with integrated solutions that address both climate change and the pandemic.⁸³

Transitioning to renewable energy

Indeed, the pandemic offers an opportunity to accelerate the green transition. As the global community comes to grips with the converging demands to re-energize the economy and combat climate change, a strong momentum has emerged to diversify beyond the fossil fuel economy and accelerate the transition to renewable energy and energy-efficient solutions.⁸⁴ The renewable energy sector, in particular, has been a bright spot since the onset of the Covid-19 crisis. It has been the only segment of the energy market to experience notable growth, building on its cost-effectiveness and strategic value for increasingly carbon-constrained economies.⁸⁵ Despite these trends, the protracted nature of the Covid-19 crisis and continuing economic uncertainty bring risks for the clean

energy transition globally and in the Arab States region, with potential fragility in foreign investment, public budgets and private finance in the renewable energy sector.

Expanding the solar market as part of the recovery from the COVID-19 crisis can build on some of the successes in the Arab States region in recent years. Since the last major economic crisis of 2008–2009 and the uprisings of 2011, many countries have expanded renewable energy investments as part of their recovery strategy. Solar and wind energy capacities rose 10-fold over the past decade, from a combined capacity of around 0.5 gigawatts (GW) in 2008 to about 7.2 GW by 2018 and continuing their ascent in 2019–2020.⁸⁶ Still, only about 7 percent of overall energy is from renewables, and only 1–2 percent from solar and wind. Thus, despite the region's position as the largest recipient of solar radiation, capacities for capitalizing on this strategic asset are still at a nascent stage. Nevertheless, the upward trajectory over the past decade has been a positive development and offers a base to build on in coming years. Green hydrogen, produced with renewable energy sources, is also being considered by countries in the region as an alternative to fossil fuels.⁸⁷

An important foundation for the rise of renewable energy in the region has been the National Renewable Energy Action Plans (NREAPs) enacted in recent years. Across the region, ambitious targets and innovative policies now form a base for attracting private investment, reforming energy subsidies and establishing renewable energy institutions and renewable energy development zones.⁸⁸ Countries in the region have set a cumulative target of 190 GW of renewable energy capacity by 2035, which is expected to account for as much as 30 percent of global growth in renewable energy.⁸⁹

The growth of renewable energy capacity in the region over the past decade advances the region's aspirations to move beyond the fossil fuel-based model of development, reduce the carbon intensity of growth and expand energy access for crisis-affected communities. However, maintaining this strong momentum as part of the socioeconomic recovery from Covid-19 will require additional measures so that countries' economic fragility as they emerge from Covid-19 does not result in the loss of hard-won gains in solar energy expansion.

Protecting and sustaining ecosystems

As a resource-scarce region, the Arab States must sustain critical ecosystems to protect the health and well-being of communities. Ecosystems across the region have been under mounting pressure in recent years. More than a thousand species in the region are threatened today, most of them classed as “critically endangered.”⁹⁰ Communities and the ecosystems on which they depend for their livelihoods have been battered by expanding and unrelenting pressures from war, urbanization, industrialization and climate change.

Deteriorating ecosystems not only endanger the species they host but also threaten human health and welfare.⁹¹ As pressures assail natural habitats, animals are pushed closer to human communities, increasing the risk of zoonotic disease transmission. Actions to enhance the sustainable use and management of ecosystems are thus vital for reducing the risk of future zoonotic outbreaks, in the region and globally.

In building forward better from Covid-19, a priority should be to scale up policies and institutions that shield the ecological safety nets that nurture sustainable human development, health and welfare in the region. Actions are needed for the expanded protection and sustainable use of critical ecosystems across the region, including wadis, wetlands, marshlands, oases, and the region’s unique dryland, mountain and coastal ecosystems. These ecosystems are both a refuge for the region’s threatened species and assets for community livelihood and welfare.

Conserving water and managing waste

Water security is a high priority for communities, especially for the poor. Covid-19 has been a stark reminder of the centrality of water for community resilience. The pandemic resulted in a 5 percent increase in water demand in 2020 for intensified hygiene practices, adding pressures on already scarce water supplies.⁹² The average person in the region receives just one-eighth of the global average renewable water per person, and 18 of the 22 Arab States face water scarcity.⁹³ Over 70 million people lack regular household water supply, in addition to over 26 million displaced persons in or from conflict-affected

countries.⁹⁴ Most water bodies in the region are transboundary, creating additional challenges for their management and requiring cooperation among countries to ensure sustainability. Lack of water access has impeded the ability of communities to prevent the spread of Covid-19 and the ability of health facilities to provide emergency services. The situation is particularly dire in conflict-affected countries, where destruction of water systems has led to cholera and other diseases.

Lack of water access also imperils achievement of broader recovery goals, as water is a key input in agriculture, manufacturing and small and medium-size business activities. Water demand has been rising across the region, with the deficit expected to reach 75.4 billion cubic meters (bcm) by 2030, a large leap from 28.3 bcm in 2000.⁹⁵ Waste management services have also come into strong focus as a result of the pandemic. The need to safely dispose of medical waste has increased dramatically,⁹⁶ alongside the greater use of plastic and other disposable protection.⁹⁷ Billions of masks and gloves have been used and disposed of in the region over the past two years, with risk to freshwater and marine ecosystems.⁹⁸

Supporting and enabling local action

Local governments and community organizations stand on the frontline for both the socioeconomic impacts of Covid-19 and trends in ecological change. National and local actors must work together more closely if the Arab States region is to mount an effective response to both. Yet, many green transition initiatives across the region happen largely at the national level, without effective local engagement. Local initiatives that do take place are often isolated, and successes are rarely leveraged to achieve broader impacts.

The road ahead will be defined by a new generation of green transition initiatives that address systemic risks in the region. In building capacities for action, the focus must be on subnational and local levels rather than on conventional approaches towards nationally oriented initiatives. A greater focus on subnational action, with area-based, integrated solutions to green local socioeconomic recovery from Covid-19, is the best way to ensure that new local infrastructure

and resource-based community livelihoods can withstand future impacts of ecological change. While national laws and policies on climate change, energy and ecosystems are critical to establish an enabling environment and responsibilities for climate action, local policy and action are the foundation for results on the road to 2030.

While gaps in integrating green solutions into recovery plans exist at the national level, the gaps are even larger at the subnational level. Challenges and opportunities around issues like climate change, energy access and water insecurity are influenced largely by local contexts and local actors. Most of the environmental services that people rely on, such as energy, water and waste services, are managed by local governments and affiliated public or private companies and have important connections to green transition opportunities. Major shares of carbon emissions and energy use, for example, are influenced by local economic behaviour, while virtually all climate adaptation and water management actions in the region have to be tailored to highly localized contexts of land use and drought severity.

Towards an inclusive and resilient recovery

In the Arab States region, a sound recovery from the impact of the pandemic will require greater effort to protect the vulnerable, empower citizens, strengthen human rights, ensure the rule of law and make systems more effective and responsive. The outdated social contracts between states and citizens continue to stand in the way of peace, justice and stability. Countries need new social contracts that leave no one behind, build more resilient, inclusive and accountable institutions and expand human capabilities and freedoms.⁹⁹

A new social contract can lay the foundation not only for more trusted state–society relations but also for lasting peace. By focusing recovery efforts on enhancing trust, inclusion and social cohesion, countries in the region can take strides towards peacebuilding and conflict prevention. This will require intensifying support for processes that enable national dialogues and strengthen conflict analysis and prevention capacities. Restoring peace and

reducing conflict are the preconditions for recovery, resilience and sustainable human development.

Indeed, the pandemic presents an opportunity for countries to evaluate and strengthen capabilities and make structural changes to cope with emerging shocks, including the impact of the ongoing war in Ukraine, as well as future shocks and disasters. To do this, the Arab States need to act quickly, decisively and at scale.

The Report's broad recommendations for fostering an inclusive and resilient recovery call for expanding opportunities for all. Drawn from the many specific recommendations on the topics covered, they include the following:

To advance towards accountable and responsive governance, the Arab States can build effective institutional structures to cope with future shocks and disasters. Some Arab States have the capacity to do so, but others may need to tackle institutional inefficiencies, bolster their preparedness and increase trust in their governments. Rebuilding trust between citizens and government requires a process that leaves no one behind, ensures freedoms and strengthens human rights and the rule of law. By engaging all parties—including local governments, the private sector, civil society and citizens at large—governments can support an inclusive and faster recovery, and greater popular participation can enhance trust and political legitimacy. Local governments should be on the frontlines of implementing human development policies, delivering services and combating poverty and inequality.

To advance towards diversified and resilient economies that are less exposed to commodity cycles and macroeconomic volatility requires moving into high-productivity goods and services and expanding trade through greater integration with regional and global value chains. In addressing unemployment and the broader challenges in Arab labour markets, countries can promote job creation in the private sector, with decent working conditions, especially for women. That will require improving the investment climate and levelling the playing field for businesses and investors, both domestic and foreign, and large and small, as well as improving access to finance.

They can also strengthen public financial management through enhanced tax and budget management and bolster social spending to protect the poor and vulnerable.

To advance towards cohesive and inclusive societies, a comprehensive approach to overcome divisions, invest in social services and build care and solidarity requires five priority actions. First, investing in social care, healthcare and education, a cornerstone for building trust and solidarity, requires undertaking necessary reforms for equality in access to social services, addressing factors that exclude vulnerable groups, tackling corruption and increasing engagement with communities within countries. Second is investing in social cohesion initiatives and monitoring and taking action against all forms of discrimination, harmful practices and violence, including gender-based violence in the private, public and online spaces. Third is removing restrictions on civic participation and unionization in the workplace, to increase protection for all workers including migrants and refugees. Fourth is addressing power imbalances in the family by reforming gender discriminatory laws and investing adequately in care policies and services that can benefit women. Fifth is ensuring the equal inclusion of traditionally excluded groups in all aspects of the recovery, especially women, migrants, refugees and people with disabilities.

The pandemic could provide a critical juncture to break from piecemeal reforms and the limited development model of past decades, and to embrace instead a more inclusive and equitable development model that places care, solidarity and social cohesion at the centre of recovery efforts. This will build resilience within Arab States to withstand future shocks and expand opportunities for all.

To advance towards sustainable human development, countries can include green solutions in their recovery measures, as some are already doing. They should identify actions to increase and maintain momentum on the clean energy transition. They can expand green transportation and infrastructure investments, close gaps in water and waste services and incorporate circular economy solutions into

local development. And they can advance ecological restoration and safeguards for biological systems. If properly planned, green recovery measures can generate new, sustainable forms of revenue, create green job opportunities and enhance resilience for communities and the ecosystems on which they depend for people's lives and livelihoods. In building capabilities for action, the focus must be on subnational and local levels not just on conventional national initiatives. Subnational action—with area-based, integrated solutions to local socioeconomic recoveries from Covid-19—can ensure that new local infrastructure and resource-based community livelihoods will withstand the future impacts of ecological change.

Towards a new social contract

The severity of the pandemic is a reminder that today's development models are unsustainable.¹⁰⁰ A key take-away from the pandemic is this: the ability to resolve the complex crises affecting the world today and avoid future crises rests on the ability to reset the state-citizen relationship and our relationship with nature. This particular crisis can serve as an opportunity to rethink the nature of the social contract in the region and the basic development paradigms that have in many ways been complicit in the evolution of today's vulnerabilities to repeated rounds of crises.

Social contracts have grown fragile across the region, as people's confidence in the state has diminished.¹⁰¹ The past decade has seen a growing focus on redefining the basic assumptions that underlie the existing social contracts, including the nature of state institutions, growth models and public values. In the context of the climate crisis, many voices are also calling for a new social contract based on a nature-based paradigm of development and systems of accountability, justice and environmental citizenship.¹⁰²

Shifting to a nature-based social contract will reinforce a shift in development values and paradigms. The complexity and multidisciplinary nature of risk today requires looking beyond sectoral, linear approaches to decision-making and constructing new development paradigms and policies with both people and nature at the centre. This shift in perspective

can catalyse a transition from a legacy model of development founded on an extractive, clientelist orientation to one recognizing complex socioecological systems and founded on equality of opportunities. The solutions exist and many have been developed

and tested in the region. By acting with resolve, the Arab States can fundamentally reset the current development trajectory towards a more inclusive and resilient one that can withstand future shocks more effectively.

CHAPTER 1

Introduction

The 2022 Arab Human Development Report assesses the Covid-19 pandemic's impact on the Arab States region and the cascading effects on the region's sustainable development trajectory. Although more than two years have passed since the region and the world were confronted with the pandemic, the full range of the impacts on the region's development prospects is still emerging.

The Report reviews the status of human development in the Arab States region and analyses the Covid-19 pandemic's impact on systems, institutions and relationships across the governance, economy and society dimensions of human capabilities and development. The status of these dimensions before the pandemic has shaped much of the region's response and recovery. At the same time, looking through the lens of post-pandemic response and recovery efforts, the Report assesses how this global shock has affected the region and how existing programmes and response measures have countered the health crisis. It also details the broader ramifications for governments, economies and societies in the region and the prospects for a resilient recovery.

Although the Report's analysis was conducted prior to the war in Ukraine and its unfolding impacts on the Arab States region, its framework can increase understanding of shocks and crises beyond Covid-19. Recovery strategies that follow the approach set forth in this Report can serve as a means for countries to also build resilience against other emerging shocks, such as the impacts of the war in Ukraine on energy and food prices in many parts of the world. These impacts are particularly challenging for the region's oil-importing countries. By focusing on inclusive economic policies and social protection mechanisms that address inequality and support the most vulnerable populations—and by renewing efforts towards a resilient and green recovery that focuses on renewable sources of energy, the region can also better withstand the food, fuel and financial challenges emerging in the wake of the war in Ukraine.

In an increasingly interconnected world, the Covid-19 pandemic's global reach and associated responses have created new vulnerabilities and exposed old ones. While recovery efforts have tackled some of these challenges, far more targeted and systemic efforts are needed to reduce vulnerabilities in

the Arab States region and to reverse the widening gaps between the people enjoying high human development and those likely to be left further behind. Growing inequalities across governance, the economy and society will require multifaceted approaches and fundamental reforms to set the region on track to achieve the Sustainable Development Goals (SDGs) and create a more enabling environment for its people to enjoy long, healthy and creative lives. Structural vulnerabilities limit human development in the region, and recovery measures must address those vulnerabilities and build resilience to risks and future shocks.

How the Arab States dealt with the pandemic reflected their diverse development contexts—ranging from low-income to high-income countries. Across fragile and conflict-affected countries, the health systems, government structures and social safety nets were already weak and were additionally strained. Among middle-income countries, Jordan, Lebanon and Tunisia were relatively successful in handling the first wave of the virus but faced continuing challenges afterward. The high-income Gulf countries fared better, as they had access to resources and better health-care systems and were able to act fast to impose restrictions to prevent the spread of the virus.

Overall, as per the latest available data in early June 2022, the pandemic has caused about 13 million officially reported cases and about 170,000 reported deaths, with a regional average rate by population somehow lower than the world averages. However, the regional averages hide wide country ranges: from 380 officially reported cases per million people in Yemen up to 324,000 in Bahrain (against a global average of almost 69 thousand) and from 69 officially reported deaths per million people up to 2,376 in Tunisia (against a global average of 811).¹ Moreover, the region seems to underperform on vaccinations rate, with a regional average rate lower than the global one, and high regional heterogeneity ranging from a mere 1.4 percent of the population being fully vaccinated in Yemen all the way up to 97 percent in the United Arab Emirates (against a global average of 60 percent).

The scourge of the Covid-19 pandemic on human development has been felt not only through the spread of the virus itself. It has also been experienced through the impact of the controls put in place

to contain it and through the measures implemented to alleviate its broader impacts. Lockdowns, closures and mobility restrictions reduced people's freedoms. Economic downturns stripped many people of their livelihoods while reducing public resources for healthcare and safety nets, especially for those already vulnerable.

There are instances where rapid government action mitigated some of the worst development impacts, as well as occasions when social solidarity movements and civil society organizations quickly mobilized to respond to the pandemic's challenges. However, across the region, inequalities and structural vulnerabilities have deepened following the pandemic and greater political will and commitment will be needed to close the gaps between those enjoying a high level of human development and those likely to be left further behind. Only fundamental reforms and well-coordinated innovative approaches can create the enabling environment for people to enjoy long, healthy and productive lives.

The extreme vaccine inequity in parts of the region will continue to pose challenges for human well-being and the health and safety of people in the most vulnerable countries. This is likely to be compounded by current and emerging shocks, such as the war in Ukraine and sanctions on Russia, which are evolving and have yet to be fully analysed. What seems evident, however, is that the substantial food shortages caused by this latest crisis will strongly affect the Arab States region, which relies heavily on grain imports from the Black Sea region. Food scarcity and higher food prices will complicate efforts to guide the post-pandemic recovery, hurting the most vulnerable countries and the poorest segments of their populations more gravely.

Human development and its components

The concept of human development, introduced in the seminal 1990 Human Development Report, is the process of enlarging people's freedoms and opportunities and improving their well-being.² These freedoms have two aspects: freedom of well-being, represented by functionings and capabilities, and freedom of agency, represented by voice and autonomy.

Functionings are what people value being and doing—such as being adequately nourished and in good health, having self-respect and taking part in community life. Capabilities are the sets of functionings (beings and doings) that people can achieve. Basic capabilities include good health, access to knowledge and a decent material standard of living, which form the basis of the Human Development Index (HDI). Voice and autonomy refer to people's agency to do and achieve the goals or values they regard as important.

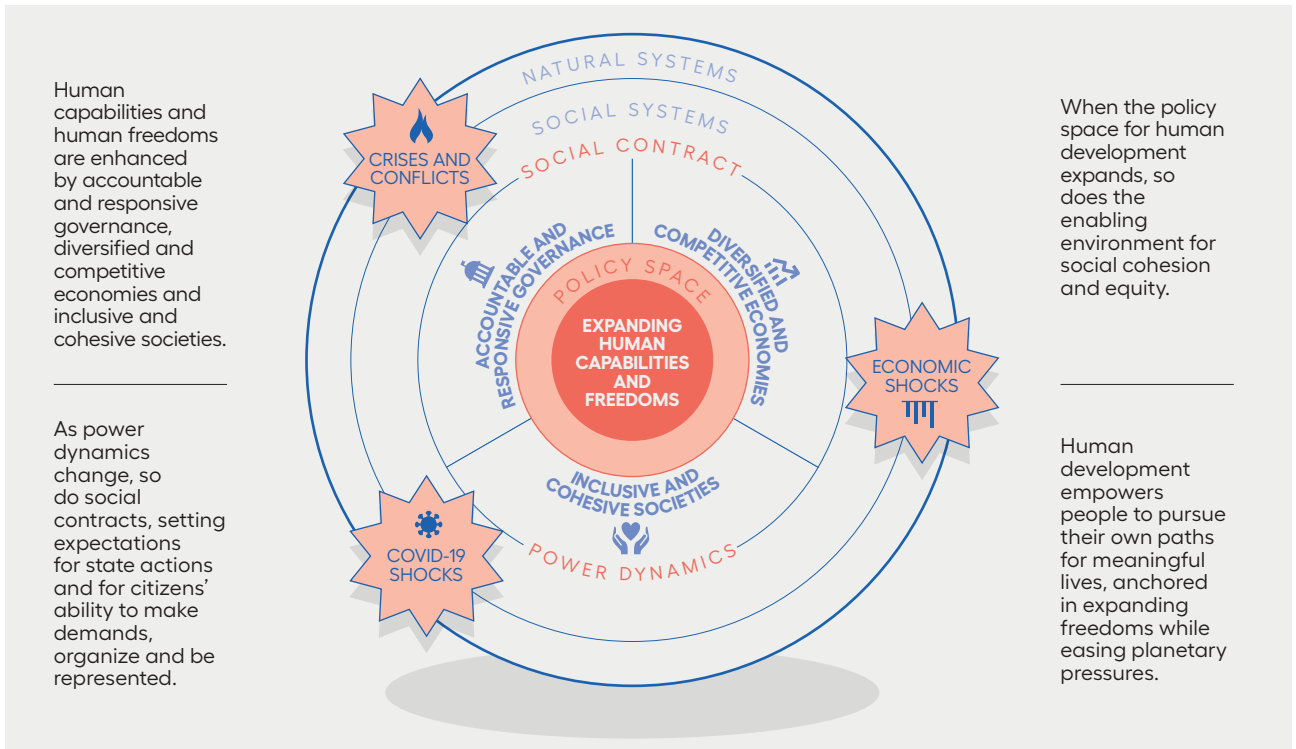
As the concept of human development has evolved, it has included other capabilities, such as the ability to participate in the decisions that affect one's life or to enjoy freedom from violence.

As further elaborated in the conceptual framework (see next section), people's capabilities are expanded or constrained by the institutions and conditions of society and by their own efforts (agency). These define the frontiers of human capabilities. People with extensive, well-developed capabilities have the tools they need to make their vision of "a good life" a reality. People who are poor in capabilities are less able to chart their own course and to seize opportunities. Without basic capabilities, human potential remains unfulfilled. This is what is reflected in inequality beyond income measures and has been represented in different forms of Inequality-adjusted HDIs.

The 2020 Human Development Report presented a new approach to human development that incorporates the relationship between human development and planetary pressure.³ It described human development as empowering people to identify and pursue their own paths for a meaningful life, one anchored in expanding freedoms—freedom to realize the full potential of every human life now and in the future—while easing planetary pressures. The 2020 Report argued that promoting human development is the way to address global and social imbalances.

As in the rest of world, human development outcomes in the Arab States region are the result of the tensions and interactions between expanding choices and planetary pressures and between expanding liberties and collective well-being.⁴ These forces, modulated by the power dynamics in the region, led to different human development outcomes for different countries and different groups within countries when the Covid-19 shock hit.

Figure 1.1 Conceptual framework for understanding the impact of the Covid-19 pandemic on the Arab States region



Source: Arab Human Development Report team.

A framework for understanding the Arab States region's vulnerability to shocks

This Report considers human capabilities and human agency as fundamental to the quality of life and achievement of human development. Human capabilities and human agency are shaped by governments, economies and societies (figure 1.1). The Report considers how pre-existing structural challenges, underlying power dynamics and interactions with governance, economic and social structures and policymaking have affected the Covid-19 pandemic and its response and, in turn, been affected by them.

Across all Arab States, as in all other countries, power dynamics and the interaction between institutions, economies and societies affect human capabilities and can increase or reduce many forms of inequality. Unbalanced power structures give rise to rules, policies and outcomes that favour those with more power. This nexus between power and development underpins citizen-state relations and the

processes that form and reform these relations as well as the human development outcomes.

Power dynamics determine outcomes along the spectrum between peace and conflict. This is evident in the different country typologies and contexts within which governance, economic and social policies are affected by power dynamics and policy space and result in either the escalation of crises or greater stability and peace.

Groups with unequal power interact and try to influence policymaking and its development outcomes. Unbalanced power structures give rise to rules, policies and outcomes that favour those with more power. This nexus between power and development underpins citizen-state relations and the social contract,⁵ and as power relations change, so do social contracts, depending on many factors. The perceptions, preferences and priorities of citizens and groups condition their expectations for state actions, as does their capacity to be represented. Advances in formal institutions underlie state formation relative to informal and nonstate institutions.⁶ Corruption, patronage and clientelism weaken citizen-state relations and set back development

processes. Economic diversification broadens opportunities and avoids high dependence on natural resources and cushions against the volatility of economic cycles. It also relies on the private sector's capacity to be competitive and an engine of domestic growth and transformation.

The combination of these factors determines the strength of the social contract. When the policy space for human development shrinks, the risks of elite capture, social fragmentation, inequality and discrimination increase. When the policy space expands, so does the enabling environment for inclusion, social cohesion, accountability and equity, thereby expanding opportunities for human capabilities while easing planetary pressures.

In the Arab States region, the strength of the social contract has been a key determinant of stability and recovery during and following shocks. The region's postcolonial history has been punctuated by several full or partial renegotiations of the social contract, the last one during the 2011 uprisings.⁷ During the Arab Spring, the renegotiations were triggered by political and socioeconomic discontent and the capacity to mobilize people in great numbers. It remains to be seen whether the Covid-19 pandemic's lingering impacts and new shocks—such as those arising from the war in Ukraine—mark the start of another episode of renegotiating the social contract.

How people and the planet interact also has a bearing on economic, social and natural vulnerabilities and affects prospects for peace and stability in the region. The drivers of conflict, crises and displacement in human and natural systems must be addressed for the Arab States region to recover from the development setbacks of the Covid-19 pandemic and advance towards a peaceful and secure future.

As reflected in the 2020 Human Development Report, humans are integral parts of social and natural (Earth) systems, and the long-term resilience and sustainability of the planet require social and natural systems to align.⁸ Existential threats such as climate change and zoonotic diseases such as Covid-19 are likely to worsen. Continuing to compromise natural systems will make recovering from these shocks more difficult.

The UN Research Institute for Social Development has called for a new Eco-Social Contract. It recognizes that while the breakdown of the social contract

manifests itself in multiple global crises and deep social divisions with widening inequalities, the failure of economic models to account for the natural boundaries of the planet has led to environmental destruction. The resulting climate change, extreme weather events and health pandemics have made human survival precarious.⁹

The Report thus draws lessons from the pandemic and country responses to inform a development model for the region that focuses on expanding human capabilities. The goal is to have fair, inclusive and resilient human systems interact more sustainably with Earth systems to reduce the impact of future shocks and the consequences of climate change.

The Covid-19 pandemic's impacts on structural vulnerabilities in the Arab States region

The Report examines the region through the lens of human development, in particular people's ability to live a long and healthy life, acquire knowledge and achieve a decent standard of living. It also considers the conditions for human development, including agency, viewed by Amartya Sen as a person's ability to participate in economic, social and political activities. Agency is crucial in tackling the economic, social and political barriers to achieving substantive freedoms. Greater agency can foster participation in community life, public debate and accountable governance, along with the enjoyment of human security, human rights and human well-being.¹⁰

Before the Covid-19 pandemic, the region was falling behind on most of the SDGs. Although the pandemic's impact on human development in the region has been extensive, it has not been uniform, and it has aggravated existing inequalities between and within countries. Expanding human development should now be at the core of accelerating achievement of the SDGs in the region.

In analysing life before and with Covid-19 across governance, the economy and society, the Report finds that persistent structural challenges often undermined countries' ability to cushion the pandemic's impact, increasing vulnerabilities. Unless these growing challenges are addressed, the region risks leaving the most vulnerable people farther behind and failing to advance human development.

The new governance challenges created by the pandemic and the ensuing country responses have amplified older persistent challenges, such as low trust in institutions and the rule of law, and constraints on the civic space and human freedoms. Many Arab States were not well prepared at the outset to respond to the pandemic. Despite some successes, government's limited role in healthcare remains a challenge for providing health services to all. In some cases, governments' lack of transparency and resort to restrictive emergency measures during the pandemic has perpetuated low trust.

Before the Covid-19 pandemic, the region faced multiple economic challenges. Undiversified economies limited employment generation, with widespread informality and limited social protection. Limited fiscal space and inefficient public financial management systems increased public debt. In addition, the region has the lowest rate of female labour force participation and female entrepreneurship and the highest burden of care work carried out by women. Despite some notable efforts, the coverage and adequacy of social protection mechanisms to support post-Covid-19 recovery have been low. In this environment many economic indicators deteriorated, poverty increased—particularly among vulnerable groups—and small and informal businesses were especially hurt.

Some discriminatory gender norms also worsened during the Covid-19 pandemic. The disproportionate care burden on women, gender-based violence and inequality in access to healthcare and education all increased. Even so, some social norms may have shifted in a more positive direction for women. The pandemic revealed the limited availability of care services and measures to support women's paid work. And social media played a role in interactions with government, access to information and the continuation of essential services. But they were also platforms for disseminating false information, inciting violence and excluding disadvantaged communities. The quality of the education system deteriorated, and equal access to education was strained, putting poorer and rural households at greater disadvantage.

Charting a course towards an inclusive and resilient recovery

The current patterns of exploitation and governance of natural systems contribute to vulnerability and to future risks and shocks. Social systems are in turn affected by planetary pressures such as climate change and drought, high water stress, food shortages, ecosystem degradation and zoonotic diseases. The Report proposes basing the path to recovery from the Covid-19 pandemic on green and resilient measures.

Responses to the Covid-19 pandemic have revealed the need to manage multidimensional risks and build resilience through integrated solutions and development paths that focus on nature. Human development patterns and policies need to follow a new nature-positive track to generate more value added and environmentally resilient economic growth by incorporating conservation, rationalization of water use, and responses to the region's food insecurity and dependence on an extractive economy. This would put the region on a more secure footing in anticipating and adapting to climate risks and other shocks. Nature-positive governance responses also need to include improved mechanisms for access to information, participation and decisionmaking on the environment.

The Report finds notable examples of positive responses to the Covid-19 pandemic in the Arab States region. There are instances where rapid government action mitigated some of the worst development impacts, as well as occasions when social solidarity movements and civil society organizations quickly mobilized to respond to the pandemic's challenges. While such positive efforts are welcome, greater political will and systemic commitment are needed to address inequalities that deepened during the pandemic. Fundamental reforms are needed across governance, the economy and society to expand opportunities for human development and capabilities, and to increase human security. The Report identifies how the post-pandemic recovery can enable more inclusive and equitable human development and a better balance between social and natural systems.

CHAPTER 2

Human development and the Covid-19 pandemic

Globally, the Covid-19 pandemic has had a devastating impact on human development and the 2030 Agenda for Sustainable Development, swiftly and simultaneously affecting all dimensions of human development—health, education, poverty and employment—with a particular expression in cities. Other global extreme events of the past few decades—including epidemics such as HIV/AIDS and swine flu, heatwaves and megastorms, as well as the 2008 global financial crisis—have also affected all dimensions of human life, but they came on more slowly, and some were local in impact.

The United Nations Development Programme posits that global human development suffered a steep and unprecedented decline in 2020, equivalent to erasing all the progress in human development over the past six years—the largest such setback since it introduced the concept of human development in 1990 (figure 2.1).¹

The social contract between Arab States and their people, forged after independence, rests on the joint acceptance of an economic development model in which the state provides social and economic development and the people trade partial political

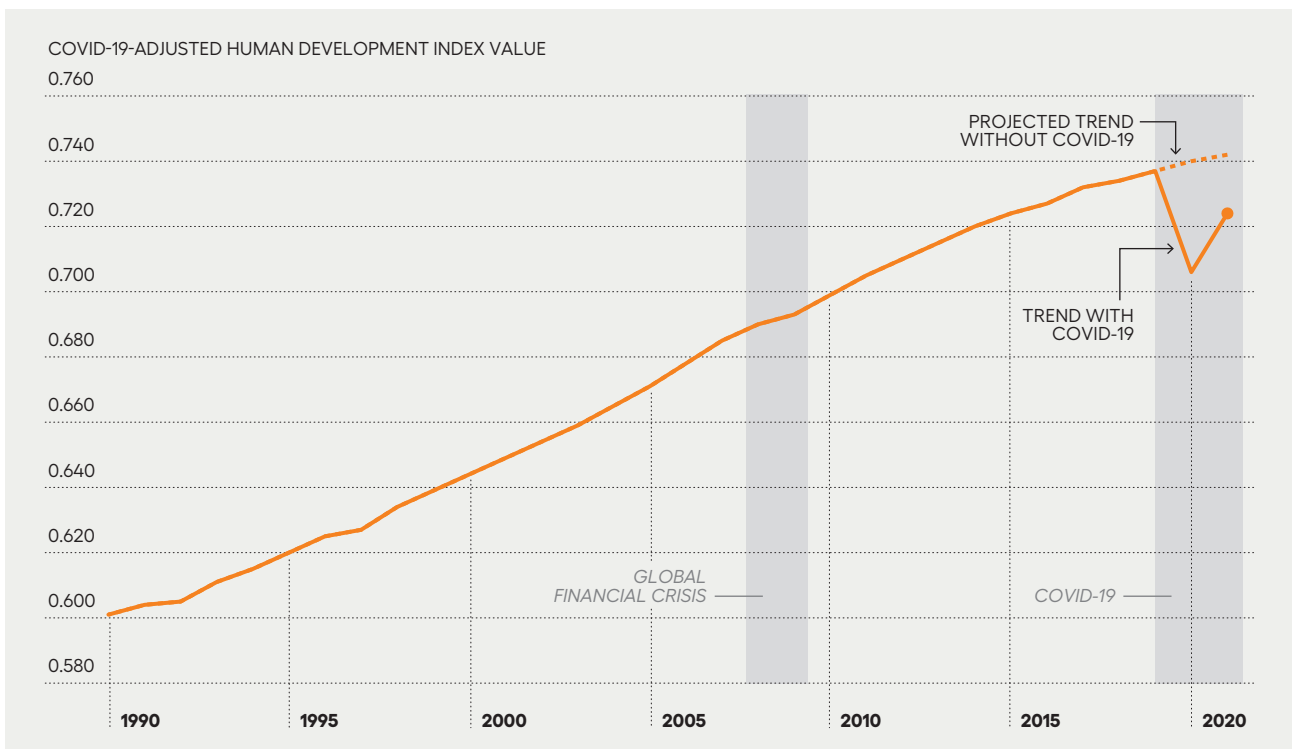
participation and political and civil liberties for employment, services and social protection.

When the Covid-19 pandemic reached the Arab States, the region was already struggling with multiple weaknesses and fragilities. Economic inequality threatened inclusive human development, while spatial inequality created structural impediments to accessing basic services and coping mechanisms during the pandemic. All these factors added to and were exacerbated by the forces of conflict, political instability and unaccountable governance. The pandemic exposed the fault lines of the social contract in Arab States, highlighting government unpreparedness, deep social inequalities and unsustainable practices.

The human development context in the Arab States region

The 2020 Human Development Report presented an approach to human development that incorporates the relationship between human development and planetary pressure.² It described human development as empowering people to identify and pursue their own paths for a meaningful life, one anchored

Figure 2.1 The Covid-19 pandemic resulted in a steep and unprecedented decline in global human development



Source: UNDP 2022.

in expanding freedoms—freedom to realize the full potential of every human life now and in the future—while easing planetary pressures. It invited looking beyond sustaining needs to expanding capabilities, seeing people as agents who act and bring about change and evaluating people’s achievements in terms of their own values and goals. The 2020 Report argued that promoting human development is the way to address global and social imbalances.

The 2022 UNDP Special Report on Human Security underscores the need to focus on people’s security, looking beyond protecting the nation-state to protecting basic needs, physical integrity and human dignity. It emphasizes the importance of everyone’s right to freedom from fear, freedom from want and freedom from indignity. It highlights the close connection between security, development and the protection and empowerment of individuals and communities, along with the need to assess development beyond achievements in wellbeing alone, which is also central to the conceptual framework used to develop this Report.³

Human development outcomes in the Arab States region are the result of tensions and interactions between expanding choices and planetary pressures and between expanding liberties and collective well-being.⁴

The emergence of the Covid-19 pandemic and the measures implemented to control its spread had a

substantial effect on human development outcomes and progress towards achieving the Sustainable Development Goals (SDGs) in the Arab States region (box 2.1). The shock highlighted the flaws in the social contract in Arab States and the unpreparedness of governments; inadequacy of economic, financial and infrastructure means; unsustainable practices; and deep social inequalities and human vulnerabilities.

The Arab States region displays a wide range of common challenges related to human development and achieving the SDGs:⁵

- Poverty (SDG 1).
- Hunger (SDG 2).
- Health and well-being (SDG 3).
- Gender equality (SDG 5).
- Clean water and sanitation and affordable and clean energy (SDGs 6 and 7).
- Decent work and economic growth (SDG 8).
- Industry, innovation and infrastructure (SDG 9).
- Life below water (SDG 14).
- Peace, justice and strong institutions (SDG 16).
- Data, finance and debt (SDG17).

These challenges can be distinguished by country and territory groupings (table 2.1).

As in the rest of the world, the Covid-19 pandemic has damaged economies in the Arab States region, stalled human development and undermined pursuit of the SDGs. Economic recovery alone cannot undergird the region’s postpandemic development

Box 2.1 Human development and the Sustainable Development Goals

On 25 September 2015 the 193 Member States of the UN General Assembly adopted the 2030 Agenda for Sustainable Development, setting a common vision for development anchored in human rights, respect for the environment and inclusive of everyone. It identified the Sustainable Development Goals (SDGs) and the development outcomes against which achievement of this vision would be measured, and it called for every country to find its unique pathway towards fulfilling this vision.

Human development and the SDGs are connected, but they are not identical.¹ The SDGs are a globally agreed framework for assessing development progress within the broader development framework of the 2030 Agenda. Human development is a philosophy for prioritizing and focusing development issues. In other words, the SDGs provide a development destination, while human development designs the route to get there. Thus, how the Arab States region addresses human development has an impact on the pathway it takes to achieve the SDGs. Furthermore, as indicated in the conceptual framework for this Report, one cannot assume that expanding people’s capabilities will automatically ease planetary pressures. The Human Development Index (HDI) provides clear historical evidence to the contrary—countries with the highest HDI values have exerted more pressure on the planet and over a greater scale.²

Notes

1. UNDP 2016. 2. UNDP 2020.

Table 2.1 Human development and Sustainable Development Goal challenges, by country and territory typology

Challenge	Gulf countries (Bahrain, Kuwait, Qatar, Saudi Arabia, United Arab Emirates)	Middle income countries (Algeria, Djibouti, Egypt, Jordan, Morocco, Tunisia)	Fragile and conflict-affected countries and territories (Iraq, Lebanon, Libya, State of Palestine, Somalia, Sudan, Syrian Arab Republic, Yemen)
High dependency on cereal imports weakens food security (All people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life) (exacerbated by the war in Ukraine) (Cereal dependency ratio, 3-year average, 2016–2018, most recent value) (FAO 2022)	→ United Arab Emirates: 100% → Kuwait: 98.8% → Saudi Arabia: 95.6%	→ Jordan: 100% → Djibouti: 97.6% → Algeria: 70.8% → Tunisia: 65.5% → Morocco: 56.9% → Egypt: 48.2%	→ Lebanon: 99% → Yemen: 96% → Iraq: 56.8%
Large (>5%) decline in GDP per capita , especially in fragile and conflict-affected countries and territories (World Bank 2020)	→ Kuwait: -10% → Bahrain: -8.5% → Oman: -7.5% → United Arab Emirates: -7.3% → Saudi Arabia: -5.6%	→ Tunisia: -10.1% ^a → Morocco: -7.4% → Algeria: -6.8%	→ Libya: -32% → Lebanon: -20% → Iraq: -17.6% → State of Palestine: -13.6% → Sudan: -5.9%
High (>77%) public debt to GDP ratio (IMF 2022)	→ Bahrain: 128.5%	→ Egypt: 93.5% → Jordan: 91.8% ^a → Tunisia: 82%	→ Sudan: 184.3% → Lebanon: 135% → Yemen: 84.2%
High (>40%) income poverty rate in fragile and conflict-affected countries and territories (UN ESCWA 2020a, 2021; World Bank 2020)			→ Yemen: 79% → Syrian Arab Republic: 79% → Lebanon: 74% → Somalia: 69% → Sudan: 53.4% → State of Palestine: 44.3%
Conflict-induced displacement (IDMC 2020)			→ 17 million internally displaced persons in the region: → Syrian Arab Republic: 6.6 million → Yemen: 3.6 million → Somalia: 3 million → Sudan: 2.3 million → Iraq: 1.2 million
High (>30%) share of youth not in education, employment or training , 2020 value (most recent) (global average before Covid-19 pandemic was 21.8%); shares are twice as high, on average, for female young people (41.9%) than male young people (19.7%) (ILO 2022)		→ Jordan: 37.4%	→ Iraq: 45.4% → Yemen: 45.4% → State of Palestine: 34.5% → Libya: 34.4%
High (>50%) informal employment rate (71.5% on average), especially among young people (87.8% on average) ^b (ILO 2022)		→ Egypt: 66.7% (youth: 90.2%) → Tunisia: 61.3% (youth: 83.4%) → Jordan: 53.5% (youth: 54.8%) → Djibouti: 50.5% ^c (youth: 56.3%)	→ Sudan: 87% (youth: 94.6%) → Somalia: 82.5% ^d (youth: 86.1%) → Yemen: 77.4% (youth: 89.2%) → Lebanon 55.4% ^e (youth: 72.8%) → State of Palestine: 51% (youth: 79.1%)
Low (<66%, the world average on 13 June 2022) Covid-19 vaccination rates in some countries (share of people with at least partial vaccination) (Our World in Data 2022)		→ Jordan: 47% → Egypt: 47% → Djibouti: 19% → Algeria: 18%	→ Lebanon: 40% → Libya: 32% → Syrian Arab Republic: 15% → Somalia: 15% → Yemen: 2.3%
Water-scarcity (freshwater withdrawals as a share of internal resources); 13 Arab States are among the world's 19 most water-scarce (Our World in Data 2022)	→ Bahrain: 3,877.5% → United Arab Emirates: 1,708% → Saudi Arabia: 883% → Qatar: 447.8%	→ Egypt: 6,420% → Jordan: 132.5% → Tunisia: 113.6% → Algeria: 87%	→ Libya: 817% → Sudan: 673.4% → Syrian Arab Republic: 195.8% → Yemen: 169.7% → Iraq: 109.48%
High variance in Human Development Index (HDI) scores^e across the region, which reflects the diversity of challenges	Very high human development → United Arab Emirates (0.890) → Saudi Arabia (0.854) → Bahrain (0.852) → Qatar (0.848) → Kuwait (0.806)	High human development → Algeria (0.750) → Tunisia (0.730) → Jordan (0.720) → Egypt (0.700) Medium human development → Morocco (0.670) Low human development → Djibouti (0.490)	High human development → Lebanon (0.730) → Libya (0.700) Medium human development → State of Palestine (0.690) → Iraq (0.680) Low human development → Syrian Arab Republic (0.540) → Sudan (0.500) → Yemen (0.460)

a. Data are for 2020.

b. Population-weighted average of harmonized informal employment data for the countries shown in the table, for which data are available from ILOSTAT (ILO June 2022).

c. Data are for 2017.

d. Data are for 2019.

e. The cutoff points are HDI of less than 0.550 for low human development, 0.550–0.699 for medium human development, 0.700–0.799 for high human development and 0.800 or greater for very high human development.

Source: Arab Human Development Report team.

Box 2.2 Cities and the Covid-19 pandemic

The Arab States region is undergoing rapid urbanization. In 2020 more than 56 percent of the population lived in urban areas, and more than 81 million people lived in informal settlements. By 2050, 75 percent of the population is expected to be living in urban areas.¹

As in the rest of the world, cities have been the epicentres of the Covid-19 pandemic in the region, accounting for an estimated 90 percent of confirmed cases.² Cities have been dealing firsthand with the pandemic's devastating death toll and severe socioeconomic impacts.

But cities were unequally prepared to face the pandemic. Those with long-standing development gaps and challenges have been hit particularly hard, confronting increased pressures from lower revenue and financial resources, weak local governance systems and structures, lack of digital access and connectivity, ill-equipped or under-resourced frontline healthcare workers, poor infrastructure and inadequate housing.

Despite the adverse effects and devastating vulnerabilities, cities offer opportunities and innovative responses to confront stresses and strengthen adaptive capacity and resilience. Local governments and communities in the Arab States region are building urban resilience as a pillar for recovering from the pandemic and confronting climate threats.

Notes

1. UN Habitat 2020. 2. UN 2020.

agenda. Real change—through wide-ranging, socially inclusive, long-term and collectively crafted reforms—is needed to repair structural weaknesses, especially those of governance and institutions.

Conflicts in Iraq, Libya, State of Palestine, Sudan, Syrian Arab Republic and Yemen have led to waves of human displacement, with 58 percent of the world's refugees originating from the region. Some 55.7 million people need humanitarian assistance, including 26 million refugees and internally displaced persons.⁶ To sustainably improve their well-being, responses need to be viewed through a human development lens. That reveals a need for interventions that emphasize not only physical safety but also a minimum threshold of economic, social, political and cultural freedoms in promoting a peaceful and just future for all.⁷ This insight is captured in the concept of the humanitarian-development-peace nexus.

The impact of the Covid-19 pandemic on the dimensions of human development

This section presents an overview of the impact of the Covid-19 pandemic on five dimensions of human development in the Arab States Region: health, education, income, agency and freedoms, and planetary pressures.

Health

Before the Covid-19 pandemic, several health indicators were steadily improving in the Arab States region:

- The maternal mortality ratio fell from 168 maternal deaths per 100,000 live births in 2000 to 99 in 2017. But the improvement has not been uniform. The maternal mortality ratio was below 15 deaths per 100,000 live births in the GCC countries in 2017, but above 150 in Djibouti, Somalia, Sudan and Yemen—including a staggering 829 in Somalia.
- Child mortality declined from 7 percent in 1990 to 2.5 percent in 2019. The child mortality rate is below 1 percent in GCC countries and Lebanon but above 5 percent in Djibouti, Sudan and Yemen.
- The mortality rate for cardiovascular disease, cancer, diabetes and chronic respiratory disease, similar across countries, has held fairly steady, with a slight reduction from 23.2 percent in 2000 to 21.6 percent in 2015.

These numbers reflect that the Arab States region's struggle with high health inequality even before the pandemic. Many countries had weak and fragmented healthcare systems, creating disparities in life expectancy and health outcomes.⁸ Within countries,

services are often delivered by a patchwork of public and private providers, nongovernmental organizations and military services (see chapter 5).⁹

Sex-disaggregated data are scarce in the region. As of January 2022, around 44 percent of confirmed Covid-19 cases and 34 percent of Covid-19 deaths in the region were disaggregated by sex, compared with 52 percent and 67 percent at the global level. In the countries that report sex-disaggregated Covid-19 data, men are more likely both to get infected and to die from Covid-19.¹⁰ Six countries do not report sex-disaggregated Covid-19 data.

The Covid-19 pandemic has directly increased illnesses and deaths in the region, while virus containment measures have created additional barriers to meeting SDG 3 on health and well-being. The pandemic has disrupted health systems across the region, impeding access and interrupting continuity of care. Coming on top of already weak primary and preventive healthcare systems, these impacts have left many groups more vulnerable to illness and even death. By early June 2022, the Covid-19 pandemic had caused about 13 million officially reported infection cases in the region and about 170,000 reported Covid-19 deaths. Regional averages are somewhat lower than world averages, but the rates per million people range from 380 officially reported cases in Yemen to 324,000 in Bahrain (compared with a global average of almost 69,000) and from 69 officially reported deaths per million in Yemen to 2,376 in Tunisia (compared with a global average of 811).¹¹ Moreover, the region seems to underperform on the vaccination rate, with a regional average lower than the global one and wide range, from a mere 1.4 percent of the population fully vaccinated in Yemen up to 97 percent in the United Arab Emirates (compared with a global average of 60 percent).

Multiple studies across diverse population groups with chronic diseases have found that the pandemic has affected women's general health, sexual and reproductive health and mental health.¹² The pandemic has led to a growing but unmet need for contraception in the Arab States region. In Tunisia, although sexual and reproductive health services are available for free, service use has declined in recent years.¹³

Half of prior family planning users reported being unable to access contraception during pandemic

lockdowns.¹⁴ The 51 percent prevalence rate of modern contraception use and 28 percent unmet need for contraception in 2019 worsened during the pandemic.¹⁵ Sexual and reproductive healthcare accessibility is especially challenging in rural regions.

More than 15.5 million women of reproductive age living in the Arab States region, including some 1.5 million pregnant women, required some form of humanitarian aid before the pandemic.¹⁶ Women and girls who already faced risks to their health and safety in managing their sexual and reproductive health and menstrual hygiene before the crisis are particularly in danger.

Studies for several Arab States suggest that pregnant women faced serious barriers to receiving prenatal and delivery care because of the pandemic.¹⁷ For example, a survey carried out in Morocco found that among 2,350 representative households about a third of pregnant women were unable to receive prenatal care, while another third were unable to access sexual and reproductive health services generally.¹⁸ The primary reasons cited by respondents included fear of contracting Covid-19 in a healthcare setting, the inability to travel to a healthcare facility and the closure of facilities or services.¹⁹

The Covid-19 pandemic has also undermined mental health in the region. A World Health Organization survey found that the pandemic and pandemic-related containment measures not only triggered and exacerbated mental health conditions but also disrupted mental health services in most countries around the world.²⁰ This has direct implications for increased disability and number of healthy life years lost due to mental health disorders (SDG target 3.4). The increased mental health burden can be attributed partially to the sudden curtailing of freedoms and functionings because of the pandemic and pandemic-related containment measures. A study of 100 adolescents (half of them girls), which included Lebanese, Palestinian and Syrian refugees living in geographically diverse areas of Lebanon, found that healthcare inaccessibility, particularly in overcrowded refugee camps, and prohibitively expensive preventive measures were major sources of distress.²¹ Adolescent female refugees, especially, perceived considerable stress related to food insecurity as a result of the pandemic, in some instances expressing suicidal thoughts.

Education

Although the Arab States region has made remarkable gains in educational attainment and more equitable access to formal education since 2000, the region was not on track even before the Covid-19 pandemic to achieve the SDG 4 targets (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all by 2030) and was lagging behind the global average in performance and progress:

- More than 16 million children in the region were out of school before the pandemic, including 10 percent of primary school-age children and 32 percent of upper secondary school-age children.²²
- Girls were more likely than boys to be out of school, especially at higher levels of education.²³
- At the lower secondary school age, 15.7 percent of male adolescents were out of school, compared with 19.9 percent of female adolescents, though gender parity was mostly achieved across the region in primary and secondary enrolment.²⁴
- The adult literacy rate in the region rose from 65.3 percent in 2000 to 75.1 percent in 2019, while the youth literacy rate rose from 82.1 percent to 86.2 percent. Despite this progress, adult and youth literacy rates lagged behind the world averages of 86.5 percent and 91.7 percent.²⁵
- Students performed poorly on international assessments of learning outcomes even before the pandemic, and in some Arab States more than half the children did not meet the lowest benchmark. In 2018 the proportion of students achieving at least a minimum proficiency level in reading at the end of lower secondary education was 32 percent in Lebanon, 49 percent in Qatar, 57 percent in United Arab Emirates and 59 percent in Jordan.²⁶

With the disruption of schooling during the Covid-19 pandemic, there are concerns of an increase in early marriage.²⁷ Before the pandemic, early marriage among Syrian refugee girls was associated with dropping out of school.²⁸ Elsewhere in the region, early marriage has been associated with negative health outcomes, including those related to adolescent pregnancy.²⁹

Additionally, the heavy reliance on remote learning during the pandemic has exposed the stark digital divide in the Arab States, as disadvantaged segments of society and people in poorer countries are less

likely to have internet access.³⁰ Only 52 percent of households in the region had a computer in 2019, compared with 78 percent in Europe and 66 percent in the Americas, and 57 percent had internet access at home, compared with 87 percent in Europe and 72 percent in the Americas (figure 2.2).³¹ Only 26 percent of children and young people ages 0–25 in the Arab States region have internet access at home.³² While 35 percent of children in urban areas can access the internet at home, only 16 percent of children in rural areas can.³³ And only 47 percent of women and girls were using the internet in 2019, compared with 61 percent of men and boys.³⁴ Major inequalities in internet access among Arab States also result in disproportionate impacts from school closures.

Poverty and inequality

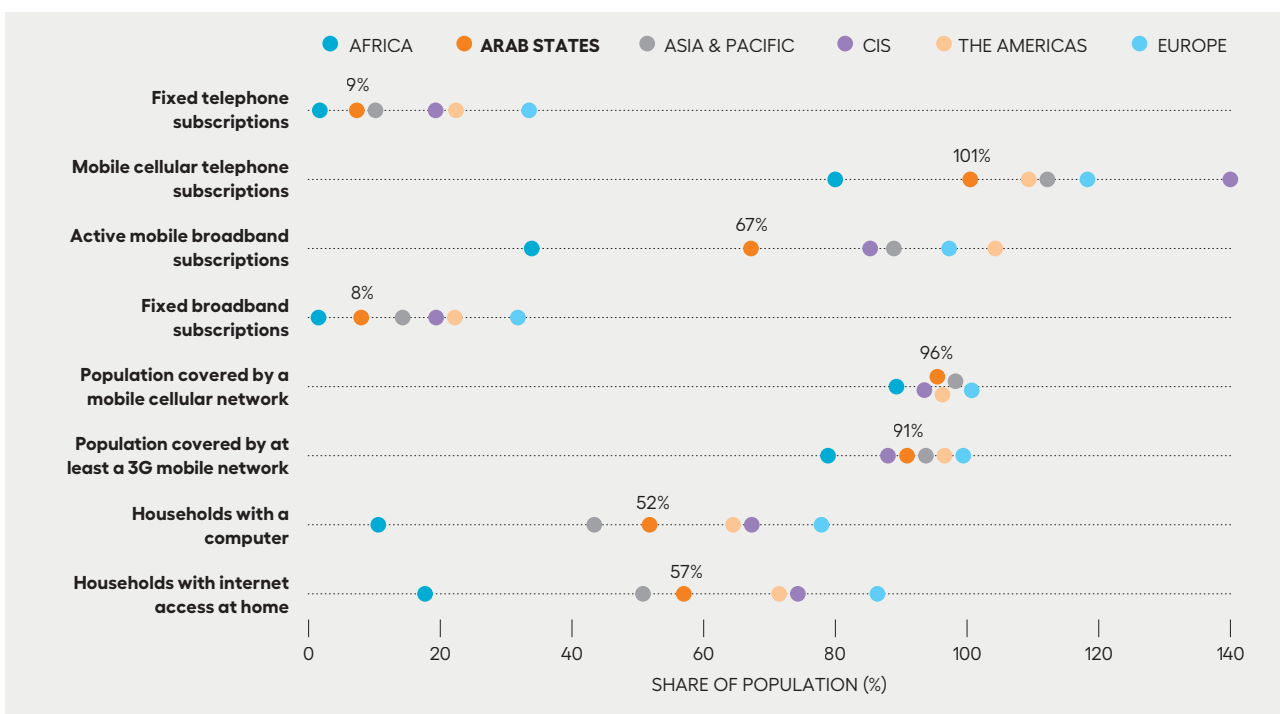
Income poverty

The Arab States include countries with high poverty levels and countries in which extreme poverty has seemingly been eradicated. Based on national definitions of poverty, about 56 percent of the region's poor people live in fragile and conflict-affected countries, and about 42 percent live in middle-income oil-importing countries. Iraq, Sudan and Yemen are home to about 46 percent of people classified as poor by national poverty lines.³⁵

The Arab States region was already experiencing an upward trend in income poverty before the pandemic. Overall, the headcount poverty rate for the \$1.90 a day international poverty line more than doubled from 2010 to 2019, which is far more than the increase in poverty incidence using the \$3.20 lower-middle-income poverty line (which rose from 19.6 percent to 30.1 per cent)³⁶ or national poverty lines (which rose from 22.8 percent to 29.4 percent).³⁷ Just before the pandemic, in 2019, about 29 percent of people in the Arab States region were estimated to be poor, as defined by national poverty lines.

Averages, however, hide details. The national poverty rate in Egypt rose from 25.2 percent during 2005–2010 to 32.5 percent during 2011–2017 (figure 2.3). The national poverty headcount ratio also increased over the period in conflict-affected countries

Figure 2.2 The heavy reliance on remote learning during the Covid-19 pandemic has exposed the stark digital divide in the Arab States, 2019



Source: ITU 2020.

and territories such as State of Palestine and Yemen. However, some countries, such as Iraq, Morocco and Tunisia, reduced poverty over the same period.

The failure to create decent jobs is a key reason why economic growth has not translated into poverty reduction.³⁸ Jobs have instead been created either in the public sector—already oversaturated—or in the informal private sector, with workers engaged in poor-quality, low-productivity work in sectors with irregular and insecure income and often excluded from social protection and public health services.³⁹ Based on available data for the nine countries, excluding the GCC countries, a population-weighted average of 71.5 percent of jobs in the the region are informal. For youth, 87.8 percent of jobs are informal.⁴⁰

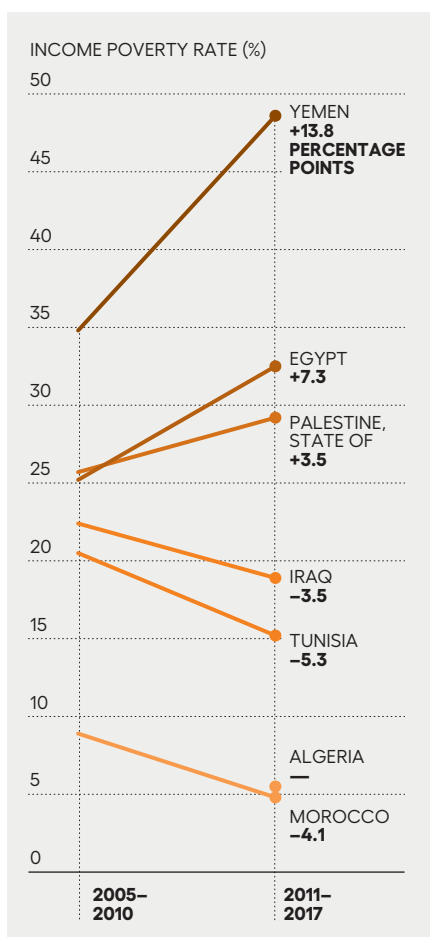
The prevalence of child labour was also rising before the pandemic, particularly in households facing financial difficulties due to the loss of assets and livelihoods, often in countries affected by conflict and displacement. A quarter of Yemeni children ages 5–14 were engaged in labour, compared with 7 percent in Egypt, 5 percent in Iraq and 2 percent in Tunisia.⁴¹

Over the short and medium terms the Covid-19 pandemic has affected poverty through multiple

channels that affect households’ purchasing power. Labour income has been reduced by workers’ illness and by the impact of lockdown measures on jobs, including permanent and temporary firings and reductions in working hours or wages. Both of these transmission channels can be stronger for working poor people, who are more vulnerable to illness and disproportionately work in hard-hit sectors such as construction and low value-added services. In addition, nonlabour income such as family transfers and public cash transfers suffered during the pandemic. Rising prices also increased poverty, through currency devaluation or inflation, including higher prices for specific goods and services such as food and health services, as well as higher costs for additional health services. Again, poor people may be disproportionately affected because their jobs may not allow social distancing, a lack of protective equipment, inadequate hygiene conditions, higher household density and prior health fragilities.

In the medium and long terms the pandemic could affect poverty through the deterioration in people’s tangible assets, such as depletion of fixed assets and working capital, and intangible assets, such as human

Figure 2.3 The regional average for the Arab States hides difference in rates and changes in income poverty across countries and territories



— is not available.

Source: UNDP (2021) based on World Bank (2020).

capital, as a consequence of reduced access to health and education services.

The pandemic exacerbated the already rising poverty rates in the region and substantially increased the number of poor people. In 2020 about 32.4 percent of the population was estimated to be poor according to national poverty lines, up 3.4 percentage points from before the pandemic.⁴² About 80 percent of poor people in the region reside in four countries: Egypt, Sudan, Syrian Arab Republic and Yemen. Based on the latest estimates, income poverty has increased to 79 percent in Yemen, 44.3 percent in State of Palestine, 32 percent in Egypt, 23.2 percent in Iraq, 15.4% in Tunisia, 4% in Algeria and 3.3 percent in Morocco.⁴³ The estimated share of people living in extreme poverty (\$1.90 a day) increased from 9.4 percent (32.7 million

people) in 2019 to 11.7 percent (42.4 million) in 2021. The estimated increase in extreme poverty is higher in fragile and conflict-affected countries: 9.7 percentage points in Yemen and 6 percentage points in both Sudan and Syrian Arab Republic. These three countries account for an estimated 85.5 percent of new extreme poor people (8.3 million).

High poverty has also worsened food insecurity in the region, through disruption of food systems, loss of jobs and higher food prices. Any increase in food prices jeopardizes the food security of poor people, who spend a larger share of their income on food than better-off groups. Countries in the region are net food importers, with all Arab States importing more than 30 percent of their cereal consumption, which leaves them more vulnerable to changes in international cereal prices and disruptions to the global cereal supply chain that may result from lockdowns and other precautionary measures in cereal-exporting countries⁴⁴ during the pandemic—and as recently observed with the war in Ukraine.⁴⁵

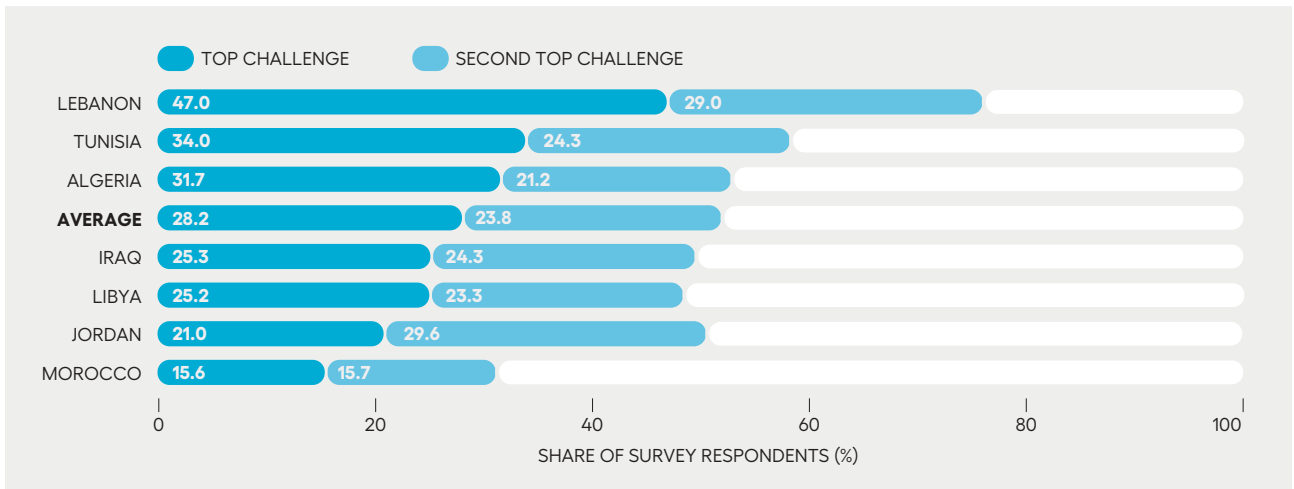
In Lebanon food inflation increased by more than 93 percent from the first quarter of 2020 to the second as a result of instability in addition to the Covid-19 pandemic.⁴⁶ In an Arab Barometer survey in Algeria, Iraq, Jordan, Lebanon, Libya, Morocco and Tunisia in March–April 2021, 28.2 percent of respondents identified higher cost of living as the top challenge caused by the Covid-19 pandemic, and 24 percent identified it as the second most important challenge (figure 2.4).⁴⁷ World Bank telephone surveys found that 43 percent of households in State of Palestine, 27 percent in Djibouti and 15 percent in Tunisia reported reducing their food intake because they could not afford to buy more.⁴⁸

Multidimensional poverty

About 14.5 percent of the population in low- and middle-income (developing) countries in the Arab States region were multidimensionally poor in the most recent year with data (from an estimated 0.4 percent in Jordan to 52.3 percent in Sudan).⁴⁹ Overall, multidimensional poverty was declining before the pandemic in the region's developing countries with available data (figure 2.5).⁵⁰

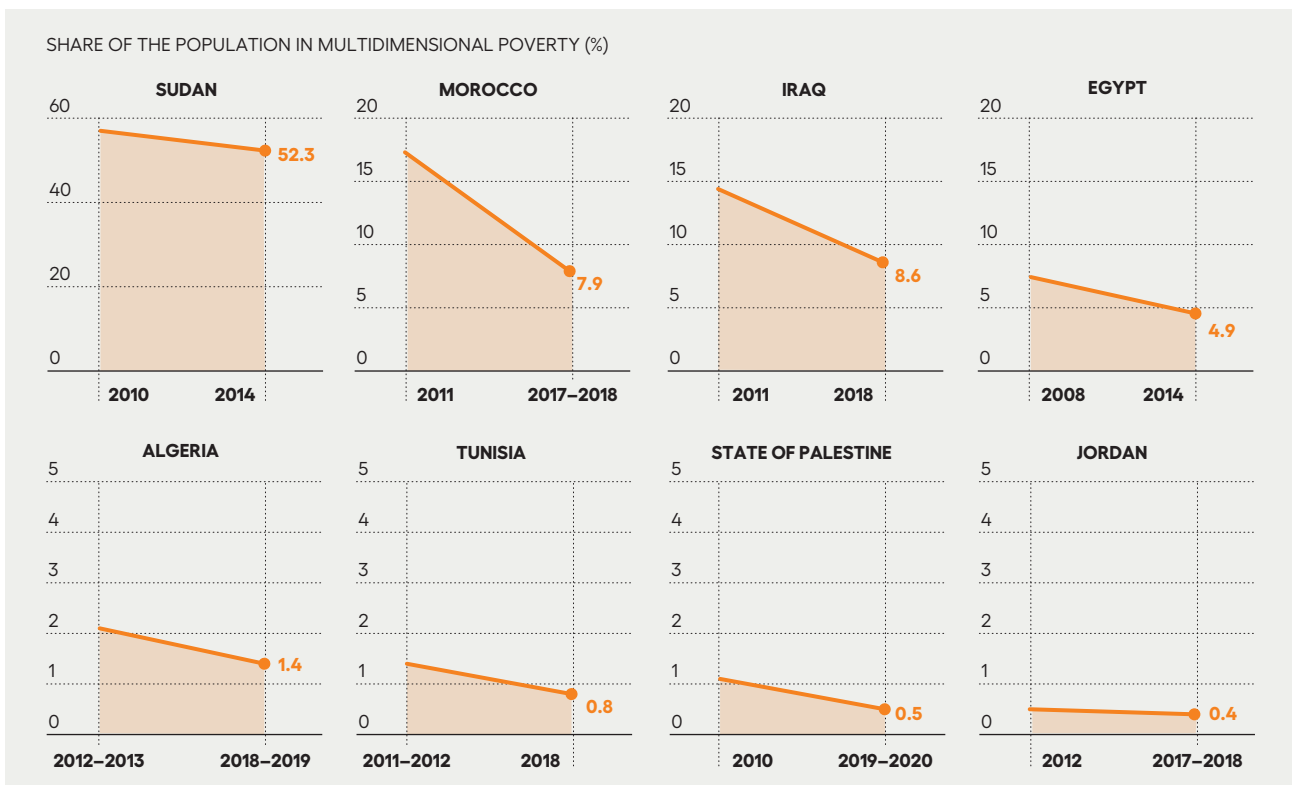
Progress in reducing multidimensional poverty has varied by country. Less than 6 percent of people were

Figure 2.4 More than half of survey respondents identified higher cost of living as one of the top two challenges caused by the Covid-19 pandemic, 2021



Source: Arab Human Development Report team analysis based on data from Arab Barometer Wave VI, Part III (March–April 2021), 2021.

Figure 2.5 Multidimensional poverty was declining in developing countries and territories in the Arab States region with available data



Source: Arab Human Development Report team analysis based on data from UNDP and OPHI (2021).

considered multidimensionally poor in Algeria (2012–2013), Egypt (2014), Jordan (2017–2018) and Tunisia (2018), while rates were more than eight times higher in Sudan (52.3 percent) and Yemen (48.5 percent), both fragile and conflict-afflicted countries.⁵¹

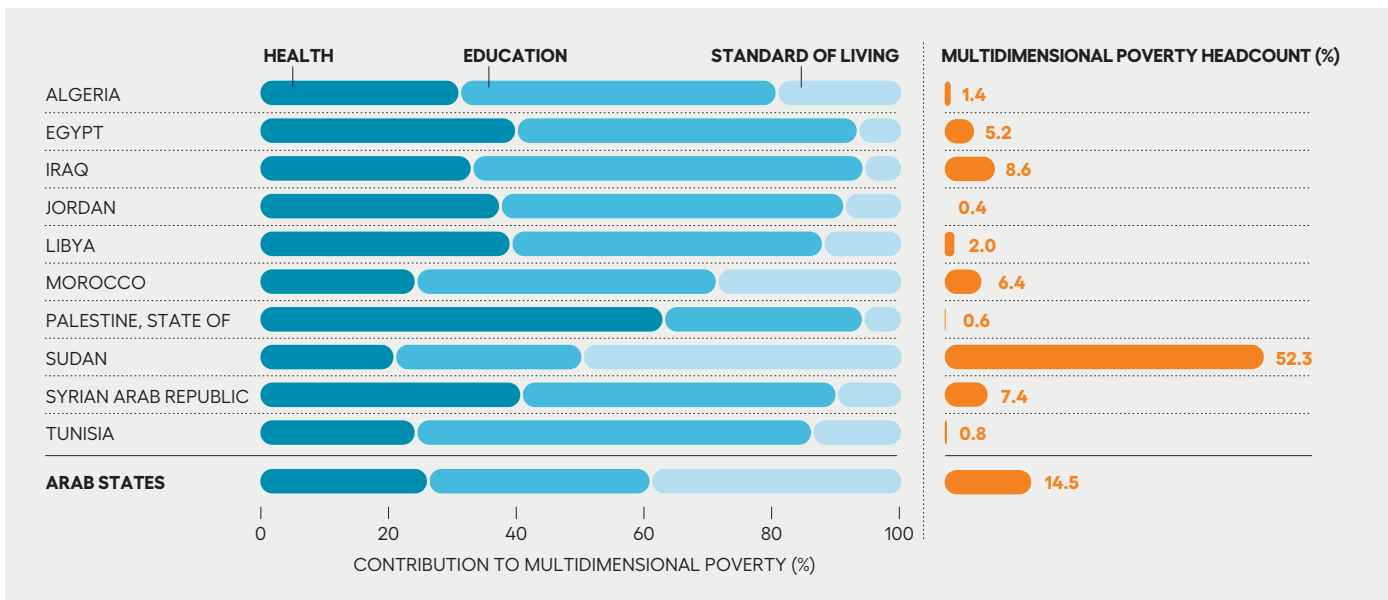
On average, deprivations related to standard of living contributed more than 39 percent to multidimensional poverty in the region, deprivations related to education contributed 34.6 percent and deprivations related to health 26.3 percent. Except in State of Palestine and Sudan, where deprivations related to living standards and health were major contributors to multidimensional poverty, deprivations related to education were the main contributor in most developing countries and territories in the region (figure 2.6).⁵²

While there are no data on the pandemic’s impact on multidimensional poverty, it is evident that multidimensional poverty will have worsened, particularly through the pandemic’s effects on education and health. The crisis is likely to have worsened the education and nutrition status of children, who have missed out on classes and school meals because of school closures and e-learning, particularly children without access to the internet—mainly children who are already poor.

Children whose education has been disrupted also risk not returning to school—especially girls, whose education is often devalued or who marry young. Sizeable proportions of respondents to the Arab Barometer survey in Algeria, Iraq, Jordan, Lebanon, Libya, Morocco and Tunisia during March–April 2021 identified disruption of education as a major challenge (figure 2.7). One respondent in four in all seven countries identified disruption of education as the primary challenge caused by the pandemic, while one in five identified it as the second most important challenge.⁵³

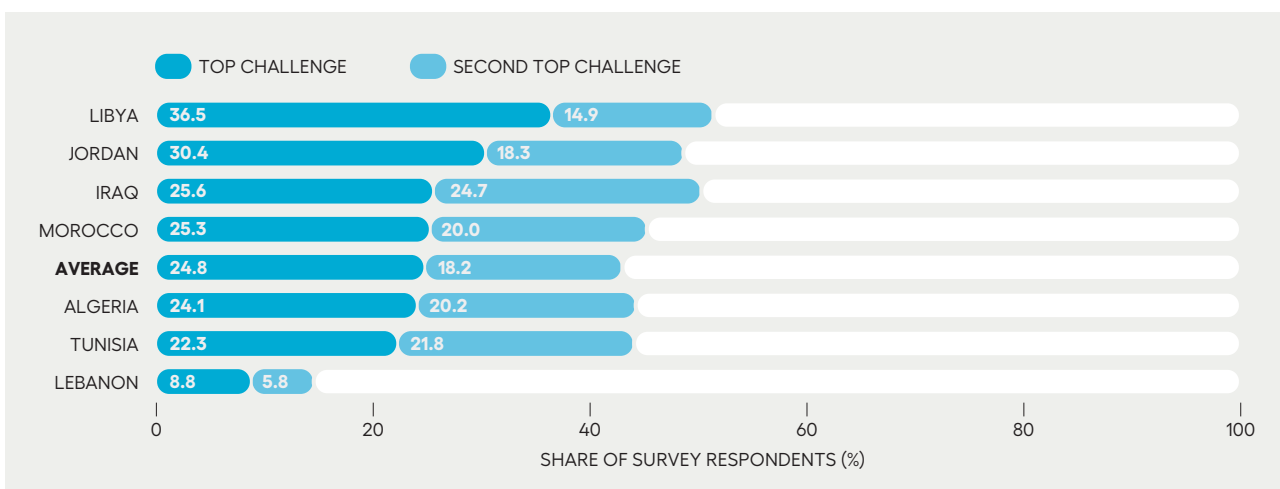
The interaction between multidimensional poverty and the Covid-19 pandemic created a vicious cycle. People who are already multidimensionally poor are also at a higher risk of getting the virus, which would deepen their poverty and inequality. Many aspects of multidimensional poverty, including unsafe water, undernutrition, overcrowded spaces and dirty cooking fuels, increase the risk of getting the virus. Around 33 percent of people in the Arab States region face at least one Covid-19 risk factor, and around 4 percent face three risk factors, increasing their vulnerability to multidimensional poverty as well as to the virus. For example, 74 million people in the region are at high risk of getting the virus because they lack handwashing facilities.⁵⁴

Figure 2.6 Deprivations related to education were the main contributor to multidimensional poverty in developing countries and territories in the Arab States region



Source: Arab Human Development Report team analysis based on data from UNDP and OPHI (2021).

Figure 2.7 More than 40 percent of survey respondents identified disruption of education as one of the top two challenges caused by the Covid-19 pandemic, 2021



Source: Arab Human Development Report team analysis based on Arab Barometer Wave VI, Part III (March–April 2021), 2021.

Inequality

Inequality within and between countries in the Arab States region is multifaceted and includes socioeconomic, gender, spatial, ethnic and other forms of inequalities. Between-country income inequality in the region is the highest in the world, with average per capita GDP in current terms ranging from less than \$500 in Somalia and Sudan to about \$50,000 in Qatar.⁵⁵ Some studies find moderate within-country income inequality, with a population-weighted regional average Gini index value of 0.33 in 2018, while other studies find high inequality after accounting for the fact that the top income groups are missing from the household income and expenditure survey data.⁵⁶

Historical trends in inequality vary, as well, with respect to the socioeconomic convergence of the bottom 40 percent of the population with the rest of the population, referred to as inclusive growth.⁵⁷ Algeria and Tunisia have experienced periods of inclusive growth of 10 years or more, while Djibouti shows the reverse pattern of long-term diverging growth (table 2.2). All other pro-poor growth episodes in the region have been short term.

According to some estimates, based on limited data available, the Arab States region has some of the highest income inequalities in the world,⁵⁸ with the top 10 percent of people in some countries accounting for almost 60 percent of pretax national income (ranging from 38 percent in Algeria to 59.5 percent in

Yemen),⁵⁹ compared with a global average of 52 percent in 2021 (figure 2.8).⁶⁰ The ratio of the top 10 percent's income share to the bottom 50 percent's is also high, at 6.4 for the Arab States region (6.8 for the Middle East country group) in 2021, slightly higher than the global average of 6.2. The ratio was more than 6 in Oman, Qatar and Yemen. If those three countries are excluded, however, the ratio drops below the global average. But the ratio of the average income of individuals in the top 10 percent to the average income in the bottom 50 percent, at 32, is the highest in the world, closely followed by Sub-Saharan Africa. Moreover, the income of the top 1 percent of the population in the region is estimated at more than twice that of the bottom 50 percent, amounting to 2.7 times in Yemen, 2.6 in Qatar and 2.2 in Oman.⁶¹

Though the income ratio of the top 10 percent to the bottom 50 percent is high for the region, the ratio declined from 2000 to 2019. While noticeable declines were observed in Tunisia (34.2 percent), United Arab Emirates (32.7 percent) and Algeria (20.2 percent), the ratio rose in Bahrain, Djibouti, Lebanon, Sudan, Syrian Arab Republic and Yemen. The increase was particularly high in Lebanon (25.7 percent). Four of the six countries (Lebanon, Sudan, Syrian Arab Republic and Yemen) in which the ratio increased are fragile and conflict-affected countries.⁶²

Women's estimated share of labour income in the region is the lowest worldwide (about half the global average), with an unweighted average of about

Table 2.2 Episodes of inclusive growth in the Arab States region

Variation in poverty headcount	Variation in Gini index value	Country or territory	Years	Pro-poor growth rate ^a	Average growth rate
Decrease	Decrease	Algeria	1995–2011	3.85	1.64
Decrease	Decrease	Djibouti	2002–2017	0.13	0.95
Decrease	Decrease	Egypt	2010–2012	3.20	1.08
Increase	Increase	Egypt	2012–2015	0.50	3.25
Increase	Decrease	Egypt	2000–2017	-0.41	-0.31
Increase	Increase	Iraq	2006–2012	0.46	1.11
Decrease	Decrease	Jordan	2006–2010	2.97	2.84
Decrease	Decrease	Morocco	2001–2014	3.61	3.40
Decrease	Increase	State of Palestine	2004–2009	2.04	1.97
Decrease	Decrease	State of Palestine	2009–2011	0.21	0.35
Increase	Decrease	State of Palestine	2011–2016	-0.89	-0.55
Decrease	Decrease	Sudan	2009–2014	2.66	-0.48
Decrease	Decrease	Tunisia	2000–2015	4.62	2.83
No change	Decrease	United Arab Emirates	2013–2018	7.08	1.84

Note: Green indicates long-periods of pro-poor growth, red indicates long periods of divergent growth and black indicates short periods of either.
a. Defined as faster growth among the bottom 40 percent of the income distribution than among the average overall growth of the economy.
Source: Arab Human Development Report team calculations based on the World Bank Global Database of Shared Prosperity.

15 percent—and is under 10 percent in Iraq, Oman, Qatar, Saudi Arabia and Yemen. This poor showing likely reflects the combined effects of women’s low employment and low earnings.⁶³

In inequality of wealth distribution, based on the limited data available, the Arab States region seems to be on par with Latin America and Russia and Central Asia, with the top 10 percent owning an estimated 75 percent of the wealth and the top 1 percent owning 44 percent. This translates into an estimated average wealth ratio between the top 10 percent and the bottom 50 percent of 306, which is among the highest in the world, after Latin America and Sub-Saharan Africa.⁶⁴

All the regional estimates discussed above seem to have been driven by the Middle Eastern countries, as North African peers show lower inequality.

Another important inequality concerns opportunities. A key determinant of inequalities in health and education opportunities is socioeconomic background, especially the wealth and education of the household head, while the contribution of gender is much smaller.⁶⁵ Box 2.3 describes findings of an analysis of inequality of opportunity in education in Jordan.⁶⁶

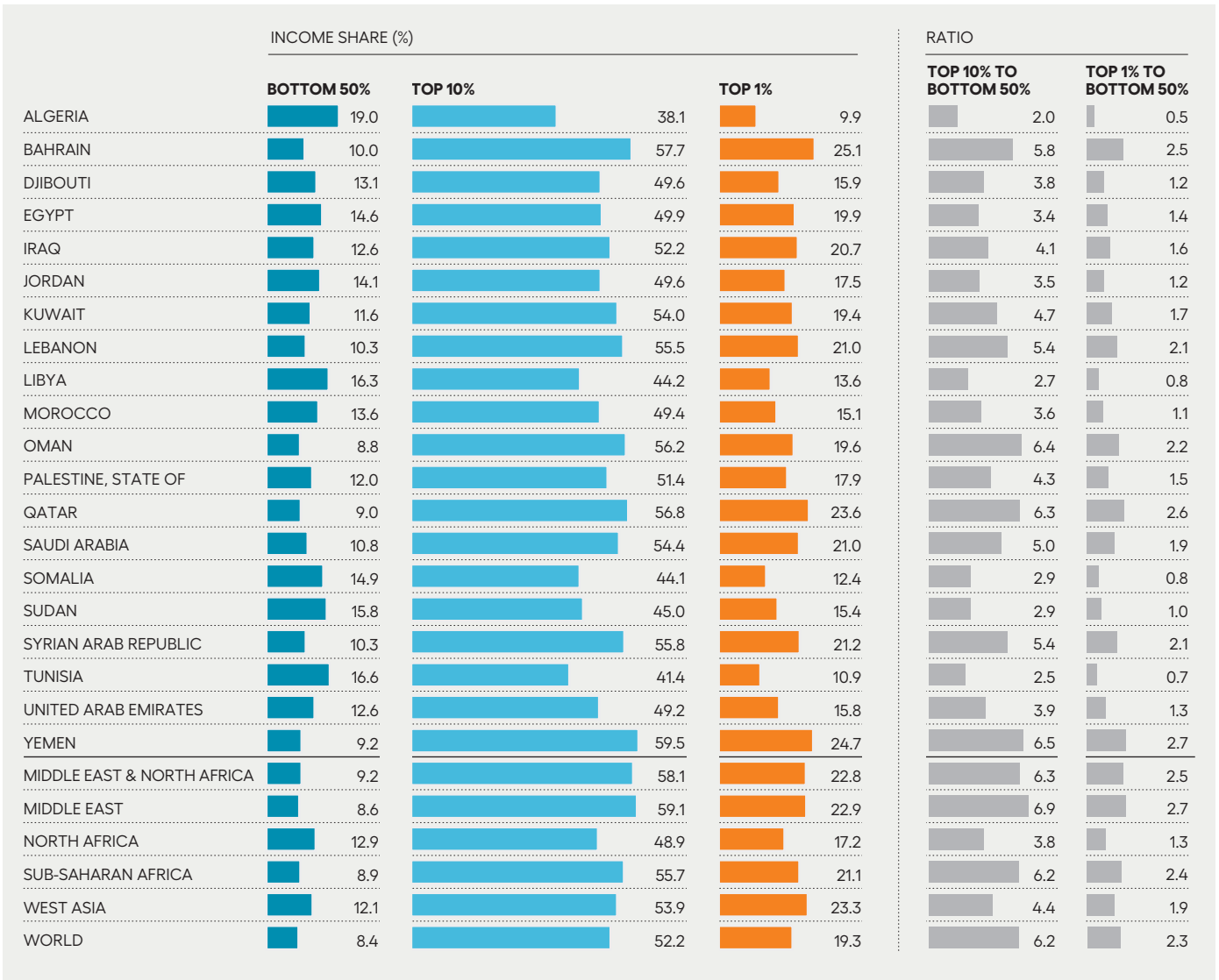
Historically, some of the factors contributing to inequality in the region have included the economies’

inability to create decent jobs, an economic structure that relied on rents or low value-added activities with limited job creation potential and that excluded large parts of the population, discrimination on the basis of gender and other attributes, and weak representative political structures, which fostered socioeconomic and political exclusion.⁶⁷

Inequalities in the region have affected the quality of human development, as reflected in the Inequality-adjusted Human Development Index (IHDI). The region’s value on the Human Development Index in 2019 was 0.705 (ranging from 0.890 in United Arab Emirates to 0.470 in Yemen), which is below the global average of 0.737. The human development loss due to inequality is estimated at 24.7 percent in the Arab States region, which is higher than the global average of 20.4 percent and better only than South Asia and Sub-Saharan Africa (figure 2.9).⁶⁸

Inequalities in the region can also be analysed from other angles, such as environmental impact. For example, the top 10 percent of carbon emitters in the Middle East and North Africa region have an average annual carbon footprint of 33.6 tonnes of carbon dioxide equivalent per capita compared with 2.3 for the bottom 50 percent, or about 15 times higher, which is the largest difference of any region in the world.⁶⁹

Figure 2.8 The Arab States region has some of the highest estimated income inequalities in the world, 2021



Note: Data for Lebanon and Syrian Arab Republic are for 2020.

Source: Arab Human Development Report team analysis based on data from the World Inequality Database, accessed 19 January 2022.

Thus, economic inequality can have environmental implications in the region if not addressed.

The impact of the pandemic on economic inequality has been transmitted along many dimensions that can reinforce one another, such as income, consumption and savings; access to remote work opportunities; production sectors; region; gender; and vulnerable groups. Policy responses can widen inequality if not designed with these dimensions in mind. Each of these dimensions may also have stronger short-term or longer-term effects, depending on the context. For example, workers who have been laid off in economies with segmented labour markets may

experience long-term unemployment and depletion of their human capital. The option to work remotely is unevenly distributed across the workforce and across jobs, creating another source of inequality. Also, high-salary remote workers may benefit from a productivity boost in ways that may not be available to other remote workers.⁷⁰ Moreover, female workers whose domestic workload increased during the pandemic might take longer to reintegrate into the labour market. Finally, people in lower-income households may have disproportionately suffered from stress and mental health issues, which could affect their ability to find a job.⁷¹

Box 2.3 Inequality of opportunities in education and socioeconomic background in Jordan

In 2008 inequality in basic education in Jordan was related mainly to family wealth (50 percent) and father's education (22.5 percent). In 2017 the gender gap was the largest contributor, explaining 33.5 percent of the inequality in basic education, indicating that girls are not on equal terms with boys in education. Parents' education (21 percent) and wealth (17 percent) were the second and third biggest influences.

The main driver of inequality in completion of secondary school or higher in 2008 was wealth, which explained 51 percent of observed inequality. Father's education accounted for 19 percent and mother's for 14 percent. In 2017 inequality in completion of secondary school or higher was still driven mainly by wealth (33.3 percent), followed by father's education (26.3 percent) and mother's education (24 percent). Children whose mother had a secondary education or higher were more likely than children whose mother was illiterate to complete secondary education or higher.

Children with parents in the richest wealth quintiles are more likely to progress in school, in particular from basic to secondary education, than children with parents in the poorest quintiles. While girls are less likely than boys to complete primary education, they are more likely than boys to complete secondary education or above. The disparity in primary education might be due to a bias among some parents favouring boys' education, while the disparity observed at higher levels of education may be explained by boys having to work to support their family.

Overall, family wealth and parents' education are also major determinants of ever attending school in Jordan. Although the contribution of wealth level to opportunities for education declined from 2013 to 2017, for both boys and girls, it remained the main driver, with mother's education becoming increasingly important.

All these dimensions and interactions suggest that the pandemic's impact on inequality has been unequal. Table 2.3 summarizes the potential impacts of the various dimensions of inequality.

Inequality is expected to be higher in countries that were unable to implement effective policies to mitigate the effects of the pandemic—which in the Arab States region have mainly been countries that are already affected by other sources of vulnerability such as conflict. In the Middle East and North Africa region poor and vulnerable people were disproportionately hurt by the pandemic, leading to substantially higher poverty and inequality.⁷² Several rounds of phone-based surveys found that people in the bottom 40 percent of the income distribution in Egypt and Tunisia were the most affected compared with prepandemic levels. In an optimistic scenario the Gini index is projected to rise from 37 percent to 39 percent in Tunisia and from 33 percent to 34 percent in State of Palestine, while in a pessimistic scenario, it will increase to 41.4 percent in Tunisia.⁷³ Uneven distributional effects imply the possibility of unequal recovery, which will leave many disadvantaged and vulnerable people behind—especially those in the informal sector without any social or health insurance, who will likely experience prolonged income shocks and reduced job opportunities. Such differential consequences are likely to also have intergenerational impacts, as children in poor and vulnerable households

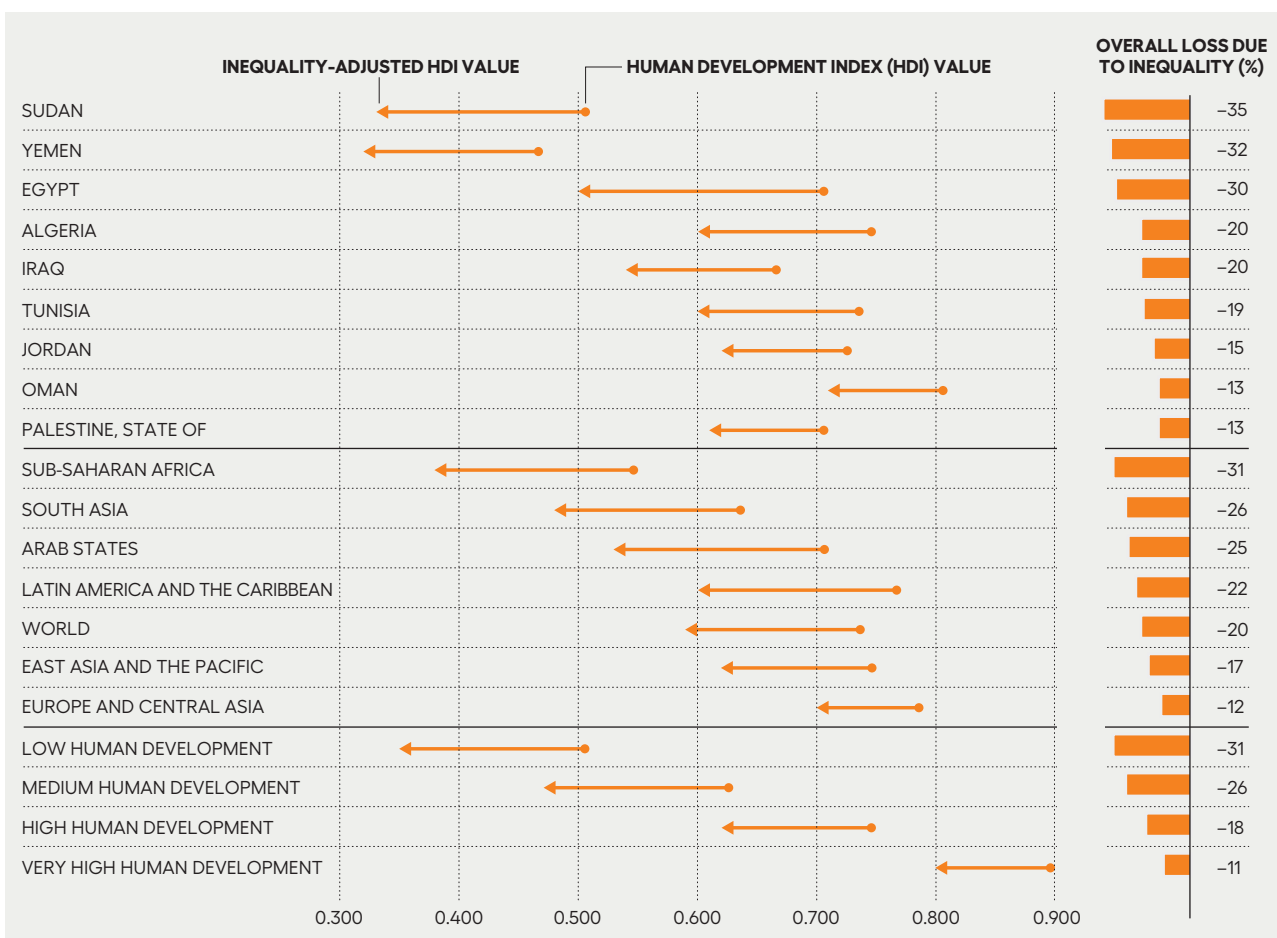
will likely suffer more from learning disruption, resulting in higher education and income inequality.⁷⁴

Agency

Before the Covid-19 pandemic, other protracted crises and conflicts in some countries in the Arab States region diminished the role of the state. Poor governance, long a structural obstacle to development in the region (see chapter 3), has led to low trust and confidence in the state and its institutions, unaccountable governance and a restricted civic space. These conditions exposed the fragility of the social contract between states and citizens, impeding the achievement of peace, justice and stability.

Trust in government has generally been low in the region, ranging from 10 percent of people trusting the government in Libya, 19 percent in Iraq and Lebanon, 20 percent in Tunisia and 29 percent in Morocco to 57 percent in Yemen and 66 percent in Egypt (figure 2.10).⁷⁵ There have also been steady declines in people's perceptions of their freedoms of expression, assembly and ability to join civil society organizations (figure 2.11).⁷⁶ The percentage of citizens who believe that freedom of speech is guaranteed to a great or medium extent has declined by 20 percentage points since 2016, from 63 percent to 43 percent

Figure 2.9 The human development loss due to inequality in the Arab States region is higher than the global average and better only than in South Asia and Sub-Saharan Africa, 2020



HDI is Human Development Index. IHDI is Inequality-adjusted Human Development Index.
Source: Arab Human Development Report staff analysis based on data from the Human Development Index (<http://hdr.undp.org/en/composite/IHDI>).

in the region and by 25 percentage points in Lebanon, 23 in Jordan and 6 in Tunisia. The percentage who say that they enjoy the right to assemble and demonstrate peacefully has also dropped since 2016, from 50 percent to 35 percent in the region. In addition, citizens indicate that their ability to join civil society organizations has declined, from 64 percent in 2016 percent to 48 percent in the region. The largest decline, 42 percentage points, was in Lebanon.

These declines in perceptions of guarantees of freedoms reflect a wave of frustration among citizens across the region today. The underlying reasons are analysed in chapter 3 (figure 2.12).

Some of the policies put in place by governments in the region to control the spread of Covid-19 and its threat to peoples' lives and well-being also had a negative impact on people's way of life and exercise of

their freedoms. These policies included an overemphasis on limiting the right to movement, assembly, speech, as well as press bans, increased surveillance of the population, and other essential activities, (for details, see chapter 3).⁷⁷ These restrictions partially explain the further decline in the citizen's perception of freedom guarantees post-Covid, observed in figure 2.11. The increased state presence in people's lives to enforce Covid-19 restrictions and regulations upset the balance between people's protection and empowerment.

Planetary pressures

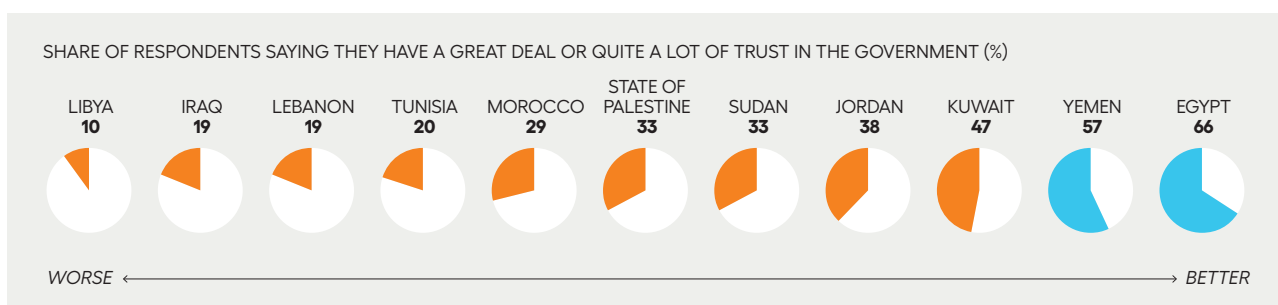
The human system, and thus human development, is shaped by and shapes the natural system. The climate

Table 2.3 Dimensions of inequality potentially affected by the pandemic

Dimension	Potential impact
Access to digital services	Low-income households have lower digital access per family member and thus less access to online productive, educational or recreational activities, so they are less able to observe social distancing, which affects their social life and mental health
Remote work (wage)	Higher propensity for high earners to work from home
	Higher productivity of high-wage earners than other remote workers
	Unequal intersectoral productivity for women working from home
Consumption and savings	Increased savings for high-income households and reduced consumption for low-income households
	Rebound in spending is faster in low-income households than in high-income households
Productive sectors	Businesses in some sectors can stay open during the pandemic more easily than others
	Businesses in some sectors can move to online services more easily than others
	Demand has increased for some goods and services (such as pharmaceuticals, information and communication technologies, online services) and declined for others (such as construction, restoration, tourism, transportation and leisure)
Territorial	Some sectors in poorer regions, such as low value-added services, are disproportionately hurt, while others, such as agriculture, might be affected following lockdowns
	Limited access and adequacy of public services, in-person (healthcare) or online (education) in poorer or remote areas
	Urban areas more affected than rural areas
	Remote work more accessible in urban areas than rural areas
	Movements towards suburban areas of midsize cities in some countries
Gender	Women have greater exposure to higher unemployment and larger cuts in work hours in some sectors
	Part-time contracts are more affected than regular contracts
	Increased domestic workload pushes women towards part-time contracts or temporary separation from work
	Increased burden of care for women and higher risk of dropping out of school for girls
	Women have less access to digital services and are likely to be left behind in accessing online services
Education	Protracted school interruption results in long-term earning losses
	Younger children tend to be more affected than older ones
	Students in rural areas are likely to be more affected because of less digital access
	Students with less educated parents are more affected
Wealth	Wealth accumulation increased for the highest end of the wealth distribution, while the most vulnerable, who have not received adequate state support, may have depleted their assets
	Financial wealth such as stocks held by people in the top wealth quantiles provided higher gains than other forms of wealth

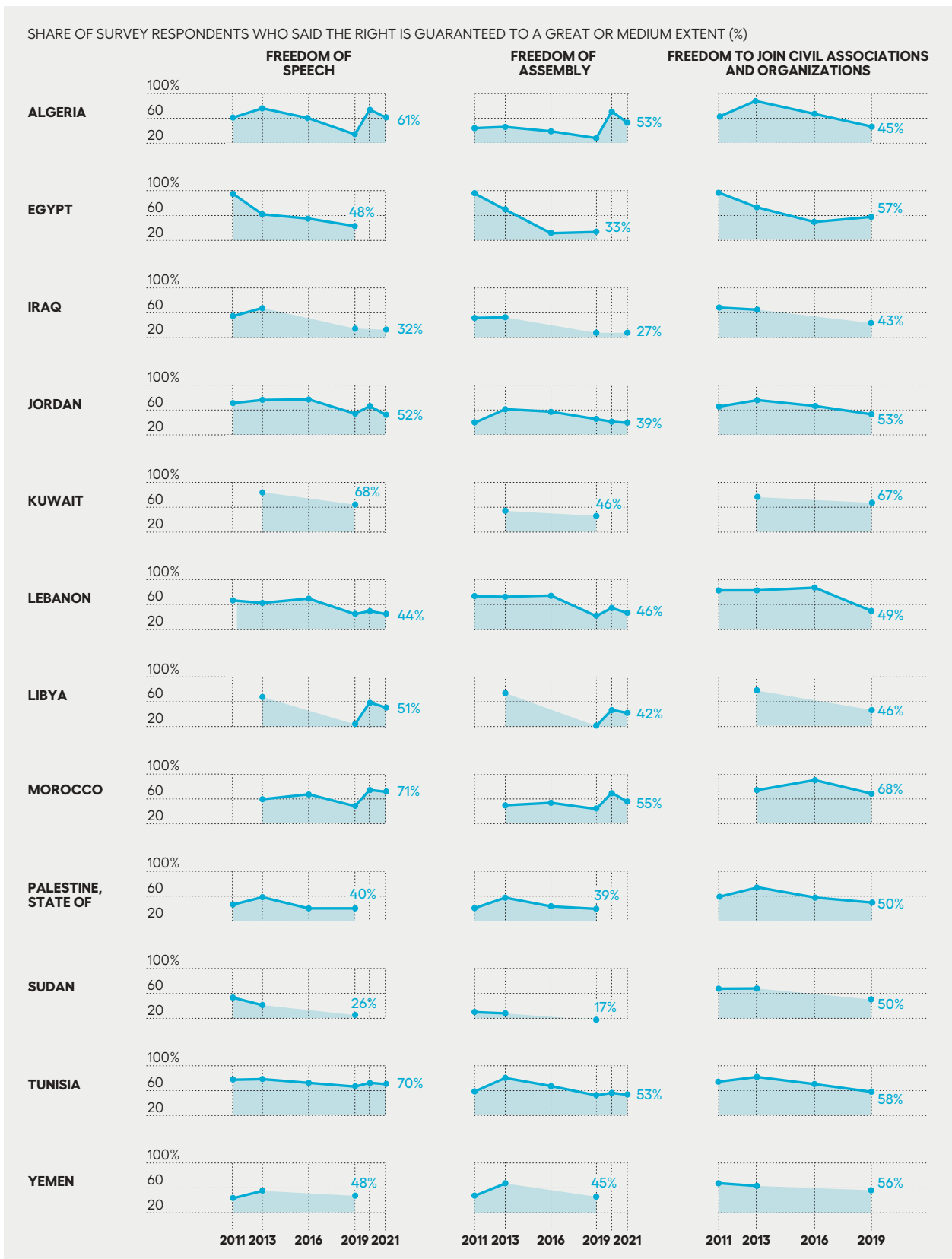
Source: Arab Human Development Report team elaboration based on various authors, Credit Suisse (2021) and Stantcheva (2022).

Figure 2.10 Trust in government in the Arab States region is generally low, 2018–2019



Source: Arab Barometer Wave V (2018–2019), 2019.

Figure 2.11 People’s perceptions of freedom of speech, assembly and ability to join civil society organizations in the Arab States region declined steadily from 2011 to 2019



Source: Arab Barometer Wave II (2010–2011), 2011, Wave II (2012–2014), 2013, Wave IV (2016–2017), 2016, Wave V (2018–2019), 2019, Wave VI, Part II (October 2020) and Wave VI, Part III (March–April 2021), 2021.

crisis, biodiversity loss and a rise in zoonotic diseases reflect our interaction with the planet as we exceed planetary boundaries.⁷⁸ Among the root causes of the Covid-19 pandemic is humanity's breaching of the planet's ecological boundaries. As pressures on natural ecosystems and wildlife have intensified, channels of viral outbreak have accelerated, with more than 75 percent of new diseases in recent decades taking the form of zoonotic spread between animals and humans, including Ebola, HIV, SARS, MERS and more recently Covid-19.

And this is not the only crucial interaction. The climate crisis, which intensifies ecosystem degradation, water scarcity and coastal risks, adds to the complexity of advancing human development. Understanding risk as a result of the combination of hazard, exposure and vulnerability and incorporating planetary pressures increase the complexity of assessing risks and fundamentally alter risk levels and the meaning of risk-informed development. First, the baseline of hazards is changing, given the scale of climate change, biodiversity loss and environmental degradation. Second, as the Covid-19 pandemic has revealed, exposure patterns are shifting. Third, because of the change in hazards and exposure patterns and the limited knowledge of potential new events and their probabilities of occurring, development pathways set by societies are not risk informed.⁷⁹ As the 2020 Human Development Report indicates, the "compounding effects of Anthropocene-related threats pose clear demands not only for protection and empowerment strategies but also for solidarity—recognizing that the security of people across different parts of the world is connected, as is the resilience of ecosystems and people."⁸⁰

The depletion of natural resources and the increasing occurrence of severe climate events in the Arab States region threaten major crises in the near future. The Arab States are among the most vulnerable to climate change.⁸¹ The region experienced extreme weather conditions in 2020, including forest fires in Lebanon and Syrian Arab Republic, record heatwaves in Iraq and Jordan, deadly flooding in Sudan and heavy rainfall, resulting in floods and transport disruptions, in Gulf countries.⁸²

Environmental stresses—water scarcity, air pollution, inadequate waste management, soil depletion, loss of biodiversity, declining marine

resources, degradation of coastal ecosystems and extreme weather events—increase the region's vulnerability to the impacts of climate change and threaten food and nutrition security.

Pressures on the planet increase along with human development. In the Arab States region this is evident when countries' HDI values are compared with their material footprint per capita, a measure of the pressure human activity exerts on the planet (table 2.4).

Plotting countries on the dual metrics of HDI value and planetary pressures—adjusted HDI reveals four clusters of countries (figure 2.12):

1. *Djibouti, Sudan, Syrian Arab Republic and Yemen*: Low human development (HDI value below 0.550) and 2 percent or less loss of HDI value due to adjustment by planetary pressures. Syrian Arab Republic is part of this cluster, even though it is on the lower limits of medium human development.
2. *Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco and Tunisia* (middle-income countries): High human development (HDI value between 0.700 and 0.800) or higher end of medium human development and 3–8 percent loss of HDI value due to adjustment by planetary pressures, on par with the range for average medium human development countries (3 percent) and high human development countries (9 percent).
3. *Bahrain, Oman and Saudi Arabia* (high-income oil-producing countries): Very high human development (HDI value above 0.800) and 13–19 percent loss of HDI value due to adjustment by planetary pressures, on par with the average for very high human development countries (15 percent).
4. *Kuwait, Qatar and United Arab Emirates* (high-income oil producing countries): Very high human development (HDI value above 0.800) and a percentage loss of HDI value due to planetary pressures twice the average for this human development group.

To sum up, human development in the Arab States region was uneven prior to the Covid-19 pandemic, a result of a social contract based on asymmetric power dynamics driving exclusionary processes that shape the policy space and human development outcomes. For the same reason, the pandemic's impact on human development in the region, though

Table 2.4 Human Development Index (HDI) values, planetary pressure–adjusted HDI values and Inequality-adjusted HDI values

Country or territory, group and region	Human Development Index (HDI) value, 2019	Planetary pressures–adjusted HDI value, 2019	Loss when adjusted for planetary pressures (%)	Inequality-adjusted HDI value, 2019
<i>Country or territory</i>				
United Arab Emirates	0.890	0.609	32	^a
Saudi Arabia	0.854	0.707	17	^a
Bahrain	0.852	0.691	19	^a
Qatar	0.848	0.581	31	^a
Oman	0.813	0.704	13	0.706
Kuwait	0.806	0.547	32	^a
Algeria	0.748	0.721	4	0.596
Lebanon	0.744	0.688	8	^a
Tunisia	0.740	0.710	4	0.596
Jordan	0.729	0.700	4	0.622
Libya	0.724	0.673	7	^a
Palestine, State of	0.708	^b	^b	0.613
Egypt	0.707	0.684	3	0.497
Morocco	0.686	0.668	3	^a
Iraq	0.674	0.642	5	0.541
Syrian Arab Republic	0.567	0.554	2	^a
Djibouti	0.524	0.518	1	^a
Sudan	0.510	0.500	2	0.333
Yemen	0.470	0.467	1	0.321
<i>Human development group</i>				
Very high human development	0.898	0.760	15	0.800
High human development	0.753	0.688	9	0.618
Medium human development	0.631	0.615	3	0.465
Low human development	0.513	0.508	1	0.352
<i>Region</i>				
Arab States	0.705	0.666	6	0.531
East Asia and the Pacific	0.747	0.676	10	0.621
Europe and Central Asia	0.791	0.728	8	0.697
Latin America and the Caribbean	0.766	0.720	6	0.596
South Asia	0.641	0.622	3	0.475
Sub-Saharan Africa	0.547	0.539	1	0.380
<i>World</i>	0.737	0.683	7	0.587

a. Not estimated.

b. No material footprint per capita data were available for the State of Palestine, so no Planetary pressures–adjusted HDI was estimated.

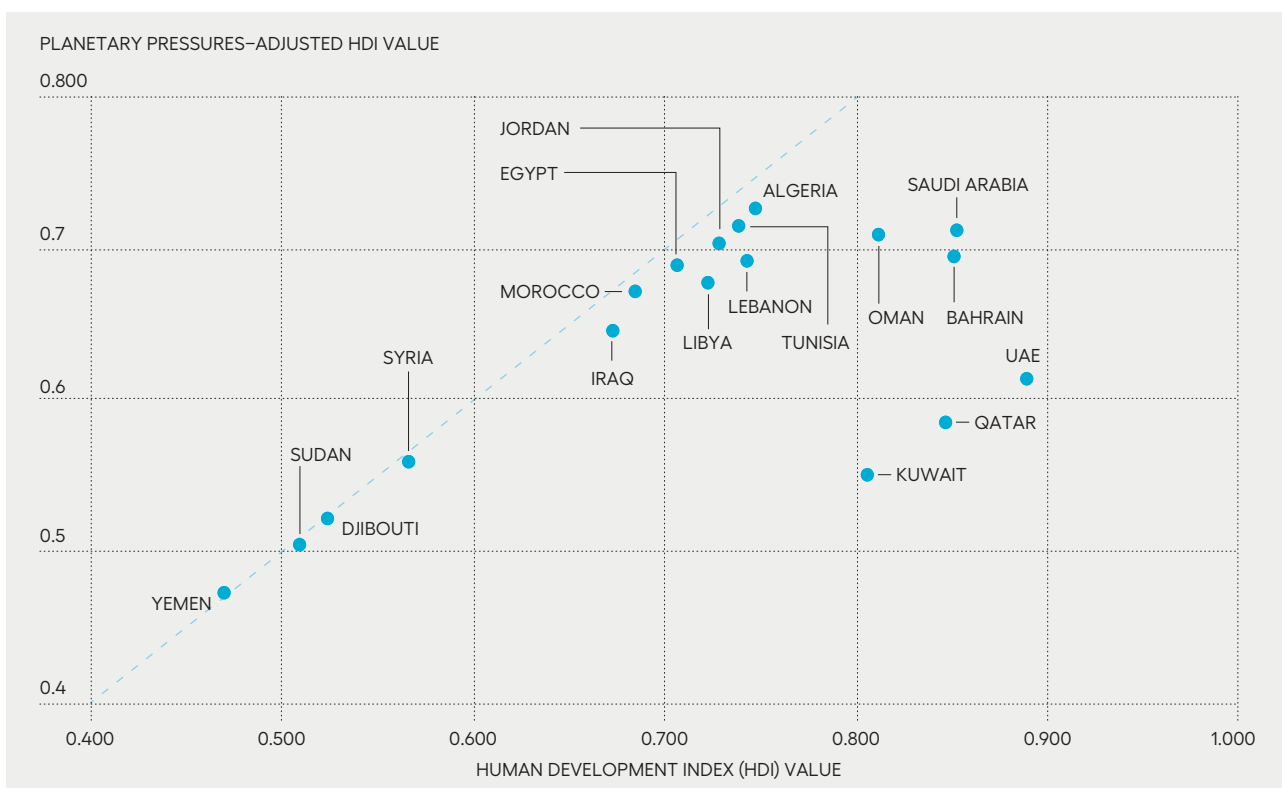
Source: UNDP 2020.

widespread and profound, has not been uniform. The context and policy choices that existed prior to the Covid pandemic determined how resilient countries in the region were to the impact of such a shock.

In education, health, employment and poverty, the Covid-19 pandemic (and associated oil shocks),

along with gender, wealth and urban–rural differentials, resulted in varying degrees of resilience to the pandemic shocks and differing prospects for recovery. A further fracture in Arab States affecting resilience and prospects for recovery in individual countries and territories is the large number of

Figure 2.12 Human Development Index and planetary pressures—adjusted Human Development Index for the Arab States



Source: UNDP 2020.

migrant workers, internally displaced persons and refugees. A hard reality before the pandemic was exacerbated by the shocks it created, despite laudable efforts in some countries to confront them.

As is further explored in the subsequent chapters of this report, in all areas of human development, inequality in accessing opportunities prior to the Covid-19 pandemic weakened people’s resilience to it. The

inadequate and unequal policy space has heightened vulnerability to shocks in the region and, as a result of the shocks, has exacerbated pre-existing inequalities and fragilities. To expand human development, the frontier of capabilities needs to be enlarged through a combination of policies, including coherent long-term strategies.

CHAPTER 3

Building accountable and responsive governance

As in the rest of the world, the outbreak of the Covid-19 pandemic strained the political and administrative systems of most Arab States, many of which were already under pressure. While fragile and conflict-affected countries were most exposed due to existing governance challenges, stable middle-income and Gulf Cooperation Council (GCC) countries have also been affected to varying degrees by the pandemic and the demands it placed on administrative systems and governance.

Governance challenges

Prior to the pandemic, countries in the region faced a legacy of governance challenges, in many cases heightened since the 2011 uprisings across the region.¹ A wave of optimism was unleashed in the Arab world in late 2010 in the wake of the broad-based movements of youth, with the strong participation of women, demanding greater rights and more accountable and responsive governance. These uprisings began in Tunisia followed by Egypt and then spread to Libya, Yemen, Syrian Arab Republic and some other Arab States to a lesser extent.

Public demands in the region ranged from greater accountability and freedom to social justice and human dignity. A decade later, however, the changes sought have not been fully realized, and in many cases, feelings remain mixed about the prospects for more accountable and responsive governance. The direction of change has been greatest in Tunisia with its transition towards a representative government, though its ongoing reform process has stalled, a situation that endangers the achievements produced so far. In Iraq, agreements between Iraq's Federal government and the Kurdistan Regional government in 2019 and 2020 facilitated the stabilization process in the north of the country, allowing Internally Displaced Persons (IDPs) to return home and join the state-rebuilding process. In Iraq, demands for greater accountability also led to the introduction of limited change in representation and influenced the parliamentary elections in 2021.² There were positive developments in Sudan as well, where mass mobilization of citizens led the way to reforms, but Sudan's democratic reform process has been set back in 2022.

Some countries in the region responded by offering partial reforms, and by trying to address the economic concerns of youth. In many GCC and middle-income countries, some concessions were provided, while stability was prioritized as a precondition for economic prosperity. Yet the calls for reforming governance systems persist, as evidenced in mobilizations of youth in Algeria, Iraq, Lebanon and Sudan.

Elsewhere in the region, power struggles continued to varying degrees. Several countries have grappled with protracted crises, including armed conflicts, such as Libya, Somalia, Syrian Arab Republic and Yemen. While the Arab States region is home to 5.5 percent of the world's population it accounted for more than 45 percent of the world's displaced persons and 58 percent of the world's refugees in 2018.³ Sudan, Syrian Arab Republic and Yemen all saw increases of 100,000–500,000 internally displaced persons during 2021. Furthermore, the Syrian refugee population continued to be the largest globally, with 6.8 million refugees, constituting 27 percent of the global refugee population at the end of 2021.⁴ However, the war in Ukraine has displaced 8 million within the country in 2022, and more than 6 million refugees from Ukraine have been registered.⁵ About 30 percent of people in the region live in conflict-affected areas.⁶ The prevailing crises and conflicts, partially attributable to poor governance and weak institutions, have clearly been detrimental for human development.

There was great variation in the response to Covid-19 across the region's different typologies of countries and income groups. The wealthier GCC countries spent the most, \$69.9 billion, compared with \$24.8 billion by the other Arab States.⁷ The availability of resources obviously affected the efficacy of responses to the pandemic, as did the agility and coordination of institutions. Most GCC countries were very successful in their vaccination rollout and their speedy economic recovery in late 2021.⁸ Indeed, GCC governments succeeded early in bringing the pandemic outbreak under control in their countries, with an average recovery rate of 81 percent in September 2020, well above the global average of 57 percent.⁹ Bahrain ranked highest for satisfaction with the governmental response with a score of 38.3 on a scale of 40, followed by the Kingdom of Saudi Arabia

(37.1), United Arab Emirates (36.6), Kuwait (35.7), Jordan (23.1) and Lebanon (15.39).¹⁰

For some countries in the region, particularly the low-income countries, the lack of coordination between government agencies and other actors—and the slow response in implementing some public health measures required to address the pandemic—further eroded trust in the state. In turn, the limited trust in government in some instances generated reactions of discontent, often delaying or slowing responses to the pandemic. A recent study looking at the incidence of Covid-19 in 177 countries found that higher levels of trust in government and society had large, statistically significant associations with fewer infections.¹¹

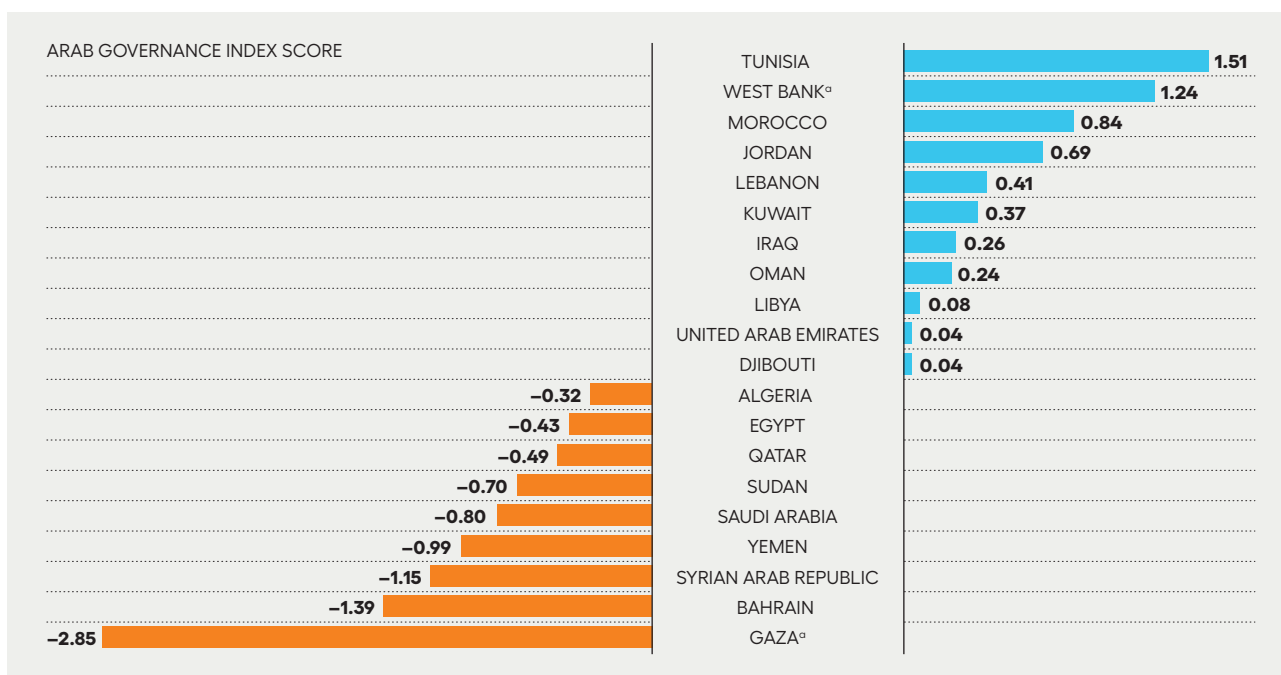
Fragile and crisis-affected countries had limited capacity and limited resources to tackle the impact of Covid-19 outbreaks owing to other setbacks, such as the destruction of health infrastructure and the displacement or migration of many healthcare workers. The pandemic thus overstretched the already strained capacities of the public and private health-care services and hospitals and limited their ability to swiftly respond to the crisis.

The state of governance

Turning to the state of governance, among the top performers on the Arab Governance Index, produced by the United Nations Economic and Social Commission for West Asia, before the pandemic hit were Tunisia, the State of Palestine (West Bank) followed by Morocco and Jordan. The Index measures governance through three equally weighted pillars: rule of law and ease of access to justice, institutional accountability and effectiveness, and participation. Scores on the Index range between +3 as the best and -3 as the worst, with most OECD countries scoring around 2. Tunisia performed particularly well on the rule of law and access to justice pillar and its overall score was 1.51. However, governance scores were only average for some of the wealthiest states in the region, including Oman, United Arab Emirates and Qatar, while Saudi Arabia, Yemen, Syrian Arab Republic, and Bahrain registered low scores (figure 3.1).¹²

On the Corruption Perception Index, from Transparency International, some GCC countries, particularly Qatar and United Arab Emirates received good

Figure 3.1 Scores on the Arab Governance Index vary widely across the Arab States region, 2021



Note: Governance is measured through three equally weighed pillars: Rule of law and ease of access to justice, Institutional accountability and effectiveness, and Participation. To formulate the index, the authors used data from the Varieties of Democracy data set for 2018. The index was informed by five indicators for the first pillar (Rule of law and access to justice), four indicators for the second (Institutional accountability and effectiveness) and four indicators for the third (Participation).

a. Data for the Occupied Palestinian Territory are shown separately because Gaza and the West Bank use different data systems.

Source: UN ESCWA 2021.

scores. Jordan also performed relatively well, while Tunisia, Kuwait, Bahrain and Morocco had average scores. Crisis-affected countries ranked at the bottom, with four of the 10 lowest ranked countries in 2021 being from the Arab States region (figure 3.2).

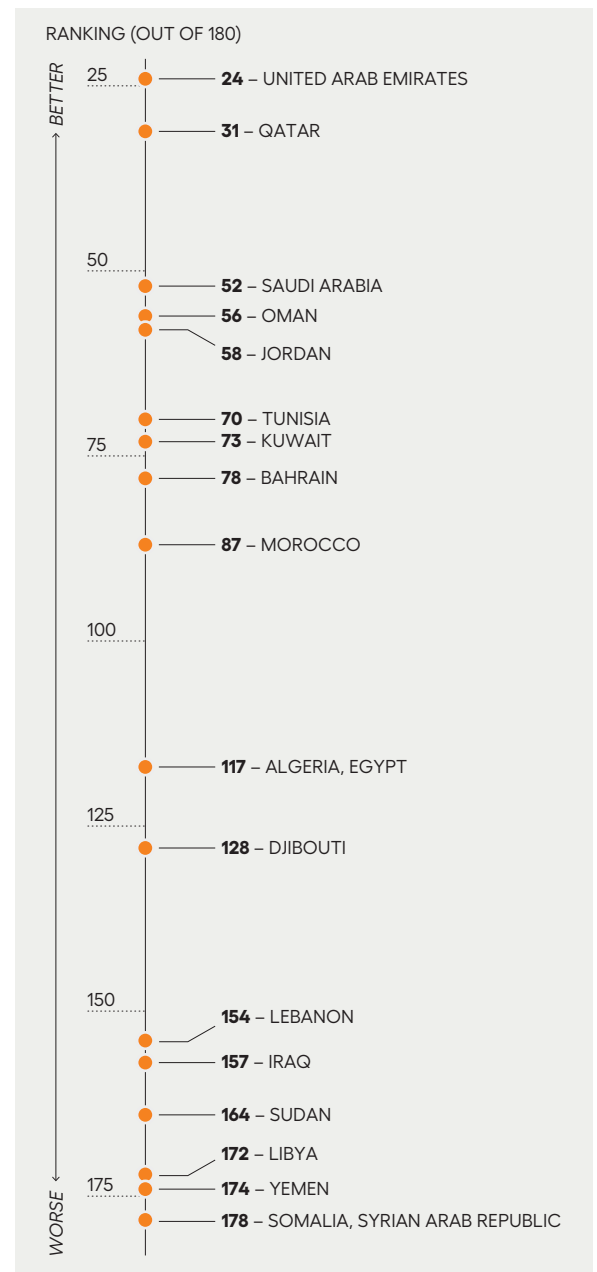
Low trust—slow response

The Edelman Trust Barometer declared that the Covid-19 pandemic “has accelerated the erosion of trust around the world.”¹³ Trust in government had collapsed to record lows even before the pandemic and has since continued to decline. The Oxford Covid-19 Government Response Tracker, in its international survey on Covid-19, asked the public how much they trusted their government to take care of them and how factually truthful they thought their government had been about the coronavirus outbreak. The results reveal a widening trust deficit in government.¹⁴ However, the latest Edelman Trust Barometer (2022) continues to rank two countries from the Arab States region—Saudi Arabia and United Arab Emirates—among those with high public trust. Moreover, United Arab Emirates gained nine points in terms of trust from 2021 to 2022.¹⁵

The lack of trust in government and public institutions slowed the response time and sped the spread of the pandemic. And the failure of public policy and state institutions to manage the crisis drove nonstate actors to step up and fill the gaps. The pandemic is testing public institutions and governance structures across the world—and finding many of them deficient. Distrust of government leadership and public institutions has proved a major factor in the inability of countries to control the pandemic. Strong and resilient institutions—open, transparent and accountable—are critical in the response to the pandemic as well as other shocks.

Many people in the Arab States region are demanding more rights, dignity and socioeconomic justice as well as less corruption. Sixteen percent of respondents to the 2019–2020 Arab Opinion Index mentioned reform priorities relating to government performance and policies, such as weak public services, financial and administrative corruption, and the need for accountable governance.¹⁶

Figure 3.2 Ranking of Arab States on the Corruption Perception Index 2021



Source: Transparency International 2021.

The Arab Barometer has periodically surveyed Arab public opinion on government performance. Its 2019 report states that Arab publics are dissatisfied with their governments. Moreover, interviews by the Arab Center for Research and Policy Studies in 13 Arab States in 2019–2020 revealed low confidence in judicial, executive and legislative branches, with the least confidence in representative legislative councils.¹⁷ In an Arab Barometer survey of 12 Arab States

in 2019, 21 percent of respondents reported that they were completely dissatisfied with their current government’s performance, and about 30 percent reported having no trust in regional government.¹⁸ In no country has satisfaction with government performance exceeded 50 percent since Arab Barometer started surveying in 2006–07.¹⁹

In Tunisia, when asked about confidence in the government, 56 percent of respondents to the 2019 World Value Survey reported “none at all,” and 31 percent reported “not very much.” In Lebanon, about 32 percent of respondents reported “none at all,” and almost half reported “not very much.”²⁰ In a recent Arab Barometer survey of seven Arab States between summer 2020 and spring 2021 found that 30 percent of respondents reported that they had a great deal or quite a lot of trust in government (figure 3.3).²¹

A United Nations Development Programme survey in 12 Arab States found in 2019 that 31 percent of respondents do not believe that their government is responsive to the needs of its citizens, while 34 percent consider their government to be quite responsive and 35 percent did not answer.²² When asked about changes in government responsiveness over the past 10 years, 38 percent said that government responsiveness has stayed the same, while 30 percent said it had declined and 22 percent said that it had improved.

Respondents from countries in conflict—Libya, Syrian Arab Republic and Yemen—believe that the responsiveness of their government has declined the

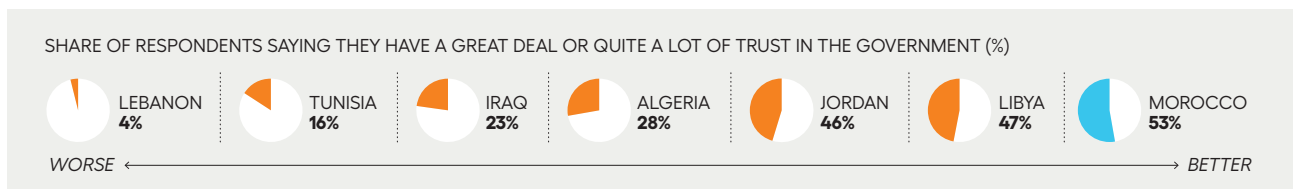
most. Richer residents consider that the responsiveness of their governments has improved over the past 10 years, while poorer residents believe it has deteriorated. This disparity indicates the stratification and social polarization that have recently developed as poverty increases²³ and wealth becomes increasingly concentrated.²⁴

Figure 3.4 shows that public opinion was in favour of governments’ response in 2020, at the beginning of the Covid-19 pandemic. This contrasts with pushback against Covid-19 containment measures and vaccination campaigns in early 2021, partially attributed to economic hardship. The Arab Barometer Wave VI survey in March–April 2021 reveals high rates of vaccine hesitancy, with the majority of respondents in Algeria, Iraq, Jordan and Tunisia reporting that they were somewhat or very unlikely to take a free vaccine. Respondents in Lebanon, Libya and Morocco were more likely to favour vaccination. Low and declining trust in governments and institutions is among the reasons for vaccine hesitancy, and higher public trust is positively correlated with higher vaccine acceptance.²⁵

Rule of law

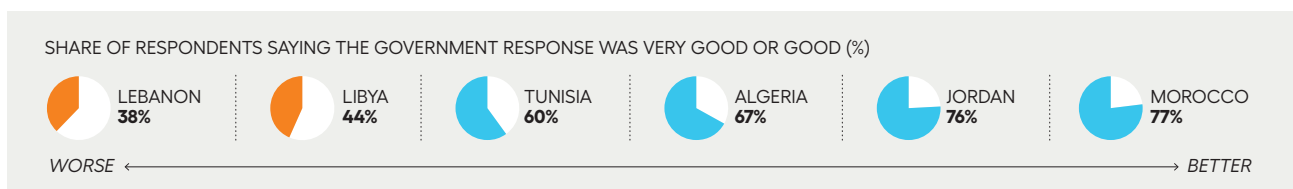
The rule of law is strong when laws are publicly communicated, equally enforced and independently adjudicated.²⁶ The Arab States region is challenged by the absence of effective legal avenues to address

Figure 3.3 Public trust in government in selected Arab States—a great deal or quite a lot?



Source: Arab Barometer Wave VI, Part III (March–April 2021), 2021.

Figure 3.4 Government performance in responding to the outbreak—very good or good?



Source: Arab Barometer Wave VI, Part I (July–October 2020), 2021.

limited freedoms. The 2021 Rule of Law Index provides scores and rankings based on eight factors: constraints on government powers, absence of corruption, open government, fundamental rights, order and security, regulatory enforcement, civil justice and criminal justice. Only eight Arab States were ranked in 2021, but their scores point to the region’s continuing challenges to the rule of law (figure 3.5).

A survey of public opinion across the Arab world in 2019–2020, conducted by the Arab Center for Research and Policy Studies, revealed that a majority of respondents have concerns about the way the rule of law is applied, with 20 percent saying the state does not apply the rule of law at all and 46 percent saying the state applies rule of law in favour of some groups.²⁷

Rights and freedoms

Many Arab countries were successful in using innovative technologies such as the fast delivery of cash transfers as part of social protection programmes, the design and delivery of online education, and the online registration for vaccinations—all of which facilitated more inclusive outreach.²⁸

However, some governments in the region put in place new measures that could affect civic freedoms, including laws, orders, decrees, regulations and other government practices that without adequate protection of citizens’ rights and privacy can lead to increased digital surveillance. Such measures in the wake of the pandemic expose the tension between public health safeguards and the need to protect individual civil liberties, which is not unique to the Arab region but also experienced in many parts of the world, often accompanied by public fear of government overreach under the guise of pandemic responses.²⁹

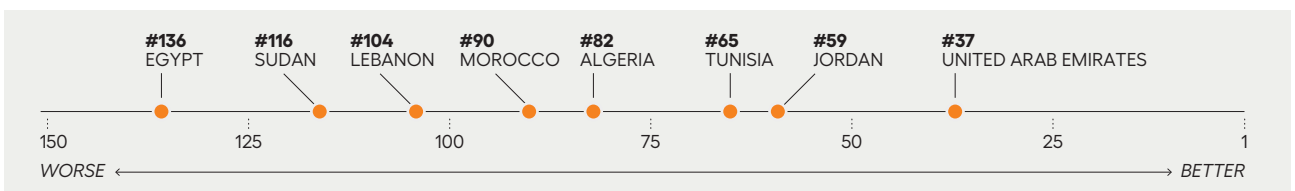
The pandemic created new challenges for civil society and civic space in the region, especially considering the deterioration of many groups’ livelihoods and the increasing economic hardships. In many countries, perceptions of freedoms are declining. In addition to lockdowns, emergency laws, curfew orders and bans on gatherings, there was greater control of free expression and the media, including social media. Many governments suspended newspapers while criminalizing “fake news” about the virus.

Citizens in Algeria, Jordan, Lebanon, Morocco and Tunisia gave varied responses when asked about government restrictions on speech and movement, censorship of media, monitoring and tracing people’s movements. A clear majority of respondents in most cases considered a range of government restrictions sometimes justified in the context of a public health crisis.³⁰

Some governments imposed emergency regulations, which expanded their powers, but with limited or absent oversight mechanisms they weakened checks and balances, mechanisms of accountability and demands for participatory democracy. Morocco, the State of Palestine and Tunisia declared a state of emergency. Egypt extended an existing state of emergency. Sudan and Lebanon declared public health emergencies, while Jordan activated a national defence law.³¹ Some countries imposed partial or general curfews in response to Covid outbreaks. In Egypt, curfews remained in place until June 2021.³² Jordan also used curfews until July 2021, when they were imposed only nightly and on a reduced and fluctuating basis depending on the number of new cases per day.³³

Although authorities in most Arab States have since relaxed lockdown measures, public gatherings were prohibited or severely limited in many places. In Iraq, the Supreme Committee for National Health and Safety banned gatherings of all kinds. While such

Figure 3.5 Arab States ranking on the 2021 Rule of Law Index



Note: The index covers 139 countries.
Source: World Justice Project 2021.

lockdown measures were initially necessary and have served to control the spread of the pandemic outbreak at a critical time, it is also important that prohibitions on public gatherings not be extended to limit popular protests.

Social media have become the primary source of news for many in the region, given the generally limited trust in the official media, communication and news channels, and government restrictions on print media.³⁴ In March 2020, authorities in Algeria, Jordan, Morocco, Oman, Saudi Arabia, United Arab Emirates and Yemen issued decrees temporarily banning the printing and sale of newspapers. The reason given for the bans was that newspapers contributed to the spread of Covid-19, but no evidence of a link with contagion was provided. The newspaper bans have restricted press freedom and access to information about the pandemic.³⁵

New legal measures to counter “fake news” penalize online expression, including challenges to official state narratives. In Morocco, the government detained and prosecuted at least a dozen people in March 2020 for “spreading rumours” or disseminating “fake news” about Covid-19 on social media. Others were arrested for opposing strict measures against public gatherings, urging people to ignore them or saying a lockdown had been implemented when it had not.³⁶ In April 2021, activists and journalists in Jordan were pressed to remove online content, and local media were pushed to limit their coverage of critical topics online.³⁷ Egypt, Oman and United Arab Emirates have imposed fines ranging from \$100 to \$20,000 on anyone found to have spread “fake news” about the virus or the government’s response on social media.³⁸

Many countries have used technology to help track and prevent the spread of the virus. Oman has used drones, and Tunisia has deployed robots to monitor the movement of persons under quarantine and enforce limits on social gatherings. United Arab Emirates, Bahrain, Saudi Arabia, Jordan, Kuwait, Qatar, Tunisia and Morocco all adopted new apps to facilitate contact-tracing. For instance, Jordan made a Covid-19 tracing app compulsory for all government workers and anyone who visits a government agency. Some argue that such tools are not the most effective in containing the spread of the virus, and concerns have been expressed about the negative impact of

such technology on the right to privacy and the protection of personal data.³⁹ There is concern that unchecked use of technology to monitor individuals’ movements and their interactions with others can lead to gathering and control of a vast amount of personal data.⁴⁰

The pandemic has on a few occasions also delayed scheduled elections. For example, Libya delayed parliamentary elections in 2021, Somalia until 2022. Iraq organized earlier parliamentary elections in October 2021. Syrian Arab Republic held parliamentary elections, delayed from April 2020 in mid-July 2020 and presidential elections in May 2021, both had extremely low voter turnouts. Municipal elections were delayed by several months in Libya and Oman and in certain cities in Tunisia.⁴¹

The response measures taken during the pandemic can cause mistrust if governments do not also ensure rule of law and protect citizens’ rights. Conversely, governments can also rebuild trust if they deal effectively with the crisis without unnecessarily compromising freedoms and rights, by ensuring that restrictive measures are limited to what is necessary for public safety and are time-bound, well justified and communicated clearly to the public.

The United Nations Development Programme has been working in partnership with other UN organizations, particularly the Office of the High Commissioner on Human Rights to support countries in the region through national human rights commissions and institutions to achieve progress on protecting universal human rights. These national institutions and related human rights mechanisms, such as the Universal Periodic Review, have improved the public’s awareness of human rights issues and governments’ commitments to human rights treaties in the region. The United Nations is stepping up efforts to work with governments and civil society to protect and expand civic space in the region.

Policy responses and institutional effectiveness

Effective responses require concerted multisectoral efforts that involve public, private and civil society actors both from and beyond the health sector.⁴² Government institutions with higher levels of accountability, and thus enjoying greater legitimacy,

are better able to coordinate all these actors across multiple sectors to ensure effective service delivery.

Executive role in operation, coordination and communication

Arab States were generally not well prepared at the outset to respond to the pandemic, according to the Global Health Security Index 2021.⁴³ The high-income Gulf countries ranked higher than the other Arab States, but were still behind many other countries, with scores below 50 (of a possible 100), and Qatar scored the highest with 48.7. Among middle-income Arab States, the index scores varied widely, ranging from a low of 25.2 for Djibouti, followed closely by 26.2 for Algeria, to 31.5 for Tunisia, 33.4 for Lebanon, 33.6 for Morocco and 42.8 for Jordan. Fragile and conflict-affected countries scored low, including Yemen (16.1), Syrian Arab Republic (16.7), Libya (25.3) and Sudan (28.3).⁴⁴ These disparities in public health preparedness may partly explain the divergence in excess Covid-19 death rates within and across countries, keeping in mind the lack of information provision and low reporting. The index is not a good predictor of pandemic preparedness, as many of the top ranked countries went on to register some of the worst Covid-19 mortality rates reported. But it was consistently correlated with testing per capita—one of the pillars of an effective pandemic response.⁴⁵

In many Arab States, the Covid-19 response was highly centralized, owing to the centralization of health services, particularly in high-income countries. While a centralized approach is logical in addressing a crisis of such scale, local action is equally important to contextualize and operationalize policy interventions.⁴⁶ Across income groups, policy measures were, as might be expected, most comprehensive in high-income countries, followed by middle-income countries, with the least number of measures adopted in low-income countries. Variations across income groups were more pronounced in the comprehensiveness of social and economic measures, with a notable absence of economic measures in the low-income countries, as chapter 4 covers in more detail.⁴⁷

Barriers to multisectoral responses to Covid-19 were more acute in fragile Arab States (Sudan,

Syrian Arab Republic and Yemen) and less so in middle-income countries (Jordan, Lebanon and Tunisia), although weak institutions, sectoral bureaucracies or fragmentation sometimes undermined coordination. High-income countries—Bahrain, Saudi Arabia and the United Arab Emirates, which have a more advanced health system infrastructure and institutions—had the resources to activate multi-sectoral structures or set up new ones.⁴⁸

In some Arab States, national agencies were working in silos with minimal coordination with other agencies despite the creation or reactivation of cross-sectoral entities to respond to the pandemic. Concerns were raised about having too many actors overseeing the response. The lack of coordination among the different sectors and governmental actors was aggravated by the inability of government to clearly define the roles, responsibilities and decision-making authority of newly established entities—guidance that was urgently needed to prevent inconsistent measures and avoid duplicating effort and wasting resources.⁴⁹

Within government, having multiple actors competing for scarce resources, instead of working together, undermined their ability to work as one. In many Arab States, the lack of clarity at the start of the pandemic led to confusion and mistrust that later weakened responses. One year after the start, some Arab States still had not made their Covid-19 data public or shared the information, models and assumptions behind their decisions and interventions. The lack of openness undermined the public trust.⁵⁰

Crisis-affected countries

In crisis-affected countries, years of conflict have left health systems and coordination mechanisms in disarray. In Yemen, the work of humanitarian agencies was impeded both by the multiplicity of actors across the country in charge of public health and by fragmented territorial control. Humanitarian agencies were forced to work across three competing political-military entities. Such fragmentation of authority compromised the implementation of international health recommendations and related national legislation and policies.⁵¹ Yemen was one of the last countries worldwide to announce the first confirmed case

of Covid-19 infection in its population. At the end of December 2020, Yemen had the lowest publicly reported infection rate in the region, yet data seem to suggest it had the highest case fatality rate globally. The weak reporting system in Yemen prior to the pandemic affected the national Covid-19 response and led to confusion at various levels of decisionmaking.⁵² The Syrian Arab Republic had no official number of Covid-19 tests conducted as this Report was under preparation. Only 55,695 cases were reported and 3,141 death cases through April 2022,⁵³ though many indicators suggest that the country already had a considerable number of Covid-19 cases. Alongside a lack of information provided about the number of cases, little was officially known about the healthcare system's readiness and capacity to handle an outbreak. Fragmented and uncoordinated responses by government and other actors hindered effective multisectoral collaborations.

Since the uprising in 2019, Sudan has been navigating a political transition amid a deep economic crisis. It has a fragile health system eroded by years of neglect and underinvestment. The country reported fewer Covid-19 cases than most other countries in the region at similar economic and development levels. The low reporting of Covid-19 cases mostly reflects a lack of testing capacity and a lack of information on cases. Without a unified national response plan, the insufficient funding and the absence of robust multi-sectoral coordination mechanisms with clearly delineated roles and responsibilities weakened the overall pandemic response.⁵⁴

Middle-income countries

Jordan, Lebanon and Tunisia were all successful in handling the first wave of the virus but loosened their control afterward. In Jordan, the pandemic response was led by the government through a collaborative multidisciplinary team at the highest levels at the National Centre for Security and Crisis Management, an umbrella organization established in 2015 to coordinate and unify the efforts of national institutions during national crises.⁵⁵ At the beginning of the pandemic, Jordan had the lowest ratio of Covid-19 cases per 1 million population, but later in 2021, it had one of the highest ratios. Its initial measures to halt the

spread were described as the strictest in the region and among the strictest in the world. Later, after the government started easing lockdown measures, resuming all economic activities, the country experienced a gradual increase in confirmed cases.

In Lebanon and Tunisia, the pandemic hit at a time of political and economic uncertainty, hampering government responses in unusual ways. Lebanon set up a National Committee for Covid-19—chaired by the Minister of Health and comprising experts in infectious diseases and representatives from the WHO local office—to oversee the national Covid-19 preparedness and response. This committee conducts regular meetings to assess the Covid-19 situation at the national level and issue recommendations.⁵⁶ At the start of the pandemic, Lebanon was successfully managing its response, but after the Beirut port explosions in August 2020, cases began to skyrocket to more than 1,000 on most days. This revealed the inability of the government to develop a long-term strategy, with a breakdown of communication across sectors and weakened the ability to steer the response.

In Tunisia, the first official case was declared on 2 March 2020, while the government response began only two weeks later. On 25 March, the government created the National Coronavirus Response Authority to centralize and unify responses to the pandemic, coordinating the actions of the country's 24 governorates.⁵⁷ Tunisia managed to control the initial threat, with the second-lowest fatality rate in the region. However, conditions changed with the successive waves, and new cases now give Tunisia among the highest infection rates in the region. The government could have been more proactive as the changing conditions required swift changes in measures.

GCC countries

The high-income GCC countries had access to resources and were able to act fast and impose restrictions to contain the virus. Saudi Arabia began taking precautionary actions early in January 2020 before WHO declared Covid-19 a pandemic and before the first case of Covid-19 was recorded in Saudi Arabia on 2 March 2020. The national whole-of-government approach allowed the right decisions to be taken on

time and implemented promptly in a coordinated manner.

United Arab Emirates was the first country in the Arab States region to report a Covid-19 case in late January 2020, and it has since enacted a range of policies to contain and mitigate the impact of the pandemic on all sectors. It was among the world's top 10 for Covid-19 treatment efficiency and among the world's top 20 for the implementation of Covid-19 safety measures. It currently has the highest per-capita testing rates in the region and one of the highest rates in the world.⁵⁸ Several factors contributed to reaching this top ranking, including cooperation and concerted efforts while handling the health crisis; the availability of proactive crisis management plans; the government's reliance on state-of-the-art technologies; and advanced infrastructure and institutional efficiency. Bahrain was also commended by the WHO for its swift and effective countermeasures against Covid-19 as an example for other countries to follow. Bahrain quickly responded to the Covid-19 outbreak by providing no-cost medical treatment, living facilities and food to those most in need.⁵⁹

Local governments

In most Arab States, the state controls resources and the provision of public services. The local governments are mandated to play a restricted role and have limited resources. Except for Iraq, Somalia and Sudan, little effective political decentralization of authority has been implemented in the region. Most Arab States have a unitary central state with limited administrative decentralization, with some resources distributed to subnational government for providing public services.

Local governments have been critical players in crisis management and service delivery and responses to Covid-19 in the region, however they had limited authority and generally followed government decisions at the local level. In some cases, subnational authorities and nongovernmental actors—such as CSOs, the private sector and citizens—had to take immediate steps to prevent the spread of the virus and mitigate its impact. In peripheral regions where the central government was largely absent, the local

government, community-based organizations and the private sector all played significant roles.

During lockdowns, local governments mapped local produce and supply chains for farmers and other producers and took measures to ensure continuity in essential services. They have been effective in identifying vulnerable groups and communicating the latest and most accurate information to citizens.

Various local authorities in Algeria, Iraq, Lebanon and Sudan set up and supervised community-based isolation centres, in collaboration with the ministry of health, for suspected and confirmed cases of infection. Many others used community health centres and community-based organizations as well as digital platforms for effective communication.⁶⁰

As most prevention efforts were implemented locally, local governments had to manage social distancing, mass gathering, curfews, contact tracing of suspected and confirmed Covid-19 cases and transport-related measures.

Civil society and international organizations

Governments in nine Arab States—Bahrain, Jordan, Lebanon, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen—opted not to engage in meaningful joint initiatives or partnerships with other actors, such as nongovernmental organizations, civil society organizations and the private sector. Most examples of civil society involvement include efforts to complement state efforts and fill key gaps in awareness-raising and community outreach, without clear guidance or documentation on roles and responsibilities in responding to the pandemic.⁶¹

In Syrian Arab Republic, local nongovernmental organizations (NGOs) engaged in public awareness activities including distributing educational leaflets and brochures, undertaking household visits in camps and radio messaging. Civil society organizations (CSOs) stepped up their role in steering the pandemic response in areas not controlled by the authorities. In Sudan, national NGOs and community-based organizations have been focused on infection prevention and control, risk communication and community engagement. In Yemen, CSOs have been supporting the government response by reaching out

to the most marginalized and isolated groups, and women-led organizations have been responding to the needs of communities, particularly of women and girls affected by both the conflict and the pandemic.⁶² In Lebanon, women-led CSOs provided sexual and reproductive health services to vulnerable communities and pandemic information to refugees and people in informal settlements. In Kuwait, women civil society leaders made surgical masks and helped produce personal protective equipment.⁶³

In middle-income countries, the role of CSOs was also evident, as in Lebanon, where several NGOs collected and distributed food and essential supplies for the most vulnerable families during the lockdown, while others addressed medical needs, including the provision of psychosocial support. In Tunisia, a CSO created a web application to track aid distribution, aimed at public sector use. In Jordan, the ministry of health worked with NGOs and the private sector to create a website with information and updates on the Covid-19 situation, including a hotline for pandemic-related inquiries.⁶⁴

The private-sector contribution has also been modest in most countries, mostly informal initiatives rather than formal agreements with the authorities. In Jordan, the private sector launched a campaign to financially support the government's efforts through donations, with up to 10 million Jordanian dinars collected by the second week of March 2020. In Lebanon, the media and private sector raised funds from individuals and companies to support hospitals and the Red Cross in 2020. But in both countries, there was minimal involvement of private hospitals at the beginning of the pandemic, despite accounting for 80 percent of the beds in Lebanon. In Tunisia, civil society and the private sector produced medical supplies and equipment. In Sudan, the private sector took part in several initiatives to combat the spread of Covid-19, with the Businessmen's Union, the Banking Union and telecommunications companies pledging \$2 million as a first payment to support the government's Covid-19 health plan.⁶⁵

The UN comprehensive response to Covid-19 and its impacts has evolved along with the pandemic, with the development and deployment of vaccines, diagnostics and therapeutics, broader public health actions and global measures to counter the socio-economic fallout. The response is led by the WHO

with the UN Crisis Management Team implementing a UN system-wide coordination process for 23 UN entities working to implement complementary strategies.⁶⁶ The UN response promoted the delivery of a large-scale, coordinated and comprehensive health response, the adoption of policies that address the socioeconomic, humanitarian and human rights aspects of the crisis, and the elements of a recovery process to build forward better.⁶⁷

WHO played a vital operational role, as most countries relied on it for information and analysis about the disease. The WHO Secretariat is a repository of several of the world's leading epidemiologists and an information hub for the world's leading epidemiology and infectious disease research centres. It helped governments train rapid response teams to deal with contact tracing and retool their hospitals and emergency care centres to deal with the outbreak. And it supplied testing kits and equipment to more than 120 countries worldwide.⁶⁸ Other UN agencies, including UNDP, played their roles in building capacity to coordinate the emergency response and undertake faster procurement for the needed supplies.

The World Bank initially mobilized more than \$14 billion for the response in 2020,⁶⁹ and by July 2021 the World Bank Group deployed more than \$157 billion globally to fight the pandemic's health, economic and social impacts.⁷⁰ By March 2022, its Covid-19 Fast-Track Facility (including support for vaccines) included Djibouti, Egypt, Iraq, Jordan, Tunisia and Yemen.⁷¹

Media and citizen-led initiatives

Social media influencers used their platforms to raise awareness, to support the diffusion of information and to persuade people to follow public health guidelines. In Bahrain, the Bahrain Society for Women Development and the Good Imprint Association donated 2,000 medical masks to the Southern Governorate in July 2020.⁷² In Saudi Arabia, the major telecommunications companies (STC, Mobily and ZainSA) announced free data services for the most used educational platforms and for health and telehealth applications to facilitate e-learning and healthcare delivery. In United Arab Emirates, the Dubai Chamber of Commerce and Industry, on behalf of

the private sector, funded the Al-Jalila Foundation to undertake research on Covid-19 in addition to other diseases.⁷³

Various media tools kept people up to date with pandemic news and guidelines. Some encouraged people to help end the pandemic by volunteering or by abiding by the social distancing guidance. Most countries launched platforms to connect individuals with volunteer opportunities.⁷⁴

In Tunisia, the Ministry of Health collaborated with a crisis communication team that included the director-general of the National Observatory of New and Emerging Diseases and communicated daily with the public through regular press conferences. These conferences were broadcast on national television and radio, on a website created by the government to share updates about the outbreak and on social media.⁷⁵ In Lebanon and Jordan, school lessons were broadcast on national television channels.⁷⁶ In Sudan, the shortage of healthcare workers at the national level led to dozens of citizen initiatives such as Covid-19 information and updates, released daily and disseminated through the media. In many places, citizen-led community responses were initiated without prompting by the authorities, as in Jordan, Lebanon, Sudan and Yemen.⁷⁷

Internet use and digital services

Many citizens in Jordan, Lebanon, Tunisia, Algeria and Morocco use the internet at least once a day. Lebanon and Jordan lead with almost 9 in 10 reporting daily internet use. Daily internet use is lower in Algeria, with almost 3 in 4 reporting daily internet use, and about 2 in 3 reporting daily use in Morocco and Tunisia. Internet use in Gulf countries is estimated to be higher even than in Lebanon or Jordan.⁷⁸

As a result of school closures, learning and education moved online before hybrid combinations were introduced. Moving to online education has proven challenging, worsening exclusions and inequalities for learners from disadvantaged backgrounds. The structural shift towards online learning meant a sudden move from face-to-face education to distance learning solutions that included online classrooms and TV and radio broadcasts. While these solutions were introduced to cope with the pandemic,

the changes will likely continue after the end of the crisis.

Most Arab States opted for further digitalization of services, whether in education, information, tracking patients, or government and parliamentary meetings. But the repercussions of shifting to digital learning will be unequal due to existing inequalities in access to the internet at home, with 53 percent of children in the richest quintile having access, but only 9 percent in the poorest quintile.⁷⁹ The digital transformation thus requires a legal framework to guarantee equal access to services for the community, which may be hampered by the digital divide. There is also a need to develop laws and policies to provide protection to the most vulnerable and marginalized groups.

While implementing measures to contain the pandemic, many governments introduced teleworking arrangements and online tools to facilitate the functioning and ensure the continuity of public administration. But this proved challenging because civil servants' skills were inadequate, processes were still paper based and base levels of service digitalization were low.⁸⁰ Countries more advanced in digitalization before the crisis were better able to implement new digitalization measures. But digitalization must involve all parts of society, as protection of privacy rights is also important.

Gender disparities are still present when it comes to internet accessibility in the Arab region, where a regional gender gap in internet accessibility of 14 percent in 2019, is 100 per cent greater than the worldwide average.⁸¹ The exception again is also the GCC countries. According to the International Telecommunication Union (ITU), in Oman, Kuwait and United Arab Emirates, women were using Internet more than men; in Qatar, Saudi Arabia and Bahrain both genders were even. However, in middle-income countries such as Egypt, Morocco and the least developed country of Djibouti, an 8 percent difference in access between men and women is observed. In conflict-countries like State of Palestine and Sudan the gender gap is 5 percent and in Iraq data showed a prevalence of internet usage by men with almost a 50 percent difference.⁸² Only 47 percent of females were using the internet in 2019, compared with 61 percent of males.⁸³

In sum, the pandemic revealed the weaknesses of institutions that were already weak. Countries that

succeeded in containing and managing the pandemic, mostly high-income and middle-income countries, were well prepared and acted swiftly. They informed the public transparently, accurately and promptly, and allowed for an inclusive process, with the participation of civil society, the private sector and communities. Partners, including the United Nations and other international nongovernmental organizations helped governments that were ill prepared and lacked effective institutions, governance mechanisms and resources.

The pandemic and its responses also affected trust in government, generating public dissatisfaction where government performance was not seen to be effective. The pandemic impacts and the measures to respond to it generally increased existing inequalities in society, due to unequal access to services and support, heightening the feelings of marginalization among certain groups in society. Public doubts about the guidelines, communications and procedures implemented by governments in some cases also weakened the effective response and prevention strategies.

A resilient and long-term recovery from the impact of the pandemic will require more responsive and effective institutions, tackling needed economic, social and political reforms, as well as renewed efforts to protect the vulnerable. An effective response to this pandemic and to future shocks must thus be inclusive and put citizens at the centre. Rebuilding trust between citizens and government requires a process that leaves no one behind and strengthens freedoms, human rights and the rule of law. By engaging all parties, including local governments, the private sector, civil society and citizens at large, governments can ensure a multistakeholder approach that can support an inclusive and faster recovery.

Governments in the Arab states can seize the opportunity to chart a new political-economic course with their citizens, building broad-based consensus, trust and accountability. Countries in the region need a new social contract that reflects changes in their societies, responds to public demands for more inclusive, responsive and accountable institutions, and expands opportunities and human capabilities for sustainable development.⁸⁴

CHAPTER 4

Promoting diversified and competitive economies

Few Arab States have competitive private sectors, particularly for tradables, and the economies that are based on oil and gas are subject to highly volatile prices. The productivity of labour, much of it informal, is relatively low. The capacity of government institutions is generally weak. This persistent equilibrium of low growth–low productivity–low employment–low institutional capacity emerges from a social contract based on a deep-seated rentier state that favours the status quo and rejects truly transformative economic reforms. The region’s well-known economic fragilities are not destiny, however. They can be corrected with a strong human development approach to tackle the region’s long-term structural challenges.

Five priorities stand at the top of the agenda. First is to diversify and transform the Arab States region’s economies to reduce exposure to commodity cycles and macroeconomic volatility. Second is to boost growth to generate decent jobs for poor people and informal workers and for new entrants to the labour force. Third is to improve the investment climate and level the playing field for businesses, large and small, and investors, domestic and foreign. Fourth is to increase access to finance for women and smaller enterprises. And fifth is to pursue regional economic integration to expand markets and deliver regional public goods.

Macroeconomic dynamics

In 2019, the six Gulf Cooperation Council (GCC) countries, with only 14 percent of the Arab States region’s population, generated around 60 percent of the region’s GDP.¹ In contrast, the fragile and conflict-affected countries, with a third of the region’s people, generated only 15 percent of the region’s GDP. Middle-income countries accounted for the rest.

The region’s average annual economic growth was 3.5 percent over 2010–2019, 1.5 percentage points below that for emerging markets and developing economies (EMDEs) over the same period, and the gap in per capita terms was even larger. The volatility of the region’s economic growth was estimated to be 1.5 times that of the EMDEs.²

In the pre-Covid decade, oil-exporting countries grew on average by 3.4 percent a year, and oil-importing middle-income countries by 3.6 percent a year. But many fragile and conflict-affected countries

experienced average contractions—for example, Yemen (3.8 percent) and Sudan (0.8 percent). Frequent large swings in real GDP growth have deprived the region of the benefits from sustained economic progress.

Low-productivity sectors dominate most of the region’s economic activities, while capital-intensive oil and gas constitute a large share of the economy. Across the region the prevalence of low-productivity sectors such as construction and retail trade are a reflection of deeper causes that hold back long-term structural transformation, leaving manufacturing stuck at around 10 percent of regional GDP. Extractives experience considerable volatility, with wildly fluctuating prices for hydrocarbons and other commodities.³ Services, often basic, account for about half of GDP (and more than half of employment).⁴

Therefore, despite pronounced progress in some countries, the region’s economic complexity lags behind other developing regions. Between 2010 and 2019, the economic complexity index (ECI)⁵ remained relatively low albeit with significant heterogeneity across the region. In 2019, the ECI was estimated to be highest in Saudi Arabia, followed by Tunisia and Lebanon—ranking 39th, 45th and 57th respectively among 133 countries included in the global ranking—reflecting their relatively more diversified product space. On the other hand, the ECI was lowest in Libya, Yemen and Algeria, ranking 121st, 119th and 116th, respectively.

Over the past 10 years, GCC countries show the largest jumps in progress in the ECI in terms of ranking, while other countries such as Yemen, Lebanon and Morocco, have declined in rank. According to the Harvard Atlas of Economic complexity, over the last 15 years, oil-exporting countries have added new products to their export basket within the range of 2 to 19 products, oil-importing middle-income countries have added between 20 and 60 new products, while fragile and conflict-affected countries have added the smallest number, estimated between 3 and 9 export products.

In the majority of countries in the region, net foreign direct investments (FDI) inflows have decelerated since 2011. Despite the progress in some countries, the region still shows a pattern of FDI inflows characterized by a high degree of concentration, both at the country and sectoral levels. For example, in 2019

approximately 69 percent of FDI to the region was concentrated in United Arab Emirates (34.6 percent), Egypt (22.6) and Saudi Arabia (11.4 percent). In terms of sectors of destination of FDI, most greenfield investments were concentrated in two main sectors, either real estate or oil and natural gas.^{6,7}

The region has also been unable to harness the economic benefits associated with greater regional economic cooperation. As a percentage of total trade, intra-regional trade and exports in the Arab States remained low. Existing trade agreements have been unable to intensify intra-regional trade and stimulate further economic integration.⁸ Though increasing over time, intra-regional trade in the Arab States was only 12.9 percent of total trade in 2019, whereas trade with the EU was 14.9 percent in the same year.⁹ At the subregional level, trade among Arab Maghreb Union member countries accounts for just 2.4 percent of total trade, one of the world's lowest levels of trade integration, compared with 14.7 percent for Mercosur in South America and 8.6 percent for the Economic Community of West African States in Africa.¹⁰ Intra-regional FDI also remains low despite a variety of preferential and regional trade agreements and bilateral investment treaties.¹¹

The region's fiscal stance has been especially vulnerable to oil price shocks, not only for oil exporters but also for labour exporting countries—that is, oil-importing middle-income countries and some fragile and conflict-affected countries—that receive large inflows of remittances, ODA and foreign investments from GCC countries. The increasing fiscal and current account deficits have contributed to a steep increase in the debt-to-GDP ratio across the region. Even before the outbreak of Covid-19, there were already signs of distress for many low-income countries to access debt markets.¹²

Apart from spending volume, spending composition is a key feature that impacts social outcomes and human development. Prior to the pandemic, nearly 80 percent of public spending during 2010–2019 in the Arab States region was used to finance current expenditure (such as salaries, goods and services, debt service, and subsidies). Unlike social and capital expenditure, financing consumption does not increase productivity potential or foster long-term growth.¹³ Such spending patterns coupled with rising debt levels and increasing debt service requirements have

increased fiscal deficits and called into question debt and fiscal sustainability in some countries.

Another significant aspect is the relatively limited allocations to health, education, and social protection (HES). In 2018, prior to the pandemic, the region on average spent only around 8.5 percent of its GDP on HES as compared to a global average of 20 percent, with much lower allocations in FCCs.¹⁴

The Covid-19 pandemic's impact

The pandemic has been the third major economic crisis to hit the region over just the last decade, coming as it does after the 2011 Arab uprisings and the drop in oil prices in 2014. Amid these major crises a number of additional localized crises hit the region on regular basis, some climate-related and some politically driven.

Following a deep contraction in 2020, the region's growth bounced back in 2021, but the recovery has been uneven, contingent on each country's policy space to support its economy. The region's economy contracted by around 4.5 percent in 2020, with fragile and conflict-affected countries experiencing the largest average drop (around 15 percent).¹⁵ The region recovered by an estimated 6.3 percent in 2021, but Yemen still suffered a contraction of about 2 percent in 2021.¹⁶ An accelerated recovery in 2022 is unlikely, with an average expected growth rate of 5.5 percent for the region, mainly driven by oil-exporting countries, which foresee growth amid soaring international oil prices. However, declining growth momentum is expected among oil-importing countries and fragile and conflict-affected countries, especially with greater inflationary pressure since the outbreak of the war in Ukraine.^{17,18}

Already large fiscal deficits have further widened across the region, with falling revenues and rising financing needs. In 2020 the average overall deficit widened by 7 percentage points, to 9.2 percent of GDP, while the region's average fiscal deficit as a percentage of GDP narrowed to 2.3 percent of GDP in 2021 and is expected to turn into a surplus of 4.1 percent in 2022.¹⁹ High fiscal deficits across the region were attributed to the big drop in oil revenues amid falling oil global demand, combined with higher spending on measures to support households and

businesses. The largest deteriorations were in oil-exporting countries, whose public finances depend heavily on oil revenues.

Large fiscal deficits have increased government debt, worsening an already vulnerable debt position. In 2020 the region's overall government debt peaked at 60 percent of GDP, up around 13 percentage points from 2019.²⁰ While it came down in 2021 to 56.5 percent and is expected to reach about 47 percent in 2022, government debt as a percentage of GDP is projected to rise substantially and remain above 2019 levels for the majority of countries in the region, with the steep rise likely to persist over the medium term.²¹

On the external front, current account balances for the region deteriorated from a surplus of 1.4 percent of GDP in 2019 to a deficit of 3.5 percent of GDP in 2020 and registered a surplus of 4.4 percent of GDP in 2021 and is forecast to reach a surplus of 12.5 percent of GDP in 2022.²² Net flows of foreign direct investment to the region fell by 6 percent in 2020, GCC FDI to the Middle East and North Africa region plummeted by around \$4.6 billion from the first half of 2019 to the first half of 2020.²³ FDI net inflows to the region recovered by about 46 percent in 2021, mainly driven by investments into GCC countries.²⁴ Despite an initial forecast of an 8 percent decline in remittance inflows to the region, the latest estimates revealed an increase of around 5.4 percent in 2020 and 7.4 percent in 2021, showing their countercyclical role for millions of households.²⁵

Macroeconomic policy responses

The governments of Arab States announced fiscal support of about 2 percent of GDP in 2020²⁶—modest compared with that in emerging economies. Additional spending directed to the health sector was also below that of peer countries. The median fiscal package to the health sector was around 0.4 percent of GDP. Saudi Arabia topped the list with 2.1 percent of GDP, while Iraq allocated 0.02 percent (table 4.1).²⁷

Despite their limited size, government measures in the region helped support domestic economic activity and mitigated some of the social impact. In Egypt GDP growth in fiscal year 2020 may have been as low as 1.9 percent, but with the government's emergency response package it was estimated at 3.8 percent.²⁸

While global public spending relative to GDP rose by around 4 percentage points in 2020, the Arab States region's public spending envelope as a percentage of GDP rose from 34.4 percent in 2019 to 37.6 percent in 2020 but then slipped to 33.1 percent in 2021 (figure 4.1), according to the latest IMF data. The increase in government expenditures of the oil-exporting and oil-importing middle-income countries in the region in 2020 was lower than the average increase reported in the high-income countries and the EMDEs, respectively. Moreover, with the exception of Egypt and Jordan, all Arab States reported a contraction in spending relative to GDP in 2021, which was particularly acute among the oil exporters. The average for the fragile and conflict-affected country group was driven up by Libya, which was a regional outlier.²⁹

Macroeconomic policy recommendations

In the short term, governments need to balance ongoing fiscal packages and targeted measures to households and businesses with sustainable fiscal positions. They can reassess public spending and can improve government revenue collection, with more progressive taxation on income and wealth, minimizing loopholes and exemptions, as well as increasing fees, charges and taxes on unhealthy goods and services. They can expand social insurance coverage to all contributory revenues (including informal sector workers). They can contrast illicit financial flows and adopt a more countercyclical macroeconomic framework given the economic contexts.

Governments need to balance the risks of growing debts and premature withdrawal of policy support.³⁰ Countries with already large debt stocks need a credible fiscal framework that ensures the sustainability of the rising public debt while working on a sustainable economic recovery. In other words fiscal policy should continue not only to provide short-term targeted measures to support hard-hit households and businesses but also to promote medium-term green, digital and inclusive recovery.

In the medium term, governments should address the constraints on high productivity sectors, create investment opportunities outside hydrocarbons through sound macroeconomic and structural policy settings and boost labour productivity through skill

Table 4.1 Fiscal and monetary policy measures in the Arab States region, by country, 2020

Country	Additional spending or forgone revenues ^a (% of GDP)	Additional spending or forgone revenues in the health sector (% of GDP)	Liquidity support ^b (% of GDP)	Interest rate cut ^c (%)	Reserve requirement cut ^c (%)
<i>Oil-exporting countries</i>					
Algeria	1.3	0.7	..	14.3	80.0
Bahrain	2.8	1.5	2.7	52.3	40.0
Kuwait	1.5	..	..	45.5	19.2
Oman	0.6	0.0	..	60.0	40.0
Qatar	1.0	0.6	0.9	47.1	0
Saudi Arabia	2.6	2.1	1.0	63.5	0
United Arab Emirates	2.4	..	..	62.5	50.0
<i>Oil-importing middle-income countries</i>					
Djibouti	3.0	0.8	..	0	0
Egypt	1.6	0.2	0.1	23.5	0
Jordan	1.6	0.7	1.8	37.5	28.6
Morocco	2.4	0.3	3.9	33.3	0
Tunisia	2.7	0.4	0.8	25.8	0
<i>Fragile and conflict-affected countries</i>					
Iraq	0.2	0.0	..	0	13.3
Libya	4.2	..	..	0	0
Somalia	2.4	0.2	..	..	..
Sudan	0.9	..	..	0	0
Yemen	1.2	0.1	..	0	0

.. is not available.

a. Includes both health and nonhealth sectors.

b. Includes below-the-line measures such as equity injections, loans, asset purchase, debt assumptions and contingent liabilities.

c. Calculated as a percentage of the prepandemic level.

Source: Elgin and Yalaman 2021; IMF 2021c.

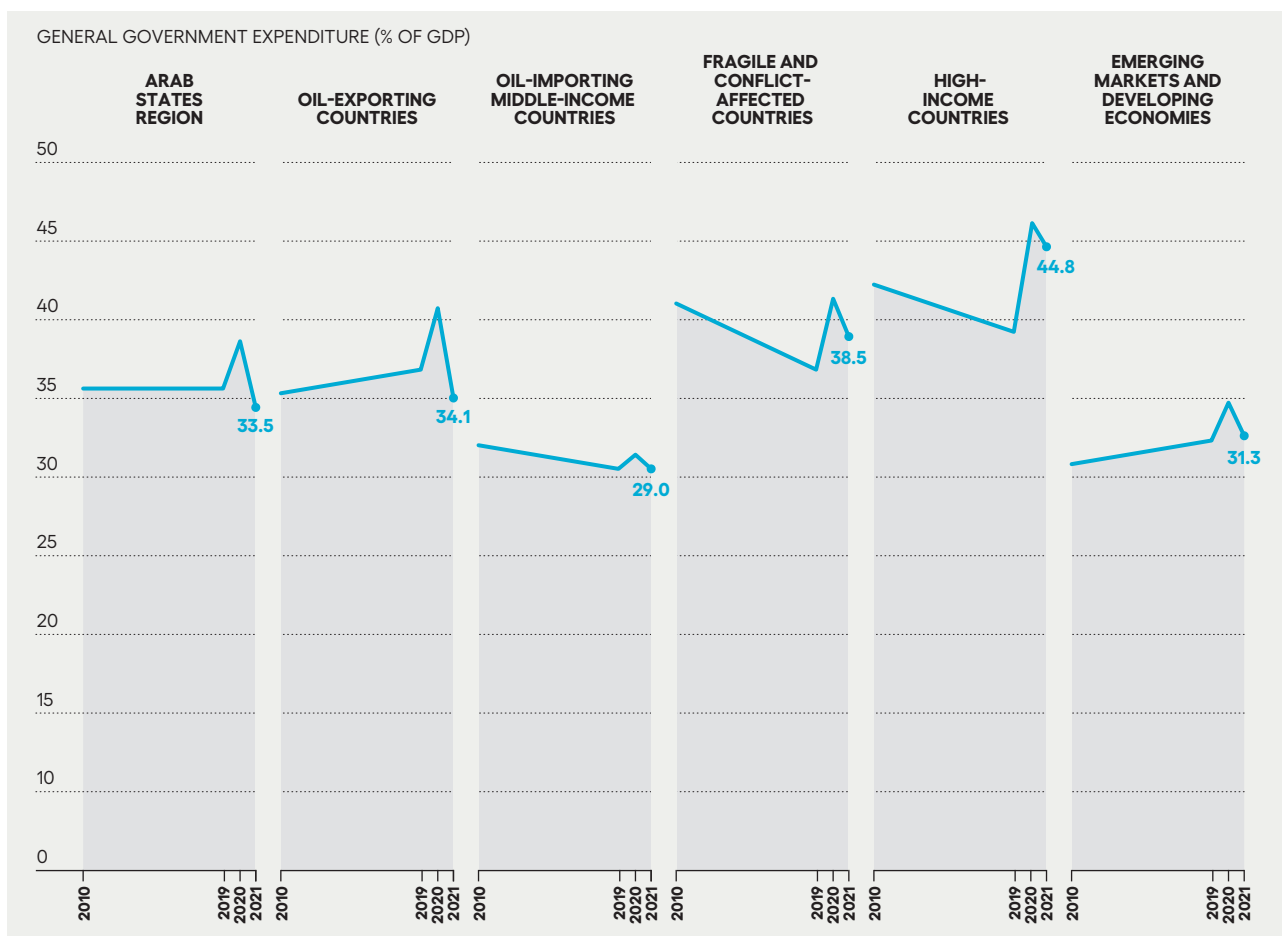
development. Despite some ongoing reforms, the scope for structural reforms remains considerable in most Arab States, and recommendations tailored to each country's position along the development path can focus on areas where potential productivity gains are substantial. Particular attention should go to structural reforms that enable the green and digital transformation of the economy—and that strengthen economic institutions and the business environment for market-based economic activity.

Another major move would be to integrate the region's economies. Despite previous trade agreements and integration efforts, intraregional trade remains low relative to other regions.³¹ Integrating the region's economies would enable domestic reforms—and foster growth, jobs and stability. Pursuing regional integration could assist governments in harnessing the

benefits through national reforms, including policies for stronger economic diversification and job creation.

To progress towards better regional integration, in addition to implementing national policy reforms, deep behind-the-border reforms would make it possible for firms and people to work across national boundaries.³² But dealing with diverse and asymmetric trade agreements is complex. Many nontariff obstacles impede trade in goods. Regulatory frameworks are lacking. Transport and logistics infrastructure is inadequate. Business environments do not support firms' ambitions to participate in international trade. Political constraints and enduring conflicts make cross-border trade exceedingly difficult.³³ Indeed, infrastructure connectivity in the region is considered insufficient and incomplete, and the investments are still insufficient to meet the growing

Figure 4.1 Public spending relative to GDP in the Arab States region



Note: Data for Somalia and Syria are not available.
Source: Weighted averages based on IMF (2022).

development needs across Arab States, thus reducing the speed of economic integration.³⁴

To stimulate cross-border flows of goods, services, capital, technology and labour, reform priorities include addressing the barriers to trade facilitation—mainly reducing administrative burdens for traders, increasing regulatory transparency and simplifying and digitalizing procedures.³⁵ Policies that support economic diversification are also needed, including skill development, a digitalization agenda and stronger integration in regional and global value chains—all aimed at promoting local jobs and sustainable economic models.³⁶ Governments should also focus on better planning, prioritization and coordination of investments for connectivity infrastructure within and between countries. A shared strategy for the mobility of people to promote socioeconomic development across the region would be beneficial.

Financial integration policies should strengthen markets and institutions and modernize the legislative frameworks governing them. Finally, developing formal channels to retain and invest remittances could enhance regional financial and economic integration.

Supporting these efforts requires buttressing public finance and tax institutions with explicit strategies and annual and medium-term budgets—reprioritizing public spending towards social and capital expenditures.

Countries should articulate a roadmap of sequenced reforms that factor in the specifics of existing systems, including their strengths, weaknesses, resources and capacity constraints, as well as the interdependence between policy design and implementation.³⁷ Such reforms should make public spending more efficient, effective and equitable, including by prioritizing women and young people, vulnerable beneficiaries and public investment in social sectors.

It is also time to start a policy debate on a fairer and broader taxation system that is progressive, simple, efficient and transparent.

Employment

Structural challenges in the labour markets of the Arab States region stem primarily from the strong divide between “good” formal jobs in both the public and private sectors and “bad” informal jobs in the private sector.³⁸ This duality has been a direct consequence of the social contract adopted from the 1950s through the 1970s, based on a state-led model of industrialization. The resulting role of the public sector, including both government administration and state-owned enterprises, entrenched the preference for public employment due to its higher wages and nonwage benefits.³⁹

This social contract began to fray in the 1980s, following exchange rate and budget crises that forced most oil-importing middle-income countries and fragile and conflict-affected countries to move towards neoliberal models of economic development.⁴⁰ The gradual decline of formal public sector employment in subsequent decades was not matched by an increase in formal private sector jobs, leaving new entrants to the labour market at a considerable disadvantage to older cohorts. In oil-importing middle-income countries and fragile and conflict-affected countries, this disadvantage has meant higher unemployment rates and growing informality. And in oil-exporting countries, there has been a divide between remunerative public sector jobs, held mostly by domestic citizens,⁴¹ and private sector jobs, which vary greatly in their quality and are performed mostly by migrant labour. But some oil-exporting countries have recently moved towards labour nationalization policies, with migrants replaced by nationals in white-collar jobs in the private sector.

The collapse of the social contract has resulted in increased unemployment, as educated workers wait for good jobs, particularly in the public sector. Unemployment rates have been higher in the Arab States region than in other regions—10.9 percent in 2019,⁴² compared with the world average of 5.4 percent—and rising, with total unemployment more than twice the world average in Northern African⁴³ countries and about 50 percent higher than the world average in the

Arab Middle East⁴⁴ in 2019, hiding wide gaps between men and women. While male unemployment in the region has been slightly higher than the world average—8.3 percent in 2019, compared with the world average of 5.3 percent—female unemployment has been three and a half to four times higher, the highest in the world—21.4 percent compared with 5.5 percent for the world in 2019.⁴⁵ Rates across the region range from low in the GCC countries (although rising in some⁴⁶) to extremely high in Djibouti and State of Palestine. Before the pandemic, unemployment in Jordan, Iraq, Lebanon, Tunisia and Sudan increased significantly between 2010 and 2019, while it declined in Egypt.

At 25.3 percent in 2019, unemployment has been particularly high among young people. Youth unemployment in Northern African countries was the highest in the world in 2019, at about 26 percent, and followed by the Arab Middle East, at about 23 percent.⁴⁷ The unemployment rate among young women was more than twice that among young men in 2019, reaching 43 percent in Northern Africa and 40 percent in the Arab Middle East (compared with 21 percent and 20 percent among young men, respectively), and has been growing much faster than among young men. Female youth unemployment in Algeria, Djibouti, Egypt, Iraq, Jordan, Libya, State of Palestine and Saudi Arabia exceeded 45 percent in 2019.⁴⁸

Even more concerning, the share of young people in informal employment reached 87.8 percent in countries with data, far higher than the share of adults in the region (68.2 percent).⁴⁹ The region has the world’s widest gap between young people and adults in formal employment,⁵⁰ reflecting the deteriorating labour market conditions for young people, who face increasingly more difficult school-to-work transitions. Deteriorating labour market outcomes have been reflected in long periods of unemployment associated with rising education levels, dwindling transition opportunities to good formal employment and sizeable skill mismatches relative to the characteristics demanded by employers.⁵¹ Young people who enter the labour market in informal jobs rarely transition to formal employment, regardless of education or experience.⁵² And access to formal employment is correlated with family background, such as parent education, occupation and wealth, exacerbating existing and intergenerational inequalities. The role of personal and family connections (*wasta*) in

securing public sector jobs has also been well established in several countries of the region.⁵³

Female labour force participation rates have been declining and were among the lowest in the world, at 20.3 percent—19 percent in the Arab Middle East and 21 percent in North Africa in 2019.⁵⁴ This is despite the fact that women have largely closed the gap with men in educational attainment.⁵⁵ Women's employment trajectories have been closely related to both the availability of "good" formal jobs as well as life course and marriage decisions. There is some evidence that young women have been more open to participating in the labour market and seeking out employment before marriage. This is followed by a strong drop in female labour force participation after marriage, particularly for women not in formal jobs, pointing to the effect of social norms and unpaid work on women's labour force participation.⁵⁶ Declining opportunities in the public sector and the inability of the private formal sector to create enough jobs have led the majority of women to forgo the labour market completely to avoid having to accept informal employment that lacks safety, job stability, paid leave and social and health insurance.

Youth labour force participation rates have also been quite low and declining since 2010. While the female youth participation rate has lately hovered around 11 percent across the region, the pre-Covid-19 youth participation rate declined from 30.7 percent in 2010 to 25.5 percent in 2019.⁵⁷ The Arab States region also has the world's highest regional proportion of young people (15–24 years of age) who are not in education, employment or training (NEET), at 29.5 percent in 2019.⁵⁸ The number of young people in this category has been rising over the last few years, especially in the Middle East, reflecting a low or even negative return on acquired education and a bleak outlook for young people that can lead to social discontentment and civil unrest.⁵⁹ While the rate of NEETs among young men averaged almost 18 percent, the rate among young women was as high as 42 percent.

Impact of the Covid-19 pandemic on employment

In 2021, regional unemployment rose to 12.5 percent from 10.9 percent in 2019, double the world average

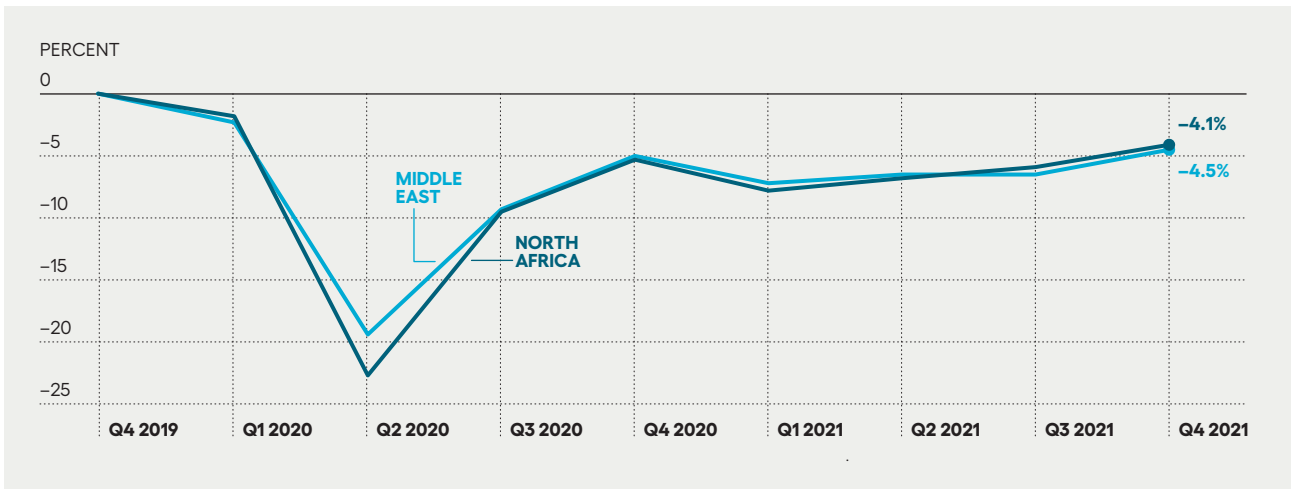
of 6.2 percent.⁶⁰ Women's unemployment rate rose from 21.4 percent in 2019 to 24 percent in 2021, still three to four times the world average. In 2021 the region had the world's highest youth unemployment rate, at 28.6 percent, up from 25.3 percent in 2019. The unemployment rate among young women was also the highest in the world, and twice that for young men, reaching 49.1 percent, up from 44.7 percent in 2019, compared with 23.8 percent in 2021 for young men, up from 20.8 percent in 2019.

Lockdowns and curfews associated with the Covid-19 pandemic had severe impacts on businesses and their workers, with many working hours lost in 2020 and 2021, varying with the stringency of lockdowns and workplace closures (figure 4.2). Relative to the fourth quarter of 2019, 23 percent of working hours were lost in the second quarter of 2020 in Northern Africa and 20.3 percent in the Arab Middle East, while almost 8.5 percent were lost in each region in the third quarter, when lockdowns were strictest.⁶¹ These losses were equivalent to 23.4 million full-time equivalent jobs (based on a 48-hour week) in the second quarter of 2020 and 9.2 million in the third. Working hour losses continued in 2021 but at lower rates, ranging between 4.9 and 6.9 million full time equivalent jobs lost each quarter, as countries largely abandoned strict lockdown measures and as vaccination rates rose, especially in GCC countries, reflecting the lasting impact of the pandemic in supply chain bottlenecks and continued uncertainty throughout 2021.

In all of 2020, the Arab Middle East lost 9 percent of working hours, equivalent to 4.6 million full-time jobs, and North Africa 9.6 percent, equivalent to 5.6 million full-time jobs.⁶² In 2021 the losses were 5.4 percent and 5.2 percent respectively, equivalent to 2.8 million and 3.1 million full time jobs.⁶³ These losses translated to an aggregated loss of labour income of about 10 percent in the Arab Middle East (3.4 percent of GDP) and almost 12 percent in North Africa (5 percent of GDP) in 2020. Without adequate income support schemes, these substantial reductions in incomes may exacerbate future economic prospects, as workers are pushed into poverty, reducing aggregate demand. This could create a vicious cycle where lower demand further reduces incomes and thus the prospect of a swift recovery.

The impact of the pandemic on labour markets has been uneven and varied over time, across countries

Figure 4.2 Lockdowns and curfews associated with the Covid-19 pandemic had severe impacts on businesses and their workers in the Arab States region reflected in deep losses in working hours

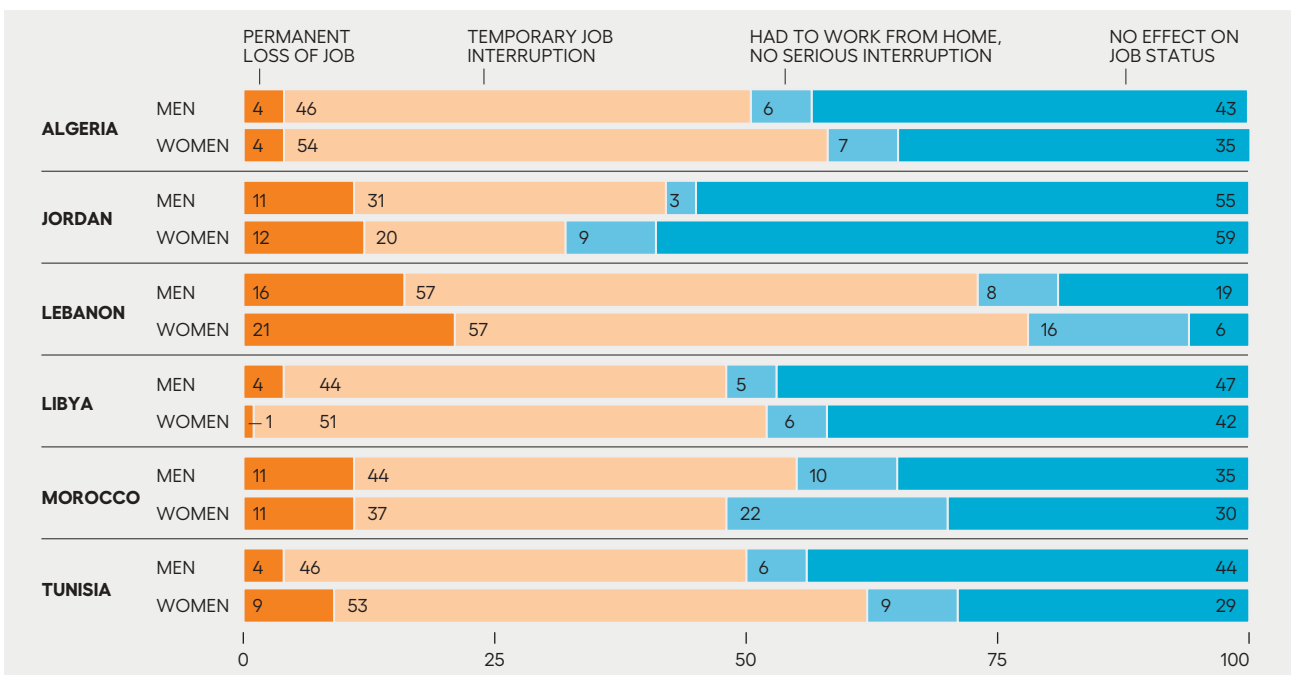


Note: The percentage of hours lost is relative to the fourth quarter of 2019.
Source: Arab Human Development Report team calculations based on International Labour Organization data.

and for men and women (figure 4.3). More than 50 percent of men who had been working before the pandemic faced either permanent job loss or temporary suspension by July–October 2020, according to an Arab Barometer survey conducted at three intervals in 2020 and 2021 in selected Arab countries. The

impact was most severe in Lebanon, especially early on, but continued to be strong across all countries in the survey even by March 2021. Lebanon was suffering from an exchange rate crisis and other macroeconomic challenges, but the pandemic exacerbated the impact on workers. Through various waves of the

Figure 4.3 The Covid-19 pandemic’s impact on labour markets in July–October 2020 was highly uneven and varied by country and gender



Source: Arab Human Development Report team calculations based on Arab Barometer Wave VI, Part I (July–October 2020), 2021.

pandemic, the highest reduction in hours worked in Egypt, Iraq and Tunisia took place during the first wave, when restrictions were strictest.⁶⁴

In some countries and sectors, the impact of the pandemic was harsher for working women than for men, and women were more likely to suffer temporary interruptions than men, both in 2020 and 2021. Women were also more likely to work from home, likely a reflection of the types of jobs they usually hold when they work. These jobs tend to be more conducive to remote work, such as those in education and the public sector that can be performed from home.⁶⁵

Young people and the most vulnerable workers—those who were self-employed or in temporary or informal employment—were also more likely to bear the brunt of the Covid-19 pandemic’s impact.⁶⁶ In Morocco and Tunisia, for example, public sector workers were affected far less than private sector workers (figure 4.4).⁶⁷ As expected, informal workers—especially those informally employed outside of establishments—were the most severely affected. The severity of the impact also varied over time and by country, starting out mildly and worsening over time in Morocco, while in Tunisia, the impact was immediately evident in the form of temporary or permanent layoffs, decreased hours or even a change of work status to no longer being a wage worker. In both countries, workers faced strong impacts in February and April 2021, sometimes even more severe than

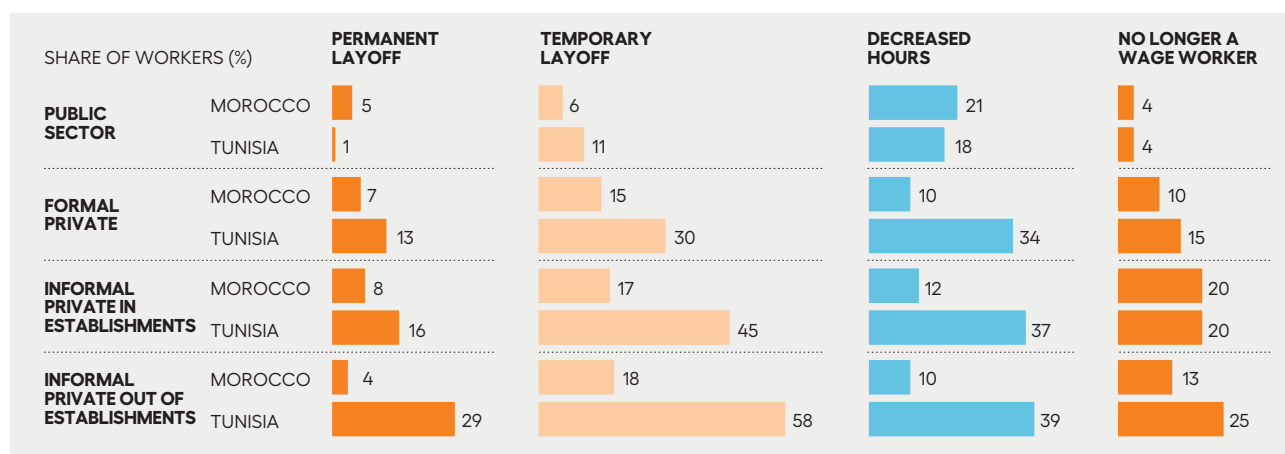
in 2020, that continued into June 2021, reflecting the lingering and worsening economic outcomes as economies struggled to return to prepandemic normalcy amid new variants of the virus, supply chain bottlenecks worldwide and rising uncertainty.

Employment support

Many governments in the Arab States region have acted to mitigate the immediate impacts of the Covid-19 pandemic on labour markets through various stimulus and support packages. This has involved direct relief to enterprises, particularly small and medium ones, in the form of liquidity facilities, wage subsidies and tax and fee payment deferrals—as well as more direct measures to protect workers, such as paid leave, unemployment benefits and cash transfers. Several countries adopted measures directly targeting workers—especially informal workers—through cash assistance.

In Egypt one-time transfers were made to informal workers registered in the Ministry of Manpower database through post offices. In Jordan informal workers were included in formal social registries by extending benefits to households previously uncovered. In Morocco informal workers benefiting from the non-contributory health insurance scheme were eligible for a cash transfer of \$94–\$134 a month, based on household composition, beginning in April 2020.

Figure 4.4 The Covid-19 pandemic’s effect on workers differed in Morocco and Tunisia, by type of work in November 2020



Note: Data reflect workers’ experiences in the 60 days prior to each survey interview date in November 2020.

Source: Arab Human Development Report team based on Economic Research Forum Covid-19 Household Monitors, Wave 1.

And informal workers who did not benefit from the scheme were eligible to apply for cash assistance by providing an online claim. Djibouti authorities scaled up food and cash assistance to day labourers. Among fragile and conflict-affected countries and territories, State of Palestine and Syrian Arab Republic also expanded cash assistance support for daily and seasonal workers.⁶⁸

While many governments attempted to mitigate the negative effects of the Covid-19 pandemic on the most vulnerable people, the lack of fiscal space made the scale of these interventions inadequate in most countries. Survey respondents reported seeking support but not always receiving it, and many reported reducing consumption of basic foods,⁶⁹ depleting savings, borrowing from family or friends or selling assets.

The United Nations Development Programme gender tracker identified 55 labour market measures, ranging from 1 in Oman, Qatar and Somalia to 7 in Egypt to 10 in Saudi Arabia.⁷⁰ No labour market measures have reportedly been implemented in Iraq, Lebanon, Libya, Sudan or Yemen. The United Nations Economic and Social Commission for Western Asia Covid-19 stimulus tracker estimated the number of labour market measures at 81 in Arab States: reportedly none in Iraq, Libya, State of Palestine⁷¹ or Somalia; very few in Djibouti (1), Lebanon (1), Syrian Arab Republic (1) and Yemen (2); and the highest numbers in Kuwait (11), Oman (14) and Bahrain (18).

Reforming labour markets

The deep-rooted challenges facing Arab labour markets require a multifaceted approach that addresses both supply and demand shortcomings in the medium and long terms.⁷² Policies that would directly raise demand for labour—the most pressing labour market problem in the region—are key.⁷³ Reforms should promote job creation in the private sector and decent working conditions to attract more women into the labour market within a broader effort to increase competition.⁷⁴ Also important is encouraging diversification, especially into high-productivity industries, and reducing reliance on low value-added industries like construction,⁷⁵ which tend to create temporary

employment and to be highly vulnerable to economic shocks.

On the supply side, the pandemic highlighted digital skills and the need for more targeted investment in technical skills to match the demand for labour. Policymakers should support, incentivize and carefully design the development of skills for vulnerable workers in high-growth areas, particularly the digital and green economies.⁷⁶ This requires investing in strong telecommunications infrastructure and closing the digital divide across geographic, gender and socioeconomic strata.

Equally important is creating new opportunities targeting young people and women, who are particularly vulnerable in the labour market and tend to be the biggest losers during economic shocks. Governments need to provide incentives for job creation and formalization, and gear national and regional educational policies towards innovation, high-tech, and high value-added industries, all while maximizing opportunities for young women and men.

Micro, small and medium enterprises

Micro, small and medium-sized enterprises (MSMEs) make up most business units and account for substantial shares of jobs. Based on the available data, the Arab States region microenterprises are estimated to account for almost 90 percent of businesses, small enterprises for more than 9 percent, and medium and large enterprises the rest. Oil-exporting countries have the highest percentage of large firms given their large capital-intensive oil-extraction industries. Fragile and conflict-affected countries and oil-importing middle-income countries reportedly have the highest shares of microenterprises (close to 92 percent), followed by oil-exporting countries (83 percent).⁷⁷

The region also has one of the lowest shares of women entrepreneurs who own or manage businesses—14 percent—far below the world average of about 34 percent.⁷⁸ This reflects the difficulties that women face in accessing productive resources, business support services and skill development opportunities.

Smaller enterprises do much to create decent jobs and develop a more dynamic, diversified and

productive economy. But their potential has been undermined by structural, political and fiscal barriers that inhibit their development.

The grip of state-owned enterprises on the economy as well as that of politically connected firms⁷⁹ is an important reason why small enterprises struggle. Practices reinforcing privileged access to land and finance—and favourable legal and regulatory treatment in government procurement, tax and transfers schemes and access to markets—stifle competition and distort the playing field. In Libya, Syrian Arab Republic and Yemen degraded infrastructure, restricted market access and protracted economic and political instability have impeded the productivity and growth of smaller firms.

Access to finance is another challenge in the region. The average share of SMEs in total bank lending in the region is estimated at about 7 percent, substantially lower than the average in other middle-income countries.⁸⁰ Until 2019, the region had the lowest percentage of firms with a checking and savings accounts compared with other regions, according to the World Bank Enterprise Surveys.⁸¹ In Morocco up to 38 percent of firms lacked bank accounts, compared with 51 percent in Yemen, 56 percent in Iraq and a world average of about 11 percent. Surprisingly, Sudan reported the highest percentage of account ownership (98.4 percent), followed by Tunisia (96.1 percent) and Lebanon (94.3 percent). The region had some of

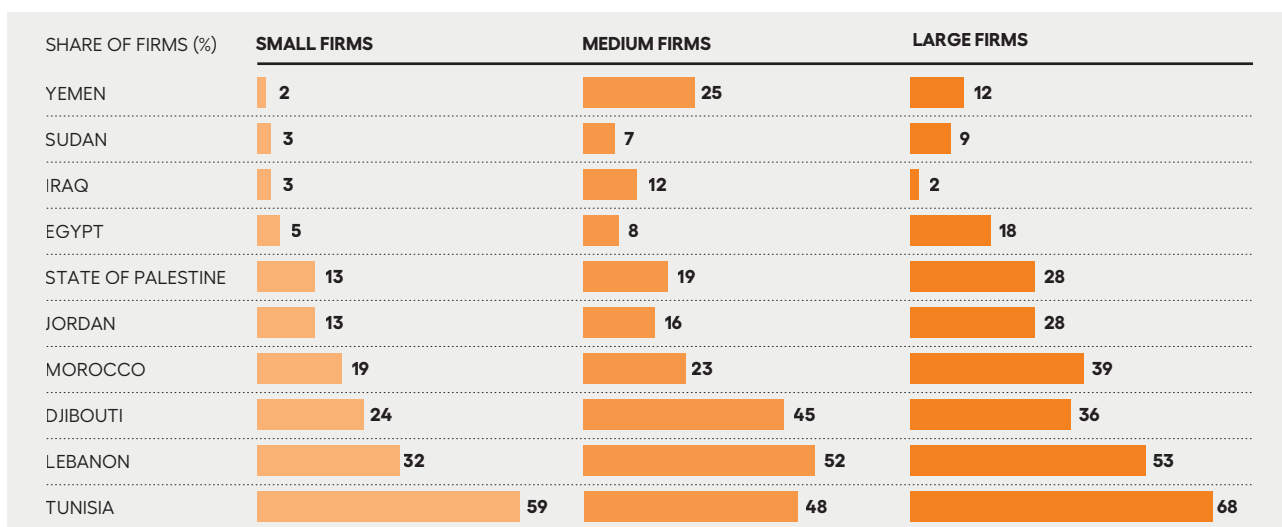
the lowest shares of firms with bank loans and lines of credit, with Tunisia having the highest percentage (53.6 percent). The credit concentration ratios show that a small number of loans to larger firms have dominated the loans portfolio in most of the region (figures 4.5 and 4.6).

Lebanon reported the highest percentage of firms claiming that access to finance was a major constraint, followed by Iraq and Yemen. Interestingly, countries such as Sudan and Jordan, which tended to have low bank loans and low access to credit lines, had fewer firms claiming that access to finance was one of their biggest hurdles. Instead they cited political stability (State of Palestine, Sudan, Yemen, Tunisia), and tax rates (Jordan, Egypt) as some of their biggest hurdles.

The Covid-19 pandemic's impact on MSMEs

Most businesses have been greatly affected by government containment measures, the economic activity and high uncertainty about recovery prospects.⁸² Tourism, trade, logistics and retail have suffered the most, halting operations, cutting salaries and closing due to trade and supply chain disruptions. Micro, small and medium enterprises, with their high number and concentration in these high-risk sectors, stand to lose the most.

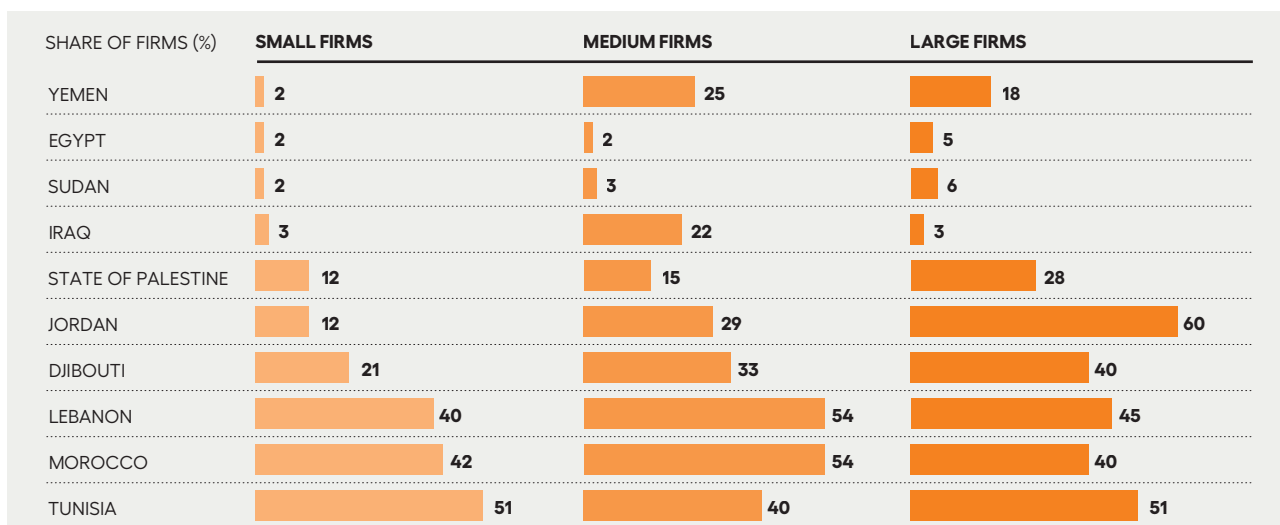
Figure 4.5 Percent of SMEs with a bank loan/line of credit



Note: This graph reports the latest available data for each country prior to the Covid-19 pandemic.

Source: Elaboration from Enterprise surveys, World Bank, accessed in March 2022.

Figure 4.6 Percent of SMEs using banks to finance working capital



Note: This graph reports the latest available data for each country prior to the Covid-19 pandemic.

Source: Elaboration from Enterprise surveys, World Bank, accessed in March 2022.

MSMEs have reported substantial loss of revenue and thus liquidity, increasing the risks of insolvency and bankruptcy.⁸³ In many Arab States the loss of formal employment in small businesses accentuated high structural unemployment, especially among young people and women. In Egypt 75 percent of 5,500 MSMEs surveyed reported a decline in operations due to the Covid-19 pandemic, and around 9 percent stopped operating all together.⁸⁴ The blow was harshest for metropolitan enterprises and those in the manufacturing sector. The number of workers employed by MSMEs declined by 15 percent, mostly in the wholesale and retail sectors, which previously accounted for the bulk of MSME employment. Results from surveys were similar in other parts of the region:

- In Morocco the number of business start-ups fell by 20 percent from 2019 to November 2020.⁸⁵ In February 2020, 47 percent of MSMEs reported a reduction in sales of more than 50 percent. And by April 2020, 57 percent of 4,000 MSMEs stopped all business activity either temporarily or permanently.⁸⁶
- In Tunisia 42 percent of 600 mostly small firms expected to reduce their number of employees in April–June 2020, and 27 percent reported not being able to pay their employees’ wages for April 2020.⁸⁷
- In Somalia many companies were unable to withstand the shock posed by the Covid-19

pandemic and risked liquidation. Of 498 formal businesses in Baidoa, Beledweyne, Bosaso, Kismayo and Mogadishu, 44 percent faced disruptions in the supply of inputs, raw materials or finished goods purchased for resale in December 2020 and January 2021, down from 71 percent in June–July 2020. Firms in the capital, Mogadishu, and trade-based firms with an export focus were hardest hit: 47 percent of them reduced working hours, 45 percent shed temporary workers and 46 percent shed permanent workers.⁸⁸

- In Saudi Arabia in April 2020, small and medium enterprises were hurt by the pandemic: 46 percent of a sample of 918 completely lost their sales revenue, 39 percent had their profit cut at least halved and 67 percent believed their losses in sales would lead to permanent closure.⁸⁹

Support for smaller businesses

According to the United Nations Economic and Social Commission for Western Asia tracker, measures related to business support (financial policy support and general policy support) were the most numerous, accounting for almost half—395—of all measures across the region. The number of measures ranges from 3 in Djibouti, Libya and Yemen to 32 in Kuwait, 40 in Jordan and 53 in Egypt. The most widely used

micro, small and medium enterprise policy responses fall into two categories:

- *Short-term liquidity support* (mainly during the two first waves of the Covid-19 pandemic). This has been the main type of support in the region. Job retention schemes included short-time work schemes and wage subsidy schemes. Deferrals of payments included income and corporate tax payments, value added tax, social security and pension payments, debt payment moratoria and waivers of rent and utility payments as well as waivers or reductions of financing fees and interest. Financial support went through debt channels (extended and simplified loan guarantees, direct lending through public institutions and support for nonbanking finance), through grants and subsidies or through equity or quasi-equity (including convertible loans). Most central banks in the region provided monetary expansions to keep liquidity high and interest rates low.
- *Structural policies*, including support for digitalization (including for teleworking and e-commerce), innovation and technology development to support competitiveness and mitigate the pandemic's impacts, upskilling and reskilling the workforce, and support for entering new markets.⁹⁰ For each of these categories, countries have used instruments such as business development services and advice, vouchers, grants, training and networking.⁹¹

In the initial course of the pandemic countries focused on short-term measures to face the emergency. Since 2021 countries have been looking ahead to plan for recovery and shift their focus towards recovery packages to build forward better, having learned from the first waves of the pandemic. Structural support measures have become increasingly part of public investment schemes and demand stimulus.

Measures by oil-exporting countries focused largely on liquidity, tax deferrals and subsidies for recurring expenses such as rent, electricity, salaries and raw materials. Gulf Cooperation Council countries allocated the most funding to mitigation packages. United Arab Emirates lowered its main policy rate twice after the onset of the Covid-19 pandemic and disclosed an AED 256 billion (\$70 billion) stimulus package to facilitate bank lending to the economy, plus AED 26.5 billion (\$7.2 billion) to support business continuity. It cut labour charges and other fees

by the Ministry of Economy. It suspended collection of administrative fines. It extended the deadline for tax payments and reduced work permit and other services fees for companies. And at the local level it reduced or cancelled customs fees, municipality fees and utility bills.⁹²

The Saudi Arabian Monetary Authority, with an overall package of SAR 100 billion (\$26.6 billion), supported measures and guidelines for banks to limit the impact of the pandemic—deferring loan payments, increasing lending to the private sector and restructuring loans without charges to support businesses and individuals affected by the pandemic. This was accompanied by an SAR 70 billion (\$18.7 billion) economic package to support small and medium enterprises and the sectors most affected by the crisis through exemptions and deferrals of various government dues. Additional initiatives supported industrial companies, as well as a new tourism development fund. And SAR 9 billion (\$2.4 billion) was unlocked to cover part of private sector salaries in heavily affected sectors.

The Algerian Central Bank lowered its main interest rate and reduced banks' minimum reserve ratio in addition to easing solvency and liquidity. Banks were allowed to postpone loan repayments, reschedule debts and grant additional loans to customers even when existing loans had been deferred or rescheduled. Tax measures included extending deadlines for corporate, consumption and individual tax payments (but not for large companies) and suspending a new tax on retained earnings. The recovery plan includes \$20 billion in allowances for Algerians who lost their jobs due to the crisis.

Oil-importing middle-income countries have put in place similar mechanisms that directly support liquidity and smaller enterprises, though the packages have been more modest than those in oil-exporting countries. In Egypt the stimulus package to support affected micro, small and medium enterprises was valued at 1.8 percent of GDP (\$6.13 billion). The country reduced energy costs, provided real estate tax relief for industrial and tourism sectors and stepped up a subsidy payout for exporters. It also imposed a Covid-19 tax of 1 percent on all public and private sector salaries and 0.5 percent on state pensions, with the proceeds earmarked for the sectors and small and medium enterprises most affected.

In Tunisia the Central Bank lowered its main policy rate and instructed banks to defer all loan repayments. The government also created investment funds and introduced sovereign guarantees on new credits. A TND 2.5 billion (\$860 million) emergency plan included deferrals in social contribution and certain tax payments, cash transfers, free supply of electricity and running water for two months for low-income and vulnerable households, creation of a support fund of TND 300 million (\$103 million) for small and medium enterprises, a set of liquidity-easing measures for companies to limit layoffs and creation of a support fund for business reconversion.⁹³

Fragile and conflict-affected countries have focused largely on saving jobs through regulatory means. They made it illegal to reduce employment or provided relief support to affected individuals, instead of directly supporting enterprises. Their weakened fiscal space made it difficult to implement extensive Covid-19 response measures. Somalia—hit by a triple crisis of flooding, locusts and Covid-19—was unable to provide financial support to businesses due to its weak fiscal position. With substantial donor support, the government implemented a \$527 million Country Preparedness and Response Plan to support businesses (for example, by providing temporary tax relief on specific basic commodities). In Lebanon, amid the financial and political crisis, the Central Bank allowed banks to provide exceptional five-year zero-interest loans to small and medium enterprises. All tax filings and payments were temporarily suspended. And a \$797 million stimulus package was launched, aimed at supporting daily workers in the public sector, healthcare employees and farmers—in addition to a cash distribution plan to the poorest families.

Despite all these efforts, coverage of micro, small and medium enterprises was often limited. In oil-importing middle-income countries, most of the support measures appeared to benefit more medium and larger companies than smaller ones as well as ones in the informal sector. Observed weaknesses were also related to lack of awareness and difficulties accessing the support, especially for micro and small enterprises. Businesses have also stressed the need for policies that could tackle the pre-Covid-19 pandemic structural challenges.

Of Jordanian enterprises surveyed in February and March 2021, 67 percent appeared to be unaware of

any support packages or measures to help them mitigate the impact of the crisis, and the smallest enterprises were least aware. Others stressed the lack of clarity about application procedures and eligibility criteria, revealing the need for increased public-private dialogues and business consultations on micro, small and medium enterprise support.⁹⁴

In Iraq only 3 percent of 893 enterprises reported receiving aid from the government or nonstate organizations.⁹⁵ About half the firms that did not receive Covid-19 support said they were unaware of such programmes, while others mentioned that the available assistance did not meet their needs.

In Morocco, mainly formal enterprises could benefit from many measures to support MSMEs such as access to finance. Even so, an impact analysis of the mitigation measures shows that they reduced the pandemic's impact on the economy. The liquidity measures for businesses, such as delay of payment on taxes, social contributions and loans, had the most impact, reducing the shock to the economy from 17.1 percent of losses in value added (without measures) to 10.6 percent.⁹⁶

Putting MSMEs at the centre of building forward better

Micro, small and medium enterprises in the region still face significant risks. They will continue to rely on government support to address liquidity shortages but also to carry out structural reforms to lay the foundation for their recovery. As many governments in the region start to craft their recovery plans, they have to use these plans as tools for economic and societal transformation.

In the short term, both continuing current interventions (mainly fiscal stimulus measures) and supporting enterprises to survive and recover may still be needed, in some cases. But implementation should extend to businesses that did not benefit from measures in the previous waves. As government fiscal and financial capacity is often strained, it is important to explore possibilities for domestic revenue collection particularly targeting rentier positions in the market and more efficient public finance management systems. For fragile and conflict-affected countries, expanding fiscal support in 2022 is challenging, so donor funding to MSMEs support is crucial to avoid

having them shut down. And drawing on business perceptions and observed weaknesses, targeted measures should be tailored to business needs and priorities, taking into account their size, sector and geographic locale. Indeed, international lessons suggest that blanket policies seem less effective than targeted ones.⁹⁷

As micro and small enterprises are most affected by the crisis and a major source of new job creation, they should be prioritized in recovery efforts. Also needed is raising awareness on government policy measures, to micro and small enterprises. Business development services can disseminate information about existing measures and initiatives, assist MSMEs to meet eligibility criteria and help them access the different facilities. Greater public-private dialogue can ensure greater private sector participation and engagement in the policy-making process, particularly in the design of economic recovery measures.

Most countries are prioritizing access to finance with a view to build a more conducive, resilient and inclusive ecosystem for digital MSME finance in the post-Covid era. MSMEs can benefit from a suite of transactional and nontransactional digital solutions tailored to their needs. These include tiered formal accounts and digital savings and credit, using alternative credit scoring as opposed to collateral-based lending. Existing semiformal solutions can be digitalized to the benefit of MSMEs such as group savings and lending. In the medium to long term, practical solutions can be identified to address the gaps and constraints to an enabling business environment and enhance business resilience to future shocks. In the recovery, governments and key stakeholders should pay greater attention to the real factors undermining MSME development and growth. Tackling barriers to MSME growth, investing in digitalization (including teleworking and e-sales) and IT infrastructure, and providing support for innovation and technology development are fundamental in adapting to the changed business environment. The pandemic has demonstrated the urgent need for many countries in the region to embark upon an ambitious digitalization programme, as well as green and inclusive growth.

The nature and extent of policy change of course differ from country to country. For oil-exporting countries, the crisis stressed undertaking structural reforms to diversify their economies and enhance

private sector development. These reforms include consistent and comprehensive policies centred around enhancing competition and innovation. For oil-importing middle-income countries, reducing the grip of the public sector as a competitor in key economic sectors and creating space for private sector development is crucial to build forward better.

Creating a dynamic and competitive business climate requires improving governance (including in tax administration and public procurement), addressing informality and increasing MSME access to financial and nonfinancial services.⁹⁸ It also requires tackling corruption and regulating competition to prevent monopolistic practices.

Strengthening ICT infrastructure and ensuring equitable access to IT for all types and sizes of businesses will help them benefit from digital solutions. A thriving and well-funded innovation ecosystem—with conducive regulatory environments, solid technology and physical infrastructure, and wide-ranging digital skills—remains critical for many countries in the region. And to overcome the mismatch between the skills needed by enterprises and the skills available in the workforce, governments need to enhance national skill development systems and increase spending on education and vocational training. Governments also need to enhance MSME access to markets by exploiting local domestic opportunities and improving their export capacity.

Social protection—coverage and adequacy

While most Arab countries have social protection systems, including contributory and noncontributory schemes, they leave a significant part of the population behind due to various structural deficiencies. The share of population covered by at least one social protection benefit in North African countries was estimated at 39 percent, varying from 12 percent in Djibouti (2019) to 37 percent in Egypt (2016). In the Arab Middle East, the coverage ranged from 16 percent in State of Palestine, to 30 percent in Lebanon, and to 66 percent in Bahrain.⁹⁹ Left behind in coverage were the unemployed, women due to their low labour force participation, and those not in employment, education or training due to the corporatist nature of social insurance in most Arab countries.¹⁰⁰ Informal

workers—including self-employed, low-skilled migrant workers, and working refugees—were also excluded or voluntarily chose not to join social security.¹⁰¹ Further, rural populations have also been more likely to be left behind in access to social services.

A large coverage gap remains to be filled by social insurance and social assistance schemes. The low share of workers contributing to pension schemes in the Arab Middle East (31 percent) and North African countries (38 percent) means that a low percentage of elderly people will receive a pension (currently 27 percent in the Middle East and 47 percent in North Africa).¹⁰² The old-age (contributory and noncontributory) pension coverage rate in Sudan increased from just 5 percent in 2010 to 11 percent in 2017, in the State of Palestine from 8 percent in 2009 to 31 percent in 2019 and in Tunisia from 34 percent in 2015 to 54 percent in 2017. For unemployment insurance, not all Arab countries have a scheme covering this risk. In fact, the unemployment insurance coverage rate¹⁰³ varied from 0.7 percent in Qatar in 2018¹⁰⁴ to 3 percent in Tunisia, 8.8 percent in Algeria, up to 9.8 percent in Bahrain.¹⁰⁵ Unemployment insurance exists in other Arab countries as well, but the access has usually been restricted due to legal barriers and the high level of informality. For instance, in Algeria unemployment insurance has been available only for workers with permanent work contracts. The coverage of workers against employment injury,¹⁰⁶ also low in the Arab region, varies from about 15 percent in Djibouti to 95 percent in Kuwait.¹⁰⁷

The adequacy of benefits has historically also been an issue in some Arab countries. To analyse the adequacy of social protection benefits, one can compare the amounts of benefits to the minimum national wages. Based on the available information, cash transfers programmes have been ranging from about 10 percent all the way up to the minimum wage threshold.

Social protection responses

Social protection has been one of the main instruments of governments responding to the shock of the pandemic to households and businesses. Many social protection programmes have been expanded vertically¹⁰⁸ or horizontally,¹⁰⁹ and new emergency

programmes have been quickly implemented, with funding mobilized to meet the increasing demand.

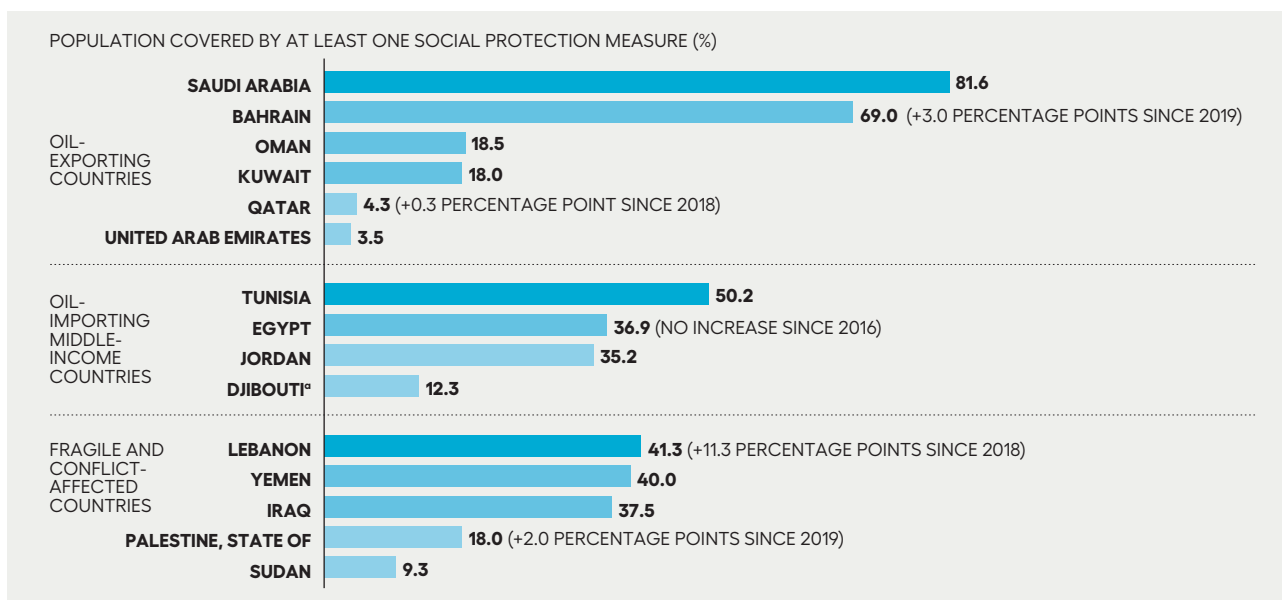
Social protection measures¹¹⁰ were predominant in all countries, confirming their crucial role in responding to shocks. The gender tracker estimated the number of social protection measures at 199 in Arab countries, ranging from 2 in Libya, 3 in Yemen and 4 in Sudan to 18 in Tunisia and the State of Palestine and 26 in Jordan. The UN ESCWA Covid-19 stimulus tracker estimated the number of social protection measures at 174 in the Arab countries, ranging from 1 in Somalia, 2 each in Qatar and Yemen, up to 17 in Bahrain, 19 in Lebanon and 23 in Egypt.

The percentage of people covered by at least one social protection programme increased in Bahrain, Lebanon and State of Palestine in the Covid-19 period.¹¹¹ But social protection coverage is still low in the Arab countries with only about 40 percent of the population covered by at least one social protection benefit,¹¹² ranging from 3.5 percent in United Arab Emirates to 81.6 percent in Saudi Arabia (figure 4.7).¹¹³

The expansion of coverage was slow even under Covid-19, with exceptions such as Lebanon, where it increased by more than 10 percentage points between 2018 and 2020. In Egypt, the coverage stayed the same between 2016 and 2020 (36.9 percent). In Bahrain, the coverage expanded by only 3 percentage points between 2019 and 2020. In State of Palestine, the coverage increased by 2 percentage points between 2019 and 2020. In Qatar, it increased from 4 percent in 2018 to 4.3 percent in 2020. In some countries, data were available only for one year but still low, especially in Sudan (9.3 percent in 2020) and United Arab Emirates (3.5 percent in 2020). The low coverage in some high-income countries might be due to the high share of migrants in the population, who are not eligible for social protection programmes and welfare state benefits. In fragile and conflict-affected countries, the low coverage is due mainly to limited fiscal space, overreliance on short-term humanitarian support and limited institutional capacity.¹¹⁴

How did coverage evolve for different branches of social protection? In Bahrain, the old age pension coverage increased from 40 percent in 2011 to 73 percent in 2020, the unemployment insurance coverage from 9.8 percent in 2010 to 46 percent in 2020,¹¹⁵ while the share of workers covered by work injury

Figure 4.7 Population covered by at least one social protection measure



a. Data are for 2019.

Source: International Labour Organization Social Security Inquiry Database (<https://ilostat.ilo.org/topics/social-protection>).

did not increase much—from 62 percent in 2019 to 62.4 percent in 2020 (figure 4.8). In Jordan, the pension coverage increased from 42 percent in 2010 to 57 percent in 2020, and the share of workers covered in the event of work injury from 39 percent in 2010 to 57 percent in 2020. In State of Palestine, the pension coverage increased from 31 percent in 2019 to 66 percent in 2020, the coverage of persons with disabilities rose from 5.6 percent in 2019 to 30 percent in 2020, and the coverage of children/households receiving child benefits increased from 5 percent in 2019 to 12 percent in 2020. In Oman, the pension coverage rate increased from 24.7 percent in 2010 to 46.9 percent in 2020. In Sudan, the social protection coverage did not improve in 2020, and the pension coverage fell from 11 percent in 2017 to 9.4 percent in 2020.

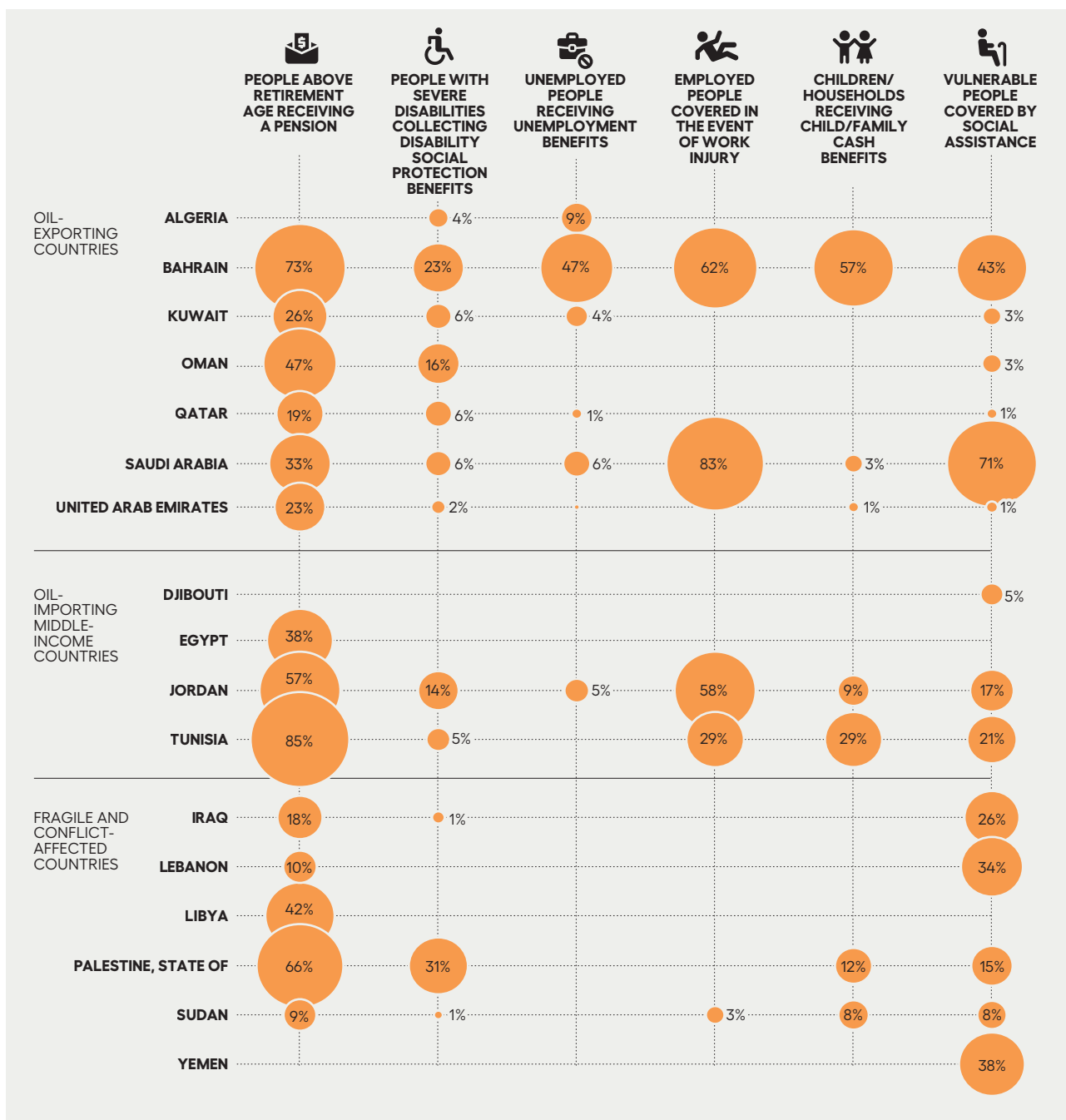
Turning now to specific programmes. In Jordan, National Aid Fund (NAF) Takaful 1 programme covered around 30,000 additional households in 2020, in addition to the 25,000 households already covered in 2019, bringing the total beneficiaries to 55,000 households and 333,600 individuals.¹¹⁶ The Takaful 2 programme, which targets households of informal workers that have lost their income because of the pandemic, covered 250,000 households in 2020.¹¹⁷ These programmes increased the percentage of

population covered by the NAF programmes from 3 percent in 2018 to 5 percent in 2020. The Jordanian government planned to expand the coverage further in 2021.¹¹⁸ In Sudan the share of population covered by the Social Initiative Program has increased from 8 percent in 2018 to 13 percent in 2020.¹¹⁹ In Egypt, the Takaful programme has increased coverage from 1,568,661 beneficiaries in 2019 to 2,173,247 in 2020, and the Karama programme from 602,041 to 1,239,732.¹²⁰ In State of Palestine, the national cash transfer programme covered 10,000 additional households in 2020. In Lebanon, the beneficiaries from the food voucher programme increased from 13,000 households in 2019¹²¹ to 15,000 in 2020.¹²²

The digitalization of social protection expanded in response to Covid-19 in some Arab countries. In Jordan in 2020, the application for the Takaful 1 programme was available online, and 87 percent of households registered through the platform.¹²³ That social registry has been used to target the beneficiaries of Takaful 2. Takaful 1 and Takaful 2 both used e-wallets. Egypt also expanded the use of e-wallets to deliver the Takaful and Karama benefits.¹²⁴

Some new emergency programmes have been implemented. In Tunisia, households not benefiting from the National Program of Assistance to Needy Families were encouraged to apply for government

Figure 4.8 Social protection coverage by branch, 2020



Source: ILO Social Security Inquiry Database, <https://ilostat.ilo.org/topics/social-protection>.

assistance: 300,000 of 1.2 million applicants were then covered by this emergency programme. The government of Morocco has provided an emergency cash transfer to 2.6 million informal workers not covered by the Subsidized Health Insurance for the Poor.¹²⁵ The government of Egypt has also targeted informal workers through an emergency programme that consists of three exceptional monthly cash transfers with

a monthly value of EGP 500 (\$31), later extended for an additional three months. The first three payments covered 1.6 million (out of 2.1 eligible) applicants.¹²⁶ In Lebanon, the National Social Solidarity Program covered 200,000 households in 2020 and planned to cover 235,000 additional households in 2021.¹²⁷ In State of Palestine, an emergency cash transfer distributed exceptional cash with a value of ILS700 (\$202)

to around 40,500 households of workers affected by the pandemic, selected from 276,000 households that applied for the grant.¹²⁸

The adequacy of social protection benefits has also been improved during the pandemic. In Jordan, cash transfer beneficiaries receiving an amount below the programme's ceiling have benefitted from a six-month top-up. In Tunisia, households covered by Assistance to Needy Families received three top-ups: two of \$21 and one of \$18, complementing the regular monthly transfer of \$38. In Lebanon, the value of the food vouchers provided through the NPTP was augmented from LL 43,000 to LL 70,000 in 2020. In Morocco, the government offered three exceptional cash transfers to 2.9 million beneficiaries of RAMED programmes who used to work informally and lost their jobs because of the lockdown. The cash transfers amounted to \$82 for households with 1–2 members, \$103 for households with 3–4 members, and \$124 for households with more than 4 members. In Bahrain, the disability allowance increased by 100 percent. In Egypt, support for medical professionals increased by 75 percent. In Yemen, the emergency cash transfer increased by 45 percent. And in Tunisia, informal sector support increased by 28 percent.¹²⁹

However, despite the high number of response measures, they appeared insufficient for the public in regional perceptions. Indeed, the Arab Barometer survey in March–April 2021 showed that the measures covered about 15 percent of the population in the countries reporting.¹³⁰ When asked whether households received any relief aid from the government during the Covid-19 outbreak, the share of respondents reporting that they had not received any kind of government support or social assistance was 97 percent in Iraq, 96 percent in Libya, 90 percent in Algeria, 88 percent in Tunisia, 85 percent in Lebanon, 83 percent in Jordan and 61 percent in Morocco. Others received at least one type of support (in cash or in kind).

The low coverage of vulnerable populations by the social protection measures is confirmed by a World Bank Phone Survey,¹³¹ which shows that the mitigation measures reached 10 percent of the respondents in Egypt, 15 percent in Tunisia and 37 percent in Djibouti. But despite limited coverage, the mitigation measures have had an overall significant impact on household welfare and poverty reduction.¹³² So,

capitalizing on those emergency measures and improving them throughout the pandemic could be the key to leaving no one behind.

Reforming social protection for human development

The coverage of the vulnerable population in Arab countries still needs to be improved horizontally and vertically in both insurance and assistance components. The vertical expansion will require increasing the adequacy of benefits. The horizontal expansion could broaden the existing system by implementing new schemes or even by capitalizing on temporary emergency programmes responding to the pandemic.

For social insurance, a first recommendation is to make social insurance more flexible and suitable to worker's needs, income and expectations. Indeed, contribution and replacement rates need to make social insurance more attractive, especially for informal workers.¹³³ Second, the “contribution collection” and the “benefit delivery” mechanisms also need to be adapted to worker's needs. Third, raising people's awareness and access to information about their social risks and the utility of social insurance is also critical. Indeed, some informal workers are not aware of the right to social insurance and the different advantages they can get if enrolled. To be clarified is that the required contributions represent a small amount compared with the benefit that they will receive if a certain risk materializes.

For social assistance, a first recommendation is to improve governance and the legal and institutional framework, to unify different fragmented programmes.¹³⁴ Indeed, most Arab countries have several social assistance programmes targeting different categories of vulnerable population, but the absence of links and communication between the different programmes and the low effectiveness of the targeting mechanisms have led to many incoherence problems and inclusion and exclusion errors. So, countries should prioritize unifying the different social assistance programmes and ensuring cooperation among the different actors of social assistance (such as the various ministries and agencies within governments as well as humanitarian organizations).

The main reason for the low coverage of vulnerable population by social assistance programmes is

inadequate budget allocation in social protection. Arab countries should explore different options to find additional fiscal space and expand social assistance coverage to all vulnerable groups. Reprioritization and more efficiency of budget expenditures, more effective and equitable revenue collection, strengthening the Zakat funds by improving collection mechanisms and increasing popular trust to encourage contributing to the funds can help. Other options are involving the private sector in financing social insurance and dedicating more official development assistance to social protection.

Better aligning humanitarian assistance with national social protection systems has considerable potential benefits. Common platforms and tools can improve efficiency, transparency and accountability. National social protection systems can become more shock-responsive. And international partners can establish and support more coherent, cost-effective and sustainable financing arrangements for social protection.

In addition, regular data collection and digitizing and integrating information systems for the public administration should be accelerated. Tunisia and Morocco have already started digitizing social protection and establishing integrated information systems, mainly the social registry and beneficiary registry.¹³⁵ But the process is still slow, which makes accountability and targeting difficult, leaving room for inclusion and exclusion errors as well as potential corruption.¹³⁶

Finally, social protection in the region should be more gender-responsive. It should use more active social policies, instead of passive cash transfers. Such transformative social protection aims would enhance equity and support women and vulnerable groups, such as migrants and refugees. With the socio-economic response to the crisis providing an opportunity for a transformative recovery, countries should link social protection to the green recovery. For example, social protection instruments like cash-for-work and labour-intensive work programmes could be scaled up and strengthened to advance both the green transition and the beneficiary access to social services.

CHAPTER 5

Fostering inclusive and cohesive societies

This chapter explores the inclusiveness and cohesion of Arab societies by looking into how responses to Covid-19 affected social relationships in the region. Family, community and workplace relations are central to human well-being and development. Social networks and social capital are connected to security, safety and opportunity. And trust and solidarity among members of the community and freedom from violence—including gender-based violence, stigma and discrimination, which are also connected to human security—enable communities to successfully navigate crises.¹

The previous chapters showed that the unbalanced power dynamics inherent in the economies and governance structures in the region prior to Covid-19 shaped its impact on human development and the ability of countries to respond. In addition to disease, death, stress and anxiety, Covid-19 led to rising poverty and inequality, job losses and interruptions, disruptions in service provision and risks of further shrinking of civic space and freedoms. At the height of lockdowns, social relationships were reduced to close network members, and access to wider social networks and social support was disrupted.² Lockdowns and social distancing measures abruptly ended social practices that maintained societal closeness and cohesion,³ while traditional social gatherings were practiced at a distance.⁴

Against this backdrop, the first section of this chapter discusses the status of social cohesion before and during the pandemic, focusing on social capital and on social exclusion and inequalities, with an emphasis on access to healthcare and education services. It then considers the implications of the transition from in-person interactions to social media, which excluded many people in the region who lacked access to the internet. The following two sections explore how Covid-19 affected household relationships and workplace relationships.

Social cohesion

Societies in the Arab States region are diverse—in language, religion, sects, regional affiliation, tribal allegiances and ethnicity. These dimensions are constantly evolving and are both unifying and dividing factors in Arab societies.⁵ Urbanization and technology use led to a rise of individualism, to varying degrees

in different countries and among socio-economic groups. Nevertheless, the family remains the core of Arab societies, and extended families and clan and tribal relationships are central to social organization, sometimes blurring the lines between the public and private spheres and replacing the role of the state for protection and security. The persistence of deficits in governance and absence of strong institutions in the aftermath of the Arab uprisings, the multiple and protracted conflicts and displacement and the high economic inequalities contributed to social and political fragmentation across and within countries. The region also performed worse than other world regions on many gender equality indicators, another factor contributing to exclusion. Social cohesion can be explored by looking at social capital as one dimension and social exclusion as another.

Social capital and social ties

The strength of social capital and social ties can be assessed using indicators of interpersonal trust and community engagement. According to Arab Barometer surveys, interpersonal trust was on the decline in the Arab States in the decade preceding the pandemic, with a few exceptions. The percentage of respondents agreeing that most people can be trusted was lowest in Lebanon (4 percent) and Libya (7 percent) and highest in Yemen (39 percent) and Morocco (22 percent).⁶ The United Nations Development Programme (UNDP) also found low levels of trust in Lebanon (10 percent), Iraq (11 percent), Tunisia (14.3 percent) and Jordan (16 percent).⁷ The World Value Survey of 2017–2020 found that less than 12 percent of people on average in seven countries in the region agreed with the statement “people can be trusted,”⁸ compared with the average for 88 countries of 27 percent.⁹

Community engagement has fared better than interpersonal trust, with variations across countries in the region. The Gallup Global Civic Engagement Index for 2017 found both the highest and the lowest scores on the index among countries in the region, defined in terms of charity, volunteerism and helping strangers in the month preceding the survey.¹⁰ Libya, Iraq, Bahrain, Kuwait and Saudi Arabia were among the top 11 countries in likelihood of helping a

stranger, while Tunisia, State of Palestine and Yemen were among the bottom 15 countries in charitable donations. In the 2018–2019 Arab Barometer survey, people reported higher engagement in charity activities and in helping the poor when asked a general question about their involvement in these activities in an average month: 76 percent of Kuwaitis reported donating to charities, 60 percent of Sudanese and 53–56 percent of Egyptians, Iraqis, Jordanians, Libyans and Yemenis.¹¹ Rates were lower in Lebanon, Morocco, State of Palestine, Tunisia and Algeria (figure 5.1).¹² Higher percentages reported helping the poor in all countries, suggesting solidarity with those less fortunate in the region.

On membership in charitable and humanitarian organizations, another indicator of civic engagement, the average for seven countries in the region¹³ (16.3 percent were active or inactive members) is comparable, though slightly lower than the global average (18.2 percent). Membership was higher in Iraq and Libya, likely because of the high presence of humanitarian organizations in these conflict countries.¹⁴

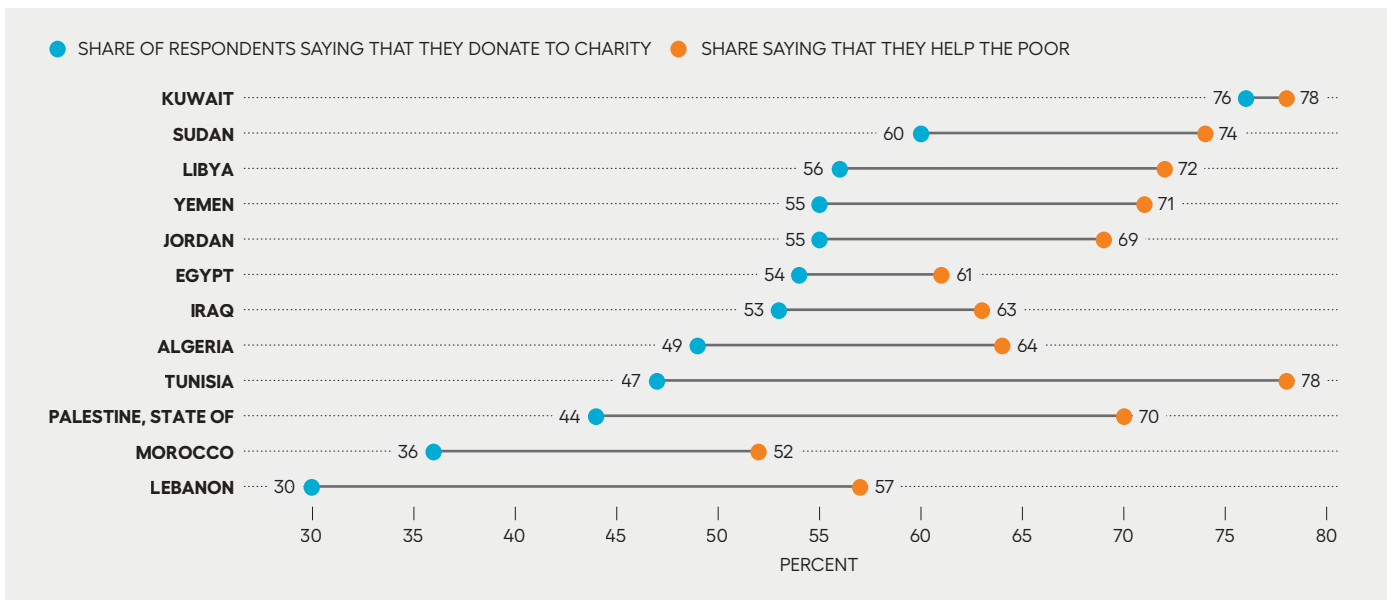
Horizontal social cohesion, which involves relationships among citizens, was comparable to global conditions prior to the pandemic except where it concerned interpersonal trust, which was low. Interpersonal trust has been positively correlated in the

literature with confidence and trust in government institutions, the vertical dimension of social cohesion. As previously discussed, trust in government institutions was low in many countries in the region, and the declining perceptions of freedoms, the right to engage in peaceful protests, and to join civil society since 2016 point to a decline in vertical social cohesion prior to the pandemic.

Furthermore, the region’s multiple humanitarian crises and high levels of migration compromised social cohesion. Conflict and instability brought about massive population displacements and led to tense relations between residents and migrant populations, as in Libya and Iraq and between Syrian refugees and host communities in Jordan and Lebanon. Attitudes towards immigration were not very favourable even before the pandemic. Data for seven countries in the region reveal that people had negative perceptions of immigration in their countries and connected it to social conflict and crime. About half of survey respondents agreed that immigration can lead to social conflict (51.4 percent) and crime (49.5 percent), higher than global averages of 45.9 percent and 44.4 percent.¹⁵

No data exist on the indicators of social capital since the onset of the Covid-19 pandemic. However, anecdotal evidence points to the rise of solidarity

Figure 5.1 Donating to charity and helping the poor are important values in the Arab States region, 2019



Note: Estimates are weighted. Left panel shows the share of people who said “yes” to “In a typical month, do you donate money to a charity or those in need?” Right panel shows the share of people who either said “I prefer helping the poor, even at a large personal cost” or “I prefer helping the poor, even at a small personal cost.”

Source: Arab Barometer Wave V (2018–2019), 2019.

initiatives during the pandemic. In addition to the engagement of the private sector and civil society organizations, there have been voluntary initiatives to mitigate the impacts of the pandemic. In Lebanon, community groups mobilized to combat health misinformation and to support health workers.¹⁶ In Jordan, religious leaders, educators, public figures and opinion leaders have been heavily involved in educating people about social distancing and infection prevention and control measures.¹⁷ In Bahrain, the Al-Khaldia Youth Society recruited thousands of volunteers to serve on the frontlines.¹⁸ In United Arab Emirates, volunteers provided financial and in-kind contributions including medical and educational aid and food supplies.¹⁹ In Kuwait, the Kuwait Medical recruited thousands of frontline volunteers to serve at hospitals and quarantine and testing sites, treating patients, disinfecting buildings and handling logistics.²⁰ Residents in Gulf countries signed up to complement government efforts to fight the pandemic. On the first day of a general call to action, 35,000 people volunteered in Qatar and 23,000 in Saudi Arabia.²¹ In Sudan, which suffered a national shortage of health workers, dozens of citizen initiatives emerged to provide support.²² There was also increased collaboration on public health needs among policymakers, civil society and medical and health experts in Bahrain, Jordan,²³ Kuwait,²⁴ Sudan²⁵ and United Arab Emirates.²⁶

Solidarity with disadvantaged groups, including refugees and migrant workers, has also been in evidence. In Lebanon, communities supported vulnerable groups with food and medical supplies.²⁷ In Algeria²⁸ and Tunisia,²⁹ solidarity with migrants was expressed through rent waivers and the provision of food and other essential items. Similarly, property owners in Jordan waived rents for Syrian refugees during lockdowns, and people donated food and cash, some of it as part of *zakat* during Ramadan.³⁰ *Zakat* donations also eased some of the impacts of the pandemic in Egypt.³¹

In addition to anecdotal evidence, local studies confirm community engagement in responding to the pandemic, and that social capital was a cushion for disadvantaged communities. In West Darfur, Sudan, in December 2020,³² key informants reported support to displaced communities by informal groups and a rise in community participation. In the

Kurdistan region of Iraq, a large majority (76 percent) of respondents believed that the crisis had fostered social cohesion and that it is important for the government to support everyone equally. Lower percentages agreed that it is important to address the needs of vulnerable groups: 24 percent for the elderly and 15 percent each for Syrian refugees and IDPs.³³ Somali households reported that family assistance was the main coping mechanism for dealing with economic shock (66 percent), food security (62 percent) and personal security (46 percent).³⁴ A survey of migrants and refugees in Iraq revealed that 38 percent of respondents borrowed money from their relatives and friends to help them deal with the economic repercussions of the pandemic.³⁵ In Libya, 28 percent of IDPs relied on informal networks to pay for food, rent and education.³⁶ In Jordan, 54 percent of Syrian refugee women and Jordanian women who were exposed to violence reported borrowing food or money from neighbours, family or other households, and 64 percent reported that their engagement in their community centre has helped them meet their own basic needs and support other women and households.³⁷

Globally, Covid-19 was associated with an increase in stigma, discrimination, racism and xenophobia against immigrants, refugees and IDPs.³⁸ An International Organization for Migration study in several Arab States³⁹ early in the pandemic suggested that Covid-19 somewhat increased tensions between host and migrant communities due to existing grievances and pressure on resources, with reports that the latter experienced Covid-19-related discrimination, such as physical violence and racist speech.⁴⁰ Another study in Iraq showed that stay-at-home orders reportedly amplified tensions between IDPs and the local population as reconciliation activities were restricted.⁴¹ Evidence later in the pandemic is scarce. Research in West Darfur, Sudan, in December 2020, however, reported minimal changes due to the pandemic in relations between migrant and host populations.⁴² Some evidence shows that gender-based violence and the sense of lack of safety for women in displaced communities has increased. In Iraq, both gender- and child-specific protection issues among displaced communities were found to have increased significantly since the beginning of the pandemic.⁴³ In Jordan, two-thirds of urban refugees and half of camp residents were concerned for

the safety of women and girls since the onset of the pandemic.⁴⁴

Inequalities and social exclusion

Social exclusion resulting from poverty and various types of inequalities is another dimension of social cohesion. Economic inequalities were high prior to the pandemic, and social protections were inadequate in the Arab States region, as discussed in chapter 4. Disadvantaged communities also suffered inequalities and higher exclusion from access to vital health and education services, which limited opportunities for social mobility and compromised their social rights. The pandemic led to further exclusion of some groups from these services, especially in conflict countries and among displaced populations, women, girls and the poor.

Public expenditure on health in the Arab States in 2018 was 2.8 percent of GDP,⁴⁵ which is below the 4–5 percent standard set by the World Health Organization (WHO) needed to achieve universal coverage.⁴⁶ Public expenditures in the region averaged 53 percent of total health expenditure in 2018, ranging from a low of 10.2 percent in Yemen to a high of 88 percent in Kuwait.

Inadequate public financing has shifted the burden of health costs to patients. Out-of-pocket spending averaged 28 percent of current health expenditure in the region, compared with 18 percent worldwide, again with variations ranging from a low of 6.6 percent in Oman to a high of 81 percent in Yemen.⁴⁷ Affordability, which is connected to economic inequality, is a barrier to receiving healthcare. More than a third (37 percent) of respondents to a 2019 survey of 6,722 citizens across 12 Arab States⁴⁸ reported that they did not get the medical treatment they needed because it was too expensive.⁴⁹ While in Gulf Cooperation Council (GCC) countries healthcare is free for citizens and health insurance is available for migrant workers,⁵⁰ middle-income countries have a two-tiered health system in which the elite are served by an advanced private health sector while others make do with a second-rate public system. Conflict-affected countries have particularly weak healthcare systems, with insufficient medical supplies, infrastructure and human resources.⁵¹

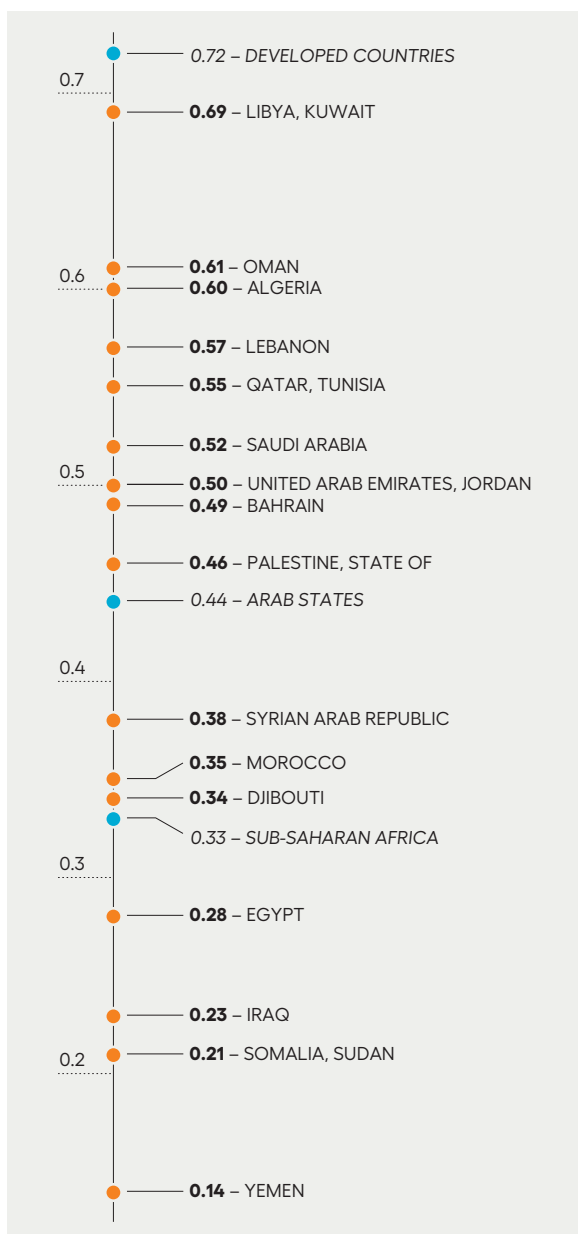
Often noncitizen communities, such as migrant workers and refugees, are excluded from health-care services.⁵² The Healthcare Universalism Index, which measures universalism beyond effective coverage by also capturing notions of generosity (in level and quantity) and equity (in access and generosity), shows that none of the Arab States is performing better than the average developed country, more than half are doing better than the average of other developing regions, while Yemen, Sudan, Somalia, Iraq and Egypt lag behind all regions (figure 5.2).⁵³

Inequalities in access to education were also notable before the pandemic across and within countries. Armed conflicts and rising poverty kept many children out of school.⁵⁴ In conflict settings, economic constraints and accountability deficits make education systems vulnerable to corruption, neglect and poor management. Conflict also reduces community engagement with schools and undermines protection of girls, marginalized youth and people with disabilities.⁵⁵ Gender, family income and geography are other factors impeding access to quality education.

Gender disparities in enrolment rates vary in the region, from insignificant in some countries to persistently large in others.⁵⁶ Within countries, the education parity with boys achieved by the richest girls does not extend to the poorest girls, with girls from low-income households in rural areas the most disadvantaged.⁵⁷ Children living in deprived areas in the region are 3.6 times less likely to enrol in school and five times less likely to complete primary education than children in higher income groups.⁵⁸ The WHO reports that children and youth with disabilities attend school less than other students.⁵⁹ The high cost of private education in the region reduces accessibility and affordability for many, resulting in a widening gap between public and private education that increases inequality among students.

Education, especially public education, is compromised by quality issues, and educational systems remain authoritarian, with rigid teaching, lack of freedom of expression, critical thinking, and innovation.⁶⁰ Physical and emotional safety can also be undermined in the school environment,^{61,62} with bullying estimated to be experienced by 41 percent of students and corporal punishment still exercised in schools in many countries.⁶³

Figure 5.2 Healthcare Universalism Index, 2017



Note: The Healthcare Universalism Index measures universalism beyond effective coverage by also capturing notions of generosity (in level and quantity) and equity (in access and generosity).
Source: UNDP 2022a.

The Covid-19 pandemic disrupted services and led to further exclusion of disadvantaged communities. While the virus caused deaths and illnesses, containment measures impeded access and created discontinuities in healthcare. During Spring 2021, Jordan and Lebanon reported disruptions in all primary healthcare services, while Iraq, Oman, Sudan, United Arab Emirates and Yemen reported some service disruptions.⁶⁴ Close to 40 percent of noncommunicable

disease services in the WHO Eastern Mediterranean region⁶⁵ were either partially or completely disrupted during 2020.⁶⁶ In conflict-affected countries, disruptions to healthcare were compounded by violence. In Yemen, incidents of violence against healthcare facilities or providers or obstruction of access were on the rise, with 81 incidents identified in 2020, more than double the number in 2019. Twenty-seven health facilities were damaged or destroyed, and 13 healthcare workers were killed.⁶⁷

Covid containment measures also prevented specific population groups from accessing services. Women's access to prenatal and delivery care and sexual and reproductive health services was disrupted (see chapter 2), as in Iraq,⁶⁸ Somalia⁶⁹ and Morocco.⁷⁰ During imposed lockdowns, large percentages of refugees and IDPs had difficulty getting medical care. For example, 20 percent of Syrian refugees in Jordan reported challenges in accessing healthcare facilities because of Covid-19 curfews,⁷¹ and 58 percent of IDPs in Gaza could not access healthcare services in East Jerusalem because they could not obtain Israeli-issued permits during Covid-19 restrictions.⁷² Clinics that serve refugees reported a major drop in visits⁷³—this at a time when people faced higher risks of infection due to limited access to water and sanitation and living or working conditions that made physical distancing impossible.⁷⁴ Migrant workers also faced extra challenges to access services.

With the exception of Jordan, host governments in the Arab States region did not initially include refugees in their national Covid-19 plans. Refugees were included in Jordan's national response plan from the beginning of the pandemic and had equal access to healthcare and medical treatment.⁷⁵ They were also included in Jordan's national free Covid-19 vaccination plan.⁷⁶ In March 2022, according to UNHCR, refugees have been included in vaccination schemes in 162 countries, including in the Middle East.⁷⁷ Migrant workers in Gulf countries were also granted access to free healthcare during Covid-19.⁷⁸

Regarding education, school closures and the transition to distance education resulted in the exclusion of some segments of society. According to the United Nations Children's Fund, on average, only 55 percent of surveyed children who were enrolled in education in Algeria, Egypt, Jordan, Morocco, Qatar, Syrian Arab Republic and Tunisia prior to the pandemic were able

to access some form of remote learning after schools were closed, with no significant gender disparities.⁷⁹ Access to distance learning has been higher among students in private schools than public schools.⁸⁰

Major inequalities in internet access between and within Arab States meant that school closures had disproportionate impacts on vulnerable, rural and marginalized communities, including refugee and IDP children and children with disabilities.⁸¹ Unlikely to have access to the resources required to participate in distance learning, children in the poorest families will return to school with a lag in learning.⁸² These impacts are gendered since it is more likely that families experiencing economic hardships would stop sending girls to school than boys. In humanitarian settings during Covid-19, families resorted to negative coping mechanisms such as child labour and child marriage.⁸³ Girls faced increased risks of school dropout, child marriage and exploitation.⁸⁴

Learning is a key component of building social trust in the long run, and the school environment is a space for community engagement and social cohesion. Covid-19 shifted the learning experience online. Distance education in six Arab countries⁸⁵ also led to psychological consequences of staying at home such as stress, anxiety and exposure to domestic violence. Levels of satisfaction with the education system in the region appear to have also worsened as a consequence,^{86,87} further undermining trust in educational institutions.

The shift to social media

The use of social media has proliferated in the region over the past decade.⁸⁸ However, certain groups remain excluded from this media due to disparities in digital infrastructure and digital literacy and inequalities in socioeconomic conditions.⁸⁹ A study of seven countries in the region found that over half the population (53.2 percent) used social media daily as a source of information, and 28.6 percent never used it.⁹⁰ Gender disparities are also evident. Women make up only about a third of social media users in the region and a quarter in Gulf countries, despite high rates of internet access in those countries.⁹¹

During lockdowns, many people in the region turned to social media for news and to connect with

others. A study in six countries in the region⁹² found that 36–52 percent of people relied on social media for breaking news, up almost 8 points from 2018.⁹³ Another study found that 86 percent of respondents relied on social media for Covid-19 information.⁹⁴ Social media were the most-used source for retrieving such information during the pandemic, with no significant gender differences. Respondents had the most confidence in videos shared by doctors (60.3 percent always trusted this source), followed by posts from friends (44 percent) and ministry of health websites (44 percent). Traditional news media, especially international news media, were less trusted (figure 5.3).

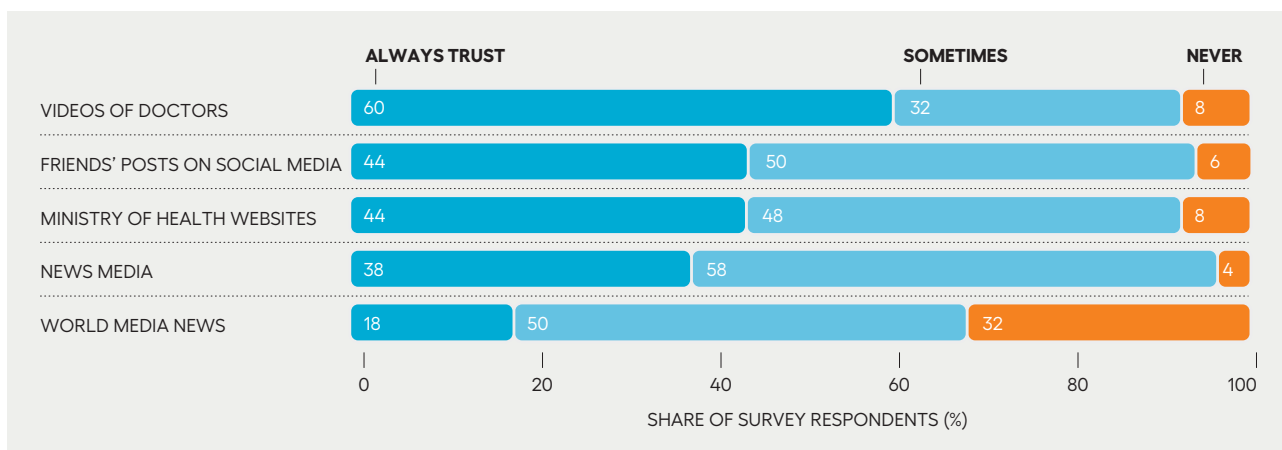
Additionally, social media and digital platforms were valuable for linking communities and facilitating volunteer action. A study on the coronavirus and Arab culture argues that, in place of the usual social interactions, a “distanceship” social concept arose, with people advising each other to conform to distancing measures and public safety measures to protect the common good.⁹⁵ The concept was able to develop because of technological advances enabling distance communication, the increasing strength of individualism and the motivation to maintain social interest by protecting each other from the virus.

Social media were also useful for connecting communities to the authorities. Some essential services moved online, including telehealth and education, and social media tools facilitated the transition. However, lacking access to social media, socioeconomically disadvantaged groups were excluded from access to these services.

On the other hand, social media were fertile ground for misinformation during the pandemic, undermining the success of the response. As in other regions in the world, fake news gained momentum in the region.⁹⁶ The increased reliance on social media for information during the pandemic accelerated the proliferation of disinformation in many countries. According to the United Nations Children’s Fund, misinformation in the region peaked in December 2020, when Covid-19 vaccines were being rolled out, with false claims being made that the vaccine is not *halal* and that the vaccine could alter DNA,⁹⁷ contributing to vaccine hesitancy in the region.

Many governments turned to TV, radio, websites and social media campaigns to spread awareness on health guidelines, hygiene rules and preventive

Figure 5.3 Confidence of respondents in information received from social media, by source, 2021



Source: Elkalliny 2021.

measures. Efforts were made to disseminate answers to frequently asked questions and to contest misleading information.

Cyberviolence against women also increased during the pandemic. Global data show that women are 27 times more likely than men to face online abuse.⁹⁸ Cyberviolence against women was the highest form of reported violence in the region. According to a study by UN Women in 2021, 60 percent of respondents reported exposure to online violence.⁹⁹ There is a continuum between the rising physical violence and online violence with an overlap of 44 percent.¹⁰⁰ Online violence contributed to self-censorship by women or their exclusion entirely from online spaces, including education platforms for girls in schools. Insufficient response services¹⁰¹ and legislation—and a sense of impunity—lower both reporting and trust in the system.¹⁰²

Family relationships and dynamics

Family dynamics in the region are evolving. While men and elders typically have greater authority and privilege than women and young people,¹⁰³ relationships are more nuanced than this suggests. Relationships differ by education, class and socioeconomic status of the family, across generations and location, and in contexts of peace and conflict.

Despite this variation, the gendered distribution of roles within the family still prevails, with men considered bread winners and women seen as care

providers. The unbalanced power dynamics in patriarchal relationships limit women's mobility and control over their bodies and decisions about their sexual and reproductive health and can lead to early marriage and gender-based violence.¹⁰⁴

Policies that contribute to maintaining balance and continuity support patriarchy and discrimination against women, diminishing their well-being and human development. Despite progress in other areas of the law towards equality in rights, family laws in the region support the status quo, discriminating against women and advantaging male members of the family in matters related to marriage, divorce, guardianship, custody of children and inheritance.¹⁰⁵

Impact of the pandemic on family relationships

Family relationships were affected in multiple ways by Covid-19, including increased death and illness, anxiety and stress, job losses and reduced income, and disruption of vital health, education, social care and legal services. Following the global trend, deaths related to Covid-19 were higher among men than women. As a consequence, the number of women heads of households are expected to have increased, placing a double burden of earning and care work on women. Shifts in family relationships are also expected to have occurred in families that lost their mother, the main care provider, with older girls taking up the burden of unpaid care work.

The increase in disease and the disruption in healthcare led to an increase in care work within households. Covid-19 lockdowns also led to an increase in domestic violence against women and children, with negative implications on their wellbeing.

The uneven burden of unpaid care work

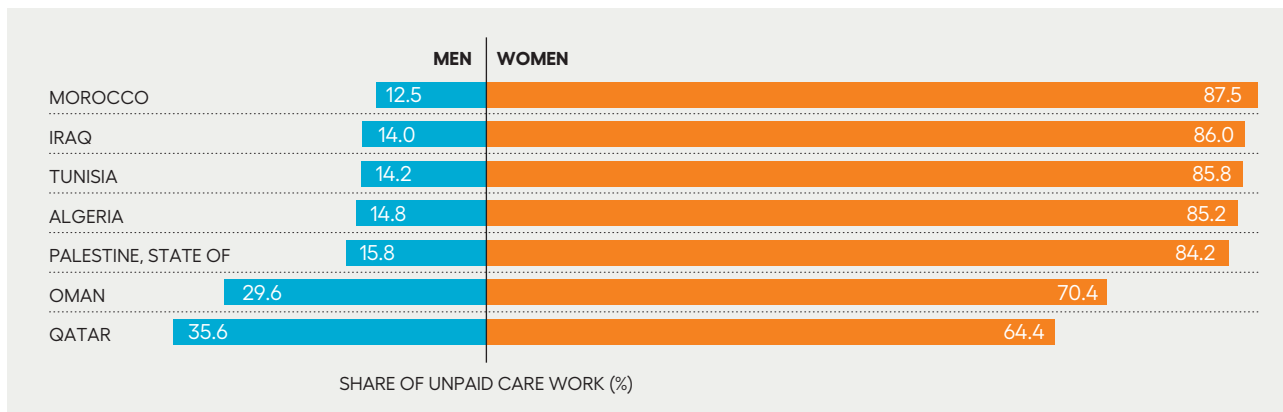
As in much of the world,¹⁰⁶ women undertook most of the unpaid care work in the region before the pandemic, ranging from 64.4 percent in Qatar to 87.5 percent in Morocco (figure 5.4).¹⁰⁷ According to International Labour Organization (ILO) data, women devote 5.1–6.2 times more time than men do to unpaid care work in West Asia and North Africa respectively,¹⁰⁸ which is much higher than the world average (3.2 times more time than men).¹⁰⁹ Furthermore, the time women in the region spend on unpaid care work as a percentage of the total time they spend on paid and unpaid work is high, ranging from 92 percent in Iraq to 62 percent in Qatar (figure 5.5).¹¹⁰ The total time spent on both

paid work and unpaid care work is higher for women than men in the region,¹¹¹ limiting their time for social and public activities that are essential for self-actualization and wellbeing.

Along with wider contextual limitations, women’s high engagement in caregiving contributed to their low participation in the productive economy, which has been declining in recent years.¹¹² Women have higher preference for public sector jobs and jobs in the social, healthcare and education sectors, because of better working conditions and higher social acceptance.

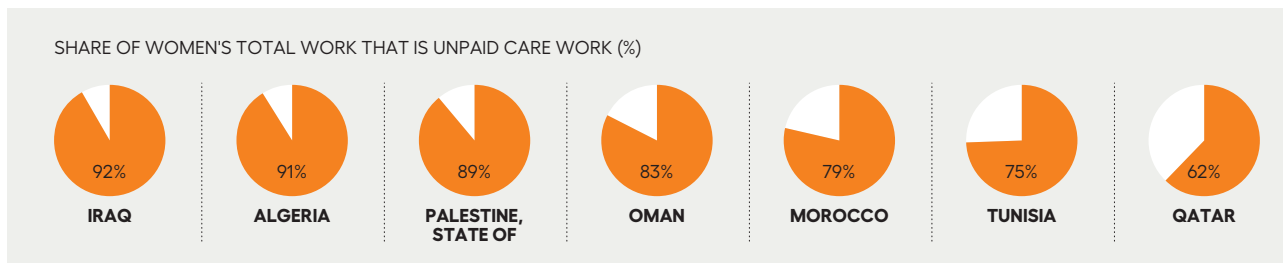
Care policies, social care service provision and social norms contribute to women’s disproportionate burden of unpaid care work. Care policies and family friendly policies in the region are inadequate. Only four countries (Algeria, Libya, Morocco and Iraq) meet the ILO minimum standard of 14 weeks of maternity leave, and only four countries (Jordan, Tunisia, Morocco and Saudi Arabia) provide paternity or parental leave, which encourages the gender redistribution of unpaid care work. These measures are

Figure 5.4 Women’s and men’s share in unpaid care work in the Arab States region, 2019



Source: Charmes 2019.

Figure 5.5 Unpaid care work as a percentage of women’s total work, 2019



Source: Charmes 2019.

a step forward, even though only 2–3 leave days are paid.¹¹³ Eight countries offer women childcare leave to care for young children, ranging from three months unpaid leave in Morocco to two years in Egypt and up to three years of paid leave in Qatar (and half a salary for each additional year).¹¹⁴ While such policies may accommodate the need for time to care for children, they cement women’s care role. Morocco is the only country that provides (unpaid) leave to take care of an adult family member.¹¹⁵ Working from home and other flexible work arrangements are also uncommon in the Arab States.¹¹⁶ Civil service laws generally provide better care policies for women, contributing to women’s preference for public employment.

Social care services are also underdeveloped in the region.¹¹⁷ Early education and childcare service coverage has increased in the region, from 16 percent in 2005 to 27 percent in 2018.¹¹⁸ Coverage expanded more in Algeria and State of Palestine than in Egypt, Jordan and Saudi Arabia. Despite the increase, challenges persist in the quality of childcare services, qualifications of care providers and inequalities in access, with negative long-term implications for child development. Care services for the elderly, including residential and nonresidential long-term care, are underdeveloped in the region.

While gender relations are complex and changing, social norms around women’s caregiving role are persistent. A survey of attitudes and practices in Egypt, Lebanon, Morocco and State of Palestine in 2017 found that a majority of respondents hold traditional views of women’s role in care, while about a quarter support at least some dimensions of gender equality.¹¹⁹ Other survey data reveal that the prioritization of women’s caregiving roles and men’s paid employment is stronger in the Arab States region than in other regions.¹²⁰ A study in 14 Arab States¹²¹ found that Arab men were more likely than men elsewhere to prefer that women focus only on care work at home and that they were less likely to support women’s paid employment outside the home.¹²²

Covid-19 lockdowns disrupted school, healthcare, child and elder care services and access to social support systems that provided informal childcare arrangements. These factors, along with the increasing care responsibilities for family members who became sick, led to a rise in unpaid care responsibilities worldwide.¹²³ Everywhere, most of the increased care

burden has fallen on women, with implications for women’s employment and well-being.

A Facebook survey of gender equality in July 2020 found that women in the Arab States were nearly three times more likely than men to report an increase in time spent on unpaid domestic work, such as cooking and cleaning, as a consequence of the pandemic.¹²⁴ A study in Jordan estimated that married women with school-age children spent 18–24 more hours per week in unpaid domestic work because of the pandemic.¹²⁵ It also found that women spent 17 times more time than men on unpaid care work.

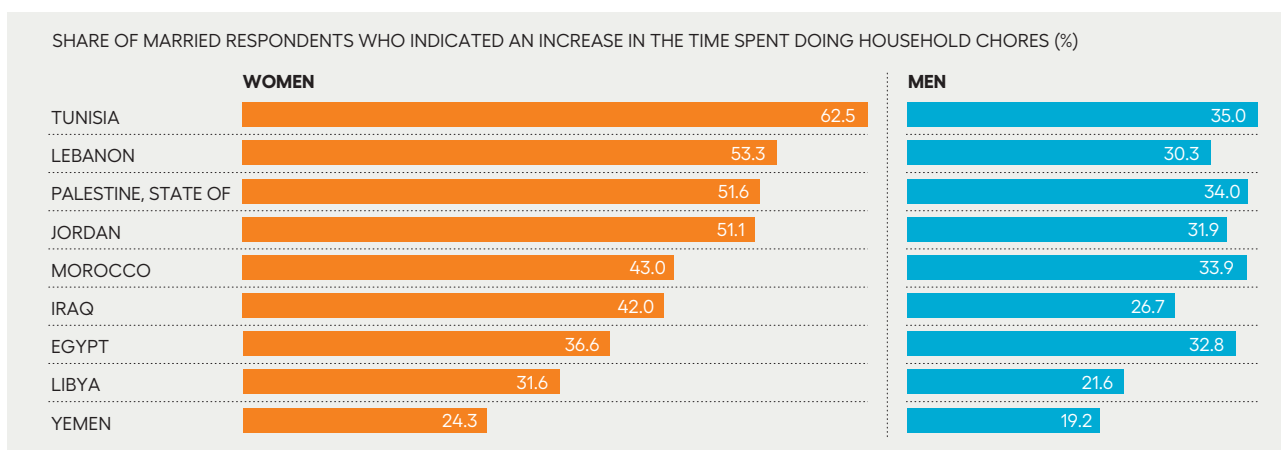
A study by UN Women in nine Arab States showed more nuanced findings, confirming an increase in unpaid care work for men as well as women.¹²⁶ The percentage of women who reported an increase in household chores ranged from 24.3 percent in Yemen to 62.5 percent in Tunisia, whereas the percentage of men reporting an increase ranged from 19.2 percent to 35 percent (figure 5.6). However, for other types of care work such as teaching children and taking care of the elderly and sick, a higher percentage of men than women reported an increase in the time they spend on these activities. A study in State of Palestine also found an increase in men’s engagement in unpaid care work.¹²⁷ It appears that as men spent more time at home and as care work increased, men became more willing to engage in unpaid care work. This suggests that the right kind of policies could result in a more equitable sharing of household care responsibilities.

The UNDP–UN Women Covid-19 Global Gender Response Tracker identified 11 measures that were undertaken in response to the pandemic to support unpaid care work in 8 of 20 countries in the Arab States region.¹²⁸ These measures included support to care centres, flexible work arrangements, cash assistance for working mothers and paid leave for parents with children. While these measures are limited and some temporary provisions reinforce gendered norms around care roles, they show some increased attention to care policies given how apparent the necessity for care work became during the pandemic.

Domestic violence

Domestic violence, a manifestation of patriarchy and unequal power dynamics in family relationships, was

Figure 5.6 Percentage of married respondents who reported an increase in time spent on household chores (cooking, cleaning, serving meals), by sex, 2020



Source: UN Women 2020a.

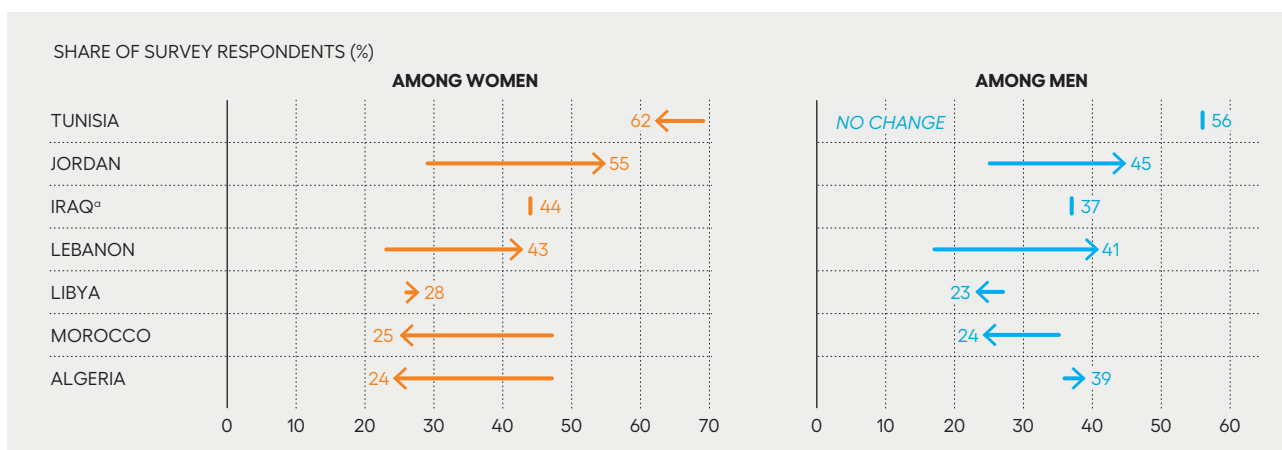
a serious concern in the Arab States region before the pandemic. While systematic data are scarce, overall, over a third of ever-partnered women in Arab States are estimated to have experienced domestic violence at some point—a figure that is thought to be an underrepresentation.¹²⁹ The World Health Organization (WHO) places the figure for the Eastern Mediterranean region at 31 percent for lifetime intimate partner violence and 17 percent during the year prior to the survey, which are higher than the average global estimates of 27 percent and 13 percent, respectively.¹³⁰ Domestic violence undermines women’s safety, security, mental health and bodily integrity and prevents their human development.

In line with the global trends, the spread of Covid-19 and the need for containment measures—along with economic pressures—added strain to family relationships and caused a rise in domestic violence.¹³¹ More than half of respondents in a UN Women study that interviewed representatives of more than 220 women’s organizations in 15 Arab States perceived an increase in domestic violence.¹³² The most common reasons cited were mobility restrictions, financial stressors and disruptions to support services early in the pandemic. Nearly 40 percent of respondents reported that the pandemic had halted legal proceedings against perpetrators of domestic violence, forcing women to seek interventions from traditional sources, mainly other family members or community leaders.

In another UN Women survey of 16,462 adults across nine Arab States, approximately 20 percent of women in each country expressed concerns about intimate partner violence, and roughly half of respondents believed that the risk of intimate partner violence had risen during the pandemic.¹³³ Studies in Egypt, Iraq, Jordan, Lebanon, Somalia, State of Palestine and Tunisia have confirmed the increase in violence against women.¹³⁴ In an Arab Barometer survey, women and men did not report changes in domestic physical violence in their own families, but they believed that gender-based violence in the community had increased. Responses changed over the course of the pandemic in some countries.¹³⁵ While reporting of gender-based violence in the community remained almost the same in Libya in 2020 and 2021, it increased dramatically in Jordan and Lebanon. And in three countries (Algeria, Morocco and Tunisia) in which more than half of women reported an increase in gender-based violence in their community in 2020, the percentage dropped in 2021. Reporting varied between men and women (figure 5.7).

Women refugees are particularly at risk of increased violence. Syrian women refugees suffered increases in domestic violence, including marital rape, physical and emotional violence and denial of resources.¹³⁶ Girls and women with disabilities and pregnant women suffered more violence than others. In a qualitative study of Lebanese, Syrian and Palestinian adolescents in Lebanon, girls described an

Figure 5.7 Changes in perceived increase in gender-based violence in the community during the pandemic, female and male respondents, from 2020 to 2021



a. Data for 2020 are not available.

Note: Arrow indicates change from July–October 2020 to March–April 2021.

Source: Arab Barometer Wave VI, Part I (July–October 2020) and Wave III (March–April 2021), 2021.

increase in household violence since the onset of the pandemic, a consistent trend among refugees.¹³⁷ Domestic workers were also affected.

It is likely that domestic violence against children has increased as well. Previous studies reported increased rates of psychological and physical violence against children during wide-scale health emergencies, which are often associated with school closure or lockdowns.¹³⁸ A study in Egypt reported an alarming increase in violence towards children during the 2020 lockdown.¹³⁹

Across the Arab States, some governments and civil society organizations have stepped up their response to the rising domestic violence due to the pandemic. UNDP and UN Women tracked 46 response measures to reduce domestic violence in the region, which they found in only 11 countries.¹⁴⁰ Government responses included strengthening services for survivors, such as through hotlines and other reporting mechanisms; expanding shelters; coordinating accessible services; expanding police and judicial measures (box 5.1) and providing psychological support.¹⁴¹ For example, State of Palestine and Tunisia have scaled up protections against sexual and gender-based violence, such as 24-hour telephone hotlines offering psychosocial support for survivors of violence.¹⁴² In Sudan, a Covid-19 taskforce established the country’s first gender-based violence hotline.¹⁴³ Other measures used social media, radio and television to publicize services and the

Box 5.1 Remote judicial services for gender-based violence

Countries in the Arab States region have worked to reduce gender-based violence through judicial reforms. Lebanon’s judicial police were tasked with reviewing all domestic violence cases filed during lockdowns, taking statements virtually rather than in person. During spring 2020, Lebanon’s Supreme Judicial Council advocated for virtual protocols to enable complainants to file cases by email, thereby easing the process.¹ In Tunisia, electronic tools for filing cases in court and videoconferencing for hearings or testimony have been put to use or improved, and so have phone and online legal aid services. Directives and guidelines for cases of gender-based violence have been issued.² In Morocco, the Presidency of the Public Prosecutor’s Office published on its website full contact information of the directories of all the courts in the country, including numbers assigned to complaints of the various courts. Electronic platforms were established for each court, so that a victim can declare and file a complaint without the need to physically go to a court.³

Notes:

1. KAFA 2020. 2. UNDP and UN Women 2020b. 3. UNDP and UN Women 2020b.

effects of the pandemic on violence against women. The National Union of Moroccan Women developed a countrywide mobile application for virtual filing and processing of sexual and gender-based violence cases.

Workplace relationships

The severity of closures and workplace restrictions varied in the Arab States region during the pandemic. As of January 2021, about half the residents in the region lived in countries with high pandemic-related workplace restrictions.¹⁴⁴ By March–April 2022, restrictions had eased. In Algeria, Bahrain, Djibouti, Egypt and Kuwait, workplace restrictions went from level 2 (required closing or working from home) to level 1 (recommend closing or working from home) for some sectors or categories of workers.¹⁴⁵

Transition to online work

Globally, the ability to transform to online work revealed huge disparities between high-income and low-income countries—1 in 3 jobs could be performed from home in the former, and 1 in 26 in the latter. It also revealed in-country inequalities since better paid and higher income workers are more able to work from home.¹⁴⁶

In March 2021, when lockdowns were particularly stringent in many countries in the region, only 10.1 percent of respondents to an Arab Barometer survey in seven countries reported being able to transition to working from home (figure 5.8), though this was higher than in late 2020.¹⁴⁷ The highest rates of working from home were reported in Lebanon (19 percent) and Morocco (17 percent). For women, the transition to working from home (15 percent) was

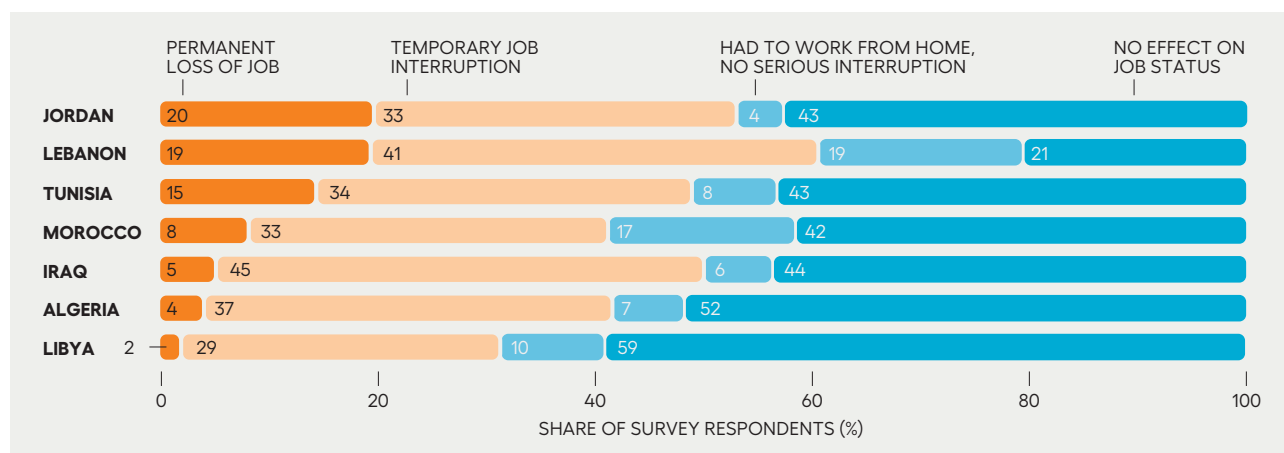
more than double that for men (7 percent), mainly because the sectors in which many women are employed are more amenable to working from home. Workplace transformations throughout the pandemic have been slow in many Arab States because of the dominance of micro, small and medium enterprises, the preponderance of informal work and the disparities in internet infrastructure and access, shaping the experiences of various categories of workers.

Healthcare workers

Healthcare workers continued to report to their workplaces during the pandemic. Adequate protective clothing and equipment were often unavailable, especially at the beginning of the pandemic, which led to an escalation in infections and deaths among healthcare workers.¹⁴⁸ Stress and mental health problems also increased, especially among female healthcare workers. In a survey of 209 physicians (25 percent of them women) working in healthcare settings in Duhok, in the Iraqi Kurdistan region, 79 percent reported moderate or higher stress.¹⁴⁹ Healthcare workers worked long hours, and some, as in Egypt, were even attacked by patients.¹⁵⁰

Healthcare workers mobilized against the unsafe working conditions.¹⁵¹ The National Union of Tunisian Nurses protested the lack of suitable medical equipment and demanded decent working conditions. Medical and health professionals in Sulaymaniyah Governorate in Iraq went on strike for back pay

Figure 5.8 Impact of Covid-19 on job status



Source: Arab Barometer Wave VI, Part III (March–April 2021), 2021.

from the regional government. The General Syndicate of Libyan Doctors highlighted the lack of a space for treating doctors who became infected by Covid-19 and the inadequate compensation. Workers in Al-Ahli hospital in Hebron, West Bank, protested over the failure to be paid.

Migrant workers

Migrant workers make up large shares of workers in healthcare, cleaning, domestic work, agriculture, food production and jobs that ensure continuity of supply chains in the Arab States region.¹⁵² This is especially the case in Gulf countries, which host 75 percent of the migrant workers in the region.¹⁵³ Even before the pandemic, many migrants experienced challenging working conditions. Many migrants' jobs are temporary and precarious.¹⁵⁴ Most migrants live in overcrowded accommodations and congested settlements. Employment terms often do not provide sufficient rights and recourse. The "Kafala" system, which regulates the relationship between employers and migrant workers, is a restrictive sponsorship system that binds workers' immigration status to their employer, leaving them vulnerable to exploitation.¹⁵⁵

During the pandemic, in some cases migrants had less access to sanitation and clean water, increasing their risk of infection. Some migrants experienced wage cuts, and some were not paid during the pandemic. Some businesses in Bahrain, Kuwait, Oman and Saudi Arabia reduced wages or replaced migrant workers with nationals, in line with workforce nationalization efforts.¹⁵⁶ According to one study, following changes in employment protections for non-nationals during the pandemic, 9 of 37 businesses in Qatar, Saudi Arabia and United Arab Emirates sought to avoid paying the wages and benefits owed to workers for work performed prior to the pandemic.¹⁵⁷ Rising infection risks and earning insecurity had severe psychological impacts among migrant workers.¹⁵⁸

On the positive side, several Arab States also introduced measures to improve the conditions of migrant workers. Qatar, Saudi Arabia and United Arab Emirates offered free healthcare for all migrant workers, guaranteed full salaries and adequate accommodations and food during lockdowns, created multilingual information campaigns, set up hotlines

for registering labour complaints and lifted visa extension requirements.¹⁵⁹ Lebanon,¹⁶⁰ Oman and Qatar¹⁶¹ revised their Kafala system, removing the requirement for an exit visa, among other changes. Saudi Arabia is moving towards abolishing the Kafala system.¹⁶² These measures may signal a shift in government policies towards more egalitarian treatment of workers, regardless of race, gender, ethnicity, nationality or residency status. Prohibition of unionization is still a barrier towards equality, however.¹⁶³

Migrant domestic workers

The characteristics of migrant domestic workers differ in the region. In West Asia in 2015, most domestic workers were migrants (83 percent), while in North Africa most were nationals (92 percent).¹⁶⁴ Most domestic cleaners and helpers are women, from 88.3 percent in Saudi Arabia to 99 percent in Jordan. Live-in domestic workers constitute 93 percent of domestic workers in United Arab Emirates, 80 percent in Lebanon and 25 percent in Jordan.

During the pandemic, the working conditions of live-in domestic workers deteriorated, including increases in their workload during lockdowns.¹⁶⁵ Several media reports documented cases of violence and harassment against domestic workers, likely reflecting an increase in stress factors.¹⁶⁶ In some cases, employers who were under economic pressure withheld or delayed some or all of payments to their domestic workers or terminated their employment.¹⁶⁷ Domestic workers who lost their jobs also lost their accommodations and were at risk of being deported. Workers who moved into shelters increased their exposure to Covid-19 infection. These factors put domestic workers at higher risk of exploitation and human trafficking.¹⁶⁸ They also increased their psychological stress and anxiety.¹⁶⁹

Workers' rights

Positive government measures were undertaken to protect workers, but deficits in labour rights and protection left workers exposed to violations. Before the pandemic, the Arab States region had been the lowest scoring region on the International Trade Union

Confederation Global Rights Index, which assesses workers' rights and freedoms, including the right to form unions.¹⁷⁰ The Index is based on international human rights law, in particular International Labour Organization (ILO) Conventions 87 and 98, as well as the jurisprudence developed by the ILO supervisory mechanisms. The trend continued in 2021, when the region scored 4.5 on a scale of 5, where 1 signifies sporadic violations of rights and 5 absence of workers' rights.

During the pandemic, positive government measures to protect workers were undertaken, such as:

- Requiring employers to pay leave for workers, including during self-isolation for Covid-19 infections (Algeria, Djibouti, Jordan, Oman, Qatar and Saudi Arabia).
- Covering full and partial salaries through unemployment funds for workers laid off in the private sector (Bahrain, Jordan, Morocco, Saudi Arabia and Tunisia).
- Arranging low or zero interest loans from commercial banks to private companies to cover salaries (Lebanon, Jordan and Qatar).
- Providing government compensation payments for laid-off employees (Djibouti).¹⁷¹

Despite these positive measures, workers experienced myriad rights violations during the pandemic. According to the Arab Trade Union Confederation, some examples include arbitrary dismissals and wage suspensions by private companies under the pretext

of Covid-19 restrictions in Iraq, Jordan, Morocco and Tunisia in the commercial, agricultural, and industrial sectors. Public sector employees and retirees in Morocco and Tunisia also experienced arbitrary wage cuts. Insufficient occupational health and safety measures were common. A study in Jordan found that more than three-quarters (76.5 percent) of employers in construction, agriculture and services had no health or safety provisions. The right to organize and protest was infringed on, for example, prosecuting employees for protesting at the national steel company in Egypt. In conflict countries, security conditions and social unrest intensified workers' grievances.

In sum: before the pandemic, unequal access to education and health services, and power imbalances within the community, the family and the workplace compromised social cohesion and care in societies, lowering their resilience to the shock. During the pandemic, increased exclusion from health and education services risks further weakening social cohesion, the growing care burden and rise of gender-based violence threatens to increase gender inequality, while limited workers' rights increase their vulnerability, especially among migrant workers. However, the crisis has led to positive government measures for greater inclusion and protection of disadvantaged groups that could pave the way for more comprehensive reform. Arab States can take this opportunity to break from the piecemeal reforms of the past and put social cohesion, solidarity and care at the centre of the recovery.

CHAPTER 6

Accelerating a green transition

The vulnerability to the impacts of the Covid-19 pandemic across the Arab States region and their severity are deeply connected to the region's status as the most water-scarce, food import-dependent part of the world, experiencing faster-rising temperatures than the world average because of climate change. In the years leading up to the pandemic, these trends worsened—unprecedented acceleration of climate impacts, protracted cycles of drought, more rapid loss of biodiversity and ecosystem services, and escalating levels of food, energy and water insecurity. Left unchecked, these trends will continue to accelerate, reshaping development prospects and posing serious challenges to a resilient recovery from the pandemic. Mainstreaming green solutions into socioeconomic recovery measures in the region is a top priority.

As expressed in the 2020 Global Human Development Report, among the root causes of the Covid-19 crisis was humanity's breaching of the planet's ecological boundaries.¹ As pressures on natural ecosystems have intensified, channels of viral outbreak have widened, with zoonotic spread between animals and humans accelerating and accounting for more than 75 percent of new diseases in recent decades, including Ebola, HIV, severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome (MERS) and, more recently, Covid-19.² These outbreaks are examples of what the ecological crisis implies for the future of civilization—with the global reach of Covid-19, its continuing impact and the rapid reversal of development gains stark reminders of how the complex interplay between people and planet plays out in complex systems.³

Covid-19 will not be the last major disease outbreak in our lifetimes. The incidence and impacts of such outbreaks are likely to escalate on the road to 2030 unless development pathways and our relationship with nature are reconfigured. Rather than wait for the next outbreak, we need to act urgently to halt and reverse damage to natural ecosystems and restore them to health. As much as this is an environmental undertaking it is even more an act of crisis prevention and future-proofing countries' hard-won development gains.⁴

There are many similarities between the Covid-19 pandemic and its aftermath and the climate emergency and broader ecological crisis facing the world and the Arab States region. Both crises have devastating

social and economic implications, disproportionately affecting vulnerable groups and exacerbating inequalities.⁵ Approximately a third of the region's employed population experienced heightened risk of unemployment or reduced wages during the pandemic,⁶ while climate change and poor land and water management are severely harming key economic sectors in the Arab States region, particularly agriculture, with long-lasting implications for the food security and livelihoods of more than 50 million people.⁷

Both the Covid-19 and climate crises are the result of human behaviour and have, in turn, forced alterations in lifestyles, through social isolation and protective measures during the pandemic and, more drastically, through displacement and changes in livelihood strategies because of the climate crisis. Society and governments have been slow to address the root causes of the crises and moderate their impacts.⁸ These delayed responses are often based on short-term calculations that ignore long-term solutions for the sake of more immediate, but short-lived mitigation. These choices reflect a failure to acknowledge scientific evidence and to act on the increasingly multidimensional risks facing the world and the region. Political will seems to be fully activated only after large economic or human losses have occurred.⁹ More investment is needed in preventive measures. Building forward better from Covid-19 offers an important opportunity to do that.

As with climate change, the pandemic has demonstrated that delayed action on response and recovery in one country can be detrimental to all countries. Despite the scale of Covid-19 as a universal threat to human health and socioeconomic progress, requiring global solutions, many countries have responded with an inward-focused, nation-first approach. This approach, typified by vaccine nationalism, has prolonged the pandemic, allowing new strains to mutate and extending the social impact and economic downturn in many countries. The responses to the pandemic have exposed faults in international cooperation for global crisis management, have deepened geopolitical antagonism across developed and developing countries and are incompatible with the global solidarity and collective action required to recover from the pandemic and address the climate emergency.

As countries across the Arab States region build forward from Covid-19, they have an opportunity to

mainstream green recovery solutions into their recovery strategies, so that poverty reductions and social rebuilding can withstand a future of accelerating ecological change.¹⁰ Recent and upcoming global summits on the planetary crisis offer a timely opportunity to review these challenges and advance tangible solutions.¹¹ These international gatherings include the upcoming Conference of the Parties (COP) to the United Nations Climate Change Conferences that will be hosted by Egypt in 2022 (COP27) and United Arab Emirates in 2023 (COP28), both critical platforms to address the need for integrated solutions to converging crises.

Some countries in the region have already included green solutions in their recovery measures, identifying actions to maintain momentum on the clean energy transition, to expand green transportation and infrastructure investments, close gaps in water and waste services, incorporate circular economy solutions into local development and advance ecological restoration and safeguards for biological systems. If properly planned, green recovery measures can generate new, sustainable forms of revenue, create green job opportunities for the women and youth of the region and enhance resilience for both communities and the ecosystems on which they depend for people's lives and livelihoods.

Converging risks and vulnerabilities

Over the past decade, the region has witnessed an unprecedented convergence of crises—one of the worst drought cycles in almost one thousand years, systemic changes prompted by the Arab Spring uprisings, one of the most dramatic outbreaks of conflict and mass displacement in modern times and the emergence of MERS, the last major coronavirus outbreak before Covid-19. All these crises were exacerbated and amplified by an accelerating ecological crisis.

Climate change poses one of the greatest threats to development in the Arab States region. Unless adaptive capacities are built rapidly, climate change will undermine the long-term recovery from Covid-19.¹² Temperatures in the region—already a global hotspot of climate risk—are rising faster than the world average and are expected to rise by up to 5°C over pre-industrial levels by 2100.¹³ Climate change threatens to reduce renewable water resources in the region

by 20 percent by 2030¹⁴ and put millions of people at risk of displacement.¹⁵ A heavy toll is also expected on human health, with some projecting that the region will have the highest per capita rates of climate-related mortality in the second half of the century.¹⁶

The convergence of climate change with socioeconomic crises over the past decade generated unprecedented levels of vulnerability and instability in the years running up to Covid-19.¹⁷ In the period 2006–2010, for example, in advance of the Arab uprisings and converging with the last major global financial crisis, the region experienced one of its worst drought cycles in almost a thousand years.¹⁸ Today, climate change and socioeconomic crises are once again coinciding, with particular challenges for poor and vulnerable communities, for which the climate crisis poses a threat to lives and livelihoods.

Many countries in the region continue to experience protracted drought and food and water insecurity, with 2020 and 2021 among the hottest years on record for the region. There have been unprecedentedly severe forest fires and droughts in Algeria, Lebanon and Syrian Arab Republic; acceleration of the region's longstanding sand and dust storms and outbreaks of locusts in the Arabian Peninsula, driven in part by climate change.¹⁹ Fragile and conflict countries have been especially vulnerable to climate change, leading to a growing awareness across the region of the threat posed by climate change to peace, security and a long-term recovery from crisis.²⁰

The convergence of the climate emergency with the Covid-19 pandemic and other emerging crises such as the war in Ukraine is a major challenge for the region, but the pandemic must not distract decisionmakers from the increasingly dire consequences of climate change. Rather, this convergence should serve as a wake-up call concerning the complex and multidimensional nature of the crises facing the region and the need to advance climate-resilient recovery pathways and to build forward better with integrated solutions that address multiple shocks, including both climate change and the pandemic.²¹

Transition to renewable energy

Indeed, the pandemic and oil price hikes offer an opportunity to accelerate the green transition. As the

global community comes to grips with the converging demands to re-energize the economy and combat climate change, a strong momentum has emerged to diversify beyond the fossil fuel economy and accelerate the transition to renewable energy and energy-efficient solutions.²² The renewable energy sector, in particular, has been a bright spot since the onset of the Covid-19 crisis. It has been the only segment of the energy market to experience notable growth, building on its cost-effectiveness and strategic value for increasingly carbon-constrained economies.²³ Despite these trends, the protracted nature of the Covid-19 crisis and continuing economic uncertainty bring risks for the clean energy transition globally and in the Arab States region, with potential fragility in foreign investment, public budgets and private finance in the renewable energy sector.

Expanding the solar market as part of the recovery from the Covid-19 and oil price crises can build on some of the successes in the Arab States region in recent years. Since the last major economic crisis of 2008–2009 and the uprisings of 2011, many countries have expanded renewable energy investments as part of their recovery strategy. Solar and wind energy capacities rose 10-fold over the past decade, from a combined capacity of around 0.5 gigawatts (GW) in 2008 to about 7.2 GW by 2018 and continuing their ascent in 2019–2020.²⁴ Still, only about 7 percent of overall energy is from renewables, and only 1–2 percent from solar and wind. Thus, despite the region’s position as the largest recipient of solar radiation, capacities for capitalizing on this strategic asset are still at a nascent stage. Nevertheless, the upward trajectory over the past decade has been a positive development and offers a base to build on in coming years.

An important foundation for the rise of renewable energy in the region has been the National Renewable Energy Action Plans (NREAPs) enacted in recent years. Across the region, ambitious targets and innovative policies now form a base for attracting private investment, reforming energy subsidies and establishing renewable energy institutions and renewable energy development zones.²⁵ Countries in the region have set a cumulative target of 190 GW of renewable energy capacity by 2035, which is expected to account for as much as 30 percent of global growth in renewable energy.²⁶

The growth of renewable energy capacity in the region over the past decade advances the region’s aspirations to move beyond the fossil fuel-based model of development, reduce the carbon intensity of growth and expand energy access for crisis-affected communities. However, maintaining this strong momentum as part of the socioeconomic recovery from Covid-19 will require additional measures so that countries’ economic fragility as they emerge from Covid-19 does not result in the loss of hard-won gains in solar energy expansion. Among new initiatives being considered by countries in the region is green hydrogen, which is produced with renewable energy sources and can provide a clean source of energy and an alternative to fossil fuels.

Protection and sustainable use of ecosystems

As a resource-scarce region, the Arab States must sustain critical ecosystems to protect the health and well-being of communities. Ecosystems across the region have been under mounting pressure in recent years. More than a thousand species in the region are threatened today, most of them classed as “critically endangered.”²⁷ Communities and the ecosystems on which they depend for their livelihoods have been battered by expanding and unrelenting pressures from war, urbanization, industrialization and climate change.

Deteriorating ecosystems not only endanger the species they host but also threaten human health and welfare.²⁸ As pressures assail natural habitats, animals are pushed closer to human communities, increasing the risk of zoonotic disease transmission. Actions to enhance the sustainable use and management of ecosystems are thus vital for reducing the risk of future zoonotic outbreaks, in the region and globally.

In building forward better from Covid-19, a priority should be to scale up policies and institutions that shield the ecological safety nets that nurture sustainable human development, health and welfare in the region. Actions are needed for the expanded protection and sustainable use of critical ecosystems across the region, including wadis, wetlands, marshlands, oases, and the region’s unique dryland, mountain and coastal ecosystems. These ecosystems are both a

refuge for the region's threatened species and assets for community livelihood and welfare.

New partnerships in the region should be advanced for the conservation and sustainable use of ecosystems, to achieve the goals of the new UN Decade of Ecosystem Restoration launched in 2021 and the new Global Biodiversity Framework set to emerge in 2022 at COP15 of the UN Convention on Biological Diversity.²⁹ With a view to preventing, halting and reversing the loss of biodiversity, countries in the region need to shift the focus of development policies from a utilitarian extractive orientation towards nature-based solutions, embracing enhanced ecosystem management that can generate co-benefits for community livelihoods, health and water security.

Water conservation and waste management

Water security is a high priority for communities, especially for the poor. Covid-19 has been a stark reminder of the centrality of water for community resilience. The pandemic resulted in a 5 percent increase in water demand in 2020 for intensified hygiene practices, adding pressures on already scarce water supplies.³⁰ The average person in the region receives just one-eighth of the global average renewable water per person, and 18 of the 22 Arab States face water scarcity.³¹ Over 70 million people lack regular household water supply, in addition to over 26 million displaced persons in or from conflict-affected countries.³² Most water bodies in the region are transboundary, creating additional challenges for their management and requiring cooperation among countries to ensure sustainability. Lack of water access has impeded the ability of communities to prevent the spread of Covid-19 and the ability of health facilities to provide emergency services. The situation is particularly dire in conflict-affected countries, where destruction of water systems has led to cholera and other diseases.

Lack of water access also imperils achievement of broader recovery goals, as water is a key input in agriculture, manufacturing and small and medium-size business activities. Water demand has been rising across the region, with the deficit expected to reach 75.4 billion cubic meters (bcm) by 2030, a large leap from 28.3 bcm in 2000.³³

Waste management services have also come into strong focus as a result of the pandemic. The need to safely dispose of medical waste has increased dramatically,³⁴ alongside the greater use of plastic and other disposable protection.³⁵ Billions of masks and gloves have been used and disposed of in the region over the past two years, with risk to freshwater and marine ecosystems.³⁶

Water conservation and waste management should be prioritized as part of broader recovery policies and investments. They should focus on improving water governance and waste disposal and recycling capacities across the region and on restoring basic access to water and waste services in communities affected by conflict. The unsustainable use of ecosystems, combined with chronic deficits in key services such as water and waste management, have put many communities at greater risk of pandemic impacts while also erecting barriers to a resilient recovery. This is particularly important for communities displaced by conflict, for which resumption of development pathways depends on access to natural assets. As countries move ahead on recovery plans and investments, improving ecosystem management, water access and waste management can build community resilience and help sustain socioeconomic recovery.

Catalysing a green transition

Hosting the next two global COPs of the UN Framework Convention on Climate Change (COP27 in Egypt in 2022 and COP28 in United Arab Emirates in 2023) represents a major opportunity for the region to take action on the green recovery agenda, advance new national policies to address the drivers of change, and scale up partnerships and finance for a green transition.³⁷

Ambitious policies are needed for the green transition and for scaling up implementation through expanded partnerships and finance.³⁸ Mainstreaming green solutions into recovery policies and plans can reduce the ecological footprint of crisis recovery measures and ensure that socioeconomic outcomes can withstand future risks from climate change and ecological fragility. As noted below, this includes integrating risk governance into national and subnational institutions and mainstreaming green measures

into new financing arrangements to support socio-economic recovery in key sectors.

With support from United Nations agencies and programmes, multilateral development banks, bilateral donor agencies, private investors and global funding entities such as the Global Environment Facility, Green Climate Fund, Adaptation Fund and Least Developed Country Fund, a new generation of scaled up green transition initiatives can arise in coming years to future proof the recovery from Covid-19, address the multidimensional risks facing the region and clear the way for new risk-informed, resilient pathways of development.

Enhancing climate policies

Enhanced Nationally Determined Contribution (NDC) climate plans by countries across the Arab States region represent an ambitious new policy direction. The enhanced NDCs serve as sovereign investment plans to advance a green transition and realize co-benefits from climate action for socio-economic recovery from Covid-19.³⁹ In particular, as countries progress on their NDCs on the road to COP27 and COP28, they have the opportunity to integrate climate adaptation into recovery measures, which can shield the recovery against future climate shocks. Alongside NDCs, National Adaptation Plans (NAPs) are emerging across the region as vehicles for identifying priorities for scaling up actions and investments on climate-resilient infrastructure and climate proofing the socioeconomic investments for recovery from Covid-19. These include advancing integrated programme solutions with clear co-benefits from climate action for achieving the SDGs on poverty reduction, women's empowerment, and food and water security.⁴⁰

Finding climate-resilient and sustainable finance solutions

Climate finance has emerged as a key focus on the road to COP27 and COP28, with negotiations around the goal of developed countries providing \$100 billion of finance annually to developing countries on average between 2020 and 2025—and even more

ambitious financing after that.⁴¹ Overall, the world faces a massive climate finance gap of trillions of dollars, with new partnerships and innovative finance needed to accelerate progress and remain within planetary boundaries. An important focus will be on new finance mechanisms at global, regional and country levels to increase sustainable finance and align it with a green recovery from Covid-19 and broader crises facing the world.⁴²

Properly constructed green finance solutions can generate sustainable forms of revenue, create new green jobs for the youth of the region and enhance the resilience of communities and ecosystems.⁴³ This was a key takeaway from a review of the policies put in place after the global financial crisis in 2008–2009.⁴⁴ Incorporating the principles of environmental stewardship and socioeconomic equity into policy packages is also essential for mitigating any regressive effects of environmental policies and ensuring equal possibilities for all to contribute to economic growth.⁴⁵

Table 6.1 presents a brief overview of the most common sustainable finance practices in some countries in the region. These practices highlight countries' continuing efforts to bring green solutions into financial markets and enhance returns in a way that frees more capital to finance the green transition in line with the 2030 Agenda for Sustainable Development, the Paris Agreement and other frameworks.⁴⁶

On the road to COP27 and COP28, a first priority should be to align sustainable finance with priority goals on climate adaptation and resilience. NDC and NAP implementation agendas can be platforms to motivate public and private investments for a climate-resilient recovery. Synergies should be explored between new recovery-oriented climate investments and global finance instruments affiliated with the Paris Agreement, such as the Green Climate Fund, the Global Environment Facility, the Adaptation Fund and the Least Developed Country Fund. Alongside scaled-up grant assistance for the region, sustainable finance options would include mobilizing large-scale private sector investments and concessional loan finance, which are expected to drive much of the socioeconomic recovery from Covid-19.

Climate-resilient solutions can be mainstreamed, for example, into capital injections and fiscal

Table 6.1 Sustainable finance practices in six Arab States

Sustainable finance practices	Egypt	Jordan	Morocco	Bahrain	United Arab Emirates	Saudi Arabia
Sustainable Development/Green Growth Strategy	●	●	●	●	●	●
Sustainable Finance Framework	●	●	●	●	●	
Environmental, Social and Governance Guidelines and Reporting	●	●	●	●	●	
Financial Market Innovations and Islamic Bonds	●	●	●	●	●	●
Financial Market Innovations and Green Bonds	●		●		●	
Sustainable Finance Awareness and Education Initiatives	●	●	●	●	●	●
Supportive Regulatory Frameworks and Public-Private Partnership Laws	●	●	●		●	●

Source: UNEP Finance Initiative 2021.

stimulus measures to speed the recovery of small and medium-size businesses and climate-vulnerable sectors that are the focus of economic recovery goals, such as agriculture, tourism and infrastructure. This requires new partnerships with financing institutions to drive financing at the right scale to advance the shift to the whole-of-economy approach envisaged by the enhanced NDCs. In implementing NDCs, a key focus of new investments will be on infrastructure, a critical opportunity to scale up climate-resilient solutions so that, by building forward better and greener, cities and coastal communities can withstand more frequent and severe climate impacts in the future. Adaptive social protection tools can also be scaled up in concert with the insurance sector to expand weather-indexed insurance products for climate-vulnerable farmers.

New carbon markets under Article 6 of the Paris Agreement will also be strategically important for scaling up private investments, building on the agreements reached at COP26 as reflected in the Glasgow Climate Pact, to help countries and industries advance their net-zero long-term pledges for 2050.⁴⁷ Sustainable finance mechanisms can also address the region’s mounting debt, with debt-for-climate swaps one option to offset debt repayments with domestic investments in climate-resilient solutions.⁴⁸ Unless climate adaptation is integrated into crisis recovery investment planning from the outset, the expansion of financial recovery measures and resumption of economic growth could entrench unsustainable forms of infrastructure and growth and hobble the region’s recovery in the long term.

Scaling up the sustainable energy economy

Along with climate adaptation, a second top priority for catalysing a green transition is to rapidly scale up the sustainable energy economy.⁴⁹ In addition to pre-existing National Renewable Energy Action Plans (NREAPs) and National Energy Efficiency Action Plans (NEEAPs), newly enhanced NDCs create important momentum. Countries across the region have raised their carbon energy targets in their enhanced NDCs, with hundreds of billions of dollars in new investments in renewable energy and energy efficiency envisaged on the road to 2030. Kuwait and Somalia, for example, have introduced quantifiable mitigation targets for the first time through their enhanced NDC, Jordan has doubled its mitigation target and Lebanon, Morocco, State of Palestine, Saudi Arabia and United Arab Emirates have registered substantial increases through enhanced NDCs.⁵⁰ Lebanon and the United Arab Emirates have also registered commitments through their Energy Compacts to the 2021 UN High Level Dialogue on Energy.⁵¹

Achieving this vision will require policies to reduce investor risk, along with local institutions, national funds and centres of excellence that can champion and regulate low carbon pathways and incentivize local action. “De-risking” measures can reduce, transfer and compensate for market risk, helping construct a risk-return profile that can catalyse private sector investment at scale for Covid-19 recovery. Fiscal policies and other tools should be expanded to de-risk renewable energy investments and mobilize much greater levels of public and private

finance as a base for scaling up and expanding the region's nascent renewable energy market.⁵²

The opportunity should be seized to mobilize clean energy finance to meet the needs of poor and vulnerable members of society. While much of the region's growth in renewable energy over the past decade has been in large solar facilities meant to diversify power at the national level, large gaps remain in access to sustainable energy for the poor. In particular, decentralized solar solutions to power Covid-19 recovery need to be scaled up in poor and vulnerable communities, expanding energy access for poverty reduction, livelihoods and green jobs; closing chronic energy gaps in vulnerable communities and reducing air pollution as a major source of respiratory ailments and health risks.⁵³ These measures can have strong impact, in particular, in fragile and crisis contexts, as in Lebanon, Somalia, Sudan, Syrian Arab Republic and Yemen, where conventional power systems are unable to close the energy gap for poor and vulnerable communities.

These initiatives can build on and scale up actions taken over the past decade across conflict-affected contexts to restore local energy access for smaller businesses, health facilities and schools and to meet irrigation and agricultural livelihood needs.⁵⁴ Taking such initiatives to scale and moving beyond grant support to broader forms of public and private finance can help countries advance along sustainable energy pathways while generating co-benefits for a resilient recovery from converging crises.

Mainstreaming ecosystem protection

More ambitious policies and finance are needed to address growing levels of resource insecurity and ecosystem fragility. These include advancing integrated policy solutions and green investments that bring clear co-benefits from sustainable use of ecosystems for priority SDGs on poverty reduction, women's empowerment and water security.⁵⁵ New recovery-oriented investments should also build on the financing instruments affiliated with the upcoming Global Biodiversity Framework set to be enacted at the biodiversity COP15 in 2022. These instruments should emphasize the need for an ecological safety net to protect endangered species and ecosystems,

restore critical natural assets and ecosystem functions, sustain community livelihoods and health and reduce the risk of future zoonotic disease outbreaks.

In exploring new recovery investments, an opportunity exists to mainstream ecosystem protection measures into financial recovery allocations in resource-dependent sectors such as agriculture, tourism, industry and manufacturing. New market-based mechanisms to consider include methodologies for payment for ecosystem services and sustainable finance policies to scale up nature-based solutions and crowd-in public and private investments in a way that achieves a nature-positive recovery from Covid-19. This includes expanding the use of debt-for-nature swaps and related instruments to reduce debt burdens while scaling up investments for sustainable use and conservation of biodiversity, ecosystems and water security.

Increasing water security

New nature-positive recovery investments should also address the growing water scarcity and waste management crises. Water insecurity is a threat to sustainable recovery, while rapid expansion of medical and other waste streams will pose new risks for ecosystems in coming years. Unless environmental services are enhanced as part of building forward better from the crisis, these issues will create barriers to a resilient recovery. Investments are needed in local water and waste management committees and associations, so that they can more effectively revitalize community-based resource management, enhance the contribution of water and waste services to ecosystem resilience and head off water and waste management crises. Advancing bottom-up solutions to water and waste management challenges offers important benefits to the informal sector, as nature-positive investments can become a source of employment and green jobs for youth.

Investing in climate-resilient water infrastructure, research centres and monitoring stations to improve the knowledge base for water and waste governance can improve water conservation in key water-intensive sectors like agriculture and industry, expand waste-water reuse, support the scaling up and commercialization of climate-resilient waste systems

and solar desalination, and enhance zero-waste systems that reduce, reuse and recycle municipal and industrial waste. Such measures can ease the environmental health burdens of poor and vulnerable communities, in particular, that have been caused by the lack of effective water and waste management and inadequate access to health services. These measures can also enable poor and vulnerable communities to build long-term, sustainable livelihoods and health facilities.

Investments in solar desalination can advance integrated solutions that cut across climate, energy and water security goals in the region. The Arab States region accounts for about 45 percent of desalination capacity worldwide, led by the economies of the Arabian Peninsula. More sustainable solutions are needed, however, to replace the overreliance on energy-intensive fossil fuel-based thermal co-generation for desalination.⁵⁶ Solar desalination processes and nanotechnologies have reduced the energy intensity of water production.⁵⁷ Hybrid solar-thermal desalination plants are beginning to emerge in the region.⁵⁸ Wastewater reuse is another investment priority for achieving a blue economy. Reuse of wastewater, so far limited largely to agriculture and mining, can be expanded through new policies, infrastructure and finance.⁵⁹ Reshaping social norms is also a key factor in the use of treated wastewater, as Jordan and Morocco have shown.⁶⁰

Closing the financing gap for water and other environmental services in the region as part of the recovery from Covid-19 is a major investment opportunity for the private sector. To create incentives to embrace this opportunity, countries need a new generation of policies that reduce investor risk and create an enabling environment for cleantech solutions. Dedicated policies to de-risk private investments can bring tangible local benefits for poor and vulnerable communities and enable small and medium-size businesses to drive the change towards an inclusive and green recovery from the pandemic.

Supporting and enabling local action

The road ahead will be defined by a new generation of green transition initiatives that address systemic risks in the region. In building capacities for action,

the focus must be on subnational and local levels rather than on conventional approaches towards nationally oriented initiatives. A greater focus on subnational action, with area-based, integrated solutions to green local socioeconomic recovery from Covid-19, is the best way to ensure that new local infrastructure and resource-based community livelihoods can withstand future impacts of ecological change. While national laws and policies on climate change, energy and ecosystems are critical to establish an enabling environment and responsibilities for climate action, local policy and action are the foundation for results on the road to 2030.

While gaps in integrating green solutions into recovery plans exist at the national level, the gaps are even larger at the subnational level. Challenges and opportunities around issues like climate change, energy access and water insecurity are influenced largely by local contexts and local actors. Most of the environmental services that people rely on, such as energy, water and waste services, are managed by local governments and affiliated public or private companies and have important connections to green transition opportunities. Major shares of carbon emissions and energy use, for example, are influenced by local economic behaviour, while virtually all climate adaptation and water management actions in the region have to be tailored to highly localized contexts of land use and drought severity.

Local governments and community organizations stand on the frontline for both the socioeconomic impacts of Covid-19 and trends in ecological change. National and local actors must work together more closely if the Arab States region is to mount an effective response to both. Yet, many green transition initiatives across the region happen largely at the national level, without effective local engagement. Local initiatives that do take place are often isolated, and successes are rarely leveraged to achieve broader impacts.

However, lacking the capacity to fully engage on issues such as climate change, energy access and water insecurity, local governments often see themselves as outliers in the process of formulating and implementing policy responses. Achieving a green transition from the impacts of Covid-19 to inclusive, sustainable development, therefore, requires developing local capacities for environmental governance, both among

government entities and among a broad spectrum of actors that influence local decisionmaking. They include local governments, legislatures, administrative agencies, municipal and village councils, tribal bodies and courts. Critically, they also include local business and civil society organizations as sources of innovation and as advocates for change.

The interface between national authorities and local authorities has also emerged as a key aspect of preparation for COP27 and COP28, with a view to supporting local efforts to mitigate and adapt to climate change globally and across the region. The strategies and goals emerging from global summits are set by intergovernmental processes at the national level, but with much of the implementation agenda led by local officials. This includes the newly enhanced NDCs, which set an ambitious national vision and elaborate activities for local action. The ability to achieve many of the policy and finance goals under the NDCs and other frameworks often comes down to effective local climate governance. Enhanced local capacities are needed across the region to scale up local adaptation and mitigation measures and accelerate progress towards national commitments and global goals.

The “Guiding Principles for City Climate Action Planning,” developed by UN-Habitat, is a good example of ways to advance the local action agenda.⁶¹ The principles stress the need for ambition, inclusivity and fairness and call on local actions to be holistic, feasible and relevant to the community. To be successful, local actions under the NDCs must be based on sound scientific knowledge, local traditional knowledge, and most important, the process from conception to implementation must be transparent and monitored. The guidelines set a recommended process for local climate action as well, including ensuring adequate local administrative and government capacities and mandates to facilitate climate action, setting locally tailored climate adaptation and mitigation targets, identifying relevant local actions and means of implementation, and monitoring and evaluating results.

Towards a new contract with nature

A key take-away from the pandemic is this: the ability to resolve the complex crises affecting the world

today and avoid future crises rests on the ability to reset our relationship with nature. In addition to the important goals noted above—expanding green recovery policies and technology solutions, scaling up finance and advancing local action—the crisis serves as an opportunity to rethink the nature of the social contract in the region and the basic development paradigms that have in many ways been complicit in the evolution of today’s ecological crisis.

As we have seen, a conventional focus of the social contracts in the region has been on the provision of public sector jobs, subsidies for food and fuel, and often free or subsidized public services such as health and education.⁶² But social contracts have grown fragile across the region, as public faith in the state has diminished.⁶³ The past decade has seen a growing focus on redefining the basic assumptions that underlie social contracts, including the nature of state institutions, public values and public goods. In the context of the climate crisis, many voices are calling for a new social contract based on a nature-based paradigm of development and systems of accountability, justice and environmental citizenship.⁶⁴

Accountability, justice and environmental citizenship

Control over natural resources and the environment has been central to state legitimacy and power in the region for decades, shaping autocratic, centralized systems of governance. State control of nature has been a foundation for the consolidation of power and wealth, influencing how sovereignty and statecraft function in the region, with the social compact in many countries defined by a balance between state control over natural resources and the conversion of those resources into socioeconomic assets. A particular challenge has been to achieve equitable access and benefit sharing from the region’s natural wealth for the average citizen and, in particular, the poor.

Justice is an “ideal of accountability and fairness in the protection and vindication of rights and the prevention and punishment of wrongs.”⁶⁵ The poor tend to live in communities with fragile ecosystems. Heavily reliant on natural resources for livelihoods, the poor lack equitable access or benefits from their use while suffering disproportionately from the ill effects of climate change, loss of ecosystems and pollution.

They are also the least able group to mobilize against abuse of power, corruption and other forces behind unsustainable development.⁶⁶ For people in many poor and marginalized communities, ecological decline is an affront to their ability and that of the next generation to earn a sustainable livelihood and live a healthy life.

As noted by the UN Special Rapporteur on extreme poverty and human rights, the world risks ecological apartheid, with the wealthy able to pay to escape overheating, hunger and conflict while the poor suffer.⁶⁷ Averting this outcome is a priority in the Arab States region, which is a global climate hotspot and the planet's most water scarce and food import-dependent region and where an accelerating ecological crisis is being felt disproportionately by the poor, catalysing rising levels of inequality and social grievance. Unless adaptive capacities are rapidly developed in vulnerable communities, climate change and ecological decline will soon be a top driver of inequality between and within countries of the region.

For poor people, enhanced freedom of opportunity means not only higher personal consumption and achievement of social welfare targets, but also greater government accountability and freedom from the inequities that result from entrenched and corrupt systems of natural resource exploitation and the disproportionate impacts of climate change and ecological decline. Civil society movements have arisen across the region around these issues, including a strong environmental undercurrent within broader calls for human rights and accountability. This includes growing demands to end the abuse of power and corruption in natural resource use and calls for state action to ensure resilience of lives and livelihoods in the face of climate change and disasters, freedom from the toxic impacts of industry and war, and guaranteed rights for all people to food, water and energy.

Today, higher expectations are emerging across the region to reset the social contract around the use and control of environmental resources. A new spirit of environmental citizenship is arising, particularly among youth.⁶⁸ It is based on stronger awareness of the far-reaching consequences of ecological risks and increasingly connected global networks. And it is defined by the vision of more effective, accountable and participatory use of natural assets as a public good

and the preservation of ecosystems for future generations. Some scholars argue that environmental issues, due to their perceived apolitical nature, provide “an alternative political space” to redefine the social contract.⁶⁹ As the ecological crisis results in increasingly devastating consequences, environmental protests could well intensify in the coming years.⁷⁰

Taking action on environmental injustice means expanding citizen access to information on the ecological risks associated with development investments and participation in decisionmaking on natural resource use and the environment. And it means access to justice and redress where corruption, abuse of power and violation of due process result in negative impacts on ecosystems and communities. Enhancing systems of citizen access to information, participation and justice is a key step to remaking the compact with nature and moving from dialogue to action on nature-based development pathways.

A nature-based paradigm of human development

Following the pandemic, human development can no longer be thought of purely as a socioeconomic enterprise. The pandemic has made clear the closely intertwined nature of human and natural systems, with human development best understood as the emergent property of a complex socioecological system.⁷¹ In many ways, the dominant epistemological frameworks that underlie human development theory—inspired in part by the concept of development as freedom—retain an implicit bias towards the exploitation of nature as a means of reducing human vulnerability and advancing certain socioeconomic outcomes. But climate change and ecological fragility, standing today as major drivers of inequality and poverty, now make this equation incomplete and emerge as sources of “un-freedom,” threatening to reverse decades of development results.

As expressed in the 2020 Global Human Development Report, new nature-based development paradigms and policies represent a shift to a systems orientation that embraces the complexity and multi-dimensional nature of risk today, beyond conventional sectoral, linear views of human development. Bringing nature to the centre of development requires more than recognizing the value of ecosystem

resilience for sustaining development; it requires forward-looking institutions that are better able to adapt and transform when socioecological tipping points are reached.⁷² The pandemic could well be such a tipping point, inspiring new ways of thinking about nature and development. The decline of natural systems is generating a profound shift in future development prospects, destabilizing status quo conceptions of progress and exposing deep contradictions in development policy and practice. In an era of accelerating ecological crises, we need to redefine the human development narrative to make it fit for purpose.

In an age of accelerating ecological change, human development pathways will be increasingly shaped by a socioecological complex of forces, with ecosystems playing their own part in the story of development.⁷³ Nature-based paradigms of human development view ecosystems as agents of change, with “trajectories, propensities and tendencies of their own” that need to be taken into account when contemplating the future direction and form of development policies.⁷⁴ Ecosystems, with their power of metamorphosis, exhibit self-governing capacities with different components impinging upon each other and

on human development results in numerous ways.⁷⁵ Rethinking human development as a socioecological complex is not simply an acknowledgement of the environment as a factor to consider within a new generation of integrated policymaking. Rather, it recognizes that human development is an emergent property of a broader socioecological system, that the impersonal forces of nature have trajectories and tendencies in their own right, that they hold certain degrees of resilience and that they drive many development results in much the same way that human actions do.⁷⁶

Imagining new forms of human development is a critical task in building forward better after the pandemic. Either the road to 2030 will be troubled by more frequent and severe ecological crises and pandemics, or we can reset our trajectory towards transformational change and resilience. With the planetary crisis now accelerating the pace of pandemics and destabilizing the foundations of civilization, the reality of our interconnectedness with the climate, the biosphere and other components of the ecosystem must become a new driver of development policy.

CHAPTER 7

Getting human development back on track

The impacts of the Covid-19 pandemic have both highlighted and deepened social inequalities and are threatening to halt or reverse earlier progress towards the Sustainable Development Goals. While recovery efforts have tackled some of the challenges, far more targeted and systemic efforts are needed to address the main drivers of vulnerabilities and inequalities in the Arab States and to reverse the widening gaps between those enjoying high human development and those likely to be left further behind. Multifaceted approaches and fundamental reforms can set the region on a path to achieve the Sustainable Development Goals and create a more enabling environment for its people to enjoy long, healthy and productive lives.

Getting the region's human development back on track, as the Report has shown, requires more accountable and responsive governance, more diversified and competitive economies and more inclusive and cohesive societies—all through a green recovery and a transition to sustainable growth.

For more accountable and responsive governance

Arab States need to learn from the current crisis and to plan for future shocks by assessing risks and engaging their people in activities that reduce the threat of crises and limit the impacts. Responses to the Covid-19 pandemic varied according to countries' governance mechanisms and health response capabilities. Repairing the region's development fault lines now will make it easier to address future shocks.

The Covid-19 pandemic is an opportunity for countries to assess, evaluate, structure and strengthen capabilities and capacities and build effective institutional structures that help societies cope with future shocks and disasters. Some Arab States have that capacity, but many others are impeded by institutional inefficiencies, government unpreparedness and a lack of public trust in institutions and government.

The pandemic started as a public health emergency that quickly deteriorated into an economic, social and human emergency. So, the response and recovery measures cannot be the responsibility of the health sector alone—or even the government alone. Instead, a whole-of-society response is needed, with governments collaborating with private firms, civilian volunteers, civil society organizations and international

organizations. Governments can reconsider their responses to the pandemic and recovery by moving to an integrated approach—using their human, financial and natural resources to respond to development needs. Increasing partnerships among governmental agencies, municipalities, nongovernmental organizations, private firms, trade unions, universities and citizens at large can support a speedy and inclusive recovery.

Given the closures and lockdowns to contain Covid-19, many governments introduced teleworking and online tools to ensure the continuity of public services and administration. The adjustment to e-learning opportunities has been particularly difficult for young people without easy access to internet, without a personal computer or without a quiet space at home. Countries need to increase innovation, digital transformation, development of human capital and education policies linking them with innovative technologies and at the same time developing user skills and capacity and skills, and reach out to all in society, including marginalized groups. Governments can accelerate the digitalization of public services and economies as a key part of national strategies, with explicit commitments and implementation plans to ensure that everyone has access to the internet.

Protracted conflicts have eroded social and civic trust, entrenched a culture of violence and severely disrupted social norms and social order. They have also depleted the resilience of institutions and systems. A new social contract can lay the foundation not only for lasting peace but also for more trusted state-society relations. Promoting the accountable governance of state and local governments is fundamental for recovery and for sustainable human development. This requires fighting corruption, increasing transparency and accountability and strengthening the rule of law while upholding human rights and promoting inclusion. Increasing popular participation can rebuild and enhance trust and political legitimacy. Local governments can become a base for implementing human development policies, service delivery and development planning to combat poverty and inequality.

Countries in the region can focus their recovery efforts on peacebuilding and conflict prevention by enhancing trust, inclusion and social cohesion. That requires intensifying support for processes that

enable national dialogue and strengthening conflict analysis and prevention capacities—including mitigation and contestation management. In addition to assessing overall risk for humanitarian crises and disasters, Arab States need to consider the risks of resource depletion and regional conflict. The overarching priority is to restore peace and reduce conflict—the preconditions for recovery, resilience and sustainable human development.

For more diversified and competitive economies

For greater macroeconomic stability governments need to avoid unsustainable fiscal positions and adopt a more countercyclical macroeconomic framework in the medium term. They can also reassess public spending and improve revenue collection by seeking more progressive taxation on income and wealth and minimizing loopholes and exemptions. And they can eliminate illicit financial flows. A credible fiscal framework can ensure the sustainability of public debt while working on the economic recovery. Indeed, fiscal policy can continue providing short-term targeted measures to support hard-hit households and businesses while pursuing a green, digital and inclusive recovery.

In the medium term, governments also need to address constraints to the growth of high productivity sectors, create investment opportunities beyond hydrocarbons and boost labour productivity by building skills. The scope for structural reforms tailored to each country's position on the development path can focus on areas with potential for substantial productivity gains. Particularly important are structural reforms that can strengthen economic institutions and improve the business environment for market-based economic activity.

Supporting these efforts requires buttressing public finance and tax institutions with explicit strategies and annual and medium-term budgets—reprioritizing public spending towards social and capital expenditures. Countries can articulate a roadmap of sequenced reforms that factor in the specifics of existing systems, including their strengths, weaknesses, resources and capacity constraints, as well as the links between policy design and implementation. Such reforms can make public spending more

efficient, effective and equitable, prioritizing women and young people, vulnerable beneficiaries and public investment in social sectors. It is also time to start a policy debate on a fairer and broader tax system that is progressive, simple, efficient and transparent.

Addressing unemployment and the broader challenges in the region's labour markets requires a multifaceted approach that tackles supply and demand shortcomings in the medium and long term. Policies that directly raise the demand for labour, the most pressing labour market problem in the region, are key. Job creation in the private sector and decent working conditions, important for attracting more women into the labour market, can be part of the broader effort to increase competition. Also essential are encouraging diversification, especially into high-productivity industries, and reducing reliance on low value-added industries such as construction, which creates only temporary employment and is highly vulnerable to economic shocks.

On the supply side, the Covid-19 pandemic has highlighted the importance of digital skills and the need for more targeted investment in technical skills to match the demand for labour. Policymakers can design and support the development of skills for vulnerable workers in high-growth areas, particularly in the digital and green economies. Governments need to invest in higher-quality education matched to market demand and gear education policies towards innovation and high-tech and high value-added industries, while closing the digital divide across geographic, gender and socioeconomic strata.

On the demand side, it is important to create new opportunities that specifically target young people and women, who are particularly vulnerable in the labour market and tend to be the biggest losers during economic shocks. Governments need to provide incentives for job creation and formalization while strengthening telecommunications infrastructure.

In the medium to long term, governments can adopt holistic policy approaches to identify practical solutions for addressing the gaps and constraints in the business environment and enhancing business' resilience to future shocks. In the context of recovery, governments and key stakeholders in the region can pay greater attention to the real factors undermining the development and growth of micro, small and medium enterprises. Improving a dynamic, competitive

and fair business climate will require improving governance (including in tax administration and public procurement), addressing informality and increasing micro, small and medium-sized enterprises' (MSMEs) access to financial and nonfinancial services. It will also require tackling corruption and regulating competition to prevent monopolistic practices. Likewise, governments need to increase their efforts to enhance MSMEs' access to markets by exploiting local market potentials and improving their export capacity. Tackling barriers to enterprise growth, investing in digitalization (including teleworking and e-sales) and information technology infrastructure and providing support for innovation and technology development are key fundamentals on which the recovery and the adaptation to a changed business environment can be built. The Covid-19 pandemic has demonstrated the urgent need for many countries in the region to embark on an ambitious digitalization and innovation programme and to pursue green and inclusive growth.

Social protection systems could be more transformative rather than based primarily on traditional cash transfer programmes. While inactive population such as the elderly and children should be covered by adequate social benefits, employment programmes and support for enterprise creation should be developed and accompanied with training to allow beneficiaries to graduate from social assistance and access decent jobs. Social protection could be green and environmentally sustainable by encouraging and financing enterprises and jobs creation in green sectors. Extending social insurance to informal sector workers is also critical and will reduce vulnerabilities in the medium and long terms. Social protection should be considered, as social investment and the extent of the coverage and adequacy should be as important as its financial sustainability. More effort should be spent on exploring innovative options for financing social assistance and subsidizing social insurance.

For more inclusive and cohesive societies

The Covid-19 pandemic can provide a critical juncture to break from piecemeal reforms and the limited development model of past decades, and to embrace instead a more inclusive and equitable development model that places social cohesion,

solidarity and care at the centre of recovery efforts. This will build resilience within societies in the Arab States to withstand future shocks—and can form the base for new social contracts—to underpin human development. Advancing towards cohesive and inclusive societies requires a comprehensive approach that overcomes divisions and invests in care and social services, and builds solidarity—with five priorities for action.

First is investing in social care, healthcare, and education, a cornerstone for building trust and solidarity, by undertaking necessary reforms for equality in access to social services and addressing factors that exclude vulnerable groups, tackling corruption and increasing engagement with communities within countries.

The Covid-19 pandemic intensified the exclusion of refugees, migrants, women and poor people from vital services, threatening to increase inequalities and deepen social cleavages. Public investments can thus prioritize underserved areas and traditionally excluded groups. Including migrants and refugees in national health responses and vaccination programmes can set the stage for more comprehensive inclusion policies. Gulf countries can provide essential health services for all residents. Middle-income countries can reduce reliance on private care and invest in high-quality public healthcare. And in conflict-affected countries humanitarian actors can avoid parallel health systems and reinforce national health systems to include refugees and build the capacities of national health workers.

Governments can also expand public education to reach marginalized students and bridge the digital divide to overcome the exclusion of students in poverty-stricken areas and displaced communities, especially girls and children with disabilities. Restoring relationships among students, between students and teachers and between schools and communities is essential for improving education quality in the long run.

Second is investing in social cohesion initiatives and monitoring and taking action against all forms of discrimination, harmful practices and violence including gender-based violence in the private, public and online spaces.

Social cohesion in the region has been fragile—especially in situations of conflict among displaced

populations and host communities—and interpersonal trust has been low. Despite that migrant populations faced Covid-related discrimination, such as physical violence and racist speech in some localities, individuals and communities stepped up to confront the pandemic, and social networks provided cushions for the disadvantaged.

Governments can strengthen their collaboration with civil society organizations and open the space for civil participation by reforming restrictive laws on their activities and on the freedom of association and by expanding social cohesion initiatives disrupted over the past two years. National dialogues can increase understanding among different communal groups. Positive narratives about the contributions of migrants and refugees to society can counter any formal and informal discriminatory discourse. Data can be collected to monitor the prevalence of violence, discrimination and stigma to support the strengthening of complaint mechanisms and response services in high-risk locations including gender-based violence. Comprehensive services to prevent, protect and respond to harmful consequences of gender-based violence can be prioritized by governments and civil society organizations.

Social media did much during the Covid-19 pandemic to maintain social relationships, keeping people up to date with critical information, facilitating volunteer action and providing platforms for the continuity of essential services. But the transition to online platforms had a cost. The overreliance on social media excluded disadvantaged communities that lacked access, including many women, and some spaces on social media spread false information and even instigated cyberviolence against women.

Governments can narrow the divide in accessing social media between men and women and across socioeconomic groups, going beyond infrastructure provision. They can increase digital and media literacy and awareness of the risks of using social media. They can also formulate cyber regulations and response policies and services to protect people who may be harmed by gender-based cyber violence and cultural norms that exclude women.

Third is removing restrictions on civic participation and unionization in the workplace, to increase protection for all workers including migrants and refugees to reduce their vulnerability.

The legacies of inadequate protections for workers, of discrimination against migrant workers and of restrictions on unionization and civil liberties left many workers vulnerable during the Covid-19 pandemic. The concentration of migrants in essential work combined with prepandemic discriminatory work relationships exposed them to more abuse. Migrant workers had greater risks of infection, anxiety and stress, along with wage cuts and low access to healthcare.

Governments and civil society organizations can work together to allow the freedom of association and remove collective bargaining restrictions. They can also strengthen remedies for injustice and discrimination. And they can include migrants in the labour laws for all sectors where they are concentrated, such as domestic and agricultural work.

Fourth is addressing power imbalances in the family by reforming gender discriminatory laws and investing adequately in care policies and services that can benefit women.

The most notable implications of the Covid-19 pandemic on family relationships are the rise in care work, especially for women, and the rise in domestic violence. The low priority of care work in policy and the underinvestment in the care sector before the pandemic impaired the well-being and capabilities of unpaid care providers. Women's time poverty increased due to carrying the disproportionate burden of unpaid care work, and their safety was compromised by the rise in domestic violence.

A more comprehensive approach to the care economy would prioritize social care services, family friendly policies, social norm changes and systematic data collection on unpaid care work. Governments can pursue care policies and legal reforms such as parental leave and flexible employment. They can also expand public care provision and provide incentives for private investment in care services, and they can strengthen regulations to ensure the quality of care. Civil society organizations can work with local women's groups to set up cooperatives for care provision in communities and thus facilitate women's participation in the economy.

Countries can also enact or reform domestic violence laws to align them with international standards and work on social norms that condone domestic violence and limit reporting by tackling biases through both traditional and innovative awareness approaches.

Fifth is ensuring the equal inclusion of traditionally excluded groups in all aspects of the recovery, especially for women, migrants, refugees and people with disabilities among others. National strategies for leaving no one Behind can be developed through consultative processes and with a whole of government and whole of society approach operationalized through sectoral plans and budgets.

For a green recovery action at the local level will be crucial

As countries across the Arab States region build forward from the Covid-19 pandemic, they have an opportunity to mainstream green recovery solutions into their recovery strategies, so that poverty reduction and social rebuilding can withstand a future of accelerating ecological change. Some countries in the region have already included green solutions in their recovery measures, identifying actions to maintain momentum on the clean energy transition, expand green transportation and infrastructure investments, close gaps in water and waste services, incorporate circular economy solutions into local development and advance ecological restoration and safeguards for biological systems. If properly planned, green recovery measures can generate new, sustainable forms of revenue, create green job opportunities for the region's women and young people and enhance resilience for both communities and the ecosystems on which they depend for people's lives and livelihoods.

In building capabilities for action, the focus must be on the subnational and local levels rather than just conventional nationally oriented initiatives. Subnational action, with area-based, integrated solutions to green local socioeconomic recovery from the Covid-19 pandemic, can ensure that new local infrastructure and resource-based community livelihoods will withstand the future impacts of ecological change. While national laws and policies on climate change, energy and ecosystems set the enabling environment and responsibilities for climate action, local policy and action will be the foundation for results on the road to 2030.

Challenges and opportunities around climate change, energy access and water insecurity are influenced largely by local contexts and local actors. Most of the environmental services that people rely on, such as energy, water and waste services, are

managed by local governments and affiliated public or private companies and have important connections to the green transition. Major shares of carbon emissions and energy use, for example, are influenced by local economic behaviour, and virtually all climate adaptation and water management actions in the region have to be tailored to highly localized contexts of land use and drought severity.

Shaping local governance requires new institutional arrangements and accountability mechanism alliances among state and nonstate actors and new capacities for generating local resources. More inclusive decisionmaking can engage civil society and community representatives and bridge alternative worldviews, scientific perspectives and traditional knowledge. It can also coordinate policies across sectors and link local successes and national processes. It can also ensure greater accountability among government, civil society and business and among provincial, regional and local stakeholders.

As hubs of economic activity and beneficiaries of recovery finance, cities are particularly important, accounting for the bulk of energy use, natural resource consumption, carbon emissions, water pollution and waste generation in the Arab States region. Located largely in coastal areas and challenged by outdated infrastructure, cities are also on the front lines of climate-induced disasters such as floods and rising sea levels, which are becoming more frequent and severe. But with the right incentives, devolution of authority and mechanisms for accountability, cities can be an important force for a green transition.

Local public expenditure management is also key, enabling cities to integrate green solutions into local socioeconomic recovery processes. Fiscal revenue management gives cities the means to create the right incentives for a green transition. Providing financial support to clean energy and green transport, legislating tax rebates for energy conservation in building construction, and levying carbon taxes on fossil fuel use or creating new carbon trading mechanisms to connect municipalities with the global carbon market can serve as incentives for integrating green solutions. In addition, conducting strategic environmental assessments when planning local infrastructure expansion can avoid harmful environmental impacts of recovery investments and identify options for mainstreaming green solutions.

Towards a new social contract

The severity of the pandemic is a reminder that today's development models are unsustainable.¹ A key take-away from the pandemic is this: the ability to resolve the complex crises affecting the world today and avoid future crises rests on the ability to reset the state-citizen relationship and our relationship with nature. The particular crisis can serve as an opportunity to rethink the nature of the social contract in the region and the basic development paradigms that have in many ways been complicit in the evolution of today's vulnerabilities to repeated rounds of crises.

Social contracts have grown fragile across the region, as people's confidence in the state has diminished.² The past decade has seen a growing focus on redefining the basic assumptions that underlie the existing social contracts, including the nature of state institutions, growth models and public values. In the context of the climate crisis, many voices are also

calling for a new social contract based on a nature-based paradigm of development and systems of accountability, justice and environmental citizenship.³

Shifting to a nature-based social contract will reinforce a shift in development values and paradigms. The complexity and multidisciplinary nature of risk today requires looking beyond sectoral, linear approaches to decision-making and constructing new development paradigms and policies with both people and nature at the centre. This shift in perspective can catalyse a transition from a legacy model of development founded on an extractive, clientelist orientation to one recognizing complex socioecological systems and founded on equality of opportunities. The solutions exist and many have been developed and tested in the region. By acting with resolve, the Arab States can fundamentally reset the current development trajectory towards a more inclusive and resilient one that can withstand future shocks more effectively.

Notes

EXECUTIVE SUMMARY

- 1 The Arab States region in UNDP covers 20 countries and territories, including: Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine, Qatar, Kingdom of Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.
- 2 Worldometer's Covid Statistics. According to some estimates, the actual Covid-related deaths in many countries in the region might be much higher than the officially reported ones—with a regional average about 5 times higher and, in Somalia, up to 67 times higher (Covid-19 Excess Mortality Collaborators 2022).
- 3 It is through strong formal institutions that the state increases its capacity to enforce its authority and the rule of law, mobilize resources and provide services to the population.
- 4 UNDP 2002, 2003, 2004, 2005.
- 5 World Bank 2018.
- 6 UNHCR 2022b.
- 7 UNHCR 2022b.
- 8 UNHCR 2022a.
- 9 <https://www.worldbank.org/en/country/gcc/publication/economic-update-october-2021>.
- 10 <https://www.arabnews.com/node/1733941/middle-east>.
- 11 Diverging levels of Covid-19 governmental response satisfaction across middle eastern Arab countries: a multinational study, <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-022-13292-9>.
- 12 Surveyed countries include Algeria, Iraq, Jordan, Lebanon, Libya, Morocco and Tunisia (Arab Barometer 2021).
- 13 Jamal, Pagliani and Hsu 2020. The 12 are Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, State of Palestine, Somalia, Syrian Arab Republic, Tunisia and Yemen.
- 14 Edelman 2021.
- 15 University of Oxford n.d.
- 16 Edelman 2022.
- 17 Arab Barometer 2021.
- 18 Surveyed countries include Algeria, Iraq, Jordan, Lebanon, Libya, Morocco and Tunisia (Arab Barometer 2021).
- 19 International IDEA 2020.
- 20 ICNL n.d.
- 21 Article 19 2020.

- 22 IMF 2021a.
- 23 IMF 2021a.
- 24 Yee and Alami 2022; Beaubien 2022; Aydıntaşbaş and others 2022; Krieg 2022; Tataru 2022.
- 25 IMF 2021b.
- 26 IMF 2021b.
- 27 IMF 2022.
- 28 IMF 2022.
- 29 Arezki and others 2020; UNCTAD 2022.
- 30 Arezki and others 2020 ; UNCTAD 2022.
- 31 Authors' calculations based on World Bank migration and remittances data (updated as of May 2022).
- 32 Average of additional spending or forgone revenues (percent of GDP) for 17 Arab states based on data from IMF (2021c). UN ESCWA estimates the average government fiscal support in the Arab region (including Comoros and Mauritania) to be around 4 percent of GDP, noting that the figures do not include forgone revenues for which monetary values are not available (UN ESCWA n.d.).
- 33 UNDP 2020a.
- 34 Calculated as the population-weighted averages for Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Morocco, Qatar, State of Palestine, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.
- 35 ILO modelled estimates (November 2021), ILOSTAT.
- 36 ILO modelled estimates (November 2021), ILOSTAT.
- 37 Calculated as a weighted average of quarterly data for the Arab Middle East, which includes Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, State of Palestine, Saudi Arabia, Syrian Arab Republic, United Arab Emirates and Yemen, and North Africa, which includes Algeria, Egypt, Libya, Morocco, Sudan and Tunisia. The ILO monitor does not provide individual country estimates (ILO 2020a, 2021a), while ILOSTAT (November 2021 update) provides only quarterly data for country groups, not individual countries. Annual estimates are available by country, but do not show as much detail in terms of the changing impact of the pandemic and accompanying workplace closures, on employment, over the course of each year, which is informative.
- 38 Calculated as the population-weighted averages for Algeria, Bahrain, Djibouti, Egypt,

- Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Morocco, Qatar, State of Palestine, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen from ILO modelled estimates (November 2021), ILOSTAT.
- 39 ILO modelled estimates (November 2021), ILOSTAT.
- 40 ILO 2020b.
- 41 Hoogeveen and Lopez-Acevedo 2021.
- 42 UNDP 2021.
- 43 ILO 2021b.
- 44 The Economic Research Forum conducted a series of rapid panel phone surveys during 2020 and 2021 to track households and workers in Egypt, Jordan, Morocco, Tunisia and Sudan, at several points in time. This analysis is based on data from the surveys for Morocco and Tunisia that spanned the longest period conducted at four intervals: November 2020, February 2021, April 2021 and July 2021, allowing for a longer-term analysis of labour market impacts.
- 45 World Bank Group Enterprise Surveys.
- 46 Covid-19 MENA Monitor Enterprise Survey by the Economic Research Forum.
- 47 Social protection measures include social insurance, social assistance and care services.
- 48 Additional assistance has been furnished to existing beneficiaries.
- 49 The programmes have been broadened to cover a larger number of households.
- 50 ILO Social Security Inquiry Database, <https://ilostat.ilo.org/topics/social-protection/>.
- 51 ILO 2021c.
- 52 Data on social protection coverage are scarce, and the figures on social protection coverage relies on partial information available in some countries.
- 53 ILO 2021d.
- 54 World Value Survey Wave 7, 2017–2022.
- 55 IOM 2021.
- 56 World Bank data, available at <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS>.
- 57 Batniji and others 2014.
- 58 UNHCR 2021.
- 59 UNICEF 2020.
- 60 International Rescue Committee 2020.

61 According to a recent survey, 86 percent have accounts on Facebook, 84 percent on WhatsApp, 43 percent on Twitter, 56 percent on Instagram and 44 percent on Snapchat (Khamis 2020).

62 Khamis 2020.

63 Salem 2017.

64 UN Women 2021.

65 Cookson and others 2020; UN Women 2020a, 2020b; United Nations 2020a.

66 Charmes 2019.

67 UNDP and UN Women 2020.

68 Diab 2021.

69 UN Women 2020c.

70 Abokresha, Abdelkreem and Ali 2021.

71 UNDP and UN Women 2020a.

72 Egyptian Initiative for Personal Rights 2021.

73 ATUC 2020.

74 UNDP 2020a; UN ESCWA 2020c.

75 Alsahi 2020; Equidem 2020.

76 Begum 2020; ILO 2021e.

77 Equidem 2020; ILO 2020e; HRW 2020; Sovereign Group 2020.

78 United Nations 2020b.

79 Khoday 2012.

80 Cooke and others 2016.

81 Malik 2021; FAO 2021; Ogema and Broom 2020; World Bank 2019.

82 Saghir 2020; Smith and Krampe 2019; Smith and others 2019; Khoday 2019.

83 Bieler, Bischoff and Melches 2020; IPCC 2022.

84 Steiner and La Camera 2020.

85 IEA 2020.

86 UNDP and RCREEE 2019.

87 IRENA 2020.

88 UNDP and RCREEE 2022.

89 UNDP and RCREEE 2022.

90 UN ESCWA 2016a.

91 El-Zein and others 2014.

92 UN ESCWA 2020a.

93 UN ESCWA 2020b; UNDP 2013.

94 UN ESCWA 2020a.

95 UN ESCWA 2016.

96 WHO 2019; UNDP 2020b.

97 UNEP 2020.

98 Hughes 2020.

99 UNDP 2004.

100 Folke and others 2021.

101 Devarajan and Ianchovichina 2017; El-Haddad 2021; Trautner, Zintl and Loewe 2019; Belhaj and Hoogeveen 2020.

102 O'Brien, Hayward and Berkes 2009; Kempf and Hujo 2022.

CHAPTER 1

1 In addition, according to some estimates the actual Covid-related deaths in many countries in the region might be much higher than the officially reported ones—with a regional average of about 5 times higher and, in the case of Somalia, up to 67 times higher (*Lancet* 2022).

2 UNDP 1990.

3 UNDP 2020.

4 UNDP 2020.

5 According to OECD (2009), the social contract is “a dynamic agreement between state and society on their mutual roles and responsibilities.”

6 It is through strong formal institutions that the state increases its capacity to enforce its authority and the rule of law, mobilize resources and provide services to the population.

7 According to World Bank (2015), before the Arab Spring the prevailing social contract in the region was based on public sector jobs, subsidies and accessible public services, while the state retained autocratic power with limited governance standards. Narrowing fiscal resources combined with an increasingly educated young population were unable to withstand the contract anymore and generated the demand to reform it based on principles of dignity, democracy, accountability and equity.

8 UNDP 2020.

9 UNRISD 2021.

10 Alkire 2005.

CHAPTER 2

1 UNDP 2022.

2 UNDP 2020.

3 UNDP 2022.

4 UNDP 2020.

5 EDA and SDSN 2019.

6 UN Habitat 2020.

7 UNDP 2022.

8 UN ESCWA 2020b.

9 UN ESCWA 2020b.

10 Global Health 5050 n.d.

11 Worldometer’s Covid Statistics. According to some estimates, the actual numbers of Covid-19-related deaths in many countries in the region might be much higher than the officially reported ones—with a regional average about 5 times higher and, in Somalia, up to 67 times higher (Covid-19 Excess Mortality Collaborators 2022).

12 See for example, Ziadé and others (2020) and Al Hanawi and others (2020).

13 Data from the 2018 Tunisia Multiple Indicator Cluster Survey.

14 UN Women 2020.

15 UN Women 2020.

16 UNFPA 2020a.

17 Oxfam 2020; UNFPA 2020a; Morocco Haut-Commissariat au Plan 2020; Médecins sans Frontières 2020; UN Women 2020.

18 Morocco Haut-Commissariat au Plan 2020; UNICEF 2020.

19 Morocco: Haut-Commissariat au Plan 2020.

20 WHO 2022.

21 Banati, Jones and Youssef 2020.

22 UNESCO 2022.

23 UNDP n.d.

24 UNESCO 2022.

25 Arab Development Portal 2020.

26 Arab Development Portal 2020.

27 Cousins 2020.

28 Abdulrahim and others 2017.

29 Chaturvedi and others 1994.

30 Raz 2020.

31 UNICEF and ITU 2020.

32 UNICEF and ITU 2020.

33 UNICEF and ITU 2020.

34 ITU 2020.

35 UNDP Arab States n.d.

36 Arab HDR team analysis based on World Bank’s data from PovcalNet.

37 UN ESCWA 2020a.

38 ILO 2022.

39 ILO 2022.

40 Population-weighted regional average (non-GCC) based on the nine countries with data: Djibouti, Egypt, Jordan, Lebanon, State of Palestine, Somalia, Sudan, Tunisia and Yemen (ILO 2022).

41 UNICEF 2019.

42 Based on data from UNDP Lebanon CO 2020 ROAR; UN ESCWA (2020a) estimates; World Bank for Somalia. According to UN ESCWA (2020a), using the national poverty line, an additional 16 million people were expected to fall into poverty by 2021, in the base case scenario, with most of the impact already unfolded in 2020, raising the total number of poor to 116 million people—about a third of the population of the region where estimates have been calculated. These estimates are much higher than the global average increases that the World Bank estimated: 8.1 percentage points in 2020 and 1.4–1.9 percentage points in 2021. The World Bank’s estimates for Lebanon and Tunisia are higher.

43 UNESCWA 2021.

44 UNDP 2021.

45 Aydıntaşbaş and others 2022; Beaubien 2022; Krieg 2022; Tataru 2022; Yee and Alami 2022.

46 UNDP 2021.

47 Arab HDR team analysis based on data from Arab Barometer (2021).

48 Hoogeveen and Lopez-Acevedo 2021.

- 49 Multidimensional poverty considers deprivation across three dimensions and 10 indicators: health (child mortality, nutrition), education (years of schooling, enrollment) and living standards (water, sanitation, electricity, cooking fuel, floor, assets). UNDP and OPHI 2021.
- 50 UNDP and OPHI 2021. The Report presents data only for seven countries and territories: Egypt (5.2 percent), Iraq (8.6 percent), Jordan (0.4 percent), Libya (2 percent), State of Palestine (0.5 percent), Sudan (52.3 percent) and Tunisia (0.8 percent).
- 51 UNDP and OPHI 2021.
- 52 While deprivations related to education are the major contributor in most of the countries and territories, deprivations related to living standard are the major overall contributor to multidimensional poverty in the Arab States region. This is due to the large number of multidimensionally poor people (which carries a lot of weight compared with the other countries) in Sudan, where deprivations related to living standard are the major contributor.
- 53 Arab Human Development Report team analysis based on Arab Barometer (2021).
- 54 UN 2020.
- 55 World Bank 2020.
- 56 Alvaredo, Assouad and Piketty 2017; UN ESCWA 2020a.
- 57 Faster growth among the bottom two quintiles of the population compared with the total population
- 58 Based on the recent Forbes report, the wealth of 22 billionaires in the Arab States region (Algeria, Egypt, Lebanon, Morocco, Oman, Qatar and United Arab Emirates) among an estimated global total of 2,674 is roughly equivalent to 2.2 percent of the 2020 GDP of the entire region. The low reported number of billionaires in the region—the lowest globally (just about 0.8 percent of the total)—is not realistic, and the actual number is likely much higher.
- 59 Based on data from World Inequality Lab.
- 60 Caution must be used in interpreting the data for the region reported in this section because of the limited availability of data from official sources, including household surveys, tax data and national accounts.
- 61 Arab Human Development Report team analysis based on data from the World Inequality Database.
- 62 Arab Human Development Report team analysis based on data from the World Inequality Database.
- 63 WID 2022.
- 64 UN ESCWA 2022.
- 65 Hashemi and Intini 2015; UN ESCWA 2022.
- 66 Hendy and Ben Mimoune 2021.
- 67 UN ESCWA 2020b.
- 68 Arab Human Development Report staff analysis based on data from the Human Development Index (<http://hdr.undp.org/en/composite/IHDI>).
- 69 WID 2022.
- 70 Bonacini and others 2021; Etheridge and others 2020; Sostero and others 2021.
- 71 Pieh and others 2020.
- 72 Hoogeveen and Lopez-Acevedo 2021.
- 73 Hoogeveen and Lopez-Acevedo 2021
- 74 Hoogeveen and Lopez-Acevedo 2021.
- 75 Arab Barometer 2019.
- 76 Arab Barometer 2019.
- 77 ICNL n.d
- 78 UNDP 2020.
- 79 UNDP 2020.
- 80 UNDP 2022, p.57.
- 81 UNDP Arab States 2021.
- 82 UNDP Arab States 2021.

CHAPTER 3

- 1 UNDP 2002, 2003, 2004, 2005.
- 2 The election results surprised the protest movement as most groups boycotted the polls, and one group IMTIDAD got a good representation of nine seats in the South (Higel 2021).
- 3 World Bank 2018.
- 4 UNHCR 2022a.
- 5 UNHCR 2022b.
- 6 UNDP 2022.
- 7 UN ESCWA 2022.
- 8 World Bank 2021a.
- 9 Malek 2022.
- 10 Itani and others 2022. In addition, as of 4 September 2021, United Arab Emirates had more than 520,000 Covid-19 cases (5.2 percent of the population of about 10 million) and 1,590 Covid-19 deaths (0.3 percent), Saudi Arabia had 418,000 cases (1.2 percent of the population of about 35.4 million) and 7,000 deaths (1.7 percent), Bahrain had 178,000 cases (9.9 percent of the population of about 1.8 million) and 648 deaths (0.4 percent), and Kuwait had 275,000 cases (6.5 percent of the population of about 4.2 million) and 1,570 deaths (0.6 percent). See World Health Organization Coronavirus (COVID-19) Dashboard with Vaccination Data (cited 4 September 2021) at <https://covid19.who.int>.
- 11 National Preparedness Collaborators 2022.
- 12 UN ESCWA 2021.
- 13 Edelman 2021.
- 14 University of Oxford n.d.
- 15 Edelman 2022. The 2022 Edelman Trust Barometer included the 2 Arab States among 27 countries worldwide where trust was measured. The trust index reflects the average percentage trust in nongovernmental organizations, business, government and media.
- 16 Arab Center for Research and Policy Studies 2020.
- 17 The 13 states are Algeria, Egypt, Iraq, Jordan, Kuwait, Lebanon, Mauritania, Morocco, State of Palestine, Qatar, Saudi Arabia, Sudan and Tunisia (Arab Center for Research and Policy Studies 2019).
- 18 The 12 states are Algeria, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, State of Palestine, Sudan, Tunisia and Yemen (Arab Barometer 2019).
- 19 Thomas 2019.
- 20 WVSA 2019.
- 21 Surveyed countries include Algeria, Iraq, Jordan, Lebanon, Libya, Morocco and Tunisia (Arab Barometer 2021).
- 22 Jamal, Pagliani and Hsu 2020. The 12 are Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, State of Palestine, Somalia, Syrian Arab Republic, Tunisia and Yemen.
- 23 “The Arab region fell short of reducing extreme poverty by half from 1990 (the MDG goal) and it scored the lowest poverty reduction rate of 19 percent due to conflicts in Yemen and Syrian Arab Republic [the global poverty reduction average was 72 percent].” See Abu-Ismaïl (2020).
- 24 “The fact that that the region’s 37 billionaires hold real wealth equivalent to that of the poorest half of the region’s population should by itself be a wake-up call for policy action.” See UN ESCWA (2020a, p. 22).
- 25 Arab Barometer 2021.
- 26 United Nations 2022b.
- 27 Arab Center for Research and Policy Studies 2020.
- 28 UN ESCWA 2022.
- 29 Freedom House 2021a.
- 30 Surveyed countries include Algeria, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco and Tunisia (Arab Barometer 2021).
- 31 ICNL n.d.
- 32 Reuters 2021.
- 33 Crisis 24 2021.
- 34 Arab Barometer 2021.
- 35 Ibid.
- 36 Reuters 2020.
- 37 Freedom House 2021b.
- 38 ICNL n.d.
- 39 Ibid.
- 40 Article 19 2020.
- 41 IFES 2021.
- 42 Chen, Cao and Yang 2020.
- 43 The Global Health Security Index is an assessment of health security developed by the Nuclear Threat Initiative and the Johns Hopkins Center for Health Security, together with Economist Impact, and was first launched in October 2019. The 2021 index assessed countries across six categories: prevention, detection and reporting, rapid response, health system, compliance with international norms and risk environment. The United States tops

the global ranking, with a score of 75.9, and Somalia ranks last, with a score of 16.

44 JHCHS, NTI and EIU 2019.

45 Gatti and others 2021.

46 El-Jardali, Fadlallah and Daher 2021.

47 Ibid.

48 Ibid.

49 Ibid.

50 Ibid.

51 Ibid.

52 Ibid.

53 JHU CSSE 2022.

54 El-Jardali, Fadlallah and Daher 2021.

55 Ibid.

56 Ibid.

57 Ibid.

58 Ibid.

59 Ibid.

60 UNICEF 2020.

61 El-Jardali, Fadlallah and Daher 2021.

62 Ibid.

63 Women Deliver 2020; World Bank 2020.

64 El-Jardali, Fadlallah and Daher 2021.

65 Ibid.

66 United Nations 2020.

67 United Nations 2022a.

68 Jenkins and Jones 2020.

69 Ibid.

70 World Bank 2021b.

71 World Bank 2022.

72 Bahrain News Agency 2020, cited in El-Jardali, Fadlallah and Daher 2021.

73 Ibid.

74 Yousef 2020.

75 Brookings Doha Center 2020; Hizaoui 2020; Samaro and Sayadi 2020.

76 Abi-Rached and others 2020.

77 For more details, see El-Jardali, Fadlallah and Daher (2021).

78 Kayyali 2021.

79 UNICEF and ITU 2020.

80 OECD 2020.

81 ITU 2021.

82 Ibid.

83 ITU 2020.

84 UNDP 2004.

CHAPTER 4

1 Based on data from IMF (2021a).

2 Based on data from IMF (2021a).

3 UNDP 2020a.

4 Looking in detail at the structure of the services sector for a number of countries the region (Egypt, Jordan, Lebanon and United Arab Emirates), financial intermediation and business activities are estimated to account for about one third of total GDP and education, health and other services and wholesale and retail trade also play a significant role (UNDP 2021a).

5 Harvard Growth Lab's Country Rankings assess the current state of a country's productive knowledge, through the Economic Complexity Index. Countries improve their ECI by increasing the number and complexity of the products they successfully export. <https://atlas.cid.harvard.edu/>.

6 OECD 2020a.

7 IMF 2018.

8 Neaime 2019.

9 Authors' calculations based on UN COM-TRADE data retrieved from World Integrated Trade Solutions (WITS). <https://wits.worldbank.org/>.

10 Arezki and others 2020.

11 OECD 2018.

12 UNDP 2020b.

13 UN ESCWA, UNDP and UNICEF forthcoming.

14 UN ESCWA, UNDP and UNICEF forthcoming.

15 IMF 2021a.

16 IMF 2021a.

17 IMF 2021a; World Bank 2022.

18 Yee and Alami 2022; Beaubien 2022; Aydıntaşbaş and others 2022; Krieg 2022; Tataru 2022.

19 IMF 2022.

20 IMF 2021b.

21 IMF 2022.

22 IMF 2022.

23 Arezki and others 2020; UNCTAD 2022.

24 Arezki and others 2020; UNCTAD 2022.

25 Authors' calculations based on World Bank Migration and Remittances Data (updated as of May 2022).

26 Average of additional spending or forgone revenues (percent of GDP) for 17 Arab States based on data from IMF (2021c). UN ESCWA estimates the average government fiscal support in the Arab region (including Comoros and Mauritania) to be around 4 percent of GDP, noting that the figures do not include foregone revenues for which monetary values are not available (UN ESCWA n.d.).

27 Elgin and Yalaman 2021; IMF 2021c.

28 Breisinger and others 2020.

29 UN ESCWA, UNDP and UNICEF 2022.

30 IMF 2021d.

31 Arezki and others 2020.

32 Rouis and others 2013.

33 Rouis and Tabor 2013; Arezki and others 2020; OECD 2021.

34 OECD 2021.

35 OECD 2021.

36 OECD 2021.

37 OECD 2021.

38 Assaad 2014.

39 This contract involved significant government intervention in all aspects of economic and social life, while simultaneously guaranteeing free services such as healthcare and education, subsidizing primary needs (including several food items and energy) and direct price controls and protective measures in exchange for a narrow margin of political freedom. Many Arab countries also had an explicit or implicit public sector employment guarantee that drove demand for higher education (AlAzzawi 2022; and AlAzzawi and Hlasny 2022).

40 See, for example, AlAzzawi (2022), AlAzzawi and Hlasny (2022), El-Haddad (2020), Harrigan and El-Said (2014) and Korayem (1996).

41 Even in these relatively wealthy oil-exporting countries, unemployment has been on the rise as public sector employment opportunities dwindle for citizens, with the public sector becoming saturated.

42 AHDR team analysis using population-weighted averages of ILO modelled estimates (ILOSTAT, November 2021) for Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Morocco, Qatar, State of Palestine, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

43 Northern African countries are as follows: Algeria, Egypt, Libya, Morocco, Somalia, Sudan and Tunisia.

44 Arab Middle East countries and territories are as follows: Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, State of Palestine, Saudi Arabia, Syrian Arab Republic, United Arab Emirates and Yemen.

45 AHDR team analysis.

46 Unemployment rates have been rising among citizens in the Gulf Cooperation Council in particular, but overall unemployment rates are brought down by the large numbers of migrant workers.

47 At 26.3 percent in 2019, youth unemployment in North Africa was the highest in the world, rising between 2010 and 2015 from 24.1 percent to reach 31.7 percent before falling to 26.3 percent in 2019 (ILO modelled estimates November 2021, ILOSTAT).

48 ILO 2020a, 2020b.

49 Population-weighted averages of harmonized informal employment data for Djibouti, Egypt, Jordan, Lebanon, State of Palestine, Somalia, Sudan, Tunisia and Yemen, more recent available years. (ILOSTAT, June 2022).

50 ILO 2018, 2020a.

51 Amer 2014, 2015, 2018, 2019; Amer and Atallah 2019; Assaad and Krafft 2014, 2015, 2020;

	Assaad, Krafft and Salemi 2019; Schäfer 2017; Yassine 2015.			their resilience in a more structural way and support their further growth.
52	AlAzzawi and Hlasny 2022; Assaad, Krafft and Salemi 2019.		91	OECD 2020b.
53	AlAzzawi and Hlasny 2022; Assaad, Krafft and Salemi 2019.		92	OECD 2020b, annex 2.
54	ILO modelled estimates (November 2021), ILOSTAT.		93	OECD 2020b, annex 2.
55	See, for example, Krafft and Assaad (2014) and AlAzzawi and Hlasny (2022). It is worth noting that female labour force participation rates, although the lowest in the world, have been rising slowly over the last few years, especially among young women, as women have attained higher levels of education and cultural acceptance has grown.	72	94	The ILO, Fafo Institute for Labour and Social Research and UNDP conducted the survey.
56	See, for example, AlAzzawi and Hlasny (2022); Hendy (2015); Assaad, Krafft, and Selwaness (2017); Assaad, Krafft and Salehi-Isfahani (2018); Selwaness and Krafft (2020); among others.	73	95	IOM and FAO 2021.
57	ILO modelled estimates (November 2021), ILOSTAT.	74	96	AfDB and ILO 2021.
58	ILO modelled estimates (November 2021), ILOSTAT.	75	97	OECD 2020c.
59	Campante and Chor 2012, 2014; Pellicer and others 2020.	76	98	Nonfinancial services include marketing assistance; suppliers' development programmes; support for upskilling and reskilling; assistance in sourcing inputs; production requirements; in equipment and machinery upgrading, and so on).
60	ILO modelled estimates (November 2021), ILOSTAT	77	99	ILO 2017. No aggregated data were available for the Arab States region in the report.
61	The ILO monitor does not provide individual country estimates (ILO 2020b, 2021a), while ILOSTAT (November 2021 update) only provides quarterly data for country groups, not individual countries. Annual estimates are available by country, but do not show as much detail in terms of the changing impact of the pandemic and accompanying workplace closures, on employment, over the year.	78	100	Corporatist social security mainly refers to workers and their family being counterparts of their social security contributions. For more details about this typology of social protection, see Esping-Anderson (1990).
62	ILO modelled estimates (November 2021), ILOSTAT.	79	101	Perry and others 2007; Merouani, El Moudden and Hammouda 2021.
63	ILO modelled estimates (May 2022), ILOSTAT.	80	102	ILO 2017. The Middle East region is covered by the ILO Office of Arab states, which are: Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, State of Palestine, Qatar, Saudi Arabia, Syrian Arab Republic and United Arab Emirates.
64	Hoogeveen and Lopez-Acevedo 2021.	81	103	Ratio of recipients of unemployment cash benefits to the number of unemployed persons.
65	UNDP 2021a.	82	104	The ILO Social Security Inquiry Database, https://ilostat.ilo.org/topics/social-protection/ .
66	ILO 2021a.	83	105	ILO 2017.
67	The Economic Research Forum conducted a series of rapid panel phone surveys during 2020 and 2021 to track households and workers in Egypt, Jordan, Morocco, Tunisia and Sudan, at several points in time. This analysis is based on data from the surveys for Morocco and Tunisia that spanned the longest period being conducted at four intervals: November 2020, February 2021, April 2021 and July 2021, allowing for a long-term analysis of labour market impacts.	84	106	Ratio of workers protected by injury insurance to total employment or the labour force.
68	UNDP 2021a.	85	107	The high coverage against work injury in Kuwait might be due to the fact that this insurance is an employer liability (and does not mean that workers are covered by social protection system. In Oman, the coverage rate increased from 14 percent in 2009 to 40 percent in 2019.
69	CAPMAS 2020; Krafft, Assad and Marouani 2021.	86	108	Additional assistance has been furnished to existing beneficiaries.
70	https://data.unep.org/gendertracker/ . The measures include policies such as wage subsidies, activation measures, enterprise development, reduced work time and telework.	87	109	The programmes have been broadened to cover a larger number of households.
71	While the UN ESCWA Covid-19 stimulus tracker (UN ESCWA n.d.) did not identify any	88	110	Social protection measures include policies such as social insurance, social assistance and care services.
	labour market measure in the State of Palestine, Gentilini and others (2022) report that in March 2020, the Ministry of Labour in partnership with the World Bank have implemented a programme of wage subsidies, supporting workers impacted by the pandemic.	89	111	ILO Social Security Inquiry Database, https://ilostat.ilo.org/topics/social-protection/ .
		90	112	ILO 2021b.
			113	Data on social protection coverage are scarce and the figures on social protection coverage rely on partial information available in some countries.
			114	ILO 2021c.
			115	ILO Social Security Inquiry Database, https://ilostat.ilo.org/topics/social-protection/ .

116	NAF 2020.
117	NAF 2020.
118	UN ESCWA 2020.
119	UN ESCWA 2020.
120	UN ESCWA 2020.
121	WFP 2019.
122	World Bank 2020.
123	NAF 2020.
124	Mazloum 2022.
125	"Regime d'assistance Médicale": Medical assistance scheme.
126	The total number of applicants was estimated at 4 million.
127	UN ESCWA 2020.
128	UN ESCWA 2020.
129	Gentilini and others 2022.
130	This 6th wave (part 3) of ABS covered Algeria, Iraq, Jordan, Lebanon, Morocco and Tunisia.
131	World Bank 2021.
132	World Bank 2021.
133	ILO 2021d.
134	See Merouani (2021) for the case of Algeria; Hertog (2020) for Kuwait; Merouani, Gheroufella and Smaili (2021) for Tunisia.
135	UN ESCWA 2020.
136	Gender, age, disability, migration status, socioeconomic and employment status, and other characteristics that define vulnerable groups should be considered when targeting beneficiaries and designing and implementing social protection interventions.
CHAPTER 5	
1	UNDP 2022a.
2	Long and others 2022.
3	Al Lily and others 2020.
4	Al Lily and others 2020.
5	Barakat 1993.
6	Ceyhun 2019.
7	UNDP 2022b.
8	Egypt 2018, Iraq 2018, Jordan 2018, Lebanon 2018, Libya 2022, Morocco 2021, Tunisia 2019.
9	World Values Survey 2022.
10	Gallup 2018. The index relies on three questions asked of respondents in 140 countries: had respondents donated money to a charity, volunteered their time to an organization or helped a stranger in need within the past month.
11	Thomas 2019.
12	Thomas 2019. The Arab Barometer survey for 2018–2019 may reflect a longer-term trend than the Gallup Global Civic Engagement Index for 2017, or it may reflect over-reporting, given the way the question was asked.
13	Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, and Tunisia.
14	World Value Survey Wave 7, 2017–2022.
15	World Value Survey Wave 7, 2017–2022
16	International Alert 2020.
17	Alqutob and others 2020.
18	Kingdom of Bahrain Ministry of Health 2020.
19	United Arab Emirates Federal Competitiveness and Statistics Authority.
20	El-Jardali, Fadlallah and Daher 2021.
21	Al Yousef 2020.
22	Gallopín 2020.
23	Al-Tammemi 2020; Al Gharaibeh 2020.
24	Al Yousef 2020.
25	Kunna 2020.
26	Emirates News Agency 2020a, 2020b.
27	International Alert 2020.
28	Farrah 2020.
29	IOM 2021.
30	El-Abed and Shabaitah 2020.
31	Middle East Monitor 2020; Al-Aees 2021.
32	DTM and IOM Sudan 2021.
33	Beaujouan, Rasheed and Taha 2020.
34	World Bank 2021a.
35	IOM Iraq 2020.
36	Norwegian Refugee Council 2020.
37	UN Women 2020c.
38	Global Protection Cluster 2020.
39	Jordan, Egypt, Tunisia, Algeria, Iraq, Sudan, Libya and Yemen.
40	IOM 2021.
41	UNDP and IOM Iraq 2020.
42	DTM and IOM Sudan 2021.
43	Protection Cluster Iraq 2020.
44	Phelps 2020.
45	Author's calculations based on Our World in Data (2018).
46	While there is no "magic number" for health expenditure, this WHO figure is used as an estimate (WHO 2016).
47	World Bank data, available at: https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS .
48	Algeria, Egypt, Jordan, Iraq, Lebanon, Libya, State of Palestine, Morocco, Somalia, Syria, Tunisia and Yemen.
49	UNDP 2020c.
50	Khoja and others 2017.
51	Asi 2020.
52	Batniji and others 2014.
53	UNDP 2022a.
54	Arab Development Portal 2020.
55	INEE 2010.
56	UNICEF 2015.
57	Jalbout 2015.
58	UNICEF 2019.
59	WHO and World Bank 2011.
60	Faour 2013.
61	UNICEF MENA Regional Office 2017.
62	Faour 2013.
63	United Nations 2005.
64	Data for Algeria, Kuwait, Libya, Mauritania, Morocco, State of Palestine, Qatar, Saudi Arabia and Tunisia were not available (WHO 2021a).
65	The WHO Eastern Mediterranean Region covers Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, State of Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen. Although this region includes the non-Arab States of Afghanistan, Iran and Pakistan and does not include all Arab States covered in this report, it is used here because of its wide regional overlap with the Arab States region.
66	WHO EMRO 2020.
67	SHCC 2021.
68	Oxfam 2020.
69	UNFPA 2020a.
70	UNICEF 2020; Morocco Haut-Commissariat au Plan 2020.
71	UNICEF, UNHCR and WFP 2020.
72	WHO 2020.
73	Chehayeb and Sewell 2020.
74	WHO 2021b.
75	UNHCR 2021a.
76	UNHCR 2021b; UNHCR 2021c.
77	UNHCR 2022.
78	Equidem 2020.
79	UNICEF 2020.
80	UNICEF 2020.
81	International Rescue Committee 2020.
82	World Bank 2020.
83	International Rescue Committee 2020.
84	International Rescue Committee 2020.
85	Al Lily and others 2020.
86	Arab Barometer 2019.
87	Arab Barometer 2020a.
88	According to a recent survey, 86 percent have accounts on Facebook, 84 percent on WhatsApp, 43 percent on Twitter, 56 percent on Instagram and 44 percent on Snapchat (Khamis 2020).
89	Khamis 2020.
90	World Value Survey 2022.
91	Salem 2017.
92	Lebanon, Jordan, Algeria, Tunisia, Morocco and Libya.

<p>93 Arab Barometer 2019; Arab Barometer 2020b.</p> <p>94 Jordan, Bahrain, Egypt, Sudan, United Arab Emirates, Saudi Arabia, Iraq, Kuwait and Oman (Elkalliny 2021). The study was based on an online survey, and participants had at least a medium level of education, which skewed the results. Overall results would be expected to be lower.</p> <p>95 Al Lily and others 2020.</p> <p>96 Bebawi and Mutsvairo 2019.</p> <p>97 UNICEF 2021.</p> <p>98 OHCHR 2018.</p> <p>99 UN Women 2021.</p> <p>100 UN Women 2021.</p> <p>101 UN Women 2021.</p> <p>102 Clough, Griffon and Lannazzone 2021.</p> <p>103 Said-Foqahaa and Maziad 2011.</p> <p>104 Joseph 2015.</p> <p>105 UNDP 2018.</p> <p>106 Charmes 2019.</p> <p>107 Charmes 2019. The lower percentages of unpaid care work in Gulf countries may well be driven by higher reliance on paid domestic migrant workers for care work.</p> <p>108 The figures are based on time-use survey data in Iraq, Oman, Qatar, the State of Palestine in Western Asia and Algeria, Morocco and Tunisia in North Africa. These subregions follow ILO definitions.</p> <p>109 Charmes 2019.</p> <p>110 Charmes 2019.</p> <p>111 Charmes 2019.</p> <p>112 https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?locations=1A.</p> <p>113 UN Women and ERF 2020. Authors' compilation from US Social Security Administration (2016, 2018 and 2019) and national labour laws.</p> <p>114 UN Women and ERF 2020.</p> <p>115 World Policy Center 2020.</p> <p>116 CAWTAR and OECD 2014.</p> <p>117 Social care is personal care given by care workers, public or private organizations to help people in society who need specialized assistance to live a comfortable, healthy, fulfilling life.</p> <p>118 UN Women and ERF 2020.</p> <p>119 El Feki, Heilman and Barker 2017.</p> <p>120 Diwan and Vartanova 2017.</p> <p>121 Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, State of Palestine, Saudi Arabia, Tunisia, United Arab Emirates and Yemen.</p> <p>122 Gallup and ILO 2017.</p> <p>123 United Nations 2020a.</p> <p>124 The study included 17,586 female social media users and 21,062 male social media users in the Arab States (Cookson and others 2020).</p> <p>125 UN Women 2020b.</p>	<p>126 UN Women 2020a. The nine countries are Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, State of Palestine, Tunisia and Yemen.</p> <p>127 UNFPA and Juzoor 2020.</p> <p>128 UNDP and UN Women 2020a.</p> <p>129 UN Women 2020d, 2020e.</p> <p>130 WHO 2018. The region includes Egypt, Morocco, Tunisia, State of Palestine, Jordan and Iraq from the Arab States region and Afghanistan, Iran and Pakistan.</p> <p>131 Diab 2021.</p> <p>132 UN Women 2020d. The 15 countries are Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, State of Palestine, Tunisia, Saudi Arabia, Sudan, United Arab Emirates and Yemen.</p> <p>133 UN Women 2020a. The nine Arab States are Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, State of Palestine, Tunisia and Yemen.</p> <p>134 DeJong and Fahme 2021.</p> <p>135 Roche 2021.</p> <p>136 Global Protection Cluster 2020.</p> <p>137 Banati, Jones and Youssef 2020.</p> <p>138 Peterman and others 2020.</p> <p>139 Abokresha, Abdelkreem and Ali 2021.</p> <p>140 UNDP and UN Women 2020a.</p> <p>141 UNDP and UN Women 2020b.</p> <p>142 UNFPA 2020b.</p> <p>143 UNFPA 2020c.</p> <p>144 ILO 2021a.</p> <p>145 Ritchie and others 2020.</p> <p>146 Garrote Sanchez and others 2020.</p> <p>147 Arab Barometer 2021.</p> <p>148 Egyptian Initiative for Personal Rights 2021.</p> <p>149 Abdulah and Mohammed 2020.</p> <p>150 Egyptian Initiative for Personal Rights 2021.</p> <p>151 ATUC 2020.</p> <p>152 UN ESCWA 2020.</p> <p>153 UNDP 2020.</p> <p>154 UN ESCWA 2020.</p> <p>155 Aoun 2020.</p> <p>156 Alsahi 2020.</p> <p>157 Equidem 2020.</p> <p>158 ATUC 2020.</p> <p>159 Equidem 2020.</p> <p>160 ILO 2020b.</p> <p>161 HRW 2020.</p> <p>162 Sovereign Group 2020.</p> <p>163 Equidem 2020.</p> <p>164 Equidem 2020.</p> <p>165 Begum 2020.</p> <p>166 Amnesty International 2020a, 2020b.</p> <p>167 ILO 2020a; Aoun 2020.</p>	<p>168 ILO 2021c.</p> <p>169 Belhaj, Soliman and Kalle 2021; ATUC 2020.</p> <p>170 ITUC 2021.</p> <p>171 United Nations 2020b.</p> <p>CHAPTER 6</p> <p>1 UNDP 2020a; IPBES 2019.</p> <p>2 Sole and Santiago 2019.</p> <p>3 IPCC 2022.</p> <p>4 Bradshaw and others 2021; Austin 2020; Daily and Ehrlich 1996; Daszak and others 2020; Dobson and others 2020; Roe and others 2020.</p> <p>5 Celasun, Jaumotte and Spilimbergo 2021.</p> <p>6 UN ESCWA and ILO 2021.</p> <p>7 UNDP 2018.</p> <p>8 Schmidt 2021.</p> <p>9 Lehne 2021.</p> <p>10 Khoday 2021.</p> <p>11 Key summits in 2022 include: the High Level Political Forum on Sustainable Development themed on Covid-19 recovery, the 27th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP27) hosted by Egypt and the 15th Conference of the Parties to the Convention on Biodiversity (COP15) hosted by China.</p> <p>12 Phillips and others 2020.</p> <p>13 UN ESCWA 2020a; UN ESCWA 2017; MedECC 2020.</p> <p>14 UN ESCWA 2020a.</p> <p>15 UNDP 2018.</p> <p>16 UNDP 2022.</p> <p>17 Khoday 2012.</p> <p>18 Cooke and others 2016.</p> <p>19 Malik 2021; FAO 2021; Ogema and Broom 2020; World Bank 2019.</p> <p>20 Saghir 2020; Smith and Krampe 2019; Smith and others 2019; Khoday 2019.</p> <p>21 Bieler, Bischoff and Melches 2020; IPCC 2022.</p> <p>22 Steiner and La Camera 2020.</p> <p>23 IEA 2020.</p> <p>24 UNDP and RCREEE 2019.</p> <p>25 UNDP and RCREEE 2022.</p> <p>26 UNDP and RCREEE 2022.</p> <p>27 UN ESCWA 2016a.</p> <p>28 El-Zein and others 2014.</p> <p>29 UNCBD 2019; UNEP and FAO n.d.</p> <p>30 UN ESCWA 2020b.</p> <p>31 UN ESCWA 2020a; UNDP 2013.</p> <p>32 UN ESCWA 2020b.</p> <p>33 UN ESCWA 2016b.</p> <p>34 WHO 2019; UNDP 2020b.</p>
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35	UNEP 2020b.	52	CEBC 2022.	68	Michel and Yacoubian 2013.
36	Hughes 2020.	53	Kumar, Burston and Karliner 2020.	69	Loschi 2019, p. 108; Onodera and others 2020, p. 292.
37	Levy, Brandon and Studart 2020.	54	UNDP 2019b; UNDP 2019c.	70	Sowers 2020.
38	IPCC 2022.	55	UNDP 2019a; UNDP 2018.	71	Khoday 2020.
39	Climate Action Tracker 2020; Stanley Center and E3G 2019.	56	Dawoud and others 2020.	72	Flack and Mitchell 2020.
40	UNDP 2019a.	57	Singh and others 2020.	73	Latour 2017.
41	UNFCCC 2021.	58	Alqaed, Mustafa and Almeahadi 2021.	74	Bennet 2010, p. viii.
42	Quatrini 2021.	59	Al-Saidi and Dehnavi 2021; Al-Saidi, Das and Saadaoui 2021.	75	Connolly 2017.
43	Cox, Prag and Piccolo 2020.	60	Qureshi 2020.	76	Khoday 2020.
44	Agrawala, Dussaux and Monti 2020.	61	UN-Habitat 2015.		
45	OECD 2020.	62	Ianchovichina 2018; Larbi 2016.		
46	UNEP Finance Initiative 2021.	63	Devarajan and Ianchovichina 2017; El-Haddad 2021; Trautner, Zintl and Loewe 2019; Belhaj and Hoogeveen 2020.		
47	IRENA 2021.	64	O'Brien, Hayward and Berkes 2009; Kempf and Hujo 2022.		
48	Widge 2021; UN ESCWA 2020c.	65	Anand and Sen 1994, p. 3.		
49	IPCC 2022.	66	El-Naggar and El-Sayed 2005.		
50	See https://www4.unfccc.int/sites/ndcstaging/Pages/Home.aspx .	67	Alston 2019; Ban and Verkooijen 2019.		
51	See https://www.un.org/en/energycompacts/page/registry .				

CHAPTER 7

1	Folke and others 2021.
2	Devarajan and Ianchovichina 2017; El-Haddad 2021; Trautner, Zintl and Loewe 2019; Belhaj and Hoogeveen 2020.
3	O'Brien, Hayward and Berkes 2009; Kempf and Hujo 2022.

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CHAPTER 6

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- ## CHAPTER 7
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ARAB HUMAN DEVELOPMENT REPORT / 2022

Statistical tables and human development dashboards

Note: Data are from the 2020 Human Development Report and represent the most recent data for the Arab States region.

TABLE 1

Human Development Index and its components

HDI rank	Human Development Index (HDI)	Life expectancy at birth	Expected years of schooling	Mean years of schooling	Gross national income (GNI) per capita	GNI per capita rank minus HDI rank	HDI rank	
	Value	(years)	(years)	(years)	(2017 PPP \$)			
	2019	2019	2019	2019	2019	2019	2018	
Very high human development								
31	United Arab Emirates	0.890	78.0	14.3	12.1	67,462	-24	30
40	Saudi Arabia	0.854	75.1	16.1	10.2	47,495	-16	40
42	Bahrain	0.852	77.3	16.3	9.5	42,522	-12	41
45	Qatar	0.848	80.2	12.0	9.7	92,418 ^b	-43	45
60	Oman	0.813	77.9	14.2	9.7 ^c	25,944	-5	56
64	Kuwait	0.806	75.5	14.2	7.3	58,590	-51	62
High human development								
91	Algeria	0.748	76.9	14.6	8.0 ^d	11,174	13	91
92	Lebanon	0.744	78.9	11.3	8.7 ^e	14,655	-11	90
95	Tunisia	0.740	76.7	15.1	7.2	10,414	14	94
102	Jordan	0.729	74.5	11.4 ^g	10.5 ^f	9,858	8	103
105	Libya	0.724	72.9	12.9 ^e	7.6 ^h	15,688	-29	106
115	Palestine, State of	0.708	74.1	13.4	9.2	6,417	12	114
116	Egypt	0.707	72.0	13.3	7.4 ^f	11,466	-14	117
Medium human development								
121	Morocco	0.686	76.7	13.7	5.6 ^f	7,368	1	121
123	Iraq	0.674	70.6	11.3 ^d	7.3 ^c	10,801	-16	123
151	Syrian Arab Republic	0.567	72.7	8.9 ^c	5.1 ^e	3,613 ⁱ	2	152
156	Comoros	0.554	64.3	11.2	5.1 ^e	3,099	5	154
Low human development								
157	Mauritania	0.546	64.9	8.6	4.7 ^f	5,135	-21	157
166	Djibouti	0.524	67.1	6.8 ^c	4.1 ^e	5,689	-34	166
170	Sudan	0.510	65.3	7.9 ^c	3.8 ^f	3,829	-18	171
179	Yemen	0.470	66.1	8.8 ^c	3.2 ^f	1,594 ⁱ	2	179
Other countries or territories								
	Somalia	..	57.4	..	..	..	..	..
	Arab States	0.705	72.1	12.1	7.3	14,869	-	-
	Developing countries	0.689	71.3	12.2	7.5	10,583	-	-
	World	0.737	72.8	12.7	8.5	16,734	-	-

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Data refer to 2019 or the most recent year available.
- b In calculating the HDI value, GNI per capita is capped at \$75,000.
- c Updated by HDRO based on data from UNESCO Institute for Statistics (2020)
- d Updated by HDRO based on data from United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys for 2006–2019.
- e Based on cross-country regression.
- f Based on projections from Barro and Lee (2018).
- h Updated by HDRO using projections from Barro and Lee (2018).
- g Updated by HDRO based on data from ICF Macro Demographic and Health Surveys for 2006–2019.
- i HDRO estimate based on data from World Bank (2020a) and United Nations Statistics Division (2020b), and the projected growth rate from UNESCWA (2020).

Definitions

Human Development Index (HDI): A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. See *Technical note 1* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the HDI is calculated.

Life expectancy at birth: Number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant's life.

Expected years of schooling: Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout the child's life.

Mean years of schooling: Average number of years of education received by people ages 25 and older, converted from education attainment levels using official durations of each level.

Gross national income (GNI) per capita: Aggregate income of an economy generated by its production and its ownership of factors of production, less the incomes paid for the use of factors of production owned by the rest of the world, converted to international dollars using PPP rates, divided by midyear population.

GNI per capita rank minus HDI rank: Difference in ranking by GNI per capita and by HDI value. A negative value means that the country is better ranked by GNI than by HDI value.

HDI rank for 2018: Ranking by HDI value for 2018, calculated using the same most recently revised data available in 2020 that were used to calculate HDI values for 2019.

Main data sources

Columns 1 and 7: HDRO calculations based on data from UN-DESA (2019a), UNESCO Institute for Statistics (2020), United Nations Statistics Division (2020b), World Bank (2020a), Barro and Lee (2018) and IMF (2020).

Column 2: UNDESA (2019a).

Column 3: UNESCO Institute for Statistics (2020), ICF Macro Demographic and Health Surveys, UNICEF Multiple Indicator Cluster Surveys and OECD (2019b).

Column 4: UNESCO Institute for Statistics (2020), Barro and Lee (2018), ICF Macro Demographic and Health Surveys, UNICEF Multiple Indicator Cluster Surveys and OECD (2019b).

Column 5: World Bank (2020a), IMF (2020) and United Nations Statistics Division (2020b)

Column 6: Calculated based on data in columns 1 and 5.

TABLE 2

Human Development Index trends, 1990–2019

HDI rank	Human Development Index (HDI)				Change in HDI rank	Average annual HDI growth				
	Value					1990-2000	Average annual HDI growth (%)			
	1990	2000	2010	2019	2014-2019 ^a		2001-2010	2010-2019	1990-2019	
Very high human development										
31	United Arab Emirates	0.723	0.782	0.820	0.890	6	0.79	0.48	0.91	0.72
40	Saudi Arabia	0.697	0.743	0.809	0.854	-4	0.64	0.85	0.60	0.70
42	Bahrain	0.749	0.795	0.800	0.852	6	0.60	0.06	0.70	0.45
45	Qatar	0.750	0.816	0.834	0.848	0	0.85	0.22	0.19	0.42
60	Oman	..	0.693	0.782	0.813	-3	..	1.22	0.43	..
64	Kuwait	0.705	0.781	0.788	0.806	-5	1.03	0.09	0.25	0.46
High human development										
91	Algeria	0.572	0.637	0.721	0.748	0	1.08	1.25	0.41	0.93
92	Lebanon	..	..	0.766	0.744	-6	..	..	-0.32	..
95	Tunisia	0.567	0.651	0.716	0.740	7	1.39	0.96	0.37	0.92
102	Jordan	0.625	0.711	0.737	0.729	-3	1.30	0.36	-0.12	0.53
105	Libya	0.724	0.780	0.798	0.724	-4	0.75	0.23	-1.08	0.00
115	Palestine, State of	..	..	0.684	0.708	-6	..	..	0.38	..
116	Egypt	0.548	0.613	0.668	0.707	1	1.13	0.86	0.63	0.88
Medium human development										
121	Morocco	0.457	0.529	0.616	0.686	2	1.47	1.53	1.20	1.41
123	Iraq	0.560	0.595	0.636	0.674	4	0.61	0.67	0.65	0.64
151	Syrian Arab Republic	0.550	0.600	0.672	0.567	-2	0.87	1.14	-1.87	0.11
156	Comoros	..	0.465	0.521	0.554	-4	..	1.14	0.68	..
Low human development										
157	Mauritania	0.397	0.464	0.505	0.546	-2	1.57	0.85	0.87	1.10
166	Djibouti	..	0.360	0.454	0.524	3	..	2.35	1.61	..
170	Sudan	0.331	0.403	0.469	0.510	-5	1.99	1.53	0.94	1.50
179	Yemen	0.401	0.444	0.506	0.470	-16	1.02	1.32	-0.82	0.55
Other countries or territories										
	Somalia	..	..	..	..	..	..	..	..	..
	Arab States	0.556	0.614	0.676	0.705	-	1.00	0.97	0.47	0.82
	Developing countries	0.517	0.571	0.642	0.689	-	1.00	1.18	0.79	1.00
	World	0.601	0.644	0.699	0.737	-	0.69	0.82	0.59	0.71

Notes

For HDI values that are comparable across years and countries, use this table or the interpolated data at <http://hdr.undp.org/en/data>, which present trends using consistent data.

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

^a A positive value indicates an improvement in rank.

Definitions

Human Development Index (HDI): A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. See *Technical note 1* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the HDI is calculated.

Average annual HDI growth: A smoothed annualized growth of the HDI in a given period, calculated as the annual compound growth rate.

Main data sources

Columns 1 and 7: HDRO calculations based on data from UNColumns 1-8: HDRO calculations based on data from UN-DESA (2019a), UNESCO Institute for Statistics (2020), United Nations Statistics Division (2020b), World Bank (2020a), Barro and Lee (2018) and IMF (2020).

Column 9: Calculated based on data in columns 4 and 8.

Columns 10-13: Calculated based on data in columns 1, 2, 3 and 8.

TABLE 3

Inequality-adjusted Human Development Index

HDI rank	Human Development Index (HDI)	Inequality-adjusted HDI (IHDI)				Coefficient of human inequality	Inequality in life expectancy	Inequality-adjusted life expectancy index	Inequality in education	Inequality-adjusted education index	Inequality in income*	Inequality-adjusted income index	Income shares held by			Gini coefficient		
		Value	Value	Overall loss (%)	Difference from HDI rank*								Poorest 40 percent				Richest 10 percent	Richest 1 percent
													2019	2019	2019				2010-2018^{a}	2010-2018^{a}	2010-2017^{a}
Very high human development																		
31	United Arab Emirates	0.890	..	..	..	..	5.2	0.845	18.2	0.656	..	..	18.2	21.4	22.8	32.5
40	Saudi Arabia	0.854	..	..	..	..	6.4	0.794	18.0	0.647	..	..	..	..	19.7	..
42	Bahrain	0.852	..	..	..	..	5.5	0.833	22.7	0.594	..	..	..	..	18.0	..
45	Qatar	0.848	..	..	..	..	5.7	0.874	11.8	0.581	..	..	..	..	29.0	..
60	Oman	0.813	0.706	13.2	0	12.9	6.7	0.831	11.9	0.633	20.1	0.671	..	..	19.5	..
64	Kuwait	0.806	..	..	..	..	5.9	0.803	22.1	0.497	..	..	..	..	19.9	..
High human development																		
91	Algeria	0.748	0.596	20.3	-2	19.7	14.1	0.752	33.7	0.445	11.4	0.631	23.1	22.9	9.7	27.6		
92	Lebanon	0.744	..	..	..	..	7.4	0.840	6.2	0.567	..	..	20.6	24.8	23.4	31.8
95	Tunisia	0.740	0.596	19.5	-1	18.9	9.0	0.794	30.7	0.458	16.9	0.583	20.1	25.6	10.7	32.8		
102	Jordan	0.729	0.622	14.7	9	14.6	10.6	0.750	15.4	0.564	17.9	0.569	20.3	27.5	16.1	33.7		
105	Libya	0.724	..	..	..	..	9.1	0.740	..	..	..	..	..	..	13.5	..
115	Palestine, State of	0.708	0.613	13.4	16	13.4	12.0	0.732	11.6	0.599	16.6	0.524	19.2	25.2	15.8	33.7		
116	Egypt	0.707	0.497	29.7	-9	28.7	11.6	0.707	38.1	0.383	36.5	0.455	21.8	26.9	15.8	31.5		
Medium human development																		
121	Morocco	0.686	..	..	..	..	13.0	0.759	..	..	..	..	17.4	31.9	15.0	39.5
123	Iraq	0.674	0.541	19.7	2	19.4	15.9	0.655	29.7	0.392	12.7	0.618	21.9	23.7	22.0	29.5		
151	Syrian Arab Republic	0.567	..	..	..	..	13.0	0.705	..	..	..	..	..	..	14.7	..
156	Comoros	0.554	0.303	45.3	-21	44.2	28.9	0.485	47.6	0.252	56.0	0.228	13.6	33.7	14.1	45.3		
Low human development																		
157	Mauritania	0.546	0.371	32.1	-4	31.8	30.0	0.484	40.8	0.234	24.6	0.449	19.9	24.9	10.6	32.6		
166	Djibouti	0.524	..	..	..	..	23.4	0.555	..	..	27.7	0.441	15.8	32.3	15.7	41.6
170	Sudan	0.510	0.333	34.7	-3	34.3	27.4	0.506	42.5	0.198	33.0	0.369	19.9	27.8	11.2	34.2		
179	Yemen	0.470	0.321	31.7	4	30.9	24.7	0.534	46.1	0.189	21.8	0.327	18.8	29.4	15.7	36.7		
Other countries or territories																		
	Somalia	..	..	..	..	..	38.9	0.352	..	..	..	..	..	..	16.9	..
	Arab States	0.705	0.531	24.7	-	24.3	15.0	0.681	32.5	0.391	25.4	0.563	20.7	26.6	15.8	-		
	Developing countries	0.689	0.535	22.4	-	22.3	16.7	0.657	25.5	0.439	24.6	0.531	17.4	31.3	17.7	-		
	World	0.737	0.587	20.4	-	20.2	14.7	0.692	22.1	0.497	23.8	0.589	17.6	30.6	17.1	-		

TABLE 3

Inequality-adjusted Human Development Index

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a See <http://hdr.undp.org/en/composite/IHDI> for the list of surveys used to estimate inequalities.
- b Based on countries for which an Inequality-adjusted Human Development Index value is calculated.
- c Calculated by HDRO from the 2015-2020 period life tables from UNDESA (2019a).
- d Data refer to 2019 or the most recent year available.
- e Data refer to the most recent year available during the period specified.

Definitions

Human Development Index (HDI): A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. See *Technical note 1* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the HDI is calculated.

Inequality-adjusted HDI (IHDI): HDI value adjusted for inequalities in the three basic dimensions of human development. See *Technical note 2* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the IHDI is calculated.

Overall loss: Percentage difference between the IHDI value and the HDI value.

Difference from HDI rank: Difference in ranks on the IHDI and the HDI, calculated only for countries for which an IHDI value is calculated.

Coefficient of human inequality: Average inequality in the three basic dimensions of human development.

Inequality in life expectancy: Inequality in distribution of expected length of life based on data from life tables estimated using the Atkinson inequality index.

Inequality-adjusted life expectancy index: HDI life expectancy index value adjusted for inequality in distribution of expected length of life based on data from life tables listed in *Main data sources*.

Inequality in education: Inequality in distribution of years of schooling based on data from household surveys estimated using the Atkinson inequality index.

Inequality-adjusted education index: HDI education index value adjusted for inequality in distribution of years of schooling based on data from household surveys listed in *Main data sources*.

Inequality in income: Inequality in income distribution based on data from household surveys estimated using the Atkinson inequality index.

Inequality-adjusted income index: HDI income index value adjusted for inequality in income distribution based on data from household surveys listed in *Main data sources*.

Income shares (%): Percentage share of income (or consumption) that accrues to the indicated population subgroups.

Income share held by richest 1%: Share of pretax national income held by the richest 1 percent of the population. Pretax national income is the sum of all pretax personal income flows accruing to the owners of the production factors, labour and capital, before the tax/transfer system is taken into account and after the pension system is taken into account.

Gini coefficient: Measure of the deviation of the distribution of income among individuals or households in a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute inequality.

Main data sources

Column 1: HDRO calculations based on data from UNDESA (2019a), UNESCO Institute for Statistics (2020), United Nations

Statistics Division (2020b), World Bank (2020a), Barro and Lee (2018) and IMF (2020).

Column 2: Calculated as the geometric mean of the values in the inequality-adjusted life expectancy index, inequality-adjusted education index and inequality-adjusted income index using the methodology in *Technical note 2* (available at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf>).

Column 3: Calculated based on data in columns 1 and 2.

Column 4: Calculated based on IHDI values and recalculated HDI ranks for countries for which an IHDI value is calculated.

Column 5: Calculated as the arithmetic mean of the values in inequality in life expectancy, inequality in education and inequality in income using the methodology in *Technical note 2*.

Column 6: Calculated based on abridged life tables from UNDESA (2019a).

Column 7: Calculated based on inequality in life expectancy and the HDI life expectancy index.

Columns 8 and 10: Calculated based on data from the Luxembourg Income Study database, Eurostat's European Union Statistics on Income and Living Conditions, the World Bank's International Income Distribution Database, the Center for Distributive, Labor and Social Studies and the World Bank's Socio-Economic Database for Latin America and the Caribbean, ICF Macro Demographic and Health Surveys and United Nations Children's Fund Multiple Indicator Cluster Surveys using the methodology in *Technical note 2*.

Column 9: Calculated based on inequality in education and the HDI education index.

Column 11: Calculated based on inequality in income and the HDI income index.

Columns 12, 13 and 15: World Bank (2020a).

Column 14: World Inequality Database (2020).

TABLE 4

Inequality-adjusted Human Development Index trends, 2010–2019

HDI rank	Inequality-adjusted HDI (IHDI)		
	2010	Value 2015	2019
Very high human development			
31	United Arab Emirates	..	..
40	Saudi Arabia	..	..
42	Bahrain	..	..
45	Qatar	..	..
60	Oman	..	0.706
64	Kuwait	..	..
High human development			
91	Algeria	..	0.596
92	Lebanon	0.587	..
95	Tunisia	0.535	0.596
102	Jordan	0.595	0.622
105	Libya	..	..
115	Palestine, State of	0.595	0.613
116	Egypt	0.484	0.497
Medium human development			
121	Morocco	0.443	0.464
123	Iraq	..	0.541
151	Syrian Arab Republic	0.532	0.42
156	Comoros	0.293	0.295
Low human development			
157	Mauritania	0.327	0.371
166	Djibouti	0.285	0.326
170	Sudan	..	0.333
179	Yemen	0.333	0.321
Aggregates			
	Arab States	0.491	0.504
	Developing countries	0.474	0.535
	World	0.534	0.587

Note

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Definition

Inequality-adjusted HDI (IHDI): HDI value adjusted for inequalities in the three basic dimensions of human development. See *Technical note 2* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the IHDI is calculated.

Main data sources

Columns 1–3: Calculated as the geometric mean of the values in the inequality-adjusted life expectancy index, inequality-adjusted education index and inequality-adjusted income index using the methodology in *Technical note 2* (available at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf>).

TABLE 5

Gender Development Index

HDI rank	Gender Development Index		Human Development Index		Life expectancy at birth		Expected years of schooling		Mean years of schooling		Estimated gross national income per capita ^a		
	Value	Group ^b	Value		(years)		(years)		(years)		(2017 PPP \$)		
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
	2019	2019	2019	2019	2019	2019	2019 ^c	2019 ^c	2019 ^c	2019 ^c	2019	2019	
Very high human development													
31	United Arab Emirates	0.931	3	0.842	0.905	79.3	77.3	14.8	14.1	11.7 ^d	12.4 ^d	28,578	84,723 ^e
40	Saudi Arabia	0.896	5	0.791	0.883	76.8	73.9	16.0	16.2	9.8	10.5	16,512	70,181
42	Bahrain	0.922	4	0.806	0.874	78.4	76.4	16.7	16.1	9.1	9.7	19,059	55,565
45	Qatar	1.030	2	0.866	0.841	82.0	79.1	14.1	11.3	11.3	9.4	45,338	107,833 ^e
60	Oman	0.936	3	0.768	0.821	80.3	76.1	15.0	13.7	10.6 ^d	9.4 ^d	7,959	35,201
64	Kuwait	0.983	1	0.793	0.807	76.6	74.8	15.2	13.2	8.0	6.8	31,698	75,840 ^e
High human development													
91	Algeria	0.858	5	0.671	0.782	78.1	75.7	14.8	14.4	7.7 ^f	8.3 ^f	3,296	18,891
92	Lebanon	0.892	5	0.691	0.774	80.9	77.1	11.1	11.5	8.5 ^g	8.9 ^g	6,078	23,124
95	Tunisia	0.900	4	0.689	0.766	78.7	74.7	15.8	14.3	6.5	8.0	4,587	16,341
102	Jordan	0.875	5	0.664	0.758	76.3	72.8	11.6 ^f	11.1 ^f	10.3 ^h	10.7 ^h	3,324	16,234
105	Libya	0.976	1	0.713	0.731	76.0	70.1	13.1 ^g	12.6 ^g	8.5 ^f	7.2 ^f	9,249	21,999
115	Palestine, State of	0.870	5	0.638	0.733	75.8	72.4	14.3	12.6	8.9	9.4	2,045	10,666
116	Egypt	0.882	5	0.652	0.739	74.4	69.7	13.3	13.3	6.8 ^h	8.1 ^h	4,753	18,039
Medium human development													
121	Morocco	0.835	5	0.612	0.734	77.9	75.4	13.3	14.1	4.7 ^h	6.6 ^h	2,975	11,831
123	Iraq	0.774	5	0.566	0.731	72.7	68.6	10.4 ^f	12.2 ^f	6.0 ^d	8.6 ^d	2,427	18,975
151	Syrian Arab Republic	0.829	5	0.492	0.593	78.1	67.9	8.9 ^d	8.8 ^d	4.6 ^g	5.6 ^g	989	6,225
156	Comoros	0.891	5	0.519	0.583	66.1	62.6	11.1	11.4	4.0 ^g	6.0 ^g	2,300	3,885
Low human development													
157	Mauritania	0.864	5	0.500	0.579	66.5	63.3	8.7	8.5	3.8 ^h	5.6 ^h	2,782	7,468
166	Djibouti	..	..	..	..	69.4	65.1	6.7 ^d	6.9 ^d	..	..	4,151	7,077
170	Sudan	0.860	5	0.466	0.542	67.2	63.5	7.7 ^d	8.3 ^d	3.3 ^h	4.2 ^h	1,981	5,679
179	Yemen	0.488	5	0.270	0.553	67.8	64.4	7.4 ^d	10.2 ^d	2.9 ^h	5.1 ^h	186	2,980
Other countries or territories													
	Somalia	..	..	..	..	59.1	55.7	..	..	..	..	..	..
	Arab States	0.856	–	0.636	0.743	73.9	70.4	11.9	12.4	6.5	8.1	5,092	23,923
	Developing countries	0.919	–	0.659	0.717	73.4	69.3	12.2	12.3	6.9	8.3	6,923	14,136
	World	0.943	–	0.714	0.757	75.0	70.6	12.7	12.7	8.1	9.2	12,063	21,323

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Because disaggregated income data are not available, data are crudely estimated. See *Definitions and Technical note 3* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the Gender Development Index is calculated.
- b Countries are divided into five groups by absolute deviation from gender parity in HDI values.
- c Data refer to 2019 or the most recent year available.
- d Updated by HDRO based on data from UNESCO Institute for Statistics (2020).
- e In calculating the male HDI value, estimated gross national income per capita is capped at \$75,000.
- f Updated by HDRO based on data from United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys for 2006–2019.
- g Based on cross-country regression.
- h Based on projections from Barro and Lee (2018).
- i Updated by HDRO based on data from ICF Macro Demographic and Health Surveys for 2006–2019.
- j Updated by HDRO using projections from Barro and Lee (2018).

Definitions

Gender Development Index: Ratio of female to male HDI values. See *Technical note 3* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the Gender Development Index is calculated.

Gender Development Index groups: Countries are divided into five groups by absolute deviation from gender parity in HDI values. Group 1 comprises countries with high equality in HDI achievements between women and men (absolute deviation of less than 2.5 percent), group 2 comprises countries with medium to high equality in HDI achievements between women and men (absolute deviation of 2.5–5 percent), group 3 comprises countries with medium equality in HDI achievements between women and men (absolute deviation of 5–7.5 percent), group 4 comprises countries with medium to low equality in HDI achievements between women and men (absolute deviation of 7.5–10 percent) and group 5 comprises countries with low equality in HDI achievements between women and men (absolute deviation from gender parity of more than 10 percent).

Human Development Index (HDI): A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. See *Technical note 1* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the HDI is calculated.

Life expectancy at birth: Number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant's life.

Expected years of schooling: Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout the child's life.

Mean years of schooling: Average number of years of education received by people ages 25 and older, converted from educational attainment levels using official durations of each level.

Estimated gross national income per capita: Derived from the ratio of female to male wages, female and male shares of economically active population and gross national income (in 2017 purchasing power parity terms). See *Technical note 3* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details.

Main data sources

Column 1: Calculated based on data in columns 3 and 4.

Column 2: Calculated based on data in column 1.

Columns 3 and 4: HDRO calculations based on data from UNDESA (2019a), UNESCO Institute for Statistics (2020), Barro and Lee (2018), World Bank (2020a), ILO (2020) and IMF (2020).

Columns 5 and 6: UNDESA (2019a).

Columns 7 and 8: UNESCO Institute for Statistics (2020), ICF Macro Demographic and Health Surveys, UNICEF Multiple Indicator Cluster Surveys and OECD (2019b).

Columns 9 and 10: UNESCO Institute for Statistics (2020), Barro and Lee (2018), ICF Macro Demographic and Health Surveys, UNICEF Multiple Indicator Cluster Surveys and OECD (2019b).

Columns 11 and 12: HDRO calculations based on ILO (2020), UNDESA (2019a), World Bank (2020a), United Nations Statistics Division (2020b) and IMF (2020).

TABLE 6

Gender Development Index trends, 1995–2019

HDI rank	Gender Development Index						
	1995	2000	2005	2010	2015	2019	
Very high human development							
31	United Arab Emirates	0.952	..	..	..	0.935	0.931
40	Saudi Arabia	..	0.834	0.879	0.875	0.876	0.896
42	Bahrain	0.932	0.940	0.968	0.973	0.938	0.922
45	Qatar	0.981	1.012	0.964	0.972	1.032	1.03
60	Oman	..	0.864	0.873	0.901	0.943	0.936
64	Kuwait	0.940	0.960	0.984	0.972	0.977	0.983
High human development							
91	Algeria	..	0.777	0.801	0.830	0.854	0.858
92	Lebanon	..	..	0.874	0.894	0.897	0.892
95	Tunisia	0.810	0.843	0.867	0.887	0.896	0.9
102	Jordan	0.806	0.843	0.835	0.855	0.859	0.875
105	Libya	..	0.936	0.967	1.009	0.964	0.976
115	Palestine, State of	..	..	0.810	0.840	0.870	0.870
116	Egypt	0.798	0.808	0.826	0.843	0.878	0.882
Medium human development							
121	Morocco	0.742	0.775	0.804	0.822	0.822	0.835
123	Iraq	0.647	0.713	0.742	0.776	0.788	0.774
151	Syrian Arab Republic	0.795	0.821	0.815	0.854	0.816	0.829
156	Comoros	..	0.839	0.851	0.876	0.888	0.891
Low human development							
157	Mauritania	0.779	0.807	0.825	0.837	0.848	0.864
166	Djibouti	..	..	..	..	..	..
170	Sudan	..	..	0.804	0.822	0.847	0.860
179	Yemen	0.613	0.638	0.662	0.672	0.544	0.488
Arab States							
		0.768	0.807	0.821	0.835	0.853	0.856
Developing countries							
		0.852	0.866	0.881	0.900	0.916	0.919
World							
		0.905	0.913	0.921	0.932	0.940	0.943

Note

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Definition

Gender Development Index: Ratio of female to male HDI values. See *Technical note 3* at <https://hdr.undp.org/system/files/documents/hdr2020technicalnotespdf.pdf> for details on how the Gender Development Index is calculated.

Main data sources

Columns 1–6: Calculated as the geometric mean of the three dimensional indices for each gender using the methodology in *Technical note 3* (available at <https://hdr.undp.org/system/files/documents/hdr2020technicalnotespdf.pdf>).

TABLE 7

Gender Inequality Index

HDI rank	Gender Inequality Index		SDG 3.1	SDG 3.7	SDG 5.5	SDG 4.4		Labour force participation rate ^a		
	Value	Rank	Maternal mortality ratio	Adolescent birth rate	Share of seats in parliament	Population with at least some secondary education		Labour force participation rate ^a		
			(deaths per 100,000 live births)	(births per 1,000 women ages 15-19)	(% held by women)	(% ages 25 and older)		(% ages 15 and older)		
	2019	2019			2019	Female	Male	Female	Male	
Very high human development										
31	United Arab Emirates	0.079	18	3	6.5	50.0	76.0	81.0	52.4	93.4
40	Saudi Arabia	0.252	56	17	7.3	19.9	64.8	72.4	22.1	78.4
42	Bahrain	0.212	49	14	13.4	18.8	68.1	74.3	45.0	87.2
45	Qatar	0.185	43	9	9.9	9.8	76.1	66.2	56.8	94.7
60	Oman	0.306	68	19	13.1	9.9	73.4	63.7	31.0	89.9
64	Kuwait	0.242	53	12	8.2	4.6	56.6	49.1	49.7	87.5
High human development										
91	Algeria	0.429	103	112	10.1	21.5	39.1 ^f	38.9 ^f	14.6	67.4
92	Lebanon	0.411	96	29	14.5	4.7	54.3 ^d	55.6 ^d	22.9	71.4
95	Tunisia	0.296	65	43	7.8	22.6	42.4	54.6	23.8	69.4
102	Jordan	0.450	109	46	25.9	15.4	82.2 ^e	86.1 ^e	14.4	63.7
105	Libya	0.252	56	72	5.8	16.0	70.5 ^g	45.1 ^g	33.9	65.3
115	Palestine, State of	..	..	27	52.8	..	63.5	64.9	17.7	69.5
116	Egypt	0.449	108	37	53.8	14.9	73.5 ^e	72.5 ^e	21.9	70.9
Medium human development										
121	Morocco	0.454	111	70	31.0	18.4	29.1 ^e	36.0 ^e	21.5	70.1
123	Iraq	0.577	146	79	71.7	25.2	39.5	56.5	11.6	74.2
151	Syrian Arab Republic	0.482	122	31	38.6	13.2	37.1 ^e	43.4 ^e	14.4	74.1
156	Comoros	..	..	273	65.4	6.1	..	..	36.6	49.9
Low human development										
157	Mauritania	0.634	151	766	71.0	20.3	12.7 ^e	25.0 ^e	28.9	63.1
166	Djibouti	..	..	248	18.8	26.2	..	..	50.7	68.8
170	Sudan	0.545	138	295	64.0	27.5	15.4 ^e	19.5 ^e	29.1	68.2
179	Yemen	0.795	162	164	60.4	1.0	19.9 ^e	36.9 ^e	5.8	70.2
Other countries or territories										
	Somalia	..	..	829	100.1	24.3	..	..	21.8	73.6
	Arab States	0.518	-	135	46.8	18.0	49.3	55.8	20.7	73.0
	Developing countries	0.463	-	224	47.2	22.7	53.0	62.3	45.6	75.7
	World	0.436	-	204	43.3	24.6	61.0	68.3	47.2	74.2

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Estimates modelled by the International Labour Organization.
- b Data are average annual estimates for 2015–2020.
- c Data refer to the most recent year available during the period specified.
- d Based on cross-country regression.
- e Based on projections from Barro and Lee (2018).
- f Updated by HDRO based on data from United Nations Children's Fund Multiple Indicator Cluster Surveys for 2006–2019.
- g Updated by HDRO using projections from Barro and Lee (2018).

Definitions

Gender Inequality Index: A composite measure reflecting inequality in achievement between women and men in three dimensions: reproductive health, empowerment and the labour market. See *Technical note 4* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details on how the Gender Inequality Index is calculated.

Maternal mortality ratio: Number of deaths due to pregnancy-related causes per 100,000 live births.

Adolescent birth rate: Number of births to women ages 15–19 per 1,000 women ages 15–19.

Share of seats in parliament: Proportion of seats held by women in the national parliament expressed as a percentage of total seats. For countries with a bicameral legislative system, the share of seats is calculated based on both houses.

Population with at least some secondary education: Percentage of the population ages 25 and older that has reached (but not necessarily completed) a secondary level of education.

Labour force participation rate: Proportion of the working-age population (ages 15 and older) that engages in the labour market, either by working or actively looking for work, expressed as a percentage of the working-age population.

Main data sources

Column 1: HDRO calculations based on data in columns 3–9.

Column 2: Calculated based on data in column 1.

Column 3: WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division (2019).

Column 4: UNDESA (2019a).

Column 5: IPU (2020).

Columns 6 and 7: UNESCO Institute for Statistics (2020) and Barro and Lee (2018).

Columns 8 and 9: ILO (2020).

TABLE 8

Health outcomes

HDI rank	Infants exclusively breastfed	Infants lacking immunization		Child malnutrition	Mortality rates				Mortality rates attributed to noncommunicable diseases		Incidence		HIV prevalence, adult	Healthy life expectancy at birth	Current health expenditure	
	(% ages 0-5 months) 2010-2019 ^a	DTP	Measles	Stunting (moderate or severe)	Infant	Under-five	Female	Male	Female	Male	Malaria	Tuberculosis	(% ages 15-49) 2018	(years) 2019	(% of GDP) 2017	
		(% of one-year-olds) 2019	(% under age 5) 2010-2019 ^a	(deaths per 1,000 live births) 2018	(deaths per 1,000 live births) 2018	Adult (per 1,000 people) 2018	Adult (per 1,000 people) 2018	(deaths per 100,000 people) 2016	(deaths per 100,000 people) 2016	(per 1,000 people at risk) 2018	(per 100,000 people) 2018					
Very high human development																
31	United Arab Emirates	..	1	1	..	6.5	7.6	45	70	460.0	517.2	0.0	1.0	..	64.4	3.3
40	Saudi Arabia	..	4	5	..	6.0	7.1	76	92	508.5	609.5	0.0	10.0	..	64.5	5.2
42	Bahrain	..	1	1	..	6.1	7.1	56	72	430.1	449.5	..	11.0	..	66.6	4.7
45	Qatar	29.3	1	1	..	5.8	6.8	32	41	425.5	488.2	..	31.0	..	66.3	2.6
60	Oman	23.2	1	1	11.4	9.8	11.4	63	101	404.6	528.8	0.0	5.9	0.2	64.8	3.8
64	Kuwait	..	1	2	6.4	6.7	7.9	41	69	541.4	603.6	..	23.0	0.1 ^c	70.3	5.3
High human development																
91	Algeria	25.4	4	20	11.7	20.1	23.5	81	103	430.7	462.8	0.0	69.0	0.1 ^c	66.3	6.4
92	Lebanon	..	4	18	..	6.4	7.4	53	76	516.4	635.7	..	11.0	0.1 ^c	66.0	8.2
95	Tunisia	13.5	3	5	8.4	14.6	17.0	67	107	460.6	630.4	..	35.0	0.1 ^c	67.4	7.2
102	Jordan	25.4	10	13	7.8	13.9	16.2	89	124	542.4	693.0	..	5.0	0.1 ^c	68.0	8.1
105	Libya	..	26	27	38.1	10.2	12.0	99	180	567.9	766.0	..	40.0	0.2	65.3	..
115	Palestine, State of	38.1	1	1	7.4	17.3	20.3	92	127	..	..	..	0.8	..	64.4	..
116	Egypt	39.5	4	5	22.3	18.1	21.2	105	183	711.8	965.7	0.0	12.0	0.1 ^c	62.5	5.3
Medium human development																
121	Morocco	35.0	1	1	15.1	19.2	22.4	62	72	483.8	580.1	0.0	99.0	0.1 ^c	63.8	5.2
123	Iraq	25.8	7	18	12.6	22.5	26.7	129	186	604.5	695.5	0.0	42.0	..	63.4	4.2
151	Syrian Arab Republic	42.6 ^d	28	41	27.9	14.0	16.7	73	237	594.7	723.1	0.0	19.0	0.1 ^c	63.9	..
156	Comoros	11.4	4	10	31.1	51.3	67.5	194	246	627.5	742.7	18.8	35.0	0.1 ^c	60.3	7.4
Low human development																
157	Mauritania	40.3	11	22	22.8	51.5	75.7	176	218	635.9	669.1	39.4	93.0	0.2	62.2	4.4
166	Djibouti	12.4	10	17	33.5	49.8	59.3	178	232	565.5	658.7	35.2	260.0	1.2	58.9	3.3
170	Sudan	54.6	3	10	38.2	42.1	60.5	187	245	700.1	795.5	46.8	71.0	0.2	61.4	6.3
179	Yemen	9.7	19	33	46.4	42.9	55.0	175	220	819.7	951.6	45.8	48.0	0.1 ^c	58.6	4.2 ^g
Other countries or territories																
	Somalia	5.3 ^d	48	54	25.3 ^d	76.6	121.5	269	325	624.7	666.9	37.1 ^b	262.0	0.1	51.5	..
	Arab States	32.2	9	16	23.4	25.8	33.2	109	153	606.3	730.7	..	47.0	0.1	63.1	4.9
	Developing countries	43.0	11	15	26.3	31.0	40.7	123	178	529.5	666.8	..	154.9	1.4	63.0	5.4
	World	42.8	10	14	25.1	28.4	37.2	114	170	491.9	638.3	..	131.9	1.3	63.9	9.9

TABLE 8

Health outcomes

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Data refer to the most recent year available during the period specified.
- b Refers to 2017.
- c 0.1 or less.
- d Refers to a year from 2007 to 2009.

Definitions

Infants exclusively breastfed: Percentage of children ages 0–5 months who are fed exclusively with breast milk in the 24 hours prior to the survey.

Infants lacking immunization against DTP: Percentage of surviving infants who have not received their first dose of diphtheria, tetanus and pertussis vaccine.

Infants lacking immunization against measles: Percentage of surviving infants who have not received the first dose of measles vaccine.

Child malnutrition (stunting moderate or severe): Percentage of children under age 5 who are more than two standard deviations below the median height-for-age of the reference population, according to the 2006 World Health Organization Child Growth Standards.

Infant mortality rate: Probability of dying between birth and exactly age 1, expressed per 1,000 live births.

Under-five mortality rate: Probability of dying between birth and exactly age 5, expressed per 1,000 live births.

Adult mortality rate: Probability that a 15-year-old will die before reaching age 60, expressed per 1,000 people.

Mortality rates attributed to noncommunicable diseases: Age-standardized mortality rate attributed to noncommunicable diseases calculated as a weighted average of the age-specific mortality rates per 100,000 people, where the weights are the proportions of persons in the corresponding age groups of the World Health Organization standard population. Noncommunicable diseases include cardiovascular disease, cancer, diabetes and chronic respiratory disease.

Malaria incidence: Number of malaria cases, expressed per 1,000 people at risk. People at risk are those who live in an area where malaria transmission occurs.

Tuberculosis incidence: The estimated number of new and relapse tuberculosis cases of all forms, including cases in people living with HIV, expressed per 100,000 people.

HIV prevalence, adult: Percentage of the population ages 15–49 that is living with HIV.

Healthy life expectancy at birth: Average number of years that a person can expect to live in full health by taking into account years lived in less than full health because of disease and injury.

Current health expenditure: Spending on healthcare goods and services, expressed as a percentage of GDP. It excludes capital health expenditures such as buildings, machinery, information technology and stocks of vaccines for emergency or outbreaks.

Main data sources

Column 1: United Nations Children's Fund, Division of Data Research and Policy (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, July 2020. Accessed 25 August 2020.

Columns 2 and 3: WHO (World Health Organization) and UNICEF (United Nations Children's Fund) (2020). Estimates of national routine immunization coverage, 2019 revision (completed July 2020). <https://data.unicef.org/topic/child-health/immunization/>. Accessed 26 August 2020.

Column 4: UNICEF (United Nations Children's Fund), WHO (World Health Organization) and World Bank (2020). Joint Child Malnutrition Estimates Expanded Database: Stunting, July 2020 edition. New York. <https://data.unicef.org/topic/nutrition/malnutrition/>. Accessed 26 August 2020.

Columns 5 and 6: UN Inter-agency Group for Child Mortality Estimation (2019). Child mortality estimates. www.childmortality.org. Accessed 26 August 2020.

Columns 7, 8, 13 and 15: World Bank (2020a). World Development Indicators database. Washington, DC. <http://data.worldbank.org>. Accessed 22 July 2020.

Columns 9 and 10: WHO (World Health Organization) (2018). Global Health Observatory. <https://apps.who.int/gho/data/view.main.2490>. Accessed 26 August 2020.

Columns 11 and 12: United Nations Statistics Division (2020a). Global SDG Indicators Database. <https://unstats.un.org/sdgs/indicators/database/>. Accessed 21 July 2020.

Column 14: Institute for Health Metrics and Evaluation (IHME), 2020. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Disability-Adjusted Life Years and Healthy Life Expectancy 1990–2019. Seattle, United States. Accessed 30 October 2020.

TABLE 9

Education achievements

HDI rank	SDG 4.6		SDG 4.4		SDG 4.2		SDG 4.1		SDG 4.3		SDG 1.A	
	Literacy rate		Population with at least some secondary education		Gross enrolment ratio				Primary school dropout rate	Survival rate to the last grade of lower secondary general education	Government expenditure on education	
	Adult (% ages 15 and older)	Youth (% ages 15-24)			Pre-primary	Primary	Secondary	Tertiary	(% of primary school cohort)	(%)	(% of GDP)	
	2008-2018*	Female 2008-2018*	Male 2008-2018*	(% ages 25 and older) 2015-2019*	(% of preschool-age children) 2014-2019*	(% of primary school-age population) 2014-2019*	(% of secondary school-age population) 2014-2019*	(% of tertiary school-age population) 2014-2019*	2008-2018*	2008-2018*	2013-2018*	
Very high human development												
31	United Arab Emirates	93.2	99.1	99.6	78.9	78	108	105	..	8.0	97	..
40	Saudi Arabia	95.3	99.3	99.3	68.8	21	100	110	68	30.4	81	..
42	Bahrain	97.5	99.3	100.0	72.3	54	99	99	50	2.8	98	2.3
45	Qatar	93.5	96.1	94.1	68.2	60	104	..	18	3.8	97	2.9
60	Oman	95.7	99.0	98.4	66.6	52	103	107	38	1.9	98	5.0
64	Kuwait	96.1	99.5	98.8	51.5	62	92	98	54	7.2	94	..
High human development												
91	Algeria	81.4	97.3	97.6	38.9 b	..	110	..	51	3.7	77	..
92	Lebanon	95.1	99.8	99.7	54.9 d	..	..	..	..	14.5	83	2.4
95	Tunisia	79.0	95.8	96.6	44.9	45	115	93	32	5.8	79	6.6
102	Jordan	98.2	99.5	99.2	84.2 c	27	81	63	34	4.1	86	3.6
105	Libya	..	..	..	57.5 e	..	..	..	..	..	..	..
115	Palestine, State of	97.2	99.4	99.3	64.2	56	99	89	44	1.1	85	5.3
116	Egypt	71.2	86.8	89.5	73.0 c	29	106	88	35	3.0	92	..
Medium human development												
121	Morocco	73.8	97.4	98.0	32.4 c	51	114	80	36	7.0	79	..
123	Iraq	85.6	92.1	94.9	48.0	..	..	..	..	..	..	..
151	Syrian Arab Republic	..	..	..	41.0 c	..	..	..	40	6.8	10	..
156	Comoros	58.8	78.3	78.2	..	22	100	59	9	29.1	67	2.5
Low human development												
157	Mauritania	53.5	56.8	70.9	19.0 c	10	100	37	5	35.1	72	2.6
166	Djibouti	..	..	..	..	9	75	52	..	15.6	86	5.6
170	Sudan	60.7	73.5	72.5	17.5 c	47	77	47	17	24.8	97	..
179	Yemen	..	..	..	28.0 c	2	94	52	..	30.5	85	..
Other countries or territories												
..	Somalia	..	..	..	..	..	..	..	..	..	..	..
Arab States		79.4	90.2	91.6	52.5	31	100	77	38	12.5	88	..
Developing countries		84.0	89.3	92.1	57.6	47	104	72	33	21.0	90	..
World		84.9	89.6	92.4	64.5	52	104	76	39	19.8	91	4.7

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Data refer to the most recent year available during the period specified.
- b Updated by HDRO based on data from United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys for 2006–2019.
- c Based on projections from Barro and Lee (2018).
- d Based on cross-country regression.
- e Updated by HDRO using projections from Barro and Lee (2018).

Definitions

Adult literacy rate: Percentage of the population ages 15 and older that can, with understanding, both read and write a short simple statement on everyday life.

Youth literacy rate: Percentage of the population ages 15–24 that can, with understanding, both read and write a short simple statement on everyday life.

Population with at least some secondary education: Percentage of the population ages 25 and older that has reached (but not necessarily completed) a secondary level of education.

Gross enrolment ratio: Total enrolment in a given level of education (pre-primary, primary, secondary or tertiary), regardless of age, expressed as a percentage of the official school-age population for the same level of education.

Primary school dropout rate: Percentage of students from a given cohort who have enrolled in primary school but who drop out before reaching the last grade of primary education. It is calculated as 100 minus the survival rate to the last grade of primary education and assumes that observed flow rates remain unchanged throughout the cohort life and that dropouts do not re-enter school.

Survival rate to the last grade of lower secondary general education: Percentage of a cohort of students enrolled in the first grade of a lower secondary general education in a given school year who are expected to reach the last grade, regardless of repetition.

Government expenditure on education: Current, capital and transfer spending on education, expressed as a percentage of GDP.

Main data sources

Columns 1–3 and 5–10: UNESCO (United Nations Educational, Scientific and Cultural Organization) Institute for Statistics (2020). Data Centre. <http://data.uis.unesco.org>. Accessed 21 July 2020.

Column 4: UNESCO Institute for Statistics (2020) and Barro and Lee (2018).

Column 11: World Bank (2020a). World Development Indicators database. Washington, DC. <http://data.worldbank.org>. Accessed 22 July 2020.

TABLE 10

National income and composition of resources

HDI rank	SDG 8.1		SDG 10.4		Gross fixed capital formation	General government final consumption expenditure	Total tax revenue	Taxes on income, profits and capital gains	SDG 17.4		Prices				
	Gross domestic product (GDP)		Labour share of GDP, comprising wages and social protection transfers ^a	Annual growth (%)					Total tax revenue	Average annual growth (%)		(% of total tax revenue)	Debts		Consumer price index
	Total	Per capita											External debt stock	Total debt service	
	(2017 PPP \$ billions)	(2017 PPP \$)											(% of GNI)	(% of GNI)		(2010 = 100)
2019	2019	2019	2017	2014-2019 ^b	2014-2019 ^b	2014-2019 ^b	2014-2019 ^b	2017-2018 ^b	2018	2019					
Very high human development															
31	United Arab Emirates	655.8	67,119	0.2	36.8	17.6	13.3	14.3	0.1	..	..	115	
40	Saudi Arabia	1,609.3	46,962	-1.3	31.5	22.1	23.8	-3.5	8.9	1.8	..	118			
42	Bahrain	73.9	45,026	-2.6	30.0	29.6	16.3	0.6	..	..	..	118 ^c	
45	Qatar	262.4	92,651	-2.0	18.6	..	18.4	-6.1	..	..	..	115	
60	Oman	138.8	27,896	-2.4	54.9	24.5	26.4	0.6	..	..	..	114	
64	Kuwait	209.7	49,846	-1.3	29.4	..	22.7	6.3	1.4	..	..	127	
High human development															
91	Algeria	488.6	11,350	-1.1	46.3	40.5	18.6	1.9	..	..	3.2	0.1	151
92	Lebanon	100.9	14,717	-5.7	47.5	18.4	15.2	-6.2	15.3	27.6	145.1	30.0	130		
95	Tunisia	125.8	10,756	-0.1	45.9	18.6	20.6	..	21.1 ^e	26.7 ^e	90.0	7.3	155		
102	Jordan	100.1	9,906	0.5	36.5	18.4	15.5	3.7	15.1	11.9	76.1	5.4	126		
105	Libya	102.8	15,174	1.0	41.2	..	..	..	..	..	..	..	..
115	Palestine, State of	25.9 ^c	5,662 ^c	-1.6 ^c	38.2	23.2	26.2	0.9	6.4	4.6	..	..	113
116	Egypt	1,180.9	11,763	3.5	34.9	16.3	8.4	1.7	12.5	24.1	40.4	3.2	264 ^c		
Medium human development															
121	Morocco	278.5	7,515	1.0	43.5	28.5	18.9	3.5	21.9	33.0	42.2	3.4	111		
123	Iraq	427.7	10,881	2.1	27.3	12.9	22.0	6.3	2.0	4.8	..	..	120 ^c
151	Syrian Arab Republic	..	..	..	39.4	..	..	..	..	..	..	..	..
156	Comoros	2.6	3,081	0.5	34.8	14.9	10.3	0.0	..	..	16.5	0.5	..
Low human development															
157	Mauritania	23.5	5,197	3.1	43.3	37.1	12.9	5.5	..	..	97.8	5.5	135
166	Djibouti	5.4	5,519	5.9	40.8	25.0	19.5	3.2	..	..	157.6	21.4	120
170	Sudan	169.5	3,958	-4.9	34.4	18.7	5.9	-9.8	8.0	5.9	56.9	0.9	1,344		
179	Yemen	..	..	-1.6 ^c	42.6	..	..	..	..	..	26.1	0.4	158 ^d
Other countries or territories															
	Somalia	..	..	..	39.6	..	..	..	..	3.1	39.4	..	..
	Arab States	5,955.9	16,487	-	34.4	21.2	18.7	2.1	7.7	15.2	44.8	..	-		
	Developing countries	67,363.2	10,845	-	47.6	31.6	15.2	4.2	11.1	26.3	25.1	3.3	-		
	World	127,400.6	16,980	-	53.8	25.5	16.6	2.6	13.3	34.3	25.5	3.6	-		

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Estimates modelled by the International Labour Organization.
- b Data refer to the most recent year available during the period specified.
- c Refers to 2018.
- d Refers to 2014.
- e Refers to 2012.

Definitions

Gross domestic product (GDP): Sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products, expressed in 2017 international dollars using purchasing power parity (PPP) rates.

GDP per capita: GDP in a particular period divided by the total population in the same period.

GDP per capita, annual growth: Annual percentage growth rate of GDP per capita based on constant local currency.

Labour share of GDP, comprising wages and social protection transfers: Total compensation of employees, expressed as a percentage of GDP, which measures total output. Total compensation is the total remuneration, in cash or in kind, payable by an enterprise to an employee in return for work done by the employee during the accounting period.

Gross fixed capital formation: Value of acquisitions of new or existing fixed assets by the business sector, governments and households (excluding their unincorporated enterprises) less disposals of fixed assets, expressed as a percentage of GDP. No adjustment is made for depreciation of fixed assets.

General government final consumption expenditure: All government current expenditures for purchases of goods and services (including compensation of employees and most expenditures on national defence and security but excluding government military expenditures that are part of government capital formation), expressed as a percentage of GDP.

Total tax revenue: Compulsory transfers to the central government for public purposes, expressed as a percentage of GDP.

Taxes on income, profits and capital gains: Taxes levied on the actual or presumptive net income of individuals, on the

profits of corporations and enterprises and on capital gains, whether realized or not, on land, securities and other assets.

External debt stocks: Debt owed to nonresidents repayable in currency, goods or services, which is the sum of public, publicly guaranteed and private nonguaranteed long-term debt, use of IMF credit, and short-term debt, expressed as a percentage of gross national income (GNI).

Total debt service: Sum of principal repayments and interest actually paid in foreign currency, goods or services on long-term debt; interest paid on short-term debt; and repayments (repurchases and charges) to the International Monetary Fund, expressed as a percentage of gross national income (GNI).

Consumer price index: Index that reflects changes in the cost to the average consumer of acquiring a basket of goods and services that may be fixed or changed at specified intervals, such as yearly.

Main data sources

Columns 1–3 and 5–12: World Bank (2020a). World Development Indicators database. Washington, DC. <http://data.worldbank.org>. Accessed 22 July 2020.

Column 4: ILO (2020). ILOSTAT database. <https://ilostat ilo.org/data/>. Accessed 21 July 2020.

TABLE 11

Work and employment

HDI rank	SDG 9.2		SDG 9.2		SDG 8.5		SDG 8.5		SDG 8.6		SDG 8.7		SDG 11		SDG 8.3		SDG 8.3		SDG 1.3	
	Employment				Unemployment				Work that is a risk to human development				Skill-level employment	Employment-related social security						
	Employment to population ratio ^a	Labour force participation rate ^a	Employment in agriculture ^a	Employment in services ^a	Total ^a	Youth ^a	Youth not in school or employment	Child labour	Working poor at PPP\$3.20 a day ^a	Proportion of informal employment in nonagricultural employment	High-skill to low-skill ratio	Old-age pension recipients ^a								
	(% ages 15 and older)	(% of total employment)	(% of labour force)	(% ages 15-24)	(% ages 5-17)	(% of total employment)	(% of total employment in nonagriculture)	(employment ratio)	(% of statutory pension age population)											
2019	2019	2019	2019	2019	2019	2019	2019	2019	2011-2019 ^c	2011-2019 ^c	2009-2019 ^c	2014-2019 ^c								
Very high human development																				
31	United Arab Emirates	80.2	82.1	1.4	64.2	2.3	7.3	11.2	..	0.4	..	..	1.86	27.0				
40	Saudi Arabia	52.6	55.9	2.4	72.9	5.9	28.6	16.0	..	0.1	..	..	..	5.1			
42	Bahrain	72.8	73.4	1.0	63.8	0.7	4.6	18.0	..	..	..	..	0.61	..		
45	Qatar	86.7	86.8	1.2	44.4	0.1	0.4	10.5	..	0.1	..	..	0.96	13.1				
60	Oman	70.4	72.4	4.6	62.7	2.7	13.2	19.8	..	0.2	..	..	..	..		
64	Kuwait	71.9	73.5	2.0	73.6	2.2	15.8	27.0	..	0.6	..	..	0.82	41.9				
High human development																				
91	Algeria	36.3	41.2	9.9	59.4	11.7	29.5	21.1	4.3	1.3	..	..	0.84	..				
92	Lebanon	44.1	47.0	13.6	63.9	6.2	17.6	25.5	..	0.2	..	..	..	..		
95	Tunisia	38.7	46.1	13.0	54.4	16.0	36.3	24.8	2.3	0.9	..	..	0.95	54.0				
102	Jordan	33.5	39.3	3.1	72.4	14.7	35.0	32.5	1.7	1.4	..	..	..	46.6			
105	Libya	40.5	49.7	18.9	59.2	18.6	50.5	31.8	..	0.4	..	..	..	..		
115	Palestine, State of	32.4	43.8	6.1	62.3	26.2	42.0	33.8	9.4	1.4	50.6	39.2	1.40	31.0						
116	Egypt	41.4	46.4	23.8	48.5	10.8	31.1	27.7	4.8	11.9	54.2	41.1	3.68	37.5						
Medium human development																				
121	Morocco	41.2	45.3	34.7	43.6	9.0	22.1	22.1	..	5.0	..	..	0.45	..				
123	Iraq	37.5	43.0	18.1	59.6	12.8	25.1	44.6	4.5	6.8	..	..	1.30	..				
151	Syrian Arab Republic	40.4	44.1	10.7	62.7	8.4	20.9	33.4	..	53.8	..	..	1.64	..				
156	Comoros	41.4	43.3	50.4	36.6	4.3	9.9	27.2	28.5	29.3	93.4	93.4	4.86	..						
Low human development																				
157	Mauritania	41.5	45.9	51.3	35.8	9.5	14.8	39.9	14.0	15.9	89.4	90.8	9.95	..						
166	Djibouti	54.0	60.2	33.1	53.8	10.3	20.8	33.2	..	..	..	..	..	14.2	
170	Sudan	40.4	48.4	39.9	43.8	16.5	31.4	32.2	18.1	21.5	77.3	60.2	..	11.0						
179	Yemen	33.1	38.0	29.0	61.0	12.9	24.0	44.8	..	85.1	68.4	63.4	1.53	7.0						
Other countries or territories																				
..	Somalia	42.0	47.4	83.1	13.3	11.4	17.0	25.1	..	85.9	..	..	..	..		
	Arab States	43.0	48.0	19.8	55.2	10.9	27.4	29.6	..	14.4	..	..	1.56	..				
	Developing countries	57.4	60.8	32.3	44.6	5.8	15.8	23.6	..	23.9	..	..	0.85	65.2				
	World	57.4	60.7	26.9	50.1	5.6	15.4	22.2	..	23.0	..	..	1.45	76.3				

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Estimates modelled by the International Labour Organization.
- b Because statutory pension ages differ by country, cross-country comparisons should be made with caution.
- c Data refer to the most recent year available during the period specified.

Definitions

Employment to population ratio: Percentage of the population ages 15 years and older that is employed.

Labour force participation rate: Percentage of a country's working-age population that engages actively in the labour market, either by working or looking for work. It provides an indication of the relative size of the supply of labour available to engage in the production of goods and services.

Employment in agriculture: Share of total employment that is employed in agriculture.

Employment in services: Share of total employment that is employed in services.

Total unemployment rate: Percentage of the labour force population ages 15 and older that is not in paid employment or self-employed but is available for work and has taken steps to seek paid employment or self-employment.

Youth unemployment rate: Percentage of the labour force population ages 15–24 that is not in paid employment or self-employed but is available for work and has taken steps to seek paid employment or self-employment.

Youth not in school or employment: Percentage of people ages 15–24 who are not in employment or in education or training.

Child labour: Percentage of children ages 5–11 who, during the reference week, engaged in at least one hour of economic activity and/or involved in unpaid household services for more than 21 hours; children ages 12–14 who, during the reference week, engaged in at least 14 hours of economic activity and/or involved in unpaid household services for more than 21 hours; children ages 15–17 who, during the reference week, engaged in at least 43 hours of economic activity; or children ages 5–17 who, during the reference week, engaged in hazardous working conditions or any worst forms of child labour other than hazardous.

Working poor at PPP\$3.20 a day: Proportion of employed people who live on less than \$3.20 (in purchasing power

parity terms) a day, expressed as a percentage of the total employed population ages 15 and older.

Proportion of informal employment in nonagricultural employment: Share of informal employment in total employment in the nonagricultural sector.

High-skill to low-skill ratio: The ratio of total employment in high-skill occupations (skill levels 3 and 4: managers, professionals, technicians and associate professionals) to total employment in low-skill occupations (skill level 1: elementary occupations).

Old-age pension recipients: Proportion of people older than the statutory pensionable age receiving an old-age pension (contributory, noncontributory or both), expressed as a percentage of the eligible population.

Main data sources

Columns 1–7 and 9–11: ILO (2020). ILOSTAT database. <https://ilostat.ilo.org/data/>. Accessed 21 July 2020.

Columns 8 and 13: United Nations Statistics Division (2020a). Global SDG Indicators Database. <https://unstats.un.org/sdgs/indicators/database/>. Accessed 21 July 2020.

Column 12: HDRO calculations based on ILO (International Labour Organization) (2020). ILOSTAT database. <https://ilostat.ilo.org/data/>. Accessed 21 July 2020.

TABLE 12

National income and composition of resources

HDI rank	SDG 16.9	SDG 1.5, 11.5	SDG 1.5, 11.5	SDG 1.5, 11.5, 13.1	Orphaned children	SDG 16.3	SDG 16.1	SDG 3.4		Justification of wife beating		SDG 2.1	
	Birth registration	Refugees by country of origin	Internally displaced persons	Homeless people due to natural disaster		Prison population	Homicide rate	Suicide rate				Depth of food deficit	
	(% under age 5)	(thousands)	(thousands)	(average annual per million people)		(per 100,000 people)	(per 100,000 people)	(per 100,000 people)		(% ages 15-19)		Average dietary energy supply adequacy (%)	
	2009-2019 ^a	2019 ^b	2019	2009/2019	2019	2013-2018 ^a	2013-2018 ^a	Female	Male	Female	Male	2017/2019	
Very high human development													
31	United Arab Emirates	100	0.2	..	..	..	107	0.5	0.8	3.5	..	..	125
40	Saudi Arabia	..	1.8	..	30	..	206	1.3	1.7	4.6	..	..	132
42	Bahrain	100	0.6	..	..	..	233	0.5	2.1	7.9	..	..	..
45	Qatar	100	0.0	..	..	..	47	0.4	1.1	7.3	6 ^c	22	..
60	Oman	100	0.0	..	0	29	..	0.3	0.9	4.8	10	..	117
64	Kuwait	..	1.3	..	..	..	148	..	1.7	2.5	..	..	141
High human development													
91	Algeria	100	4.5	2.5 ^c	6	450	149	1.4	1.8	4.9	55 ^c	..	145
92	Lebanon	100	5.8	7.0	0	31	92	2.5	2.2	4.2	22 ^{cd}	..	123
95	Tunisia	100	2.1	0.0	0	110	195	..	2.2	4.4	14	22	149
102	Jordan	98	2.4	..	0	..	160	1.4	2.7	4.7	63 ^c	64 ^c	116
105	Libya	..	16.0	451.0	0	99	97	..	2.3	8.7	..	..	..
115	Palestine, State of	96	96.3 ^f	243.0	10	..	22	0.5	..	..	..	..	94
116	Egypt	99	27.5	65.0	0	1,760	112	..	1.7	7.2	46 ^c	..	143
Medium human development													
121	Morocco	96	4.6	..	0	350	233	1.4	3.6	2.5	64 ^d	..	141
123	Iraq	99	343.9	1,555.0	5	..	105 ^g	10.1	3.4	4.7	31	..	113
151	Syrian Arab Republic	..	6,599.3	6,495.0	0	450	..	0.9	1.1	3.8	..	..	125
156	Comoros	87	0.7	..	0	28	27	..	5.4	17.6	43	29	103
Low human development													
157	Mauritania	66	37.4	..	53	110	46	..	3.6	12.1	26	18	125
166	Djibouti	..	2.4	..	0	33	69	..	5.3	11.9	..	..	112
170	Sudan	67	732.8	2,134.0	374	1,520	52	..	4.6	14.5	36	..	114
179	Yemen	31	36.5	3,635.0	4	930	54	6.8	6.2	13.4	49	..	96
Other countries or territories													
	Somalia	..	904.7	2,648.0	136	850	..	..	5.4	11.5	75 ^{cd}	..	76
	Arab States	87	8,782.7 ^h	17,235.5 ^h	..	1,084	126	..	2.8	6.9	46	..	127
	Developing countries	68	19,736.3 ^h	45,401.4 ^h	173	..	114	6.2	7.7	12.2	38	..	118
	World	72	19,834.1 ^h	45,631.2 ^h	152	..	142	5.6	7.4	13.7	..	..	122

TABLE 12

National income and composition of resources

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

- a Data refer to the most recent year available during the period specified.
- b Refugees include individuals recognized under the 1951 Convention relating to the Status of Refugees, its 1967 Protocol, the 1969 Organization of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa, the refugee definition contained in the 1984 Cartagena Declaration on Refugees as incorporated into national laws, those recognized in accordance with the UNHCR Statute, individuals granted complementary forms of protection, and those enjoying temporary protection. In the absence of Government figures, UNHCR has estimated the refugee population in many industrialized countries based on 10 years of individual asylum-seeker recognition.
- c Differs from standard definition or refers to only part of the country.
- d Refers to years or periods other than those specified.
- e Refers to 2016.
- f Refers to Palestinian refugees under the UNHCR mandate only. Another 5,629,829 Palestinian refugees are under the responsibility of United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA 2020).
- g Refers to Central Iraq.
- h Unweighted sum of national estimates.

Definitions

Gross domestic product (GDP): Sum of gross value added by all resident producers in the economy plus any product

taxes and minus any subsidies not included in the value of the products, expressed in 2017 international dollars using purchasing power parity (PPP) rates.

GDP per capita: GDP in a particular period divided by the total population in the same period.

GDP per capita, annual growth: Annual percentage growth rate of GDP per capita based on constant local currency.

Labour share of GDP, comprising wages and social protection transfers: Total compensation of employees, expressed as a percentage of GDP, which measures total output. Total compensation is the total remuneration, in cash or in kind, payable by an enterprise to an employee in return for work done by the employee during the accounting period.

Gross fixed capital formation: Value of acquisitions of new or existing fixed assets by the business sector, governments and households (excluding their unincorporated enterprises) less disposals of fixed assets, expressed as a percentage of GDP. No adjustment is made for depreciation of fixed assets.

General government final consumption expenditure: All government current expenditures for purchases of goods and services (including compensation of employees and most expenditures on national defence and security but excluding government military expenditures that are part of government capital formation), expressed as a percentage of GDP.

Total tax revenue: Compulsory transfers to the central government for public purposes, expressed as a percentage of GDP.

Taxes on income, profits and capital gains: Taxes levied on the actual or presumptive net income of individuals, on the profits of corporations and enterprises and on capital gains, whether realized or not, on land, securities and other assets.

External debt stocks: Debt owed to nonresidents repayable in currency, goods or services, which is the sum of public, publicly guaranteed and private nonguaranteed long-term debt, use of IMF credit, and short-term debt, expressed as a percentage of gross national income (GNI).

Total debt service: Sum of principal repayments and interest actually paid in foreign currency, goods or services on long-term debt; interest paid on short-term debt; and repayments (repurchases and charges) to the International Monetary Fund, expressed as a percentage of gross national income (GNI).

Consumer price index: Index that reflects changes in the cost to the average consumer of acquiring a basket of goods and services that may be fixed or changed at specified intervals, such as yearly.

Main data sources

Column 1: United Nations Statistics Division (2020a). Global SDG Indicators Database. <https://unstats.un.org/sdgs/indicators/database/>. Accessed 21 July 2020.

Column 2: UNHCR (Office of the United Nations High Commissioner for Refugees) (2020). UNHCR Global Trends 2019. Geneva. www.unhcr.org/globaltrends2019/. Accessed 4 August 2020.

Column 3: IDMC (Internal Displacement Monitoring Centre) (2020). Global Internal Displacement Database. www.internal-displacement.org/database. Accessed 22 July 2020.

Column 4: CRED EM-DAT (2020) and UNDESA (2019a).

Columns 5, 10 and 11: UNICEF (United Nations Children's Fund) (2020a). UNICEF Data. <https://data.unicef.org>. Accessed 21 July 2020.

Columns 6 and 7: UNODC (United Nations Office on Drugs and Crime) (2020). DATAUNODC. <https://dataunodc.un.org>. Accessed 21 July 2020.

Columns 8 and 9: WHO (World Health Organization) (2020). Global Health Observatory. www.who.int/gho/. Accessed 21 July 2020.

Column 12: FAO (Food and Agriculture Organization) (2020a). FAOSTAT database. <http://www.fao.org/faostat/en>. Accessed 21 July 2020.

Quality of human development

Country groupings (terciles): [Top third](#) [Middle third](#) [Bottom third](#)

Three-colour coding is used to visualize partial grouping of countries by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Notes* after the table.

HDI RANK		Quality of health			SDG 4.C	SDG 4.A		SDG 4.1			Quality of standard of living				
		Lost health expectancy	Physicians	Hospital beds	Pupil-teacher ratio, primary school (pupils per teacher)	Primary school teachers trained to teach	Schools with access to the Internet		Programme for International Student Assessment (PISA) score			Vulnerable employment ^a (% of total employment)	Rural population with access to electricity	Population using safely managed drinking-water services	Population using safely managed sanitation services
							Primary schools	Secondary schools	Reading ^b	Mathematics ^c	Science ^c				
		(%)	(per 10,000 people)	(%)	(%)	Reading ^b	Mathematics ^c	Science ^c	(%)	(%)	(%)				
	2019	2010-2018 ^a	2010-2019 ^d	2010-2019 ^d	2010-2019 ^d	2010-2019 ^d	2010-2019 ^d	2018	2018	2018	2019	2018	2017	2017	
Very high human development															
31	United Arab Emirates	12.9	25.3	14	25	100	100	432	435	434	0.9	100.0	..	96	
40	Saudi Arabia	13.5	26.1	22	14	100	100	399	373	386	3.0	100.0	..	78	
42	Bahrain	13.6	9.3	17	12	100	100	..	..	..	1.1	100.0	99	96
45	Qatar	13.1	24.9	13	12	49 ^e	100	407	414	419	0.1	100.0	96	96	
60	Oman	12.4	20.0	15	10	100	100	..	..	..	2.6	100.0	90	..
64	Kuwait	13.8	26.5	20	9	79	..	..	..	..	1.1	100.0	100	100
High human development															
91	Algeria	13.0	17.2	19	24	100	..	..	..	..	27.0	100.0	..	18
92	Lebanon	13.8	21.0	27	12	..	90	353	393	384	26.9	100.0	48	22	
95	Tunisia	13.2	13.0	22	17	100	49	..	..	..	20.0	99.6	93	78
102	Jordan	13.1	23.2	15	19	100	13	419	400	429	9.2	98.9	94	81	
105	Libya	14.0	20.9	32	..	..	..	..	..	..	5.7	6.6 ^f	..	26
115	Palestine, State of	13.9	..	..	24	100	85	..	..	..	23.1	100.0	..	..
116	Egypt	12.0	4.5	14	24	83	48	..	..	..	20.7	100.0	..	61
Medium human development															
121	Morocco	13.0	7.3	10	27	100	79	359	368	377	47.5	100.0	70	39	
123	Iraq	13.5	7.1	13	17 ^g	..	..	..	..	..	19.8	99.9	59	41
151	Syrian Arab Republic	13.5	12.9	14	..	..	..	..	..	..	32.4	69.5	..	..
156	Comoros	12.2	2.7	22	28	55	8	..	..	..	63.7	77.0	..	..
Low human development															
157	Mauritania	12.2	1.9	..	34	91	..	..	..	..	52.5	0.6	..	..
166	Djibouti	11.8	2.2	14	29	100	..	..	..	..	44.7	23.8	..	36
170	Sudan	12.9	2.6	7	38 ^h	60 ^h	..	..	..	..	50.4	47.1	..	..
179	Yemen	13.5	5.3	7	27	..	..	..	..	..	45.6	48.7	..	..
Other countries or territories															
	Somalia	12.0	0.2	9	36 ^e	..	..	..	..	..	87.2	14.6	..	..
	Arab States	12.9	10.4	14	22	90	..	..	..	..	25.1	79.7	..	53
	Developing countries	11.9	15.8	36	18	..	..	..	..	..	46.4	96.3	..	..
	World	13.2	15.5	27	24	..	..	..	..	..	44.7	80.3	..	..

Quality of human development

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Three-colour coding is used to visualize partial grouping of countries and aggregates by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Technical note 6* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details about partial grouping in this table.

- a Estimates modelled by the International Labour Organization.
- b Average score for Organisation for Economic Co-operation and Development (OECD) countries is 487.
- c Average score for OECD countries is 489.
- d Data refer to the most recent year available during the period specified.
- e Refers to a year from 2007 to 2009.
- f Refers to 2011.
- g Refers to Sudan prior to South Sudan's secession.

Definitions

Lost health expectancy: Relative difference between life expectancy and healthy life expectancy, expressed as a percentage of life expectancy at birth.

Physicians: Number of medical doctors (physicians), both generalists and specialists, expressed per 10,000 people.

Hospital beds: Number of hospital beds available, expressed per 10,000 people.

Pupil–teacher ratio, primary school: Average number of pupils per teacher in primary education.

Primary school teachers trained to teach: Percentage of primary school teachers who have received the minimum organized teacher training (preservice or in-service) required for teaching at the primary level.

Schools with access to the Internet: Percentage of schools at the indicated level with access to the Internet for educational purposes.

Programme for International Student Assessment (PISA) score: Score obtained in testing of skills and knowledge of 15-year-old students in reading, mathematics and science.

Vulnerable employment: Percentage of employed people engaged as contributing family workers and own-account workers.

Rural population with access to electricity: People living in rural areas with access to electricity, expressed as a percentage of the total rural population. It includes electricity sold commercially (both on grid and off grid) and self-generated electricity but excludes unauthorized connections.

Population using safely managed drinking-water services:

Percentage of the population drinking water from an improved source that is accessible on premises, available when needed and free from faecal and priority chemical contamination. Improved water sources include piped water, boreholes or tubewells, protected dug wells, protected springs, and packaged or delivered water.

Population using safely managed sanitation services: Percentage of the population using an improved sanitation facility that is not shared with other households and where excreta are safely disposed of in situ or treated off site. Improved sanitation facilities include flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines); and composting toilets.

Main data sources

Column 1: HDRO calculations based on data on life expectancy at birth and healthy life expectancy at birth from IHME (2020).

Columns 2 and 12: World Bank (2020a).

Columns 3, 13 and 14: WHO (2020).

Columns 4–7: UNESCO Institute for Statistics (2020).

Columns 8–10: OECD (2019a).

Column 11: ILO (2020).

Life-course gender gap

Country groupings (terciles): [Top third](#) [Middle third](#) [Bottom third](#)

Three-colour coding is used to visualize partial grouping of countries by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Notes* after the table.

HDI RANK	SDG 4.2			SDG 4.1		SDG 4.1		SDG 8.5		SDG 4.4		SDG 8.5		SDG 8.3		SDG 5.5		SDG 5.5		SDG 5.4		SDG 1.3	
	Childhood and youth											Adulthood											
	Sex ratio at birth ^a	(female to male ratio)			Youth unemployment rate	Population with at least some secondary education	Total unemployment rate	Share of employment in nonagriculture, female	Share of seats held by women		Time spent on unpaid domestic chores and care work		Old-age pension recipients										
	(male to female births)	Pre-primary	Primary	Secondary	(female to male ratio)	(female to male ratio)	(female to male ratio)	(% of total employment in nonagriculture)	In parliament (%)	In local government (%)	(% of 24-hour day)	(female to male ratio)	(female to male ratio)										
2015-2020 ^b	2014-2019 ^c	2014-2019 ^c	2014-2019 ^c	2019	2015-2019 ^c	2019	2019	2019	2019	2017-2019 ^c	2008-2018 ^d	2008-2018 ^d	2014-2019 ^c										
Very high human development																							
31	United Arab Emirates	1.05	0.95	0.98	0.92	2.26	0.94	3.88	17.2	50.0	..	..	..							
40	Saudi Arabia	1.03	1.05	1.01	0.94	2.97	0.90	7.67	13.4	19.9	1.1	..	..								
42	Bahrain	1.04	1.03	0.99	1.06	7.81	0.92	19.75	19.8	18.8	13.3	..	..								
45	Qatar	1.05	1.01	1.01	..	9.77	1.15	11.68	13.8	9.8	..	8.2	3.7	0.36									
60	Oman	1.05	1.05	1.10	0.92	3.72	1.15	9.00	12.0	9.9	3.5	18.9	2.5	..									
64	Kuwait	1.05	1.05	1.10	1.06	2.92	1.15	5.19	24.7	4.6	..	..	..							
High human development																							
91	Algeria	1.05	..	0.95	..	1.76	1.00	2.17	16.9	21.5	17.6	21.7 ¹	5.8 ¹	..									
92	Lebanon	1.05	..	..	..	1.32	0.98	1.96	23.3	4.7	4.0	..	..	..						
95	Tunisia	1.06	1.02	0.99	1.14	1.12	0.78	1.75	25.0	22.6	48.5	..	..	..						
102	Jordan	1.05	0.99	0.98	1.03	1.85	0.95	1.82	16.6	15.4	31.9	..	..	0.20							
105	Libya	1.06	..	..	..	1.65	1.56	1.59	30.3	16.0	..	..	..	..					
115	Palestine, State of	1.05	1.00	1.00	1.10	1.84	0.98	1.82	15.9	..	21.2	17.8 ^d	6.0 ^d	..									
116	Egypt	1.06	1.00	1.00	0.99	1.55	1.01	3.06	17.4	14.9	..	22.4 ^d	9.2 ^d	..									
Medium human development																							
121	Morocco	1.06	0.86	0.96	0.91	1.04	0.81	1.21	16.8	18.4	20.9	20.8	7.0	..									
123	Iraq	1.07	..	..	..	2.86	0.70	3.02	10.8	25.2	25.7	..	..	..						
151	Syrian Arab Republic	1.05	..	..	..	2.83	0.86	3.52	14.6	13.2	7.1	..	..	..						
156	Comoros	1.05	1.03	1.00	1.07	0.77	..	1.16	37.5	6.1	28.0	..	..	..						
Low human development																							
157	Mauritania	1.05	1.26	1.06	1.02	1.20	0.51	1.45	31.3	20.3	31.4	..	..	..						
166	Djibouti	1.04	0.95	1.00	1.03	0.96	..	1.02	41.0	26.2	28.9	..	..	..						
170	Sudan	1.04	1.02	0.94	1.01	1.56	0.79	2.39	20.0	27.5	..	..	..	..					
179	Yemen	1.05	0.90	0.87	0.73	1.47	0.54	2.09	5.0	1.0	0.5 ¹	..	..	..						
Other countries or territories																							
	Somalia	1.03	..	..	..	0.98	..	0.97	18.0	24.3	..	..	..	..					
	Arab States	1.05	0.98	0.97	0.96	1.79	0.88	2.63	16.3	18.0	..	..	..	..					
	Developing countries	1.07	0.97	1.01	1.00	1.18	0.85	1.22	37.1	22.7	..	..	..	..					
	World	1.07	0.98	1.01	1.00	1.15	0.89	1.18	39.4	24.6	..	..	..	..					

Life-course gender gap

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Three-colour coding is used to visualize partial grouping of countries and aggregates by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Technical note 6* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details about partial grouping in this table.

- a The natural sex ratio at birth is commonly assumed and empirically confirmed to be 1.05 male births to 1 female birth.
- b Data are average annual estimates for 2015–2020.
- c Data refer to the most recent year available during the period specified.
- d Refers to the population ages 10 and older.
- e Refers to the population ages 12 and older.
- f Refers to 2006.

Definitions

Sex ratio at birth: Number of male births per female birth.

Gross enrolment ratio, female to male ratio: For a given level of education (pre-primary, primary, secondary), the ratio of the female gross enrolment ratio to the male gross enrolment ratio. The gross enrolment ratio (female or male) is the total

enrolment in a given level of education, regardless of age, expressed as a percentage of the official school-age population for the same level of education.

Youth unemployment rate, female to male ratio: Ratio of the percentage of the female labour force population ages 15–24 that is not in paid employment or self-employed but is available for work and is actively seeking paid employment or self-employment to the percentage of the male labour force population ages 15–24 that is not in paid employment or self-employed but is available for work and is actively seeking paid employment or self-employment.

Population with at least some secondary education, female to male ratio: Ratio of the percentage of the female population ages 25 and older that has reached (but not necessarily completed) a secondary level of education to the percentage of the male population ages 25 and older with the same level of education achievement.

Total unemployment rate, female to male ratio: Ratio of the percentage of the female labour force population ages 15 and older that is not in paid employment or self-employed but is available for work and is actively seeking paid employment or self-employment to the percentage of the male labour force population ages 15 and older that is not in paid employment or self-employed but is available for work and is actively seeking paid employment or self-employment.

Share of employment in nonagriculture, female: Share of women in employment in the nonagricultural sector, which comprises industry and services activities.

Share of seats held by women in parliament: Proportion of seats held by women in the national parliament, expressed as a percentage of total seats. For countries with a bicameral legislative system, the share of seats is calculated based on both houses.

Share of seats held by women in local government: Proportion of elected positions held by women in legislative/deliberative bodies of local government, expressed as a percentage of total elected positions in those bodies.

Time spent on unpaid domestic chores and care work: The average daily number of hours spent on unpaid domestic and care work, expressed as a percentage of a 24-hour day. Unpaid domestic chores and care work refer to activities related to the provision of services for own final use by household members or by family members living in other households.

Old-age pension recipients, female to male ratio: Ratio of the percentage of women above the statutory pensionable age receiving an old-age pension (contributory, noncontributory or both) to the percentage of men above the statutory pensionable age receiving an old-age pension (contributory, noncontributory or both).

Main data sources

Column 1: UNDESA (2019a).

Columns 2–4: UNESCO (2020).

Columns 5 and 7: HDRO calculations based on ILO (2020).

Column 6: HDRO calculations based on UNESCO Institute for Statistics (2020) and Barro and Lee (2018).

Column 8: ILO (2020).

Column 9: IPU (2020).

Columns 10 and 11: United Nations Statistics Division (2020a).

Columns 12 and 13: HDRO calculations based on United Nations Statistics Division (2020a).

Women's empowerment

Country groupings (terciles): Top third Middle third Bottom third

Three-colour coding is used to visualize partial grouping of countries by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Notes* after the table.

HDI RANK	SDG 3.1				SDG 3.7, 5.6		SDG 5.6		SDG 5.3		SDG 5.3		SDG 5.2		SDG 5.2		SDG 5.5			SDG 1.3
	Reproductive health and family planning				Violence against girls and women						Socioeconomic empowerment									
	Antenatal care coverage, at least one visit	Proportion of births attended by skilled health personnel	Contraceptive prevalence, any method	Unmet need for family planning	Child marriage	Prevalence of female genital mutilation/cutting among girls and women	Violence against women ever experienced ^a	Share of graduates in science, technology, engineering and mathematics programmes at tertiary level, female	Share of graduates from science, technology, engineering and mathematics programmes in tertiary education who are female	Female share of employment in senior and middle management	Women with account at financial institution or with mobile money-service provider	Mandatory paid maternity leave								
	(%)	(%)	(% of married or in-union women of reproductive age, 15-49 years)	(% of women ages 20-24 who are married or in union)	(% of girls and women ages 15-49)	(% of female population ages 15 and older)	(%)	(%)	(%)	(%)	(%)	(days)								
	2009-2019 ^b	2014-2019 ^b	2009-2019 ^b	2009-2019 ^b	2005-2019 ^b	2004-2018 ^b	2005-2019 ^b	2005-2019 ^b	2009-2019 ^b	2009-2019 ^b	2009-2019 ^b	2017	2019							
Very high human development																				
31	United Arab Emirates	..	99.9	..	..	..	..	..	22.2	41.5	15.8	76.4	45		
40	Saudi Arabia	..	99.4	24.6	..	..	..	..	14.7	36.8	..	58.2	70			
42	Bahrain	..	99.9	..	..	..	..	..	10.5	41.2	..	75.4	60		
45	Qatar	90.8	100.0	37.5	12.4	4	..	..	15.9	47.6	..	61.6 ^c	50					
60	Oman	98.6	98.6	29.7	17.8	4	..	..	41.0	55.7	..	63.5 ^c	50					
64	Kuwait	..	99.9	..	..	..	..	..	..	..	..	73.5	70
High human development																				
91	Algeria	92.7	..	57.1	7.0	3	..	..	30.9	58.2	..	29.3	98					
92	Lebanon	..	..	54.5	..	6	..	..	18.0	43.3	..	32.9	70			
95	Tunisia	95.3	99.5	50.7	19.9	2	..	..	36.5	55.4	19.3	28.4	30					
102	Jordan	97.6	99.7	51.8	14.2	10	..	19.0	..	..	..	26.6	70				
105	Libya	..	..	27.7	40.2	..	..	..	..	..	..	59.6	98
115	Palestine, State of	99.4	99.6	57.2	10.9	15	..	..	11.3	44.3	17.8	15.9	70					
116	Egypt	90.3	91.5	58.5	12.6	17	87.2	25.6	7.7	36.9	..	27.0	90							
Medium human development																				
121	Morocco	88.5	86.6	70.8	11.3	14	..	..	17.8	45.3	..	16.8	98					
123	Iraq	87.6	95.6	52.8	14.3	28	7.4	..	..	..	..	19.5	98			
151	Syrian Arab Republic	87.7	..	53.9	16.4	13	..	..	19.2	49.5	..	19.6 ^c	120					
156	Comoros	92.1	..	19.4	31.6	32	..	6.4	1.5	..	..	17.9 ^c	98					
Low human development																				
157	Mauritania	86.9	69.3	17.8	33.6	37	66.6	..	29.4	28.9	..	15.5	98							
166	Djibouti	87.7	..	19.0	..	5	94.4	..	..	..	..	8.8 ^c	98			
170	Sudan	79.1	77.7	12.2	26.6	34	86.6	..	27.8	47.2	..	10.0 ^d	56							
179	Yemen	64.4	..	33.5	28.7	32	18.5	..	..	..	..	1.7 ^d	70			
Other countries or territories																				
	Somalia	..	..	..	..	45	97.9	..	..	..	..	33.7 ^d	98
	Arab States	87.0	91.7	47.5	16.1	20	..	..	19.6	48.1	..	26.9	75					
	Developing countries	89.6	84.8	59.9	15.3	27	..	..	..	..	..	58.1	101		
	World	89.6	86.7	61.2	..	..	..	..	..	..	..	64.5	110

Women's empowerment

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Three-colour coding is used to visualize partial grouping of countries and aggregates by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Technical note 6* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details about partial grouping in this table.

- a Data collection methods, age ranges, sampled women (ever-partnered, ever-married or all women) and definitions of perpetrators and forms of violence vary by survey. Thus data are not necessarily comparable across countries.
- b Data refer to the most recent year available during the period specified.
- c Refers to 2011.
- d Refers to 2014.

Definitions

Antenatal care coverage, at least one visit: Percentage of women ages 15–49 attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife).

Proportion of births attended by skilled health personnel: Percentage of childbirths attended by skilled health personnel (generally doctors, nurses or midwives) who are maternal and newborn health professionals educated, trained and regulated

to national and international standards. They are competent to provide and promote evidence-based, human rights-based, quality, socioculturally sensitive and dignified care to women and newborns; facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and identify and manage or refer women and/or newborns with complications. Traditional birth attendants, even if they receive a short training course, are not included.

Contraceptive prevalence, any method: Percentage of married or in-union women of reproductive age (15–49 years) currently using any contraceptive method.

Unmet need for family planning: Percentage of married or in-union women of reproductive age (15–49 years) who are fecund have an unmet need if they want to have no (more) births, or if they want to postpone or are undecided about the timing of their next birth, yet they are not using any method of contraception.

Child marriage, women married by age 18: Percentage of women ages 20–24 who were first married or in union before age 18.

Prevalence of female genital mutilation/cutting among girls and women: Percentage of girls and women ages 15–49 who have undergone female genital mutilation/cutting.

Violence against women ever experienced, intimate partner: Percentage of the female population ages 15 and older that has ever experienced physical and/or sexual violence from an intimate partner.

Violence against women ever experienced, nonintimate partner: Percentage of the female population ages 15 and older that has ever experienced sexual violence from a non-intimate partner.

Share of graduates in science, technology, engineering and mathematics programmes at tertiary level, female: Share of female tertiary graduates in science, technology,

engineering and mathematics programmes among all female tertiary graduates.

Share of graduates from science, technology, engineering and mathematics programmes in tertiary education who are female: Share of female graduates among all graduates of tertiary programmes in science, technology, engineering and mathematics.

Female share of employment in senior and middle management: Proportion of women in total employment in senior and middle management.

Women with account at financial institution or with mobile money-service provider: Percentage of women ages 15 and older who report having an account alone or jointly with someone else at a bank or other type of financial institution or who report personally using a mobile money service in the past 12 months.

Mandatory paid maternity leave: The mandatory minimum number of calendar days that legally must be paid by the government, the employer or both. It refers to leave related to the birth of a child that is available only to the mother; it does not cover parental leave that is available to both parents.

Main data sources

Column 1: UNICEF (2020a).

Columns 2, 5 and 6: United Nations Statistics Division (2020a).

Columns 3 and 4: UNDESA (2020).

Columns 7 and 8: UN Women (2019).

Columns 9 and 10: UNESCO Institute for Statistics (2020).

Column 11: ILO (2020).

Columns 12 and 13: World Bank (2020b).

Environmental sustainability

Country groupings (terciles): [Top third](#) [Middle third](#) [Bottom third](#)

Three-colour coding is used to visualize partial grouping of countries by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Notes* after the table.

HDI RANK	SDG 12.C		SDG 9.4		SDG 15.1		SDG 6.4		SDG 8.4, 12.2		SDG 3.9		SDG 15.1, 11.5, 13.1		SDG 15.3		SDG 15.5									
	Carbon dioxide emissions																Use of fertilizer nutrient per area of cropland				Environmental threats					
	Fossil fuel energy consumption		Production emissions per capita		Per unit of GDP		Forest area		Fresh water withdrawals		Nitrogen (N)		Phosphorus (expressed as P ₂ O ₅)		Domestic material consumption per capita		Household and ambient air pollution		Mortality rate attributed to Unsafe water, sanitation and hygiene services		Number of deaths and missing persons attributed to disasters		Degraded land		Red List Index	
	(% of total energy consumption)	(tonnes)	(kg per 2010 US\$ of GDP)	(% of total land area ^a)	Change (%)	(% of total renewable water resources)	(kg per hectare)	(tonnes)	(per 100 000 population, age standardized)	(per 100,000 population)	(per 100,000 population)	(% of total land area)	(value)													
2013-2015 ^b	2018	2017	2016	1990/2016	2007-2017 ^b	2018	2018	2017	2016	2016	2009-2019 ^c	2015	2019													
Very high human development																										
31	United Arab Emirates	86.1	21.3	0.32	4.6	32.1	1,708.0	185.3	50.8	22.5	55	0.1 ^c	..	1	0.857											
40	Saudi Arabia	99.9	18.4	0.34	0.5	0.0	883.3	47.8	26.3	25.0	84	0.1	..	4	0.907											
42	Bahrain	99.4	19.8	0.47	0.8	145.9	132.2	..	..	28.6	40	0.1 ^c	..	..	0.751							
45	Qatar	100.0	38.0	0.26	0.0	0.0	432.4	82.4	29.4	52.5	47	0.1 ^c	..	6	0.821											
60	Oman	100.0	13.9	0.38	0.0	0.0	116.7	93.9	28.3	31.7	54	0.1 ^c	..	7	0.891											
64	Kuwait	93.7	23.7	0.34	0.4	81.2	..	..	..	29.6	104	0.1 ^c	0.0	64	0.838								
High human development																										
91	Algeria	100.0	3.7	0.23	0.8	17.8	84.0	8.2	6.9	9.0	50	1.9	0.0	1	0.908											
92	Lebanon	97.6	3.5	0.34	13.4	4.9	40.2	65.6	47.3	10.0	51	0.8	0.2	..	0.919											
95	Tunisia	88.9	2.7	0.21	6.8	63.5	103.3	14.4	7.5	9.3	56	1.0	0.2	13	0.974											
102	Jordan	97.6	2.4	0.32	1.1	-0.6	96.4	71.2	5.8	7.6	51	0.6	0.1	4	0.965											
105	Libya	99.1	8.1	0.37	0.1	0.0	822.9	7.2	0.9	11.0	72	0.6	..	..	0.972									
115	Palestine, State of	..	0.7	..	1.5	1.0	34.4	..	..	..	..	0.0	15	0.921								
116	Egypt	97.9	2.4	0.21	0.1	67.3	112.0	342.3	68.9	7.9	109	2.0	3.2	1	0.914											
Medium human development																										
121	Morocco	88.5	1.8	0.22	12.6	13.5	35.7	27.4	17.5	7.9	49	1.9	0.2	19	0.889											
123	Iraq	96.0	5.3	0.24	1.9	3.4	42.9	34.5	12.5	6.3	75	3.0	20.9	26	0.793											
151	Syrian Arab Republic	97.8	1.7	0.79	2.7	32.1	..	0.9	0.6	10.6	75	3.7	0.2	..	0.940											
156	Comoros	..	0.3	..	19.7	-25.3	..	..	..	3.5	172	50.7	0.7	22	0.745								
Low human development																										
157	Mauritania	..	0.6	..	0.2	-46.7	..	..	..	7.4	169	38.6	..	3	0.975								
166	Djibouti	..	0.7	..	0.2	0.0	..	..	..	2.9	159	31.3	3.2	..	0.810								
170	Sudan	31.7	0.5	0.11	..	..	71.2	8.2	0.2	5.4	185	17.3	0.9	12	0.928									
179	Yemen	98.5	0.4	0.14	1.0	0.0	..	2.6	0.3	2.3	194	10.2	0.7	..	0.859											
Other countries or territories																										
..	Somalia	..	0.0	..	10.0	-24.1	..	..	..	2.7	213	86.6	..	23	0.905								
Aggregates																										
..	Arab States	95.5	4.8	0.29	1.8	-1.9	77.3	35.4	10.9	9.9	101	7.0	3.5	7	-											
..	Developing countries	80.5	3.4	0.31	27.1	-6.4	8.5	74.1	28.5	11.5	133	14.0	0.6	23	-											
..	World	80.6	4.6	0.26	31.2	-3.0	7.7	69.7	26.0	12.3	114	11.7	0.7	20	-											

Environmental sustainability

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Three-colour coding is used to visualize partial grouping of countries and aggregates by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Technical note 6* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details about partial grouping in this table.

- a This column is intentionally left without colour because it is meant to provide context for the indicator on change in forest area.
- b Data refer to the most recent year available during the period specified.
- c Less than 0.1.

Definitions

Fossil fuel energy consumption: Percentage of total energy consumption that comes from fossil fuels, which consist of coal, oil, petroleum and natural gas products.

Carbon dioxide emissions, production emissions: Total carbon dioxide emissions produced as a consequence of human activities (use of coal, oil and gas for combustion and industrial processes, gas flaring and cement manufacture), divided by midyear population. Values are territorial emissions, meaning that emissions are attributed to the country in which they physically occur.

Carbon dioxide emissions, per unit of GDP: Human-originated carbon dioxide emissions stemming from the burning of fossil fuels, gas flaring and cement manufacture, expressed in kilograms per unit of gross domestic product (GDP) in

constant 2010 US dollars. Carbon dioxide emitted by forest biomass through depletion of forest areas is included.

Forest area: Land spanning more than 0.5 hectare with trees taller than 5 metres and a canopy cover of more than 10 percent or trees able to reach these thresholds in situ. It excludes land predominantly under agricultural or urban land use, tree stands in agricultural production systems (for example, in fruit plantations and agroforestry systems) and trees in urban parks and gardens. Areas under reforestation that have not yet reached but are expected to reach a canopy cover of 10 percent and a tree height of 5 metres are included, as are temporarily unstocked areas resulting from human intervention or natural causes that are expected to regenerate.

Fresh water withdrawals: Total fresh water withdrawn, expressed as a percentage of total renewable water resources.

Use of fertilizer nutrient: Total agricultural use of fertilizer nutrient—nitrogen (N) or phosphorus (expressed as P2O5), expressed per area of cropland. Cropland is the sum of arable land and land under permanent crops.

Domestic material consumption per capita: The sum of direct imports of materials and domestic extraction of materials minus direct exports of materials, measured in tonnes, divided by midyear population. A territorial (production-side) indicator, domestic material consumption measures the total amount of materials used in economic processes. It excludes materials that are mobilized during domestic extraction but do not enter the economic process. Domestic material consumption per capita, also referred to as metabolic profile, is an environmental pressure indicator that describes the average level of material use in an economy.

Mortality rate attributed to household and ambient air pollution: Number of deaths attributable to the joint effects of household and ambient air pollution, expressed per 100,000 population. The rates are age-standardized. The diseases taken into account are acute respiratory infections (estimated for all ages), cerebrovascular diseases (estimated for adults older than age 25), ischaemic heart diseases (estimated for adults older than age 25), chronic obstructive pulmonary disease (estimated for adults older than age 25) and lung cancer (estimated for adults older than age 25).

Mortality rate attributed to unsafe water, sanitation and hygiene services: Number of deaths due to diarrhoea, intestinal nematode infections and protein-energy malnutrition that are attributable to inadequate water, sanitation and hygiene services, expressed per 100,000 population.

Number of deaths and missing persons attributed to disasters: Number of people who died during or directly after a disaster as a direct result of the event or whose whereabouts are unknown since the event, expressed per 100,000 population. It includes people who are presumed dead, for whom there is no physical evidence such as a body and for whom an official or legal report has been filed with competent authorities.

Degraded land: Rain-fed cropland, irrigated cropland, or range, pasture, forest and woodlands that have experienced the reduction or loss of biological or economic productivity and complexity resulting from a combination of pressures, including land use and management practices, expressed as a percentage of total land area.

Red List Index: Measure of the aggregate extinction risk across groups of species. It is based on genuine changes in the number of species in each category of extinction risk on the International Union for Conservation of Nature Red List of Threatened Species. It ranges from 0, all species categorized as extinct, to 1, all species categorized as least concern.

Main data sources

Columns 1 and 4: World Bank (2020a).

Column 2: Global Carbon Project (2020).

Columns 3, 9 and 12–14: United Nations Statistics Division (2020a).

Column 5: HDRO calculations based on data on forest area from World Bank (2020a).

Column 6: FAO (2020c).

Columns 7 and 8: FAO (2020b).

Columns 10 and 11: WHO (2020).

Socioeconomic sustainability

Country groupings (terciles): [Top third](#) [Middle third](#) [Bottom third](#)

Three-colour coding is used to visualize partial grouping of countries by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Notes* after the table.

HDI RANK	SDG 17.4				SDG 9.5			SDG 10.1			SDG 5	SDG 10.1	
	Economic sustainability							Social sustainability					
	Adjusted net savings	Total debt service	Gross capital formation	Skilled labour force	Concentration index (exports)	Research and development expenditure	Dependency ratio	Education and health expenditure versus military expenditure		Overall loss in HDI value due to inequality ^c	Gender Inequality Index ^c	Income share of the poorest 40% ^d	
	(% of GNI)	(% of exports of goods, services and primary income)	(% of GDP)	(% of labour force)	(value)	(% of GDP)	Old age (65 and older)	Military expenditure ^a	Ratio of education and health expenditure to military expenditure ^b	Average annual change (%)			
2015-2018 ^e	2015-2018 ^e	2015-2019 ^e	2015-2019 ^e	2018	2014-2018 ^e	2030 ^f	2015-2018 ^e	2010-2017 ^g	2010/2019 ^h	2005/2019 ^h	2005/2018		
Very high human development													
31	United Arab Emirates	..	..	23.8	52.4	0.231	1.3	6.4	5.6 ⁱ	..	..	-13.4	..
40	Saudi Arabia	17.2	..	27.3	58.7	0.557	0.8 ⁱ	8.3	8.8	1.1 ⁱ	..	-6.8	..
42	Bahrain	19.9	..	36.4	19.3	0.386	0.1	7.1	3.6	1.6	..	-2.9	..
45	Qatar	29.3	..	44.4	43.9	0.463	0.5	5.7	1.5 ⁱ	4.2	..	..	..
60	Oman	-17.5	..	23.2	..	0.447	0.2	6.0	8.2	0.7	..	-1.7	..
64	Kuwait	18.9	..	25.2	..	0.486	0.1	10.0	5.1	..	..	-3.2	..
High human development													
91	Algeria	21.2	0.5	44.3	40.3	0.486	0.5	14.0	5.3	2.8 ⁱ	..	-1.8	..
92	Lebanon	-23.3	72.1	18.4	..	0.122	..	17.9	5.0	2.4	..	..	..
95	Tunisia	-8.3	14.0	19.3	55.8	0.137	0.6	19.0	2.1	6.0	-2.9	-0.4	1.3
102	Jordan	3.3	14.1	18.4	..	0.170	0.7	8.2	4.7	2.4	-3.0	-1.5	1.2
105	Libya	34.8 ⁱ	..	29.8 ⁱ	..	0.794	..	9.0	15.5 ⁱ	..	..	-2.1	..
115	Palestine, State of	..	..	24.2	48.5	0.180	0.5 ⁱ	6.7 ⁱ	..	..	..	..	0.0
116	Egypt	3.6	15.0	16.7	57.2	0.152	0.7	10.2	1.2	3.8 ⁱ	0.8	-1.8	0.0
Medium human development													
121	Morocco	19.7	8.8	32.2	18.7 ⁱ	0.173	0.7 ⁱ	17.1	3.1	3.4 ⁱ	..	-1.5	0.3
123	Iraq	-2.8	..	12.9	28.3	0.948	0.0	6.1	2.7	..	..	..	-0.6
151	Syrian Arab Republic	..	3.1 ⁱ	27.8 ⁱ	..	0.232	0.0	9.4	4.1 ⁱ	2.2 ⁱ	..	-0.1	..
156	Comoros	4.2	1.9	15.0	14.0	0.559	..	6.3	..	..	0.4	..	1.9
Low human development													
157	Mauritania	14.8	15.7	40.9	8.2	0.308	0.0	6.2	3.0	2.3	-1.1	..	1.5
166	Djibouti	40.8	57.8	25.0	..	0.185	..	9.4	3.7 ⁱ	3.2 ⁱ	..	..	-0.3
170	Sudan	-6.2	4.2	19.3	22.7	0.440	..	7.1	2.3	1.4 ⁱ	..	-1.4	1.5
179	Yemen	..	14.6	..	29.7	0.378	..	5.4	4.0 ⁱ	2.5 ⁱ	-0.8	0.0	-0.6
Other countries or territories													
..	Somalia	..	..	..	..	0.409	..	5.6	..	..	..	..	..
..	Arab States	12.4	16.3	26.2	41.7	-	0.7	9.7	5.5	1.6	-1.1	-1.2	-
..	Developing countries	15.2	14.0	33.1	33.9	-	1.3	14.7	2.1	4.5	-1.7	-0.9	-
..	World	10.8	14.5	26.3	47.3	-	2.1	18.0	2.2	6.7	-1.5	-0.9	-

Socioeconomic sustainability

Notes

Aggregates for Arab States include only 20 countries and do not include Comoros and Mauritania, which are part of the UNDP Arab States region but in the global HDR are included in the Sub-Saharan Africa region.

Three-colour coding is used to visualize partial grouping of countries and aggregates by indicator. For each indicator countries are divided into three groups of approximately equal size (terciles): the top third, the middle third and the bottom third. Aggregates are colour coded using the same tercile cutoffs. See *Technical note 6* at <https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf> for details about partial grouping in this table.

- a This column is intentionally left without colour because it is meant to provide context for the indicator on education and health expenditure.
- b Data on government expenditure on health and education are available in tables 8 and 9 and at <http://hdr.undp.org/en/data>.
- c A negative value indicates that inequality declined over the period specified.
- d A negative value indicates that inequality increased over the period specified.
- e Data refer to the most recent year available during the period specified.
- f Projections based on medium-fertility variant.
- g Data refer to the most recent year for which all three types of expenditure (education, health and military) are available during the period specified.
- h The trend data used to calculate the change are available at <http://hdr.undp.org/en/data>.
- i Refers to a year earlier than that specified.
- j Includes East Jerusalem.

Definitions

Adjusted net savings: Net national savings plus education expenditure and minus energy depletion, mineral depletion, net forest depletion, and carbon dioxide and particulate emissions damage. Net national savings are equal to gross national savings less the value of consumption of fixed capital.

Total debt service: Sum of principal repayments and interest actually paid in currency, goods or services on long-term debt; interest paid on short-term debt; and repayments (repurchases and charges) to the International Monetary Fund. It is expressed as a percentage of exports of goods, services and primary income.

Gross capital formation: Outlays on additions to the fixed assets of the economy plus net changes in inventories. Fixed assets include land improvements (such as fences, ditches and drains); plant, machinery and equipment purchases; and construction of roads, railways and the like, including schools, offices, hospitals, private residential dwellings and commercial and industrial buildings. Inventories are stocks of goods held by firms to meet temporary or unexpected fluctuations in production or sales as well as goods that are work in progress. Net acquisitions of valuables are also considered capital formation. Gross capital formation was formerly known as gross domestic investment.

Skilled labour force: Percentage of the labour force ages 15 and older with intermediate or advanced education, as classified by the International Standard Classification of Education.

Concentration index (exports): A measure of the degree of product concentration in exports from a country (also referred to as the Herfindahl-Hirschmann Index). A value closer to 0 indicates that a country's exports are more homogeneously distributed among a series of products (reflecting a well diversified economy); a value closer to 1 indicates that a country's exports are highly concentrated among a few products.

Research and development expenditure: Current and capital expenditures (both public and private) on creative work undertaken systematically to increase knowledge, including knowledge of humanity, culture and society, and the use of knowledge for new applications. Research and development covers basic research, applied research and experimental development.

Old-age dependency ratio: Ratio of the population ages 65 and older to the population ages 15–64, expressed as the number of dependants per 100 people of working age (ages 15–64).

Military expenditures: All current and capital expenditures on the armed forces, including peacekeeping forces; defence ministries and other government agencies engaged in defence projects; paramilitary forces, if these are judged to be trained and equipped for military operations; and military space activities.

Ratio of education and health expenditure to military expenditure: Sum of government expenditure on education and health divided by military expenditure.

Overall loss in HDI value due to inequality, average annual change: Annual compound change rate of the overall loss in Human Development Index (HDI) value due to inequality over 2010–2019.

Gender Inequality Index, average annual change: Annual compound change rate of the Gender Inequality Index value over 2005–2019.

Income share of the poorest 40%, average annual change: Annual compound change rate of the income share of the poorest 40 percent of the population over 2005–2018.

Main data sources

Columns 1–3, 6 and 8: World Bank (2020a).

Column 4: ILO (2020).

Column 5: UNCTAD(2020).

Column 7: UNDESA (2019a).

Columns 9 and 12: HDRO calculations based on data from World Bank (2020a).

Column 10: HDRO calculations based on the Inequality-adjusted HDI time series.

Column 11: HDRO calculations based on the Gender Inequality Index time series.

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The Arab Human Development Report 2022 focuses on post-Covid-19 recovery, assessing long-standing development challenges across governance, society and the economy and tackling aspects of gender; youth; education and health; multidimensional poverty; impacts on economic sectors, micro, small and medium-sized enterprises, and labour markets; displacement and migration; and nature and climate change challenges—to put the region on a resilient and sustainable human development path.

The Report also assesses the adequacy and efficacy of response policies, especially where the Covid-19 pandemic has led to wider inequalities and exacerbated existing challenges in such areas as public service provision, including social protection, care, education, healthcare and vaccine rollout.

The Report provides concrete recommendations on how to guide a resilient, sustainable, equitable and inclusive recovery. It calls on Arab states to act quickly, decisively and at scale to assess, evaluate and strengthen capabilities and capacities and build effective and trustworthy institutional structures that can support a new social contract to better help societies cope with future shocks and disasters.