

**THE MILLENNIUM DEVELOPMENT GOALS
IN THE ARAB REGION 2005**

United Nations

Distr.
GENERAL
E/ESCWA/SCU/2005/3/Rev.1
9 December 2005
ORIGINAL: ENGLISH

**THE MILLENNIUM DEVELOPMENT GOALS
IN THE ARAB REGION 2005**

United Nations
New York, 2005

Bibliographical and other references have, wherever possible, been verified.

05-0689

Acknowledgements

The preparation of this report was coordinated by the Economic and Social Commission for Western Asia (ESCWA) and overseen by the Technical Committee, consisting of representatives of the United Nations Regional Coordination Group, who provided valuable feedback during the writing of the report. For the purposes of this report, the Technical Committee nominated representatives of five United Nations agencies, namely, ESCWA, United Nations Development Programme (UNDP), United Nations Educational and Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF) and United Nations Development Fund for Women (UNIFEM) to serve as the Drafting Committee. The Drafting Committee provided technical advice, information, and inputs during the writing of this report. The preparation of this report drew on storylines submitted by United Nations agencies and a draft report prepared by Heba Handoussa, consultant.

The following United Nations organizations collaborated in preparing this report: Food and Agriculture Organization (FAO); International Labour Organization – Regional Office for Arab States (ILO-ROAS); Office of the High Commissioner for Human Rights (OHCHR); United Nations Children's Fund – Regional Office for the Middle East and North Africa – UNICEF-MENARO; United Nations Development Fund for Women – Western Asia Regional Office (UNIFEM-WARO); United Nations Development Programme – Subregional Resource Facility for the Arab States (UNDP-SURF); ESCWA; United Nations Educational and Scientific and Cultural Organization – Regional Bureau for Education in the Arab States (UNESCO/UNEDBAS); UNESCO Institute for Statistics (UIS); United Nations Environment Programme – Regional Office for West Asia (UNEP-ROWA); United Nations Population Fund (UNFPA); Joint United Nations Programme on HIV/AIDS (UNAIDS); World Food Programme – Regional Bureau for the Middle East and North Africa (WFP-RBMENA); World Health Organization – East Mediterranean Regional Office (WHO-EMRO).

Special thanks are extended to the following individuals and organizations for their generous contributions and support in preparing this report.

From the Technical Committee: Asma Kurdahi (UNFPA); Christian DeClercq (ESCWA); Dyaa Abdou (FAO); Frej Fenniche (OHCHR); Hosny Khordagui (ESCWA); Maurice Saade (FAO); Milad Saliba (ESCWA); Mohammed Assai (WHO-EMRO); Mona Hammam (UNDP); Moustafa El Nakib; Nabil Rawdah (UN-OHCHR); Naila Sabra (WFP); Nejjib Friji (UNIS/UNIC); Nesim Tumkaya, (UNFPA); Nour Dajani (UNESCO); Oussama Tawil (UNAIDS); Ramzi Salame UNESCO); Ricardo Sibrian (FAO); Rikki Malik-Lali (WFP); Samir Anouti (UNAIDS); Solange Matta-Saade (FAO); Sulieman Sulieman (UNESCO); Yousef Abdel-Jelil (UNICEF); and Ziad Mansour (WHO-EMRO).

From the Drafting Committee: Adib Nehme (UNDP-SURF); Ahmed Hussein (ESCWA); Ghaith Fariz (UNDP); Khalid Abu-Ismael (UNDP-SURF); Krishna Belbase (UNICEF); Lena Alaily (UNIFEM); and Tarik Alami (ESCWA). UNDP-SURF was supported by Ghada Houry (UNDP-SURF). Special thanks to Ahmed Hussein (ESCWA) for coordinating and participating in the whole process of preparations of the report, as well as to the Social Statistics Team at ESCWA including Gheda Temsah, Nadine Shaar, Talal Hourani and Zeina Sinno.

Contributions in specific areas were also provided by the following: Abdulgasim Abdulla (ESCWA); Abdulilah Dewachi (ESCWA); Ali Kadri (ESCWA); Anhar Hegazi (ESCWA); Fadhil Mahdi (ESCWA); Feras Abou Ibrahim (ESCWA); Jocelyn Talbot (UNDP-SURF); Nazem Abdalla (ESCWA); Said Belkashla (UIS); Sonya Knox (UNDP-SURF); and Wafa Aboul Hosn (ESCWA).

This report could not have been prepared without the continuous support of Mervat Tallawy, Executive-Secretary, ESCWA; Taleb Rifai, Regional Director, Regional Office, ILO; Thomas McDermott, Regional Director, UNICEF; Rima Khalaf, Director, Bureau of Arab States, UNDP; Mona Hammam, Resident Coordinator and Representative in Lebanon, UNDP; Nada Al Nashif, Chief, Regional Programme Division, Bureau of Arab States, UNDP; Nadir Hadj-Hammou, Chief, UNDP-SURF; Haifa Abou Ghazaleh, Regional Director, UNIFEM; Habib El Habr, Acting Director and Regional Representative, UNEP-ROWA; Amir Abdulla, Regional Director, WFP; and Hussein A. Gezairy, Regional Director, WHO-EMRO.

Preface

This report is the result of the collaboration of several United Nations agencies in the region which was coordinated by the Economic and Social Commission for Western Asia on the occasion of the September 2005 World Summit and the high-level plenary meeting of the sixtieth session of the General Assembly, that was held from 14 to 16 September 2005 in New York. It is meant to supplement Millennium Development Goals (MDGs) reporting that has taken place at the country and global levels.

Most Arab countries have prepared country MDG reports and some are working on their second report. In the past, some regional reports were separately prepared by the various United Nations agencies. This is the first report of its kind in that it is the outcome of collaborative efforts of the UN agencies operating in the region. The report aims to raise awareness of MDGs and to improve capacities for reporting on and monitoring progress towards the achievement of the goals.

This report consists of three main sections: the first tracks progress in the Arab region¹ towards the stated aim of achieving the Goals by 2015; the second highlights key challenges and issues; and the third points to the way forward. It is meant for a broad audience of policymakers, development experts, academicians, researchers, the media and the public.

Data and analyses are presented by subregion. The Mashreq subregion covers Egypt, Iraq, Jordan, Lebanon, Palestine and Syrian Arab Republic; the Maghreb countries include Algeria, Libyan Arab Jamahiriya, Morocco and Tunisia; the Gulf Cooperation Council subregion covers Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates; and the least-developed countries include Comoros, Djibouti, Mauritania, Somalia, Sudan and Yemen. In order to facilitate analysis, countries were grouped according to geographic proximity, similarity in resource endowment and level of development.

The preparation of the report is a good practice in United Nations inter-agency cooperation that was undertaken under the umbrella of the Regional Coordination Group. It can serve as a modality for future cooperation and collaboration in the region. This report could not have been prepared without the dedication and valuable contributions – both technical and financial – of participating United Nations agencies.

Mervat Tallawy
Executive Secretary, ESCWA
On behalf of the Regional Coordination Group

¹ The Arab region as defined in this report includes all 22 members of the League of Arab States, namely, Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Syrian Arab Republic, Sudan, Tunisia, United Arab Emirates and Yemen.

ABBREVIATIONS AND EXPLANATORY NOTES

ART	anti-retroviral
CFCs	chlorofluorocarbons
CO ₂	carbon dioxide
DOTS	directly-observed treatment, short-course
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization of the United Nations
FDI	foreign direct investment
FGM	female genital mutilation
GCC	Gulf Cooperation Council
GDI	Gender Development-related Index
GDP	gross domestic product
GEM	Gender Empowerment Measure
GNI	gross national income
GPI	Gender Parity Index
GYP	Global Youth Partners
HIPC	heavily indebted poor countries
ICT	information and communication technology
IEA	International Energy Agency
ITU	International Telecommunication Union
LDC	least-developed country
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
NER	net enrolment rate
NGOs	non-governmental organizations
ODA	official development assistance
ODP	ozone depleting potential
ODS	ozone depleting substances
PPP	purchasing power parity
SIDS	small island developing States
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Control
UNFPA	United Nations Population Fund
U5MR	under-five mortality rate
UNICEF	United Nations Children's Fund
UNILIT	UNiversity Students for LITeracy
UIS	UNESCO Institute for Statistics
UNSD	United Nations Statistics Division
WCMC	World Conservation Monitoring Centre
WFP	World Food Programme
YRIs	Yemeni rials

References to dollars (\$) are to United States dollars, unless otherwise stated.

CONTENTS

Page

Acknowledgements	iii
Preface	v
Abbreviations and explanatory notes	vi
Introduction	1

Chapter

I. PROGRESS TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN THE ARAB REGION	2
A. Goal 1: Eradicate extreme poverty and hunger	2
B. Goal 2: Achieve universal primary education	9
C. Goal 3: Promote gender equality and empower women.....	12
D. Goal 4: Reduce child mortality.....	15
E. Goal 5: Improve maternal health	18
F. Goal 6: Combat HIV/AIDS, malaria and other diseases	21
G. Goal 7: Ensure environmental sustainability.....	24
H. Goal 8: Develop a global partnership for development.....	28
II. KEY ISSUES AND CHALLENGES	35
A. Establishing peace and security	35
B. The eradication of poverty and development	36
C. Respect for human rights, democracy and good governance	37
D. Protecting the Environment.....	38
III. THE WAY FORWARD	39

LIST OF TABLES

1. Proportion of the population living below the national poverty lines, by country, latest year available, 1990-2004.....	5
2. Aid per capita and total aid received, 1999-2003.....	30
3. Youth unemployment and labour force growth rates, 1991-2004.....	32

LIST OF FIGURES

1. Poverty levels according to various international and national measures, latest year available, 1990 and 2004.....	3
2. Poverty levels according to national poverty lines, 1990 and 2000.....	4
3. Proportion of population living in food deprivation	7
4. Halving the proportion of the population of the Arab region that is food-deprived	8
5. Net enrolment in primary education, 1990/1991 and 2002/2003.....	10
6. Ensuring by 2015 that children in the Arab region complete a full course of primary education	10
7. Youth literacy rates in the Arab region, 1990 and 2002	11
8. The elimination of gender disparity in primary education in the Arab region, preferably by 2005, and by 2015 at the latest.....	13

CONTENTS (continued)

Page

9.	The elimination of gender disparity in secondary education in the Arab region, preferably by 2005, and by 2015 at the latest.....	13
10.	The elimination of gender disparity in tertiary education in the Arab region by 2015 at the latest.....	13
11.	Under-five child mortality rate per 1,000 live births, 1990 and 2003.....	17
12.	The reduction by two-thirds, between 1990 and 2015, of the under-five mortality rate in the Arab region.....	18
13.	The reduction by three-quarters, between 1990 and 2015, of the maternal mortality ratio in the Arab region.....	18
14.	Maternal mortality ratios per 100,000 live births, 1995 and 2000.....	19
15.	Percentage of births attended by skilled health personnel, 1995-2001.....	19
16.	Energy use per unit of GDP, 1990 and 2002.....	25
17.	Proportion of population with access to improved water sources, 1990 and 2002.....	27
18.	Proportion of population with access to improved sanitation, 1990 and 2002.....	28
19.	Major recipients of aid in the Arab region, as a percentage of all aid to the region, 1999 and 2003.....	29
20.	Volatility of aid flows to Arab LDCs, as a change from previous year.....	29
21.	Total debt service, as a percentage of exports of goods, services and net income from abroad, 1999-2003.....	31
22.	Youth and adult unemployment rates by gender, 2004.....	33

LIST OF BOXES

1.	The World Food Programme in Yemen: Support for the education of girls in rural areas.....	8
2.	UNiversity Students for Literacy.....	11
3.	Gender-related indices on the Arab region.....	15
4.	Child poverty.....	16
5.	United Nations Population Fund Global Youth Partners Initiative for Preventing HIV/AIDS: Egypt and Lebanon.....	22
6.	Commitment to partnership.....	28
7.	ICT and the Millennium Development Goals.....	33
8.	Statistical capacity-building for improved monitoring and reporting on the Millennium Development Goals.....	35
9.	Human Rights and the Millennium Development Goals.....	38
10.	A Millennium Development Goal-friendly policy framework for the Arab region.....	39
	<i>References</i>	40
	<i>Annex. Millennium Development Goals</i>	43

Introduction

A total of 191 countries adopted the United Nations Millennium Declaration at the Millennium Summit, which was held from 6 to 8 September 2000, thereby renewing their commitment to peace and security, and to promoting democracy, good governance and respect for internationally agreed upon human rights and fundamental freedoms, including the right to development. Based on the principles and commitments outlined in the Declaration and those outlined in previous conferences and summits, the Millennium Development Goals (MDGs) were adopted as a set of eight time-bound, measurable goals aimed at eradicating extreme poverty and improving living conditions for women and men alike. In 2000, Arab countries pledged to achieve these Goals and reiterated their commitment to keeping that promise in the Arab Declaration on the pursuit of the implementation of the MDGs, which was adopted by members of the League of Arab States on 30 June 2005.

Achieving MDGs requires political will and collective action in terms of implementing and following up on policy reforms and decisions that have been informed by a consensus on key issues and challenges. In his report, "In larger freedom: Towards security, development and human rights for all", the Secretary-General of the United Nations emphasized the need for regional and global partnerships in which States, civil society, the private sector and intergovernmental institutions work together to mobilize resources and coordinate efforts to advance the causes of security, development and human rights, which are inseparable and interlinked.

I. PROGRESS TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN THE ARAB REGION

World leaders and heads of State met at the 2005 World Summit, also known as the Opportunity Summit, to mark the sixtieth anniversary of the United Nations General Assembly and to review progress and follow-up measures in relation to achieving international development goals, including MDGs, and financing for development targets. With this in mind, this report, which was prepared within the framework of the Summit, aims to raise awareness of MDGs and to build capacity in terms of monitoring and reporting on these Goals in the Arab region.

The overall picture in the Arab region is mixed in terms of progress towards achieving MDGs, as borne out by the existence of sharp regional and intracountry disparities. For example, the Gulf Cooperation Council (GCC) countries are in a relatively good position with regard to achieving the Goals, while the majority of middle-income Mashreq and Maghreb countries, as a result of national specificities, vary in their potential for reaching individual goals. Past trends indicate that Iraq and Palestine will be unable to achieve most MDGs. Moreover, it is likely that the majority of Arab least-developed countries (LDCs), and those coping with conflict, will make limited progress. With this in mind, there is an urgent need, for the wealthy and resource-rich countries in the Arab region, and indeed in the rest of the world, to devote an increased amount of resources to those countries. Such resources must be combined with reforms of governance, including improved targeting, equal wealth and service distribution and accountability. Overall, additional measures must be taken in all parts of the region to meet the goals of poverty reduction, gender equality and environmental sustainability, to forge strategic global and regional partnerships, and to formulate effective macroeconomic and social policies.

A. GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

1. *A methodological introduction on poverty indicators and sources*

Many difficulties are associated with computing poverty indicators for the Arab region: some of these are operational, namely, the insufficiency of time-series data, while others are methodological, and pertain to differences in the definitions of poverty and in measurement methodologies. Moreover, adopting the income poverty line, which has been internationally defined as \$1 per day per person, adjusted to take purchasing power parity (PPP) into consideration, does not reflect the reality in the Arab region, where some countries, namely, those in the GCC subregion are classified as high income, while many of those in the Mashreq and Maghreb subregions are considered middle income. This section of the report therefore adopts, the national poverty lines outlined in country MDG reports as a basis for evaluating poverty and its alleviation in the Arab region. Data from country MDG reports were complemented with recent data from official and semi-official sources. Calculations for poverty levels measured at \$1 and \$2 per day are based on international sources, namely, annual United Nations Development Programme (UNDP) *Human Development Reports* for the period 1990-2004 and the World Bank database on World Development Indicators 2004.²

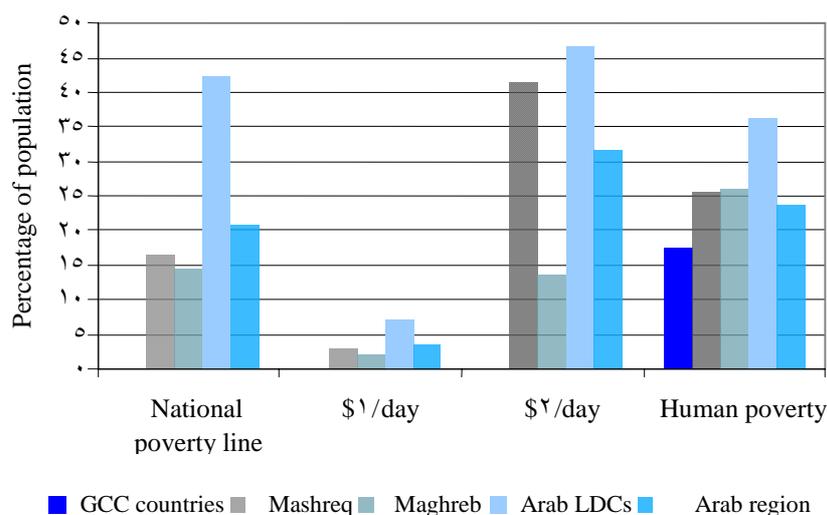
2. *Poverty levels according to international measures*

According to international sources, the proportion of the population living on less than \$1 per day in 2004, adjusted to take PPP into consideration, was 3.4 per cent for the Middle East and North Africa region, a figure that is very low indeed by international standards. However, when the international poverty line was defined as \$2 per day per person, estimates suggest a ratio of 31.5 per cent (see figure 1).³ Data were not available for GCC countries for either measure.

² United Nations Development Group (UNDG), Country Millennium Development Goal (MDG) reports were available for 19 of the 22 Arab countries, and are available at: <http://www.undg.org/content.cfm?cid=79>. Additional data pertaining to the Syrian Arab Republic are derived from the United Nations Development Programme (UNDP) study on poverty in the Syrian Arab Republic, 2005. International data were available for only 7 to 8 countries for the \$1 and \$2 per day measures of poverty. Owing to lack of data for the same year, regional and subregional averages were calculated based on the latest available country data pertaining to the period 1990-2004. Poverty indices for the subregions were computed on the basis of weighted averages, by population size, of national poverty lines.

³ UNDP, *Human Development Report 2004* and World Bank, *World Development Indicators 2004*, available at: <http://www.worldbank.org/data>.

Figure 1. Poverty levels according to various international and national measures, latest year available, 1990-2004



Source: United Nations Development Programme (UNDP), *Human Development Report 2004*; World Bank, World Development Indicators 2004, available at: <http://www.worldbank.org/data>; and United Nations Development Group (UNDG), Country Millennium Development Goal (MDG) reports, available at: <http://www.undg.org/content.cfm?cid=79>.

The human poverty indicator, which was available for 15 Arab countries, including those in the GCC subregion, makes it possible to compare the four subregions.⁴ According to the human poverty index, 23.6 per cent of the population of the region is deprived of basic health and education services and a decent standard of living.⁵

3. Poverty according to national lines

Despite differences in measurement methodologies, national poverty lines continue to be the most meaningful measures, in that they reflect the socio-economic characteristics of the country concerned and express national policy goals. Time series data for poverty ratios are available for 10 Arab countries, representing 64 per cent of the total Arab population.⁶ At the regional level, poverty levels increased slightly between 1990 and 2000 from 16.4 to 16.8 per cent.⁷ During this period, slight fluctuations were observed in the Mashreq subregion, where there was a decrease from 21.6 to 15.7 per cent and in the Maghreb subregion, where there was an increase from 7.3 to 9.1 per cent. However, poverty levels nearly doubled during this period in LDCs, to reach 47.1 per cent in 2000 (see figure 2).⁸

⁴ The human poverty index measures poverty in terms of deprivation in three basic dimensions of human development, namely, a long and healthy life, measured by vulnerability to death before the age of 40; knowledge, measured by adult literacy; and a decent standard of living, measured by the unweighted average of two indicators: the percentage of population without sustainable access to an improved water source and the percentage of underweight children.

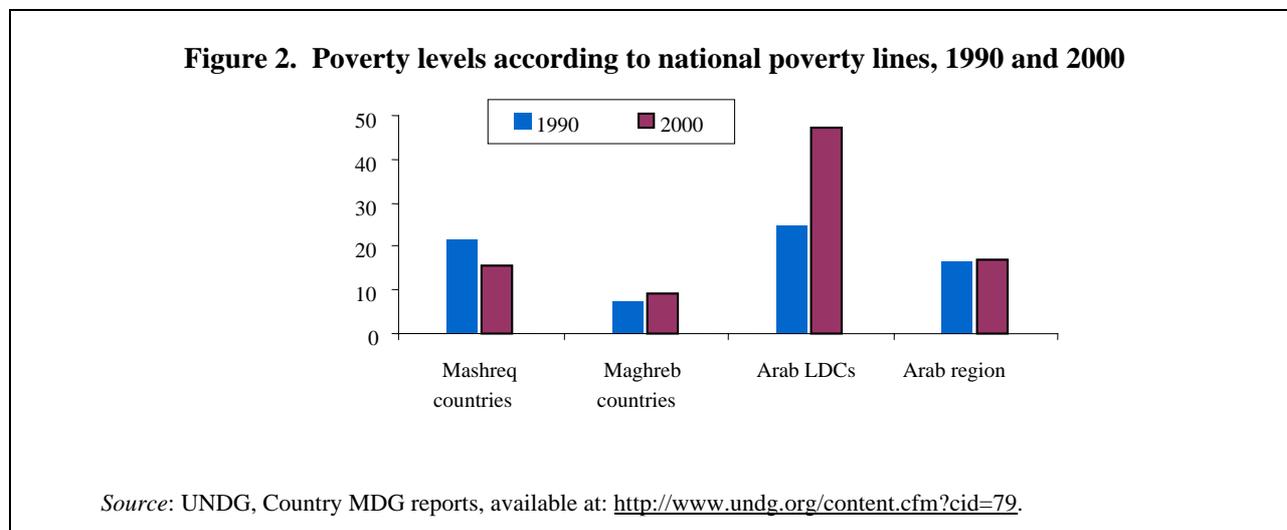
⁵ UNDP, *Human Development Reports*, for the period 1990-2004 and World Bank, World Development Indicators 2004, available at: <http://www.worldbank.org/data>.

⁶ These 10 Arab countries include Algeria, Comoros, Djibouti, Egypt, Jordan, Mauritania, Morocco, the Syrian Arab Republic, Tunisia and Yemen. There are 2 or 3 series for each country, generally covering the period between 1990 and 2000, with few exceptions.

⁷ The population of the above-mentioned 10 countries, taken together with that of Bahrain, Lebanon, Palestine, Somalia and Sudan, represents 79 per cent of the Arab population. The incidence of poverty in these areas was estimated to be 23 per cent. The estimate for the 22 Arab areas as a whole is lower, owing to the fact that of the seven countries for which data were unavailable, only Iraq has a high incidence of poverty, while the GCC States and the Libyan Arab Jamahiriya have lower poverty rates. Data are based on UNDG, country MDG reports, available at: <http://www.undg.org/content.cfm?cid=79>.

⁸ UNDG, Country MDG reports, available at: <http://www.undg.org/content.cfm?cid=79>.

Based on available data, it is unlikely that the Arab region as a whole will achieve the goal of poverty reduction without concerted efforts and increased resources. The picture becomes bleaker when countries for which data are not available are taken into consideration. The sections below shed additional light on the specific circumstances of the subregions, particularly the Mashreq, which has and continues to experience conflict, namely, in Iraq and Palestine, and on LDCs, where underdevelopment and chronic conflict persist.



(a) *Mashreq countries*

Available data on the three countries that represent the majority of the population of this subregion, namely, Egypt, Jordan and the Syrian Arab Republic indicate a decline in poverty levels from 21.6 per cent in 1990 to 15.7 per cent in 2000.⁹ There were no indications, however, of an appreciable decline in poverty in Lebanon between 1990 and 2000. It is also worth noting that in 2002, 60 per cent of the population in Palestine was living in poverty, up from 21 per cent in September 2000.¹⁰ Given that it has been virtually impossible to take measurements in Iraq over the past few years, there are no available measures of poverty for that country. There is, nevertheless, no disputing the fact that poverty, however it is measured, is appreciably high in Iraq in comparison with other Mashreq countries. In general, it can be safely maintained that taking Iraq and Palestine into account would result in a clear increase in computed poverty rates, and a less positive evaluation of the poverty-reduction performance of the Mashreq, despite the fact that other countries that are free of conflict, namely, Egypt, Jordan, the Syrian Arab Republic and even Lebanon, have achieved some success in reducing poverty.

(b) *Maghreb countries*¹¹

Between 1988 and 1995 poverty levels in Algeria increased from 8 to 14.1 per cent as a result of lack of security and ongoing political instability. However, poverty levels dropped in the second half of the 1990s and are continuing to decrease. While the proportion of poor people in Morocco decreased between 1984 and 1990 from 12.5 to 7 per cent, levels increased to 9.9 per cent in 1998. With regard to Tunisia, while the trend was consistent during the 1990s, the decrease registered in the first half of that decade was slight, from 6.7 to

⁹ UNDG, Country MDG reports, available at: <http://www.undg.org/content.cfm?cid=79>.

¹⁰ UNDG, *Palestine MDG Report*, 2003, available at: <http://www.undg.org/content.cfm?cid=79>.

¹¹ More than one set of data are available for poverty levels in three out of the four Maghreb countries, namely, Algeria, Morocco and Tunisia, while data were unavailable on the fourth, the Libyan Arab Jamahiriya. These three countries represent between 85 and 90 per cent of the population of the countries of this group. The Libyan Arab Jamahiriya is a sparsely populated oil country in which poverty rates are expected to be relatively low. It is, therefore, possible to consider the three countries as highly representative of this subregion.

6.2 per cent, compared to the more appreciable decrease noted in the second half of that period, from 6.2 to 4.2 per cent.¹²

(c) *Gulf Cooperation Council countries*

Poverty data on the GCC countries, with the exception of Bahrain, are lacking. In 2000, 11 per cent of the population in Bahrain was living below the national poverty line, defined as the expenditure of \$5.20 per day per person.¹³

(d) *Arab least-developed countries*¹⁴

In 2002, the proportion of poor in Somalia was 43 per cent and estimates placed the proportion of poor in the Sudan at no less than one-half of the population. For these two countries, poverty factors arising out of economic and weather conditions, for example, drought, interact with those arising as a result of wars and conflicts, and—in the case of Somalia—with the near-complete dissolution of the State. However, the Sudan is expected to experience some improvement in the wake of recent peace agreements. Generally, the countries for which data are available represent the prevailing trends in the group as a whole owing to the homogeneity of conditions throughout. Mauritania registered a decrease in the poverty rate from 56.6 to 46.3 per cent between 1990 and 2000, whereas the other three countries, Comoros, Djibouti and Yemen, witnessed a large increase in poverty; particularly in the last two countries. In Djibouti, the proportion of the population living below the national poverty lines increased from 9.6 to 42 per cent between 1996 and 2000. Between 1992 and 1998, poverty levels in Yemen rose from 19.1 to 47 per cent. It can be concluded that, in general, poverty levels in LDCs increased during the last decade of the twentieth century, and should current trends persist, these countries will not succeed in reducing poverty levels (see table 1).¹⁵

TABLE 1. PROPORTION OF THE POPULATION LIVING BELOW NATIONAL POVERTY LINES, BY COUNTRY, LATEST YEAR AVAILABLE, 1990-2004

	Year	Percentage of population below the national poverty line
Algeria	1988	8.0
	1995	14.1
	2000	10.0
Bahrain	2000	11.0
Comoros	1995	54.7
	2000	60.0
Djibouti	1996	9.6
	2000	42.0
Egypt	1990	24.0
	1995	19.0
	2000	17.0
Jordan	1990	21.0
	2000	14.0
Lebanon	1996	7.0
Mauritania	1990	56.6
	1996	50.5
	2000	46.3

¹² UNDG, Country MDG reports, available at: <http://www.undg.org/content.cfm?cid=79>.

¹³ UNDG, *Bahrain MDG Report*, 2003. Available at: <http://www.undg.org/content.cfm?cid=79>.

¹⁴ Time series data were available for four countries, namely, Comoros, Djibouti, Mauritania and Yemen, representing some 34 per cent of the population of the six LDCs.

¹⁵ UNDG, Country MDG reports, available at: <http://www.undg.org/content.cfm?cid=79>.

TABLE 1 (*continued*)

	Year	Percentage of population below the national poverty line
Morocco	1984	12.5
	1990	7.0
	1998	9.9
Palestine	2002	60.0
Somalia	2002	43.2
Sudan	2002	50.0
Syrian Arab Republic	1996	13.2
	2004	11.4
Tunisia	1990	6.7
	1995	6.2
	2000	4.2
Yemen	1992	19.1
	1998	47.0

Source: UNDG, Country MDG reports, available at: <http://www.undg.org/content.cfm?cid=79>.

4. Eradicate hunger

Prevalence of underweight children under age five

Based on data from nine countries in the Mashreq, Maghreb, and Arab LDCs, 14 per cent of the child population in the Arab region was severely or moderately underweight in the period 1999-2003, compared to 11 per cent in the period 1990-1993.¹⁶ Owing to insufficient time series data or their inconsistency, it is difficult to follow trends or discern achieved progress in this regard.

Between the two above-mentioned periods, however, the prevalence of underweight children under age five decreased in the Mashreq from 10.5 to 8.1 per cent, and in the Maghreb from 9.2 to 5.6 per cent. In the Arab LDCs, 39.2 per cent of children under age five were underweight during the period 1999-2003, compared to 38.4 per cent in the period 1990-1993. The difference between the figures for Mashreq and Maghreb can be explained in part by the ratio of underweight children in Egypt, which was 8.6 per cent, with Egypt's population weight having a severe effect on the ratio for the Mashreq countries as a whole.¹⁷

Generally, undernourishment of children is a severe problem throughout the Arab LDCs. It is of greater concern in Egypt and Morocco than in the other countries of the Mashreq and Maghreb, respectively. Data for Iraq were not available. The Arab region will most likely miss the target of halving the number of people suffering from hunger by 2015, unless resources and concerted efforts are made to address child undernourishment, particularly in the Arab LDCs, where there has been little improvement. In those countries, the poor food security situation, poor access to and quality of health services, as well as the lack of knowledge and education, particularly among women, contribute to high morbidity and inadequate child care and feeding (including breastfeeding), thereby leading to high rates of malnutrition. Moreover, malnutrition is a leading cause for under-five mortality and can lead to poor learning and development at later stages.

¹⁶ These include Algeria, Comoros, Egypt, Jordan, Mauritania, Palestine, Somalia, Tunisia and Yemen. Based on availability, data are grouped into three periods: 1990-1993, 1995-1998 and 1999-2003, to facilitate comparison.

¹⁷ United Nations Children's Fund (UNICEF), *The State of the World's Children 2005: Childhood Under Threat*, (New York, UNICEF, 2004); and United Nations Statistics Division (UNSD), MDG Indicators database, available at: http://unstats.un.org/unsd/mi/mi_goals.asp.

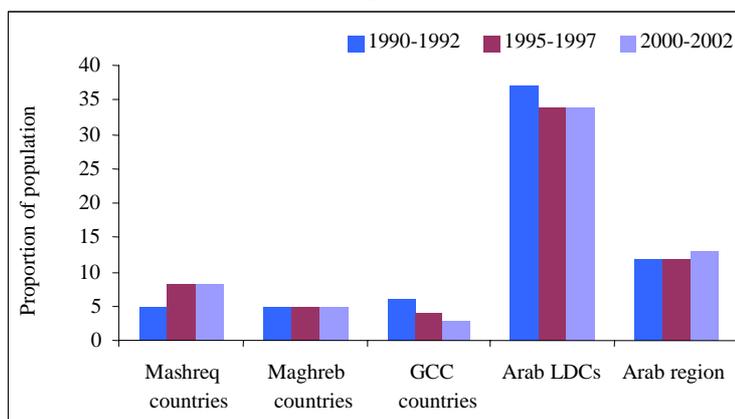
5. Food deprivation¹⁸

It has been estimated that during the period 2000-2002, 13 per cent of the population of the Arab region was food-deprived compared to 12 per cent in the period 1990-1992. That percentage may be attributed to the high level of food deprivation in the Arab LDCs, where the average was 34 per cent, down from 37 per cent.¹⁹

In the Mashreq and Maghreb, food deprivation in the period 2000-2002 was most pronounced in Palestine and Morocco, at 19 and 7 per cent respectively. In the Arab LDCs, more than a quarter of the population of Djibouti and Sudan, and over a third of the population of Yemen suffered food deprivation. In Comoros 62 per cent of the population was food-deprived.²⁰

Between 1990 and 2002, food deprivation decreased or stabilized at low levels in most of the Arab countries with the exception of the Mashreq where levels increased from 5 to 8 per cent, largely as a result of increases in food deprivation in Jordan and Palestine. During this period, the proportion of population suffering from food deprivation was stable at 5 per cent in the Maghreb, and decreased from 6 to 3 per cent in GCC countries. However, food deprivation levels in LDCs declined in the first half of the 1990s, but did not improve into the second half (see figure 3).

Figure 3. Proportion of population living in food deprivation
(Percentage)



Source: Food and Agriculture Organization of the United Nations (FAO) database on undernourishment, available at: <http://www.fao.org/faostat/foodsecurity/Files/PrevalenceUndernourishment.xls>.

Should current trends persist, it is unlikely that the Arab region will succeed in halving the proportion of people living in hunger by 2015, notwithstanding some unevenness among subregions and countries (see figure 4). It is, therefore, essential for this issue to receive a great deal of attention, particularly in the Arab LDCs.²¹

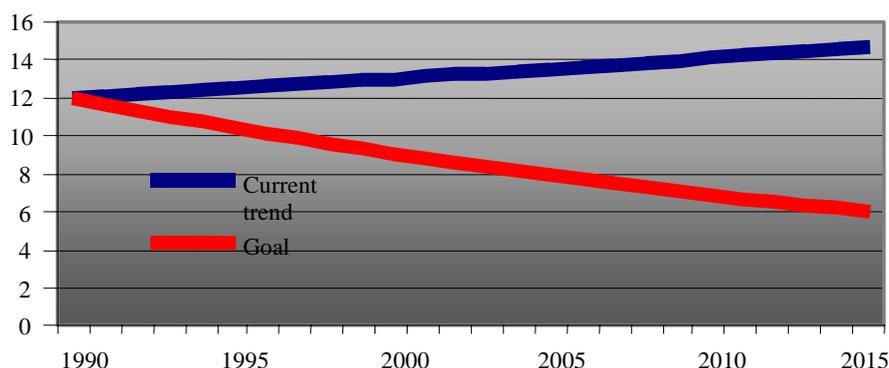
¹⁸ Regional and subregional averages were computed on the basis of data pertaining to the following 17 countries or areas: Algeria, Comoros, Djibouti, Egypt, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Mauritania, Morocco, Palestine, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

¹⁹ UNSD, MDG Indicators database, available at: http://unstats.un.org/unsd/mi/mi_goals.asp.

²⁰ Food and Agriculture Organization of the United Nations (FAO) database on undernourishment, available at: <http://www.fao.org/faostat/foodsecurity/Files/PrevalenceUndernourishment.xls>.

²¹ Ibid.

Figure 4. Halving the proportion of the population of the Arab region that is food-deprived



Source: ESCWA estimates, based on data from FAO database on undernourishment, available at: <http://www.fao.org/faostat/foodsecurity/Files/PrevalenceUndernourishment.xls>.

Box 1 briefly reviews a food aid programme in Yemen that is supporting the education of girls in rural areas.

Box 1. The World Food Programme in Yemen: Support for the education of girls in rural areas

Food aid provided by the World Food Programme (WFP) as an incentive in the form of take-home rations achieved tangible results in terms of increased enrolment and attendance of girls in schools, contributing to at least three of the Millennium Development Goals (MDGs), namely, Goal 1 on the eradication of poverty and hunger, Goal 2 on the achievement of universal primary education and Goal 3 on the promotion of gender equality and women's empowerment.

Based on a Government poverty alleviation strategy, the WFP Food for Education project targets, on an annual basis, 100,000 girls aged 6 to 14 years old at 1,300 rural schools, which is close to 10 per cent of all schools. The project is implemented by WFP in close cooperation with government counterparts and through the Department of Nutrition and Health and the Ministry of Education.

Each girl attending a WFP-supported school receives a take-home ration consisting of 50 kg of wheat and 3 litres of vegetable oil three times during the school year. Over one year, the value of the food received amounts to 6,000 Yemeni rials (YRIs) (\$32), which represents a significant income transfer value to the family, based on the fact that the cost of attendance was calculated at YRIs 2,600 (\$14) per year per child based on a WFP 2003 household survey. In addition, WFP provides one ration per year to teachers in the selected schools.

Districts and households were selected on the basis of a 2002 study conducted by the Food and Agriculture Organization of the United Nations (FAO) experts and the Yemeni Central Statistics Organization. Chronically poor and severely food insecure households where income was less than \$1 per day and schools where girls formed less than 30 per cent of the student body were targeted.

Box 1 (continued)

The food ration has proved to be a valuable and effective incentive for encouraging families to send their daughters to schools. It has helped meet family food security requirements and cover some of the expenses parents bear from enrolling their daughters in school. According to official 2000 data from the Ministry of Education and a 2002 baseline WFP survey, it can be noted that within one year of distribution of WFP food assistance, that is, during 2003/2004, the number of girls enrolled in the targeted schools dramatically increased to 90,958. In 2004/2005 there was a further increase, with enrolment reaching 105,000 girls in schools receiving WFP assistance.

Other indirect benefits of the WFP-supported project include: growing awareness of the value of girls' education, underscoring the fact that it is mainly economic conditions rather than tradition which constrains the education of girls; increased involvement and interest of the community in the activities of schools, including participation of parents along with teachers in food distribution, thus rendering the whole operation more efficient and transparent, and also preventing diversion and/or misappropriations of donated commodities; improved interaction between parents and teachers, which was noted particularly when the parent came to the school to pick up the food ration; improved performance of the teaching staff in the overall management of the school, as noted by education inspectors, for example, with regard to the regular updating of school attendance data by gender; advocacy with parents and village communities for the education of girls; increased dedication and patience on the part of teachers; and strengthened the capabilities of counterparts and implementing partners in the management and logistics of handling/arranging food aid operations and reaching beneficiaries in remote localities.

Source: Information provided by the World Food Programme.

B. GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Access to quality education plays a crucial role in enabling children to compete in the rapidly changing world of the new millennium. The path to both social comfort and economic sustainability begins at the primary school level where children develop the necessary skills through academic participation and communal activities. In conjunction with statistics on enrolment rates in primary education, data on the proportion of students starting grade 1 and reaching grade 5 (retention/completion rates) and youth literacy rates are the principal indicators used to measure progress towards the ultimate objective of achieving universal primary education.

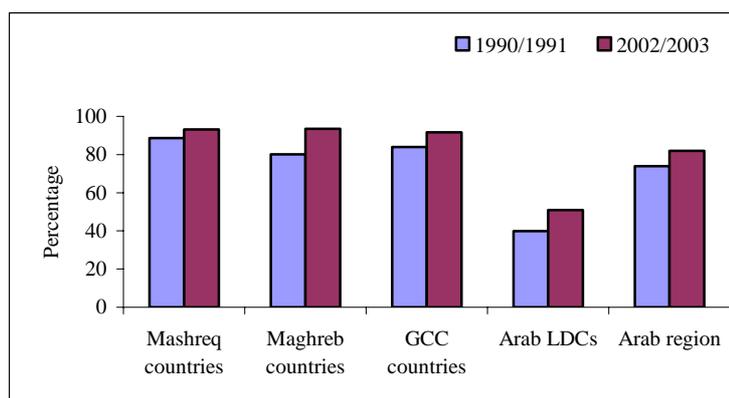
1. *Net enrolment rates*

According to the MDG framework, countries pledged themselves to achieve universal primary education by 2015. Most Arab countries, with the exception of the Arab LDCs, are on track to achieving the goal. However, while net enrolment rates (NERs) in primary education rose by an estimated 8 percentage points to 82 per cent between 1990 and 2002, the Arab region has yet to achieve universal primary education.²²

Progress rates vary across the subregions, with the most significant increases observed in the Maghreb, where NERs in primary education rose by 13 percentage points between 1990 and 2002, reaching 93.5 per cent. During the same period, an 8 percentage-point increase was observed in the GCC region, where NERs reached 91.6 per cent. NERs increased by 4 percentage points in the Mashreq area, reaching 93.2 per cent in 2002. Notable progress has also been evident in the Arab LDCs, where NERs in primary education increased by 11 percentage points to reach 51 per cent in 2002 (see figure 5). At the country level, it is noteworthy that since 1990, Kuwait, Mauritania and Morocco have each realized a 30 per cent increase in their respective NER in primary education.

²² Calculations were based on the United Nations Educational, Scientific and Cultural (UNESCO) Institute for Statistics (UIS), available at: <http://www.uis.unesco.org>; and national data.

Figure 5. Net enrolment in primary education, 1990/1991 and 2002/2003
(Percentage)



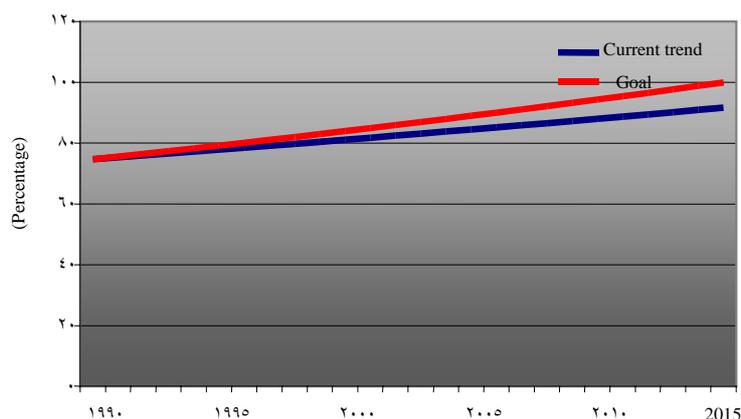
Source: United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS), available at: <http://www.uis.unesco.org>; and ESCWA social statistics datasets.

2. Completion rates

The extent to which the educational system is capable of retaining enrolled students is another good indicator of progress toward universal primary education. In many developing countries, retention rates in primary education, which means the proportion of students starting grade 1 and reaching grade 5, are low for a number of reasons, including the poor quality of education, high costs that force students to drop out to seek employment or help with household chores. Poor retention rates invariably contribute toward greater illiteracy, as students do not gain the opportunity to develop the basic skills to read and write.

In most Arab countries, for which data are available, more than 90 per cent of enrolled children are able to pursue their studies until at least grade 5 of primary education (see figure 6).²³ In 2002, completion rates exceeded 95 per cent in Algeria, Bahrain, Egypt, Jordan, Oman and Tunisia. It can also be noted that in Saudi Arabia, Tunisia and the United Arab Emirates completion rates increased by more than 10 percentage points between 1990 and 2002. However, corresponding rates have since declined in Mauritania, from 75 to 60 per cent, and to a lesser degree in the Syrian Arab Republic, where the retention rate dropped from 96 to 91 per cent between 1990 and 2002.

Figure 6. Ensuring by 2015 that children in the Arab region complete a full course of primary education



Source: ESCWA estimates, based on data from UIS, available at: <http://www.uis.unesco.org> and ESCWA social statistics datasets.

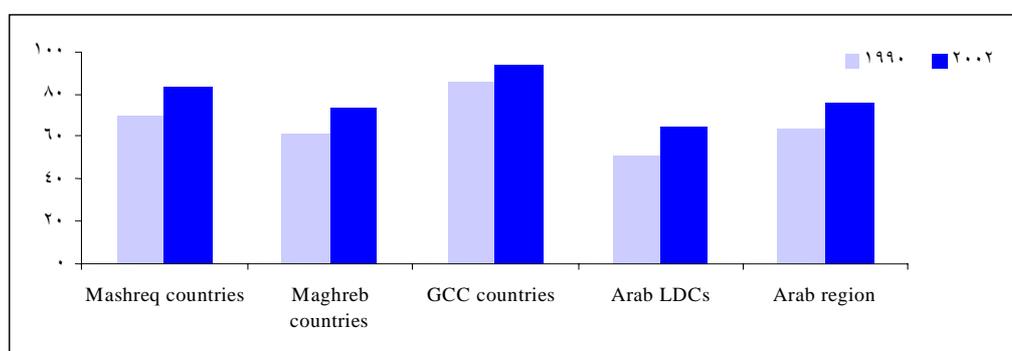
²³ Data on completion rate (indicator 7) were obtained from UIS database.

3. Youth literacy

The problem of illiteracy is inextricably tied to that of poverty and hunger, which together with unemployment propagate a vicious cycle of vulnerability and deprivation. Efforts to eradicate poverty will be negated unless a concurrent effort to increase literacy is made. In terms of human poverty and social welfare, illiteracy exacerbates access to such basic everyday needs as food, health care, and even housing. In developing countries across the world, it has been demonstrated that high literacy rates lead to decreased child mortality rates and improved health status. Lacking such basic skills as reading and writing, or unable to complete their schooling, illiterate people can end up as unskilled labourers, and their diminished productivity renders them more susceptible to low-paid jobs and unemployment.

Between 1990 and 2002, youth (those in the age group 15-24) literacy rates in the Arab region increased from 63.9 to 76.3 per cent.²⁴ GCC countries were leaders in this area, with a youth literacy rate of 94 per cent, followed by the Mashreq and Maghreb, where 83.2 and 73.6 per cent of the youth were literate, respectively.²⁵ In the Arab LDCs, more than one third of youth continue to be unable to read or write (see figure 7).²⁶

Figure 7. Youth literacy rates in the Arab region, 1990 and 2002
(Percentage)



Source: UIS, available at: <http://www.uis.unesco.org>.

Box 2 briefly reviews an innovative project aimed at reducing illiteracy in the Arab States.

Box 2. UNIVERSITY STUDENTS FOR LITERACY

The United Nations Educational, Scientific and Cultural Organization (UNESCO) Regional Office for Education in the Arab States in Beirut, announced the launch of the UNIVERSITY STUDENTS FOR LITERACY (UNILIT) project in the Arab States at the Arab Regional Conference on Higher Education in March 1998. Based on the concept of "let each one teach one", it advocates the notion that each university student will try to lift at least one person per year out of illiteracy. The hope is that by the time that student has graduated, he or she would have contributed to eradicating the illiteracy of at least four individuals.

The project is an attempt to coordinate literacy programmes and higher education institutions towards the aim of combating illiteracy and is one way in which higher education can become a partner in the development of society. In creating the university-community partnership, UNILIT allows universities to extend their commitment to educating the human capital of a country, and to providing educational services at different (non-traditional) levels of learning.

Implementation of this pioneering and low-cost project has been carried out in Jordan, Lebanon, Sudan and Syrian Arab Republic. It is also being implemented in universities in Egypt, Mauritania, Morocco and Yemen.

Source: Information provided by UNESCO, Regional Office for Education in the Arab States, Beirut.

²⁴ UIS. Available at: <http://www.uis.unesco.org>.

²⁵ Ibid.

²⁶ Ibid.

C. GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

While significant advances have been made in the region since 1990 in terms of the health and education of women, these gains have not been accompanied with commensurate achievements in the workplace and political arena. In fact, women's share of the labour force and participation in public and political life in the Arab region are among the lowest in the world. It is expected that improving levels of education and putting the education of women on par with that of men will subsequently improve their access to remunerative productive work, in addition to empowering them to play a greater role in decision-making, both within the household and in public life.

1. *Gender disparities in literacy*

Despite the fact that literacy rates have risen, women's literacy in the region is low and lower than that of men. Between 1990 and 2002, the adult literacy rate of Arab women rose from 35 per cent to 49.6 per cent, whereas the corresponding rate for Arab men increased from 63.5 per cent to 72 per cent. Despite this advancement, in 2002, 44 million adult women (those over age 15), representing almost half of the female population of the Arab region, could not read or write. The gender gap in youth literacy rates is wider than that in adult rates. Indeed, of the 13 million illiterate young people in the region, 8.5 million were women.²⁷

2. *Bridging the gender divide in education*

Since 1990, enrolment levels have increased for boys and girls alike. Between 1990 and 2002, the gender parity index (GPI) increased at all levels of education: from 0.79 to 0.90 in primary education; from 0.76 to 0.91 in secondary education; and from 0.60 to 0.85 in tertiary education.²⁸

(a) *Primary education*

At the subregional level, the following increases in GPI for primary education were noted between 1990 and 2002: from 0.86 to 0.92 in the Mashreq; from 0.82 to 0.92 in the Maghreb; from 0.89 to 0.97 in the GCC countries; and from 0.54 to 0.78 in the Arab LDCs.²⁹

(b) *Secondary education*

Gender disparities tend to decrease at the secondary level of education, as a result of the combined effect of the growing trend in Arab society towards the education of girls and of a higher dropout rate for boys, who join the labour market early, particularly those from poor households. In 2002, GPI for secondary education reached 0.92 in the Mashreq, up from 0.77 in 1990. During the same period, the ratio of girls to boys in secondary education in the Maghreb rose from 0.79 to 1.01, while the corresponding ratio for the GCC countries increased from 0.85 to 0.94. GPI for secondary education in the Arab LDCs was 0.62, up from its level of 0.51 in 1990.³⁰

(c) *Tertiary education*

The enrolment of women exceeded men in tertiary education in only one subregion, namely that of the GCC, with a GPI of 1.63.³¹ This can be explained in part by cultural practices, which favour sending men abroad for post-secondary education. It is also possible that women engage in tertiary education as a second choice non-employment activity, owing to a lack of job opportunities or attitudes towards women working outside the home.

²⁷ ESCWA, *Where do Arab Women Stand in the Development Process: A Gender-based Statistical Analysis*, June 2004 and UIS databases, available at: <http://www.uis.unesco.org>.

²⁸ UIS databases, available at: <http://www.uis.unesco.org>.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

It is expected that if countries maintain the current rate of progress, the Arab region will succeed in achieving gender equality at all levels of education by 2015 (see figures 8, 9 and 10). However, it is noteworthy, that a “good” gender equality index may downplay low absolute levels of enrolment, for boys and girls alike, and the poor quality of education. It is vital to focus resources and efforts on improving the quality of education to ensure better correlation between the knowledge and skills attained by graduates and those required by the labour market, including training in information and communication technologies (ICTs) and technical training. Resources and efforts must target the Arab LDCs, where enrolment levels in schools are the lowest, and also rural and agriculture-based communities, where access to education is often wanting, paying particular attention to girls and women.

Figure 8. The elimination of gender disparity in primary education in the Arab region, preferably by 2005, and by 2015 at the latest

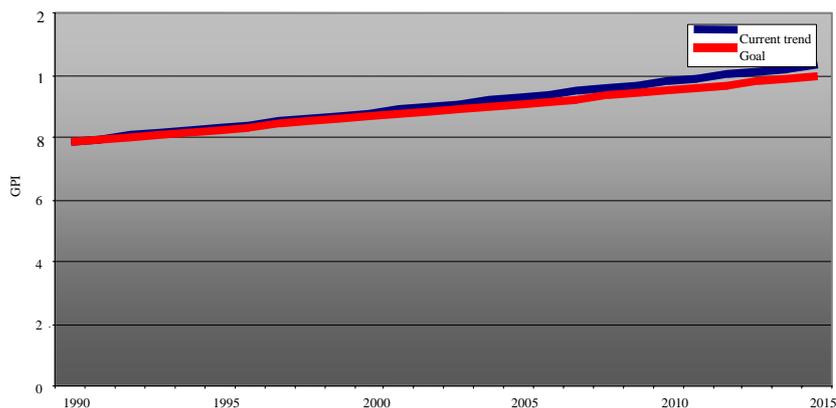


Figure 9. The elimination of gender disparity in secondary education in the Arab region, preferably by 2005, and by 2015 at the latest

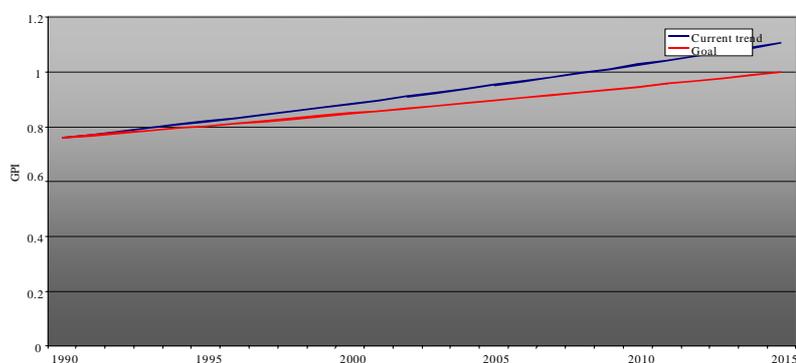
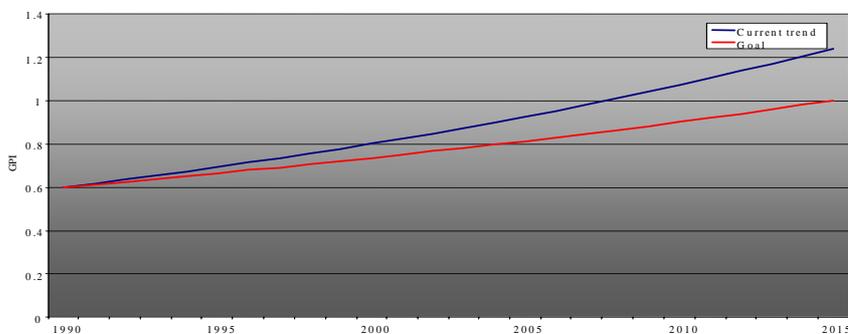


Figure 10. The elimination of gender disparity in tertiary education in the Arab region by 2015 at the latest



Source: ESCWA estimates, based on data from UIS, available at <http://www.uis.unesco.org>.

Note: Data on GPI in tertiary education in the Arab LDCs refer to the latest year available, namely, 1999/2000.

3. Women in the workforce

The economic activity rate of women in the Arab region, which was approximately 29 per cent in 2000, is one of the lowest in the world.³² This can be attributed to a combination of factors, including sluggish economic growth, the poor absorptive capacity of the labour market, legal frameworks, and social and cultural norms. In general, the economic activity rate of women is higher in the Arab LDCs, where agriculture is an important sector and a large employer of women. A higher economic activity rate may not solely indicate a greater degree of economic empowerment, but also point to greater poverty, or the need for two household incomes.³³

The lowest economic activity rates prevail in the higher-income countries, where oil-based industrial activities are often not deemed suitable employment for women. However, in Kuwait, Qatar and the United Arab Emirates more than one-third of women over age 15 were economically active in the period 1995-2002.³⁴ This relatively high rate can be attributed to the large presence of female migrant workers in those countries.

Given the predominantly services-oriented nature of their subregional economies, the economic activity rates of women in the Mashreq and Maghreb are relatively high. Lebanon and Morocco have, relatively speaking, very high percentages of economically active women, at 27 per cent each, for the period 1995-2002.³⁵ Throughout the region, married women, particularly those with children, were less active in the workforce, a trend reinforced by traditional attitudes which emphasize the domestic and reproductive roles of women and portray men as the main bread-winner.

4. Access to wage employment

Women's share of paid employment is smaller than that of men. In 2001, women's share of non-agricultural wage employment in the Arab region ranged from a low of 7 per cent in Yemen to a high of 27 per cent in Morocco.³⁶ Even in countries where women have better access to paid employment opportunities, the conventional division of labour, whereby women mostly find jobs in the health, education and services sectors, persists. It is vital to not only promote greater economic participation, but also to ensure the right of women to decent working conditions, including equal pay for equal work. However, statistics for the region indicate that gender disparities in income and employment opportunities in the Arab countries are not as age-sensitive as in other regions.

5. Representation in national decision-making

The political participation of Arab women remains one of the lowest in the world. As of May 2005, women's share of seats in national parliaments had reached 8 per cent, compared to 4 per cent in January 1997. In 2005, women in the Mashreq enjoyed the greatest parliamentary representation, at 10 per cent, followed by the Maghreb and Arab LDCs, with rates of 8 and 6 per cent, respectively. In the GCC countries, women were represented only in the national parliament of Oman, leaving the average for this subregion at 2 per cent.³⁷ On a positive note, in 2004, the first female minister in the history of the United Arab Emirates

³² ESCWA, *Where Do Arab Women Stand in the Development Process? A Gender-based Statistical Analysis* (E/ESCWA/SDD/2004/Booklet.1), p. 12.

³³ *Ibid.*, p. 12.

³⁴ Population Reference Bureau, *Women of Our World 2005* and United Nations Population Fund (UNFPA), *Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2003*, UNFPA, 2003.

³⁵ *Ibid.*

³⁶ ESCWA, *Where Do Arab Women Stand in the Development Process? A Gender-based Statistical Analysis* (E/ESCWA/SDD/2004/Booklet.1), p. 13.

³⁷ Calculations are based on data derived from the Inter-parliamentary Union database, "Women in national parliaments", for the latest year available, see <http://www.ipu.org>. For 1997, no data were reported for Bahrain, Mauritania, Oman, Qatar, Saudi Arabia and Somalia. Women's share of parliamentary seats was not known for Iraq or the Libyan Arab Jamahiriya. With regard to 2005, no data was reported for the Libyan Arab Jamahiriya, Qatar and Somalia. Data for Palestine were obtained from the UNDP Programme on Governance in the Arab Region, available at: <http://www.pogar.org>.

was nominated. Kuwaiti women are also no longer excluded from political life, having been given the right to vote in 2005, with one woman achieving ministerial status.

Given that they are only marginally represented in political parties and trade unions, the political empowerment of women has a long way to go in the region. Indeed, women's political empowerment must go beyond a symbolic appointment to a politically irrelevant position, to entail actual decision-making and policymaking responsibilities. In Algeria, Djibouti, Iraq, Jordan, Morocco, Palestine, Sudan and Tunisia different styles of quota systems and/or political appointments to ministerial positions are being implemented to strengthen the ability of women to actively engage in political expression and activities.

Box 3. Gender-related indices on the Arab region

It is possible that the real situation with regard to the positions held by women in the Arab region is not accurately reflected by Millennium Development Goal (MDG) indicators alone, which do not capture qualitative aspects, for example, gender perceptions, attitudes and social structures that perpetuate and institutionalize gender inequalities.

Gender disaggregated data are vital in assessing the complexities of gender parity more accurately. A Gender Development-related Index (GDI) rating from 2002, measuring gender inequalities in life expectancy, literacy, school enrolment and earned income, was available for 140 countries; of the 15 Arab countries with GDI rankings, only four, namely, Bahrain, Kuwait, Lebanon and Oman, ranked in the top 50 per cent.

Gender Empowerment Measure (GEM) ratings, which measure inequalities in economic participation and related decision-making, political participation and related decision-making, and power over economic resources, were available for 78 countries in 2002, and of these, for only four Arab States, namely, Bahrain, Egypt, Saudi Arabia and Yemen. All of the Arab States scored very poorly. Despite the paucity of GEM data for the region, it is nonetheless interesting to note that Bahrain, which has an excellent Gender Parity Index ratio for female enrolment in school, has a low GEM rating of 66, which means that the gains for gender parity in literacy and education have not been translating into greater women's empowerment in the workforce or political participation.

Source: UNDP, Human Development Report Indicators 2004 database, available at: <http://hdr.undp.org/statistics/>.

D. GOAL 4: REDUCE CHILD MORTALITY

“Reaching the Millennium Development Goals will require a stronger focus on children and the realization of their rights”.³⁸ While Goal 4 focuses exclusively on the reduction in under-five mortality rates (U5MRs), failure to achieve the MDGs will have dire consequences for children in the Arab region, particularly in the LDCs where poverty, armed conflict and infectious disease, including HIV/AIDS, are most prominent.

Failure to achieve universal primary education and gender parity at all levels of education will rob children of the key to a better future. If efforts are not made to reduce maternal mortality, particularly in those Arab countries suffering chronic underdevelopment and conflict, children in those countries will be deprived of maternal love and care. While there is no or little data on the number of children orphaned by HIV/AIDS in the Arab region, current estimates show that the disease is becoming more prevalent. Failure to scale-up efforts aimed at curbing its spread will end many more lives, including those of mothers, families, teachers and nurses, and of course, children themselves. Improving access to clean water sources and sanitation is critical to child survival and health, particularly in rural areas.³⁹

³⁸ United Nation's Children's Fund (UNICEF), *The State of the World's Children 2005: Childhood Under Threat*, (New York, UNICEF, 2004), p. 7.

³⁹ *Ibid.*, p. 9.

Box 4. Child poverty

Children and adults experience poverty in different ways. With this in mind, effective poverty-reduction strategies must go beyond traditional conceptualizations of poverty, which are based on low levels of household income and consumption, and adopt an integrated approach that tackles the impact of poverty on children's mental, physical, emotional and spiritual development. The United Nations Children's Fund (UNICEF) put forth the following working definition of child poverty in a 2005 report:

“Children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society.”

Currently, no income measures or composite development indices capture child poverty either in terms of the number of children living in poverty or the deprivation of their right to survival; health and nutrition, including access to water and sanitation; education and information, including access to radio, TV and other news media; and protection, including shelter and participation.

Source: UNICEF, *The State of the World's Children 2005: Childhood Under Threat*, (New York, UNICEF, 2004), p. 18.

1. Under-five child mortality

Between 1990 and 2003, under-five child mortality in the Arab region declined from 91 to 70 deaths per 1,000 live births. Child mortality varies greatly across the Arab region, in line with regional contrasts in terms of political instability and economic development. In fact, no other region in the world records such a vast contrast with respect to child mortality. In countries affected by the burden of conflict and/or chronic underdevelopment, namely, Djibouti, Iraq, Mauritania, Somalia, Sudan and Yemen, U5MRs are close to or higher than 100. In contrast, U5MRs in Bahrain, Kuwait, Libyan Arab Jamahiriya, Oman, Qatar, Syrian Arab Republic and United Arab Emirates are among the lowest, ranging from 8 deaths per 1,000 live births in the United Arab Emirates to 18 in the Syrian Arab Republic.

(a) *Mashreq countries*

Between 1990 and 2003, U5MR in the Mashreq declined from 78 deaths per 1,000 live births in to 56. With the exception of Iraq, all Mashreq countries have already reduced U5MR by two-thirds or are very much on track with regard to reaching that target in the near future. Child mortality rates have more than doubled in Iraq since the low levels which persisted around 1990. Iraq is perhaps farthest behind in the entire world in reducing child mortality.⁴⁰

(b) *Maghreb countries*

There has been a dramatic reduction in child mortality in the Maghreb, where U5MR decreased by more than one-half since 1990, reaching 37 in 2003. In the Libyan Arab Jamahiriya, Morocco and Tunisia, corresponding rates decreased by more than half since 1990.⁴¹

(c) *Gulf Cooperation Council countries*

Child mortality is lowest in the GCC countries, at 23 in 2003, down from 39 in 1990.⁴² In each of the GCC countries U5MRs decreased more than one-third over the past decade and half. The rate of progress was most rapid in Oman where under-five child mortality decreased by more than 60 per cent during the same period.⁴³

⁴⁰ Ibid.

⁴¹ Ibid.

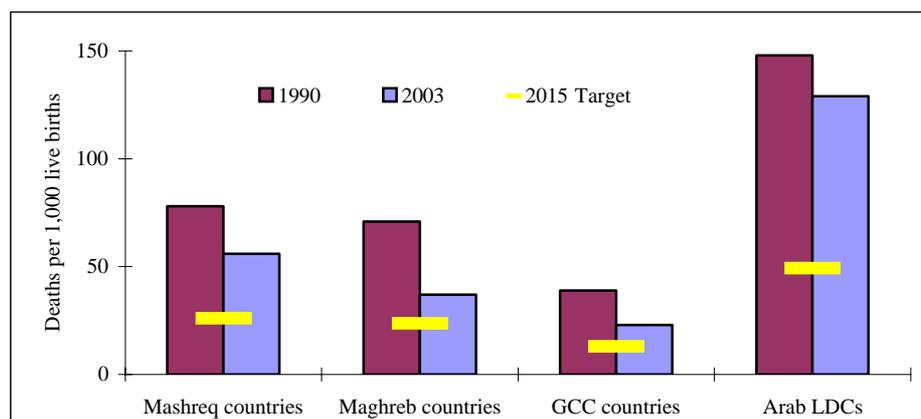
⁴² Ibid.

⁴³ Ibid.

(d) *Arab LDCs*

In the LDCs alone, child mortality rates account for more than half of the total for the entire Arab region. In those countries, child mortality is closely tied to high levels of malnutrition, poor access to health services, poor nutrition and mothers' lack of education. Conflict, extreme poverty and low investment in social services, including health, education, water and sanitation, are some of the basic causes for child mortality (see figure 11).

Figure 11. Under-five child mortality rate per 1,000 live births, 1990 and 2003



Source: UNICEF, *The State of the World's Children 2005: Childhood Under Threat*, (New York, UNICEF, 2004).

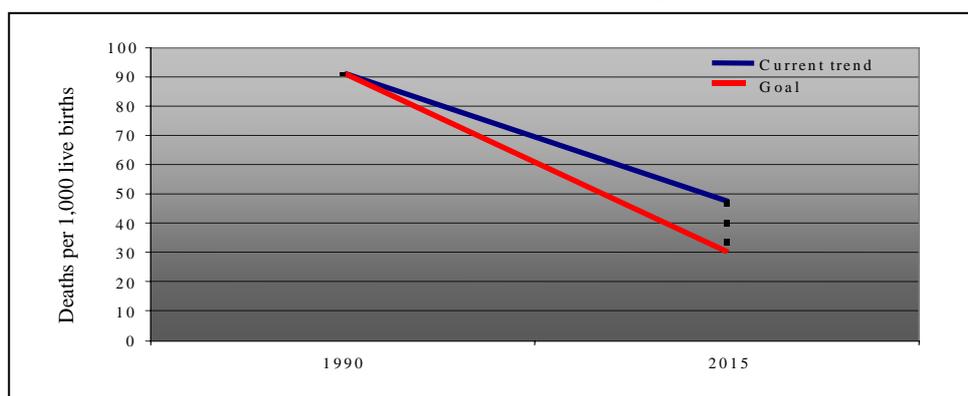
2. *Priority countries*

It is apparent that the vast majority of countries in the Arab region have already achieved the target of reducing child mortality by two-thirds, with the exception of the Arab LDCs. However, given the prevalence of child mortality in those countries and the size of their populations, it is unlikely that the region, as a whole, will be successful in reducing U5MR by two-thirds by 2015 without concerted efforts and more resources.

While Djibouti, the Sudan and Yemen are on the right track, efforts must be accelerated to achieve the target. It is particularly striking that in Mauritania and Somalia, countries with the highest under-five mortality levels, there has been no progress in reducing mortality over the past one and a half decades. In these countries, there is a need to improve access to basic social services and quality of care and to promote community-based activities to improve the use of health services and care practices, such as child feeding, including breastfeeding and complementary feeding, hygiene and maternal care. Special support is vital for improving the coverage of immunization and use of safe water and sanitation by households. Improving access to education, for both girls and boys, and the livelihoods of the poorest population groups will also contribute towards this end.

Peace and stability in Iraq are prerequisites in ensuring that the country can proceed towards meeting this goal. In addition, such high-performing countries as Lebanon and Tunisia must focus on reducing perinatal mortality as a means of further reducing infant mortality rates and U5MRs. Analyses also indicate that the means for reducing U5MR to the lowest levels possible already exist in the Arab region. The most urgent requirements in this regard are political will, peace and increased allocation of resources for basic services, combined with well-coordinated support and increased funding from donors, both from the Arab countries and other developed countries (see figure 12).

Figure 12. The reduction by two-thirds, between 1990 and 2015, of the under-five mortality rate in the Arab region

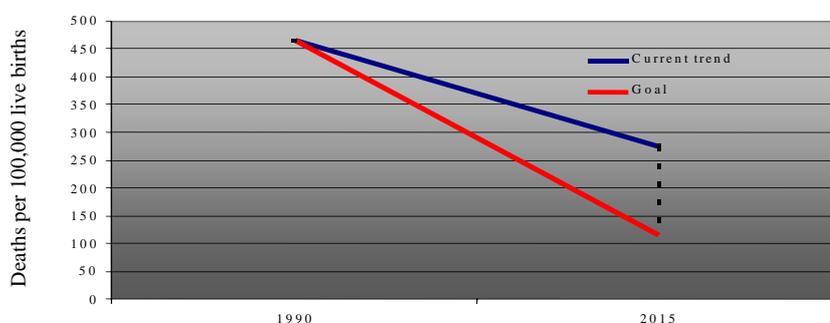


Source: ESCWA estimates, based on data from UNICEF, *The State of the World's Children 2005: Childhood Under Threat*, (New York, UNICEF, 2004).

E. GOAL 5: IMPROVE MATERNAL HEALTH

Notwithstanding the progress that has been made, the current maternal mortality ratio (MMR) and data on natal care indicate that the region is not on track to meet maternal health-related targets. Reductions in maternal mortality ratios, as uneven as they are, are lagging in comparison to reductions in infant mortality in the region. In 2002, there were 377 maternal deaths per 100,000 live births, compared to 465 in 1990.⁴⁴ There was, however, significant variation between the subregions. In 2000, MMRs in the GCC region were 29.8, compared to 144.8 and 165.5 in the Mashreq and Maghreb regions, respectively. In the Arab LDCs, there were 716.7 maternal fatalities per 100,000 live births (see figure 13 and 14).⁴⁵

Figure 13. The reduction by three-quarters, between 1990 and 2015, of the maternal mortality ratio in the Arab region



Source: ESCWA estimates, based on data from UNSD, MDG Indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

1. Deliveries by skilled health personnel

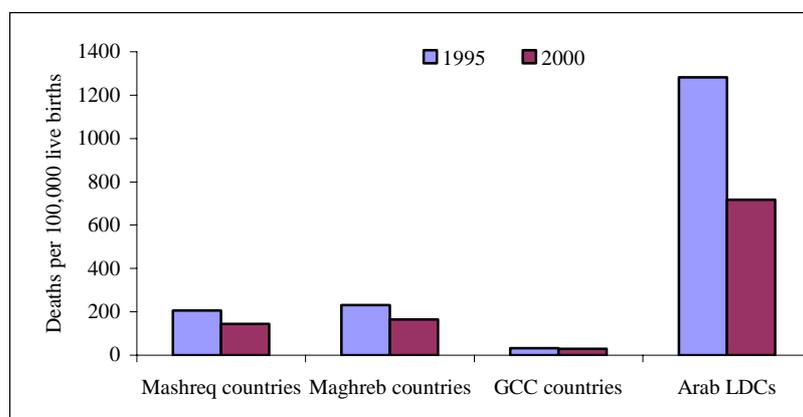
In the period 1995-2001, only 67 per cent of all Arab women gave birth assisted by skilled health personnel. During that period, over 90 per cent of deliveries in GCC countries were attended by skilled health personnel, whereas only slightly more than half of those in LDCs had such access. In the Mashreq and

⁴⁴ UNICEF, *The State of the World's Children 2005*, (New York, UNICEF, 2004) and UNDP, *Human Development Report 2004*.

⁴⁵ UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

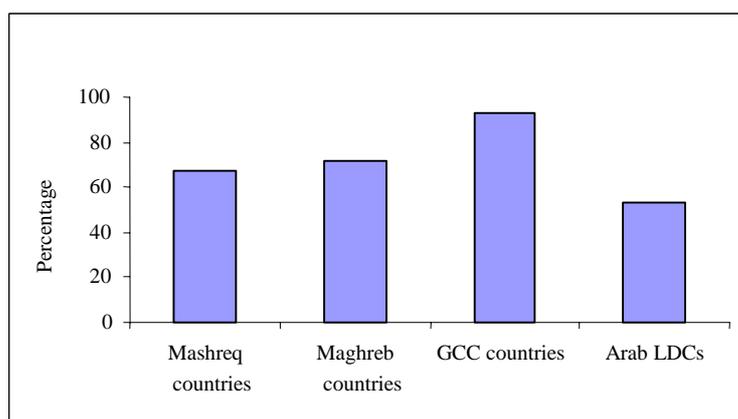
Maghreb regions, the proportion of births attended by skilled health personnel was 67.1 and 71.7 per cent, respectively (see figure 15).⁴⁶

Figure 14. Maternal mortality ratios per 100,000 live births, 1995 and 2000



Source: UNSD, MDG Indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Figure 15. Percentage of births attended by skilled health personnel, 1995-2001



Source: UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

2. Maternal health in conflict-stricken areas: Iraq, Palestine, Somalia and Sudan

Despite the lack of conclusive data on maternal mortality trends in Iraq and Palestine, proxy indicators point to challenges as a result of limitation of mobility, on account of the lack of security, and the unavailability of quality services and supplies. In Palestine, existing data indicates a 2 per cent annual increase in the death rate between 1999 and 2001. The quality of health services has deteriorated as the proportion of births attended by skilled health personnel declined from 98 per cent in 2002 to 67 per cent in 2003. Between 2001 and 2002 home deliveries almost doubled to 14 per cent.⁴⁷

In the past decade, maternal mortality tripled in Iraq, reaching 370 per 100,000 live births. Nearly 70 per cent of pregnant women suffered from anaemia, increasing the risk of mortality and morbidity. Furthermore, aid agencies have expressed serious concerns regarding the high level of miscarriages and

⁴⁶ Ibid.

⁴⁷ UNSD, MDG indicators database. Available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

stillbirths, which has been exacerbated by high levels of stress, limited antenatal and emergency obstetric care.⁴⁸

In Government of Sudan-controlled areas, over 40 per cent of deliveries are attended by non-medical staff compared to 60 per cent in areas controlled by the Sudan People's Liberation Movement. In the former, MMR stands at 590 per 100,000 live births against 865 in the latter. Lack of appropriate prenatal care can result in obstetric complications that can cause death or long-term morbidity. For example, only some 38 per cent of women are immunized against Tetanus, while the proportion of women receiving antenatal check-ups is decreasing.⁴⁹

Estimated at 1,100 per 100,000 live births, maternal mortality in Somalia is the highest in the world. The main causes of maternal mortality include postpartum bleeding, prolonged/obstructed labour, infection and eclampsia. Poor antenatal, delivery and postnatal care, coupled with the lack of obstetric referrals also result in high rates of mortality and disability among women.

3. *Challenges to improving maternal health in the Arab region*

High maternal mortality levels are closely tied to the quality of natal care, access to skilled health personnel, the presence of timely referral systems and effective emergency obstetric care, as well as access to family planning, and sexual and reproductive health services. Early marriage, adolescent childbearing, and frequent, multiple pregnancies place women at a higher risk of maternal mortality. The outcomes of maternal mortality reduction strategies are challenged by the spread of disease, particularly HIV/AIDS, malaria and tuberculosis. Of particular concern is the increase of HIV infections in Djibouti, Somalia and the Sudan, where insufficient linkage between reproductive health and HIV programmes contributes to high maternal mortality.

(a) *Family planning*

Discrepancies in the use of family planning methods are evident among the different countries in the Arab region, and also depend on country-specific administrative, social and economic segments. Likewise, the prevalence of family planning varies in the Arab region depending on education levels; recent figures suggest that 40 per cent of illiterate women used some form of family planning, while 61 per cent of women that attained a high school education or beyond used family planning methods. A large proportion of Arab communities, particularly rural, continue to lack knowledge concerning the types and effectiveness of family planning methods, and therefore, a significant proportion of Arab communities are unable to satisfy their needs in terms of family planning services. Unmet need was recently reported as being 40 per cent among Omani women, 35 per cent among Yemeni women, 25 per cent among Palestinian women, 18 per cent among Jordanian women and 11 per cent among Egyptian women. Men's participation in family planning remains marginal, while at the same time many essential service providers are incompetent and unfamiliar with the human rights approach to service provision, which integrates both women and men in family planning.⁵⁰

(b) *Adolescent childbearing*

While adolescent fertility has declined in the Arab region since the 1980s, it remains a major health policy concern, with significant variations across countries. Evidence from the Sudan, the Syrian Arab Republic and Yemen documents socio-cultural pressures that reward teenage pregnant women with peer acceptance and family appreciation. According to the Pan-Arab Project for Child Development (PAPCHILD) and surveys conducted by GCC countries for the period 1990-1998, fertility rates for young women in the age group 15-19 ranged from 18 per 1,000 in Tunisia to 103 per 1,000 in Yemen. Given the

⁴⁸ UNFPA databases.

⁴⁹ Ibid.

⁵⁰ Ibid.

lack of access to sexual reproductive health information and services, women severely compromise their health with multiple, closely spaced pregnancies at younger ages. With their bodies not yet fully developed and already weakened by malnutrition and often anaemia, pregnant young women are at extreme risk of maternal and neonatal morbidity/mortality.⁵¹

(c) *Female genital mutilation*

Women's health is further put a risk as a result of the practice of female genital mutilation (FGM).⁵² Most FGM operations are performed by non-medical personnel, namely, midwives, birth attendants and older women, who use unsterilized blades or strings, resulting in greater risk of contamination for which treatment is usually unavailable. The efforts of some countries to eradicate this practice, by issuing laws that ban FGM and inflict financial penalties or imprisonment, as is the case in Djibouti and Egypt, remain insufficient in the absence of law enforcement.

F. GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

1. *HIV/AIDS*

Between 1990 and 2003, the number of reported AIDS cases rose by some 42 per cent to 13,865.⁵³ Over half of those cases were in the Arab LDCs, where more than 1 per cent of the population aged between 15 and 45 years was HIV-positive. Despite the fact that this translates into a relatively low overall prevalence among the adult population, as compared to some other regions, the general trend is towards an increasing number of infections and further expansion of the epidemic in this region.⁵⁴

Diverse epidemic situations exist between and within countries, including those where a generalized epidemic is underway. It is also possible that inadequate surveillance may be hiding outbreaks in specific vulnerable populations and principal at-risk groups, for example, injecting drug users. While the predominant mode of transmission is through unprotected sex, the number of infections related to injecting drugs is increasing. Unsafe blood and blood products continue to pose a risk of transmission in a few countries, while additional evidence is needed to determine the trend of mother-to-child transmission.

(a) *Increased vulnerability to HIV/AIDS*

A self-perpetuating cycle of limited information and awareness of the epidemic and, therefore, a lack of urgency in taking action, has yet to be broken. The main factors that account for the limited availability of reliable information include inadequate surveillance, monitoring and reporting systems, stigma and discrimination, and lack of knowledge regarding HIV/AIDS-related risks and determinants of vulnerability.

One of the determinants of increased vulnerability to HIV is changing attitudes and behaviour among younger generations, which represent a substantial proportion of the population (see box 5). In addition, there is growing concern regarding the extent of population mobility, as well as the adverse consequences of conflict. Where data exists on specific vulnerable groups, there is evidence of risky practices, for example in the context of sex work. Other factors of increased vulnerability can include illiteracy, socio-economic disparities, and limited access to HIV/AIDS-related prevention information and services.

⁵¹ Ibid.

⁵² UNFPA, *The State of World Population*, (New York, UNFPA, 2000).

⁵³ Recent Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO) estimates showed that 92,000 people in the Middle East and North Africa region became infected in 2004, bringing the estimated total number of persons living with HIV in the region to 540,000. These estimates, however, include Iran and exclude Comoros and Mauritania. See UNAIDS and WHO, *AIDS December 2004*, (Geneva, UNAIDS/WHO, 2004).

⁵⁴ Ibid.

(b) *Responses to contain HIV/AIDS*

In response to the HIV/AIDS epidemic, there has been a marked increase in the commitment and allocation of national and international resources for prevention, care and support in recent years. In addition to the ongoing efforts of the health sector, partnerships are being expanded to include the contribution of non-health sectors, namely, education, media and information, labour, religious affairs, youth, as well as civil society. While anti-retroviral treatment (ART) is being provided in a number of countries, coverage was estimated at only 5 per cent of those in need as of December 2004.⁵⁵

Box 5. United Nations Population Fund Global Youth Partners Initiative for Preventing HIV/AIDS: Egypt and Lebanon

The Global Youth Partners (GYP) initiative is a youth-driven advocacy campaign to improve access to HIV/AIDS information, education and services among youth, particularly underserved youth. Supported by the United Nations Population Fund (UNFPA), GYP was launched in September 2003 and spans 27 countries. The GYP Initiative for Preventing HIV increases the efficiency, effectiveness and sustainability of initiatives aimed at combating HIV/AIDS among youth, who account for more than one-half of all new infections worldwide, by doing the following:

- (a) Harnessing the enthusiasm, creativity and adaptability of youth to address issues that impact their lives;
- (b) Empowering youth to identify issues of primary concern to them as well as developing and implementing strategies and activities;
- (c) Providing a platform for youth-adult partnership in which both work together to ensure that youth are at the heart of national HIV/AIDS responses;
- (d) Mobilizing local and national stakeholders, namely, Governments, non-governmental organizations (NGOs), donors, media, faith-based organizations and the private sector, to take action on preventing the spread of HIV/AIDS.

The GYP initiative was founded by a group of 38 young people, aged between 15 and 27 years. It targets decision-makers at local and national levels involved in policymaking, programme formulation and funding.

(a) *Egypt team*

The GYP work plan in Egypt focuses on advocating the establishment of so-called Anti-AIDS Clubs, for example, school-based associations that provide information and services on the prevention of HIV to students. The model has already been established in Alexandria. Egyptian GYPs are advocating the expansion of this successful model to secondary schools in Mansoura, a city that is two hours north of Cairo. The country team has collaborated with faith-based organizations and local NGOs. For example, the St. Marcos Orthodox Church in Talkha, hosted the Egypt Team during one of its weekly youth meetings that discuss spiritual and social issues of interest and concern to young people. The meeting provided a platform for dispelling common misconceptions regarding HIV/AIDS and establishing a growing network with local and national stakeholders.

(b) *Lebanon team*

A country needs assessment was undertaken in 2004 by a HIV/AIDS consultant to map the HIV/AIDS situation with regard to the youth age bracket, (covering prevalence, major modes of transmission, sexual practices, condom use and vulnerable groups), and identify existing youth HIV/AIDS campaigns, with a special focus on gaps in access to information and services, and the existing policy and funding environment in the country. Lebanese GYPs assisted in data collection and in developing an advocacy strategy and plan of action, which includes mobilizing \$10,000-20,000 to establish centres of excellence in two communities to provide HIV information and services within the framework of a youth-friendly environment.

Source: UNFPA, available at: <http://www.unfpa.org/hiv/gyp/index.htm>.

⁵⁵ WHO, "Anti-retroviral therapy coverage in low- and middle-income countries by region", situation as of June 2005.

(c) *Challenges to curbing the spread of HIV/AIDS*

The main challenges facing the Arab region in this regard are to ensure the scaling-up of HIV/AIDS prevention, treatment and care services, including voluntary counselling and testing, risk reduction for vulnerable groups, ART and psychosocial support. This can only be done whilst simultaneously confronting the stigma and discrimination that people living with HIV/AIDS and their families face. Taken together, such measures could make a significant and sustainable contribution to creating an enabling environment with regard to curbing the HIV/AIDS epidemic and mitigating its impact in the region.

2. Eradicating malaria

Approximately 31 per cent of the total estimated Arab population, some 93.3 million people, live in areas that are at risk of malaria transmission. It has been estimated that malaria inflicts 12.5 million people and results in the death of 42,000 persons every year in Arab LDCs. Despite the fact that most Arab countries have eliminated malaria, with the exception of the LDCs, these countries continue to face the risk of the reintroduction of the disease. Arab areas can be classified into the following malaria control status groups:

(a) Group 1: Areas free of malaria transmission, namely, Bahrain, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Palestine, Qatar, Tunisia and United Arab Emirates;

(b) Group 2: Countries where the elimination of malaria is feasible in the near future and sustainable if achieved, namely, Algeria, Egypt, Morocco, Oman and Syrian Arab Republic;

(c) Group 3: Countries with low endemicity, namely, Iraq and Saudi Arabia;

(d) Group 4: Countries with a very serious malaria problem, namely, Djibouti, Somalia, Sudan and Yemen.

In 2003, malaria cases in the Arab LDCs accounted for nearly 100 per cent of all cases in the region. The Sudan alone accounted for more than 90 per cent of the regional total of 3.28 million, down from 7.03 million in 1999.⁵⁶ In the Arab LDCs, the main challenges with regard to malaria prevention and control include weak health-care systems, reflected in insufficient health-care coverage and limited access to health-care facilities, particularly in rural areas, as well as a lack of laboratory facilities for proper malaria diagnosis. In addition, poor infrastructure limits the capacities of national malaria control programmes. Those countries that face the highest risk of malaria experience frequent shortages in anti-malarial drugs, particularly in rural areas, where they are forced to use low quality drugs that are ineffective. Resistance to commonly-used affordable drugs, and the resistance of vectors to insecticides, makes it vital to monitor the susceptibility status of the parasite to drugs and the vectors to insecticides. Moreover, the complex emergency situations in most of the LDCs exacerbate these problems, which in turn, are affected by the inadequacy of health information systems, whereby data from some areas are inadequate, or in some cases non-existent, which can downplay the actual magnitude of the malaria problem.

3. Tuberculosis

While some countries, namely, Jordan, Lebanon, Morocco, Oman and Tunisia have witnessed decreases in the number of cases of the disease, tuberculosis (TB) prevalence in Somalia continues to rise. In the remaining Arab countries, TB prevalence has remained stable and is expected to decline in the near future. In 2000, the highest prevalence of TB was in the Arab LDCs, where there were 1,853 cases per 100,000 population, compared with 437 in the Mashreq, 272 in the GCC States and 176 in the Maghreb.⁵⁷

⁵⁶ WHO-Regional Office for the Eastern Mediterranean (EMRO) databases. The Arab regional total for malaria cases does not include Algeria, Comoros or Mauritania, for which data were unavailable.

⁵⁷ WHO-EMRO databases. The Maghreb average for tuberculosis (TB) prevalence does not include Algeria, for which no data were available. Similarly, the corresponding average for the Arab LDCs excludes Comoros and Mauritania, for which no data were available.

Arab countries have improved health-care services in connection with the prevention, detection and treatment of TB. The regional average for successful TB treatment was 81 per cent in 2002, indicating that an expansion of health services has also taken place, with 80 per cent of the region under directly-observed treatment, short-course (DOTS) coverage by early 2004.⁵⁸

However, the success of the DOTS strategy faces numerous challenges, including preventative methods, drug-resistant TB, infection by AIDS/TB, the quality of respiratory care and the involvement of the health sector. In order to achieve the targets set forth by Goal 6, the DOTS strategy is currently being expanded to address these challenges. In addition, estimates of infection rates are now regularly updated and data collection techniques have been improved. A long-term strategic plan will also be developed at regional and subregional levels through the expansion of the DOTS system. This expansion will help to reinforce partnerships at all levels, thereby encouraging societal participation.

G. GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

1. *Integrating the principles of sustainable development into country policies and programmes*

Progress has been made in many countries of the region in addressing the challenges of sustainable development. A number of political forums have been established at the regional level, to improve governance, define goals and priority action areas, and adopt an integrated approach to sustainable development, for example, the Arab Initiative of Sustainable Development in 2002, and the Abu Dhabi Declaration on Environment and Energy in 2003. Meanwhile, there have been noticeable improvements in water policies and water-related governance issues, which have been reflected in better coordination and integration of efforts among various institutions and stakeholders, including partnerships between public and private sector organizations. However, achieving environmental sustainability requires more concerted efforts to protect and conserve natural resources, particularly energy, water and soil resources, to improve efficiency in the use of non-renewable energy and water resources, and to correct market failures and distortions by accounting for the environment in national accounts.

2. *Energy accessibility and efficiency*

The Arab region has enormous energy resources, including both depletable fossil fuels (oil and gas) and non-depletable renewable resources, particularly solar and wind resources. However, several countries in the region have no or very limited oil and gas resources. Despite such vast energy resources, only 79 per cent of the Arab population in 2003 had access to electricity, ranging from almost 100 per cent in the GCC countries to less than 8 per cent in several LDCs. As a result, some 64 million people in the Arab countries, or 21 per cent of the total population of the region, mostly in rural areas, had no access to electricity; an additional 60 million, some 20 per cent, were severely undersupplied, both in rural and poor urban areas. Meanwhile, one-fifth of the Arab population relied on non-commercial fuels to meet their daily energy needs, particularly in the Arab LDCs.⁵⁹

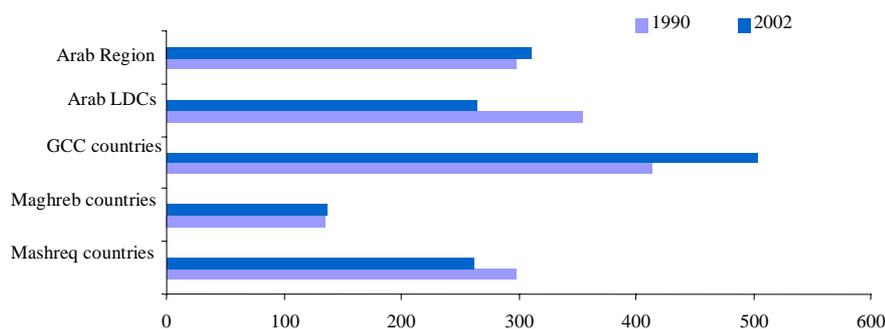
In 2002, the region's overall average energy efficiency amounted to 311 kg oil equivalent per \$1,000 PPP and has seen a varied degree of improvement over the past decade. In the same year, the GCC countries reported the highest energy use, at 504 kg oil equivalent per \$1,000 PPP, followed by the Mashreq countries, at 262 kg oil equivalent per \$1,000 PPP and the Maghreb countries, at approximately 137 kg oil equivalent per \$1,000 PPP. Adequate data on energy use in the Arab LDCs were not available (see figure 16).⁶⁰

⁵⁸ Ibid.

⁵⁹ Organization of Arab Petroleum Exporting Countries, *Annual Statistical Report 2004* and International Energy Agency, *World Energy Outlook: Energy and Poverty 2002*.

⁶⁰ UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Figure 16. Energy use per unit of GDP, 1990 and 2002
(Kg of oil equivalent per \$1,000 PPP of GDP)



Source: UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Note: The subregional average of energy use per unit of GDP was based on available data. The average for the Arab LDCs was based on data for the Sudan and Yemen only. That of the GCC excludes Qatar, while the Maghreb average does not include the Libyan Arab Jamahiriya. The average for the Mashreq excludes Iraq and Palestine.

In view of the above and with current trends towards more sustainable management of the energy sector, countries in the region have revised their energy policies and programmes to include upgrading energy production and consumption efficiencies, increasing the use of cleaner fuels, developing and promoting the application of renewable energy technologies, with a view to increasing energy access and support poverty alleviation, particularly in rural areas.

3. Water resources management and protection

Availability of water resources and their protection is a major issue in the Arab region. Available, renewable freshwater resources are limited, standing at well below 1,000 cubic metres per capita per annum. The great discrepancies among countries in terms of both economic affluence and per capita share of fresh water, and diversity in water use, constitute major challenges in the region. Water overexploitation, particularly in the agricultural sector, which accounts for 80 per cent of total water consumption, the pressures of population growth and industrial demand will place further demand on the already overstretched water resources of the region. Water quality is also a major issue of concern in the Arab region; water pollution, mainly as a result of sewage pathogens, industrial waste and agricultural effluents, represents a serious threat to human health and further aggravates water scarcity by reducing the availability of clean water.⁶¹

With this in mind, it can be noted that the Arab countries have strived during the past few years to consolidate their efforts to meet the water crisis, and have conceived a Common Arab Water Vision for appropriate water resources development and management to the year 2025.⁶² Freshwater national master plans, and more appropriate agriculture policies, have been developed, and measures to improve efficiency in water usage have been introduced, including water use restrictions, cost recovery, reduction or removal of subsidies and demand management approaches. Investment in desalination and wastewater treatment has been recognized as necessary, and controlling water pollution has also become a general policy trend.

Given the cross-cutting nature of water resources management, Integrated Water Resources Management has been introduced and implemented by the relevant United Nations agencies, namely, ESCWA, the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, United Nations Educational, Scientific and Cultural Organization and the World Health

⁶¹ United Nations Environment Programme (UNEP), *Global Environmental Outlook 3; Past, present and future perspectives*, Earthscan Publications, 2002.

⁶² World Water Council, *Arab Countries Vision Consultations*, 2000.

Organization, through capacity-building workshops, expert group meetings, discussion forums and the development of a training course for water demand management.⁶³ In addition, a number of expert group meetings have been organized, and manuals prepared, to build capacities in conflict resolution and improve negotiation skills in terms of shared water resources issues.⁶⁴

4. *Forestry and protected areas*

Forests cover 3.4 per cent of the total land area in the Arab region. It has been reported that LDCs experienced a 19 per cent decrease in forest coverage between 1990 and 2000. Land degradation and desertification, however, are more considerable problems in the region than deforestation. In the GCC and Mashreq countries, cultivated land represents only 5 per cent of the total land area, making land degradation a major threat, particularly as some 73 per cent of the land is lightly to severely-degraded as a result of overgrazing, wind and water erosion, inefficient use of water resources and military operations in the region.⁶⁵ Protected areas constitute less than 5 per cent of the land area, which is below the 10 per cent world standard. Nevertheless some countries are aiming to increase their protected areas to more than 15 per cent within the next decade.⁶⁶

5. *Ozone layer and climate change*

Between 1995 and 2000, concerted efforts led to reductions in the consumption of ozone depleting substances (ODS) throughout the region. During this period, chlorofluorocarbons (CFC) consumption decreased in the Mashreq, Maghreb and Arab LDCs, by 38, 21 and 4 per cent, respectively. In the GCC region, consumption declined by 9 per cent from 1995 to 2000, and by more than 50 per cent between 2000 and 2001, from 495 to 235 metric tons.

Between 1996 and 2003 the consumption of CFCs and halons, which constitute the majority of ODS consumed in the region, decreased by 43 per cent, from 19,500 to 11,000 ozone depletion potential (ODP) ton. Following this trend, it is expected that most of the Arab countries will meet the 50 per cent cut-off of CFCs and halon consumption by 2005, when overall consumption should not exceed 9,000 ODP ton. Moreover, the consumption of methyl bromide reached 1,485 ODP ton in 2003, down 14 per cent from 1996. Based on this trend, it is expected that the Arab region will meet the 20 per cent cut-off by 2005, meaning that consumption should be some 1,364 ODP ton by that stage.⁶⁷

With regard to carbon dioxide (CO₂) emissions, despite efforts to upgrade energy production and consumption efficiencies in the region, CO₂ emissions per capita increased by 15 per cent between 1990 and 2003 as a result of increased industrial and development activities, particularly in the GCC countries. Emission levels in 2003 in the Maghreb and in the Mashreq, which were 2.7 and 2.2 metric tons respectively, decreased in the same period by 24 per cent and 19 per cent, respectively. In the Arab LDCs, emission levels decreased to 0.5 metric tons, which was 65 per cent less than 2000, mainly owing to the continued predominance of the agriculture sector, limited access to modern energy sources, limited industrial activity, and limited use of private automobiles and energy resources.⁶⁸

⁶³ UNDP, *Status of Integrated Water Resources Management Plans in the Arab Region*, December 2004 and UNEP, *Global Environmental Outlook 3: Past, present and future perspectives*, Earthscan Publications, 2002.

⁶⁴ ESCWA, *A Manual for ESCWA Member Countries on Dispute Resolution of International Water Resources* (no symbol) 2004 and *Enhancing Negotiations Skills on International Water Issues in the ESCWA Region* (no symbol) 2004.

⁶⁵ UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

⁶⁶ ESCWA, *World Summit on Sustainable Development Assessment Report for the ESCWA Region* (E/ESCWA/ENR/2002/19).

⁶⁷ Ibid.

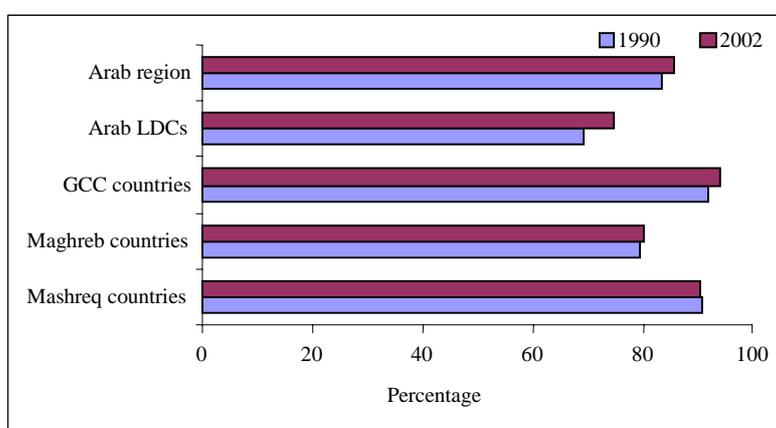
⁶⁸ UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

The Arab region still faces a number of challenges regarding the Montreal Protocol, which include compliance with the 2007 and 2010 final cut measures for CFCs and halons; enforcing national/regional legislation/regulations; curbing the growing trend of illegal trade in ODS; sustaining compliance beyond 2010, particularly for reducing dependency and freezing hydro CFCs consumption; and developing policies that address cross-cutting issues with other Multilateral Environmental Agreements.⁶⁹

6. Safe drinking water and sanitation

Water supply and sanitation indicators suggest that significant efforts are still required in the Arab countries to meet the targets that have been set, particularly in rural areas of the region and the Arab LDCs. Between 1990 and 2002, the proportion of the population with access to safe water remained relatively unchanged across the four subregions. At the regional level, 86.7 per cent and 72 per cent of the population had access to safe water in the urban and rural areas, respectively. The highest access to safe drinking water was noted in the GCC, at 93 per cent, followed by the Mashreq, at 90.5 per cent, the Maghreb, at 84 per cent and the Arab LDCs at 74 per cent (see figure 17).⁷⁰

Figure 17. Proportion of population with access to improved water sources, 1990 and 2002



Source: UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Access to sanitation remains lower than access to safe drinking water, particularly in rural areas and in the LDCs where considerable efforts are still needed. Between 1990 and 2002, access to improved sanitation remained relatively unchanged in urban areas, at 83 per cent. The proportion of the population with access to improved sanitation, for 1990 and 2002, is shown in figure 18.

In rural areas, access to improved sanitation improved by 6 per cent since 1990 to reach 69 per cent. In 2002 the proportion of the population with access to improved sanitation in rural areas was lowest in the LDCs, at 17.7 per cent, followed by the Mashreq and Maghreb at 67 per cent and the GCC countries at 87 per cent. In urban areas, access to improved sanitation did not exceed 55 per cent in the LDCs, compared to 92 per cent in each of the Mashreq and Maghreb, and almost 100 per cent in the GCC countries.⁷¹

Moreover, if concerted actions are not taken to improve the situation, some 82 million people in the Arab region in 2015 will lack access to safe drinking water, 124 million will be without access to basic sanitation, and 50 per cent of those persons will be living in the Arab LDCs.⁷²

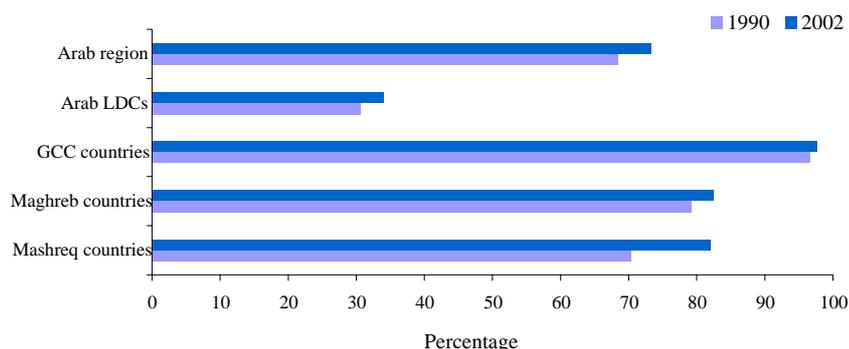
⁶⁹ UNEP, Regional Office for West Asia, *Compliance Assistance Programme*, 2005.

⁷⁰ UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

⁷¹ Ibid.

⁷² United Nations, Population Division, Department of Economic and Social Affairs, *World Population Prospects: The 2004 Revision*, available at: <http://esa.un.org/unpp>; and UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Figure 18. Proportion of population with access to improved sanitation, 1990 and 2002
(Percentage)



Source: UNSD, MDG indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

H. GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Achieving Goal 8 is directly related to the creation of an enabling environment for pro-poor development at national, regional and global levels. This presupposes a commitment on the part of developed countries to assist developing countries in growing and participating effectively in the global economy. At the same time, developing countries must adopt policies that promote growth, development and socio-economic integration, and confront the challenges of globalization. One major problem facing the Arab region is that it is still perceived by many donors as being resource-rich, a perception which is strengthened by the classification of many Arab countries as middle-income countries and therefore not a priority for official development assistance (ODA). This misconception ignores that fact that almost one-quarter of the Arab population reside in the Arab LDCs, which are in most need of increased development assistance and funding.⁷³

Box 6. Commitment to partnership

“We reaffirm that each country must take primary responsibility for its own development and that the role of national policies and development strategies cannot be overemphasized in the achievement of sustainable development. We also recognize that national efforts should be complemented by supportive global programmes, measures and policies aimed at expanding the development opportunities of developing countries, while taking into account national conditions and ensuring respect for national ownership, strategies and sovereignty.”

Source: United Nations Serval Assembly, sixtieth session, Hens 48 and 121 of the provisional agenda, 2005 World Summit Outcome, Article 22.

1. Total aid to the region

In recent years, total aid, measured in current United States dollars, to the Arab region increased from \$5.33 billion in 1999 to \$8.32 billion in 2003. However, three middle-income countries, namely, Egypt, Iraq and Jordan, received over half of all aid in 2003, reflecting, in part, new donor priorities, which are influenced by political considerations. Bilateral and multilateral aid flows are being diverted from Egypt, traditionally the largest recipient, towards Iraq, in order to support post-conflict reconstruction. Djibouti, Iraq, Jordan and Palestine were the next highest recipients of aid per capita in 2003.⁷⁴

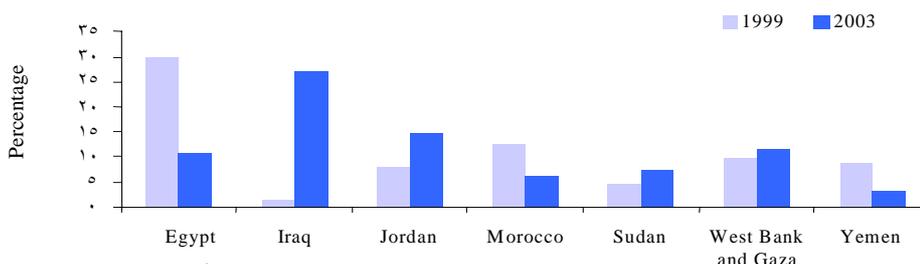
⁷³ Arab Fund for Economic and Social Development, Population figures, 2004.

⁷⁴ Based on UNCTAD calculations, *The Least Developed Countries Report 2004; Linking International Trade with Poverty Reduction*, (New York and Geneva, United Nations, 2004); and ESCWA, *Annual Review of Developments in Globalization and Regional Integration in the Countries of the ESCWA Region, 2003* (E/ESCWA/GRID/2003/41).

As noted by the Millennium Project, an increase in financial aid is required to accelerate growth and achieve the MDGs in LDCs. On the positive side, as the data set forth below indicates (see table 2), the average aid per capita for Arab countries rose from \$19.40 to \$27.80 over the period from 1999 to 2003. However, that average in the Arab LDCs was only \$20.80 in 2003. Yemen, in particular, experienced a sharp decline, from \$26.90 in 1999 to a mere \$12.70 in 2003. Moreover, with the exception of 2002, LDCs consistently received less than the regional average in aid per capita: in 2003, they received only 16 per cent of all ODA, which was \$8.3 billion, despite constituting 22 per cent of the total Arab population in that year. Furthermore, there are big differences between LDCs in respect of aid allocation: in 2002, the amount of aid received by Djibouti and Mauritania was, respectively, more than 10 and 5 times greater than that received by the Sudan and Somalia.⁷⁵ Another problem facing LDCs is the volatility of aid flows. Predictable aid flows are especially critical in low-income countries where aid flows are large in relation to government revenues and budgets.

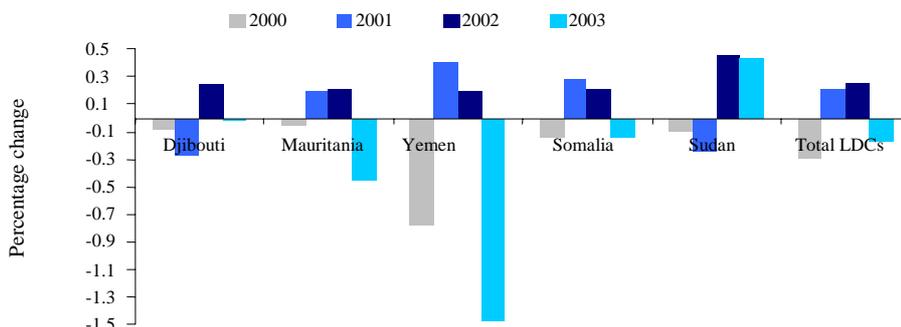
The introduction of poverty reduction strategy papers in 1999 was intended to provide a framework for support based on national plans to make aid flows more stable and predictable. Unfortunately, those hopes have not been realized, as shown in figure 20, which plots the degree of volatility of aid flows to LDCs in the region. Once more, Yemen appears to have suffered most from this volatility. In addition, aid still comes with a bewildering array of strings attached.⁷⁶ Country ownership is seen as a requirement for efficient use of aid, while conditionality is seen as a mechanism for leveraging policy change. In many cases the two objectives pull in opposite directions, with conditionality undermining country ownership and adding to the unpredictability and volatility of aid. This is the case in many recipient Arab countries.

Figure 19. Major recipients of aid in the Arab region, as a percentage of all aid to the region, 1999 and 2003
(Percentage)



Source: World Bank, World Development Indicators 2004, available at: <http://www.worldbank.org/data/>.

Figure 20. Volatility of aid flows to Arab LDCs, as a percentage change from previous year



Source: World Bank, World Development Indicators 2004, available at <http://www.worldbank.org/data/>.

⁷⁵ Ibid.

⁷⁶ UNDP, *Human Development Report 2005*.

2. Intraregional aid

While an increase in foreign aid in general and in aid from the richer Arab countries to LDCs in particular is crucial if targets are to be met, it must be noted that the latter group of countries has made significant contributions to ODA at the regional and international levels in the past: between 2000 and 2003, GCC countries provided a total of \$13.7 billion in development aid. Saudi Arabia, the largest donor, contributed 58 per cent of the total. In 2003, Saudi Arabia donated \$2.8 billion, 1.3 per cent of gross domestic product (GDP), of the total \$3.1 billion for that year. Kuwait and the United Arab Emirates contributed \$82 million and \$130 million respectively.⁷⁷ In the same year, Qatar provided \$126 million in ODA to developing countries. In fact, Qatar's ODA in 2002 represented 0.7 per cent of its GDP, exceeding aid provided by many leading industrial countries.⁷⁸

TABLE 2. AID PER CAPITA AND TOTAL AID RECEIVED, 1999-2003
(Current United States dollars and millions of current United States dollars)

	1999		2000		2001		2002		2003	
	Aid per capita	Total aid								
Algeria	4.6	138.1	6.6	201.1	7.3	223.6	10.5	328.6	7.3	232.4
Bahrain	6.1	4.0	73.3	49.1	26.1	17.9	101.1	70.6	52.7	37.5
Egypt	25.2	1 582.4	20.8	1328.1	19.3	1256.6	18.7	1238.5	13.2	893.8
Iraq	3.3	75.9	4.3	100.8	5.2	122.4	4.8	115.8	91.7	2265.2
Jordan	91.2	432.0	113.1	552.5	86.0	432.5	100.5	519.9	232.5	1234.3
Kuwait	3.4	7.2	1.3	2.8	1.6	3.6	2.0	4.6	1.8	4.4
Lebanon	45.4	194.0	46.1	199.7	55.4	242.8	101.9	452.7	50.8	228.3
Libyan Arab Jamahiriya	1.4	7.3	2.9	15.4	1.9	10.0	1.9	10.4	1.8	10.0
Morocco	24.0	678.8	14.6	419.4	17.8	518.6	16.4	487.0	17.4	522.8
Oman	17.0	39.9	18.9	45.6	0.7	1.6	16.1	40.8	17.1	44.5
Qatar	8.7	4.9	0.8	0.5	1.7	1.0	3.6	2.2	3.2	2.0
Saudi Arabia	1.4	28.9	1.5	30.9	1.3	27.0	1.2	26.9	1.0	21.9
Syrian Arab Republic	14.5	228.5	9.8	158.5	9.4	155.3	4.8	81.0	9.2	160.3
Tunisia	26.7	252.7	23.3	222.7	39.0	377.7	27.1	264.9	30.9	305.5
United Arab Emirates	1.4	4.2	1.2	4.0	0.9	3.0	1.1	4.2	1.3	5.3
Palestine	181.6	516.2	214.9	637.3	280.9	869.5	500.3	1 616.5	288.6	971.6
LDCs										
Comoros	39.4	21.4	33.6	18.7	48.1	27.5	55.4	32.5	40.8	24.5
Djibouti	115.4	75.1	107.2	71.4	84.7	57.6	112.2	77.8	110.3	77.8
Mauritania	85.2	218.8	80.1	211.9	98.5	267.6	124.0	345.3	85.2	242.7
Yemen	26.9	458.3	15.1	264.9	25.5	460.9	31.4	583.7	12.7	243.1
Somalia	13.6	114.6	11.9	103.9	16.6	149.7	20.8	193.7	18.2	175.1
Sudan	7.9	243.0	7.2	225.4	5.8	185.5	10.7	350.9	18.5	621.3
Total LDCs	18.8	1131	14.5	896	18.2	1 148	24.4	1 583	20.8	1 384
Total	19.4	5 326	17.3	4 864	18.9	5 411	23.4	6 848	27.8	8 324

Source: World Bank, World Development Indicators 2004, Development Assistance Committee of the Organization for Economic Cooperation and Development; and World Bank, population estimates. Available at: <http://www.worldbank.org/data/>.

3. Debt

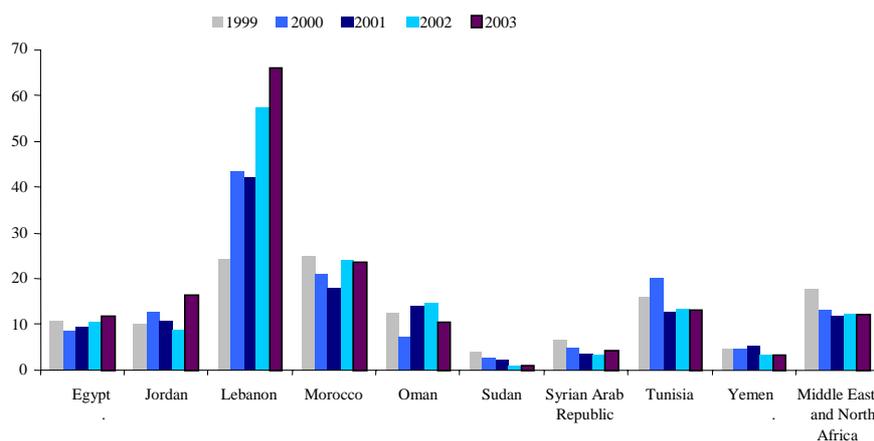
Other important sources of financing for development include short- and long-term borrowing, workers' remittances and foreign direct investment (FDI). Data for the Arab countries indicate an

⁷⁷ Arab Monetary Fund, *Joint Arab Economic Report*, 2004.

⁷⁸ UNDG, *Qatar MDG Report 2005*.

improvement in terms of the debt situation in recent years. This can be attributed to debt restructuring, rescheduling and forgiveness agreements reached with both the Paris Club and the London Club, which contributed to a noticeable reduction in debt service burdens in recent years, with the exception of Lebanon, where an alarmingly high and growing debt service ratio is, nevertheless, observed. However, for many countries, this is also largely the result of soaring oil exports earnings, casting doubt on their future debt sustainability. In addition, for some countries, for example, the Sudan, the low debt service ratio is not an indicator of the absence of a debt problem, but of huge and growing arrears (see figure 21).

Figure 21. Total debt service, as a percentage of exports of goods, services and net income from abroad, 1999-2003



Source: World Bank, World Development Indicators 2004, available at: <http://www.worldbank.org/data/>.

4. Trade

In recent years, most Arab States have initiated trade liberalization programmes, in order to further their integration into the global economy and reap the proclaimed benefits of globalization. Such efforts to open their economies have produced mixed results. Only a few countries have achieved outstanding or impressive results through an outward-oriented strategy. In 2003, total exports from the region made up only 4.1 per cent of total world exports, while imports represented 2.7 per cent of total world imports.

In terms of FDI inflows, the region accounted for merely 1.5 per cent of world FDI inflows and 5.0 per cent of FDI received by developing countries in 2003.⁷⁹ Moreover, notwithstanding attempts to diversify, most countries in the region continue to export a narrow range of low value-added goods, dominated by fuels, which accounted for 70 per cent of total exports in 2002, agricultural products, textiles and chemicals, to a limited number of export markets, and, predominantly, the European Union.⁸⁰

5. Youth unemployment

High and persistent unemployment can hinder economic growth, inhibit equitable and sustainable development and ultimately contribute to conflict and social unrest. At 21 per cent, the unemployment rate among Arab youth in 2004 was more than double that of adults. In 2004, 5.2 million young people in the Arab region were without work and looking for work. Though youth comprise only approximately 24 per cent of the region's labour force, they make up nearly 44 per cent of the total unemployed in the region. Overall, young members of the labour force in the Arab countries are 2.5 times more likely than adults to be unemployed. At 27.7 per cent, the Maghreb registered the highest overall youth unemployment rate in 2004,

⁷⁹ ESCWA, *Annual Review of Developments in Globalization and Regional Integration in the Countries of the ESCWA Region, 2004* (E/ESCWA/GRID/2004/6).

⁸⁰ Based on UNCTAD calculations, *The Least Developed Countries Report 2004; Linking International Trade with Poverty Reduction*, (New York and Geneva, United Nations, 2004); *World Investment Reports*, 2002, 2003 and 2004.

followed by the Mashreq, where the rate was 21.8 per cent. Youth unemployment rates throughout the region have remained high since 1991, and in all countries, except those of the Mashreq, an increase in youth unemployment rates was noted between 1991 and 2004 (see table 3).⁸¹

TABLE 3. YOUTH UNEMPLOYMENT AND LABOUR FORCE GROWTH RATES, 1991-2004

	Youth unemployment rate (percentage)				Total youth unemployed (thousands)	Youth labour force growth (percentage)
	1991	1997	2003	2004	2004	1991-2004
Arab region (total)	21.2	22.0	21.0	21.0	5 199	44.3
Mashreq countries	21.9	20.9	21.8	21.8	2 017	28.7
Maghreb countries	27.0	30.0	28.0	27.7	1 850	35.1
GCC countries	9.6	10.1	10.4	10.2	224	60.8
Arab LDCs	16.3	17.4	16.5	16.6	1 109	76.5

Source: ILO, “Global employment trends model”, 2005; and *Global Employment Trends*, “Technical note”, (Geneva, ILO, 2004), available at: <http://www.ilo.org/trends>.

(a) *Unemployment among young women*

The unemployment rate among young women is greater than or equal to that of young men throughout the Arab region. In the Mashreq, over 30 per cent of young women in the labour force were unable to find a job in 2004, and in the Arab region as a whole, the youth unemployment rate among women exceeded 24 per cent. Notwithstanding this serious problem of high unemployment, the participation of women in the labour force continues to grow in the region. Between 1991 and 2004, the female labour force growth rate exceeded that of males, both among young women and the adult women population as a whole. This is a very positive development in its own right, but one that also underscores the need for a greater focus on providing decent and productive employment opportunities for these new prospective workers.⁸²

(b) *Labour market challenges of the youth*

It is essential to underscore that unemployment is but one dimension of the Millennium target on decent and productive work for youth. A disproportionately large number of young men and women in many countries are underemployed, some working fewer hours than they would like to and others working long hours with little economic gain. Youth face unique hurdles when competing for employment. Given lack of work experience, and deficiencies in skill-specific training and education, youth face longer average job search times and higher incidences of temporary and part-time work than their adult counterparts do (see figure 22).

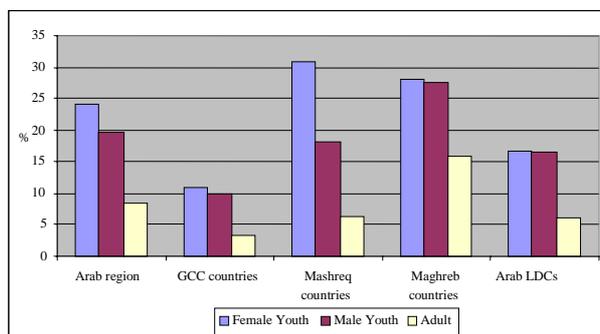
Moreover, young workers also face greater challenges in terms of entrepreneurship and self-employment, in that they typically have less access to credit and fewer start-up resources, in comparison to adult workers. Those unable to find a job may become frustrated and leave the formal sector altogether, or they stay in the educational system much longer than they wish. Those who do obtain temporary or part-time

⁸¹ International Labour Organization (ILO), *Global Employment Trends*, Geneva, 2004, available at: <http://kilm.ilo.org/get2004/download/trends.pdf>; ILO, *Global Employment Trends for Youth 2004*, Geneva, 2004, available at: <http://mirror/public/english/employment/strat/download/getyen.pdf>; ILO, “Global employment trends model”, 2005; and ILO, *Global Employment Trends*, “Technical note”, (Geneva, ILO, 2004), available at: <http://www.ilo.org/trends>; G. C. Tarantino, “Imputation, estimation and prediction of unemployment rates using the Key Indicators of the Labour Market (KILM) data set”, ILO Employment Strategy Paper 2004/16, (Geneva, ILO, 2004); and W. Schaible and R. Mahadevan-Vijaya, “World and regional estimates for selected key indicators of the labour market”, ILO Employment Paper 2002/36, (Geneva, ILO, 2002).

⁸² ILO, *Global Employment Trends for Women 2004*, Geneva, 2004, available at: <http://kilm.ilo.org/get2004/download/trendsw.pdf>; ILO, *Key Indicators of the Labour Market*, third edition, Geneva, 2004; ILO, Economically active population estimates and projections, LABORSTA (an ILO database on labour statistics), Geneva, available at: <http://laborsta.ilo.org>.

employment often find themselves in a vulnerable position because such work is not always covered by labour legislation.

Figure 22. Youth and adult unemployment rates by gender, 2004



Source: ILO, “Global employment trends model”, 2005; and *Global Employment Trends*, ILO, “Technical note”, (Geneva, ILO, 2004), available at: <http://www.ilo.org/trends>.

Box 7. ICT and the Millennium Development Goals

Information and communication technologies (ICTs) have had a demonstrated impact on social, economic and political development. Using ICT tools and services to increase access to market information and reduce transaction costs for poor farmers and traders is a possible means of contributing to poverty reduction (Goal 1).

Increasing the supply of trained teachers through ICT-enhanced distance training is a possible means of helping to achieve universal primary education (Goal 2). Delivering educational and literacy programmes that target poor girls and women is a means of promoting gender equality and the empowerment of women (Goal 3).

Efforts to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria, and other diseases (Goals 4, 5 and 6) could benefit from increasing the access of rural care-givers to specialist support and remote diagnosis, enhancing delivery of basic and in-service training for health workers and increasing monitoring and information-sharing in relation to disease and famine, respectively.

Finally, remote sensing technologies and communications networks permit more effective monitoring, resource management and mitigation of environmental risks, thus ensuring environmental sustainability (Goal 7).

Source: ESCWA.

6. Information and communication technology

The prevalence of ICT in the Arab region is below that of international averages, particularly with regard to the use of personal computers (PCs) and Internet access. Between 1992 and 2002, fixed telephone and mobile subscriptions rose from 4 per cent to 16.5 per cent in the Arab region. However, subscription density varies among the subregions and countries, ranging from 48 subscribers for every 100 population in the GCC countries to 3.4 in the Arab LDCs. Telephone line and cellular subscriptions were highest in the United Arab Emirates at 94 subscribers for every 100 population, followed by Bahrain and Kuwait, at 84 and 72 respectively. It is worth mentioning that mobile services accounted for a larger proportion of these subscriptions.

The level of penetration of Internet users and Internet applications does not match fixed and mobile penetration. The use of PCs and Internet access were 2.7 and 2.8 per 100 population, respectively in 2002. At the subregional level, these indicators varied between 13 PC users for 100 population in the GCC

countries to 0.6 in the LDCs, and between 10 Internet users per 100 population in the former to 0.4 in the latter.⁸³

Reaping the positive social and economic impact of ICTs requires the presence of an enabling environment, a certain level of e-readiness and usage, in addition to impact measurement mechanisms. A supporting environment must include an enabling regulatory and legal framework, reliable infrastructure and a favourable climate for innovation. There is little or no legislation in the Arab region pertaining to the ICT sector, which is State-dominated in many countries, and lacks competition, with a small number of service providers monopolising the market. This has contributed to inflated costs, and widened the digital gap between urban and rural areas, and to some extent, between socio-economic segments. In this respect, countries' level of e-readiness (or information technology skills) is limited, which is also in part related to the fact that ICT training has not been embraced across the board in school curricula and integrated in human resource development in the workplace. Finally, the lack of data on ICTs in the region suggests that concerted efforts must be exerted to create monitoring mechanisms to not only gauge the extent to which ICT tools and applications are available, but also their usefulness to citizens, businesses and government organizations alike.

⁸³ International Telecommunication Union, *World Telecommunication Development Report*, Geneva 2003 and 2004.

II. KEY ISSUES AND CHALLENGES

The Arab region has demonstrated progress in many MDG-related fields. Progress varies, however, across the subregions, at the country level, and from goal to goal. It is unlikely that the Arab region as a whole will succeed in eradicating poverty and hunger, particularly in the LDCs, without concerted efforts and increased resources. Despite modest progress since 1990, in 2002 almost 20 per cent of children of primary school age were not enrolled, and some 44 million adult women aged over 15 years could not read or write. While gender equality in enrolment across all levels of education has generally improved, in many countries absolute levels are low for both boys and girls. Gains in education have not translated into economic and political empowerment for the women of the region, whose economic and political participation rates are among the lowest in the world. In addition, coordinated efforts and more resources are needed for the provision of regional public goods, namely infrastructure for transport and water management, environmental sustainability, coordination and harmonization in trades policies and procedures, and conflict resolution and peace-building

Box 8. Statistical capacity building for improved monitoring and reporting on the Millennium Development Goals

Throughout the region, institutional capacities to collect, compile, analyse and use statistics for policy and project formulation and management are weak. Moreover, there is a lack of gender-disaggregated data. Developing institutional capacities to produce quality, gender-disaggregated statistics will not only facilitate monitoring and reporting on the Millennium Development Goals, but also contribute to greater transparency and accountability.

The Arab LDCs by far face the most challenges across all eight Goals, particularly in terms of funding and basic services and infrastructure. The middle income countries of the Mashreq and Maghreb have made good progress with regard to some goals, for example, education, but have been less successful in others, for example, eradicating poverty. In those countries, poverty, unemployment and migration are key issues of concern. However, in Iraq and Palestine, which are exceptions to overall trends in the Mashreq, the achievement of MDGs is tied to conflict and occupation. In these areas, efforts and resources must be focused on peace-building, building effective public institutions, strengthening civil society and economic development. The rich countries of the GCC possess the resources to surpass the targets set by the MDG framework. However, the issue of sustainability, whether economic, environmental or social, is pivotal in the GCC region.

Notwithstanding differences in progress toward achieving the goals, the Arab countries face a common set of issues and challenges that fall within the main parameters of the Millennium Declaration, namely, peace and security; the eradication of poverty and development; greater regional partnerships and integration; respect for human rights, democracy and good governance; and the protection of the environment.

A. ESTABLISHING PEACE AND SECURITY

The cost of war and conflict, in terms of lost lives, displacement, and setbacks to development, continues to be high. This is particularly evident in Iraq and Palestine, and in countries marred by internal conflict and strife for over a decade, namely Algeria, Somalia and the Sudan.

War and conflict in the region continues to destroy resources and the social fabric of society while diverting Government budgets towards military expenditure. The instability brought by war and conflict threatens the sustainability and equal distribution of development gains. A comprehensive and just solution to the Arab-Israeli conflict is needed, in addition to an end to the violence in Iraq. The international community must exhaust all efforts to bring peace and security to the region, while spreading a culture of peace-building and nation-building based on respect for human rights, including the right to development, as well as democracy and good governance.

B. THE ERADICATION OF POVERTY AND DEVELOPMENT

The region's development track, including efforts to eradicate poverty, faces a number of social and economic challenges. Poverty, the deterioration in housing conditions, in addition to the inadequacy of health services and social protection systems, pose serious impediments to development in the region. Despite variations in poverty estimates, most agree that poverty in the Arab region is on the rise in human and income terms. What is particularly noticeable in the middle income countries, as most Arab countries are classified, is that averages and apparently satisfactory estimates of poverty rates frequently masquerade the real status of poverty. Inequality and skewed income distribution is an escalating trend in Arab countries. In addition, national averages do not account for inequalities and distributions within countries or among various segments of the society. Addressing issues of poverty and inequality is a key challenge.

1. *Unemployment*

The Arab countries, which have some of the highest unemployment rates in the world, are currently grappling with labour market challenges that will have serious consequences for the region. Among the most pressing of these issues are the region's continuing high levels of youth unemployment and the successful integration of women into the labour markets of the region. Success on these two related fronts is crucial to the region's continued growth, development and poverty alleviation efforts.

The employment problem in the region is not only confined to middle-income countries and Arab LDCs. In the GCC countries, unemployment has become a national concern. One key problem of employment generation is the predominance of the energy sector, which has an extremely low employment multiplier, and the issue of foreign labour, which exceeds that of nationals, creating the problem of nationalization of labour. Regionally, the problem of unemployment is tied to the quality of education and the mismatch between the skills of graduates and labour market demands.

It is essential for policymakers throughout the Arab countries to prioritize employment policies and to integrate them fully into overall macroeconomic policies. As young people, and increasingly young women, are ever more important to the economic and social development of countries in the region, it is vital that they are able to share in the benefits of the region's economic growth and gain access to decent and productive jobs.

2. *Gender gap*

Gender equality is an integral component of the development process; and along with women's empowerment, is crucial for achieving MDGs. Concerted efforts must be exerted to remove formal and informal discriminatory practices and replace disempowering gender stereotypes with more positive images of women. It has been suggested that it is necessary to revise legislation in accordance with international declarations on women's rights. Obstacles preventing women from owning land, owning their own businesses or obtaining credit must be removed. Moreover, laws must be carefully constructed to ensure that rights legislated to women, for example, maternity leave, do not become a disincentive from hiring them.

While women are more prone to unemployment than men, gender inequality in the labour market is manifested in other significant ways, for example, wage gaps, occupational segregation and women's disproportionate representation in informal employment. Promoting gender equality and the empowerment of women and eliminating gender-based discrimination in the region's labour markets is essential for fostering equitable development. Policies also aimed at eradicating the gender gap in literacy and education are crucial so that women can develop the skills and competencies they need to participate more fully in labour markets.

The establishment of an infrastructure supporting the participation of women in the public arena is also a critical step towards change. Investment in such an infrastructure, which would include developments in transportation and communications, and access to social services, would both increase the options available to women and allow for an expansion of market services, thus enabling greater participation in public life.

Gender mainstreaming throughout all governmental departments can create national machineries that are equipped to provide advice regarding the impact on women of all governmental policies, monitor the situation of women comprehensively and help formulate new policies and effectively carry out strategies and measures to eliminate discrimination.⁸⁴ Monitoring and reporting mechanisms that measure the impact of policies and strategies on the situation of women must be strengthened, as most coordination mechanisms among national bodies. In addition, both governmental bodies and grass root organizations require training to improve awareness of gender issues and to highlight the importance of mainstreaming gender into development plans, policies and strategies.⁸⁵

3. Economic challenges

The Arab region had one of the lowest per capita GDP growth rates in the 1990s and the early part of the first decade of 2000. That poor growth record has been reflected in slow progress in human development in comparison with the average for developing countries. The Arab region faces a number of economic challenges with regard to achieving MDGs, including the need to improve productivity; diversify economies; promote the use of, and innovation in, science and technology; and achieve greater regional integration.

4. Improved productivity

Productivity across all sectors of the economy must be improved. Significant proportions of the population of many Arab countries are economically dependent on agriculture, and the incidence of poverty among those segments of the population is markedly higher than in urban populations. Significantly increased agricultural prosperity is required in order to achieve MDGs in rural and agriculture-based communities. Increased investment in infrastructure, including water and energy supplies, and basic social services is essential to improve agricultural productivity and income. Sizeable investment in irrigation and land reclamation schemes will not only promote a rise in productivity but will also make more arable land available for distribution to landless farm labourers.

5. Stronger regional partnerships and integration

The achievement of MDGs requires global and regional partnerships based on mutual accountability and responsibility, in which wealthier nations, through funding, debt relief and fair trade agreements, support the efforts of developing countries to adopt relevant development strategies within a supporting global environment. Greater South-South cooperation is also necessary for sharing experience and expertise.

Stronger regional partnerships can be forged through cooperation in the provision of infrastructure for transport, energy and water management, and through common strategies for managing an array of transboundary environmental issues. Efforts must also be exerted to establish institutions to promote economic cooperation and favourable trade agreements. The integration of Arab markets would render the region more attractive to world investors, facilitate investment and growth, and generate employment opportunities and income, thereby contributing to the region's poverty alleviation efforts. Moreover, greater cooperation in deterring and resolving conflict is required. However, achieving stronger regional partnerships and integration requires increased investment, and in the case of the Arab LDCs implies the need for more development finance from the wealthier Arab countries.⁸⁶

C. RESPECT FOR HUMAN RIGHTS, DEMOCRACY AND GOOD GOVERNANCE

Throughout the Arab region, democratic institutions and processes are weak and political participation levels are low. Most public institutions in the Arab region are highly centralized, which compromises their

⁸⁴ Committee on the Elimination of All Forms of Discrimination Against Women, seventh session, General Recommendation No. 6, 1988.

⁸⁵ ESCWA, *Arab Women: Beijing + 10*, March 2005.

⁸⁶ United Nations Millennium Project. *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals; Overview*, 2005.

ability to respond effectively and efficiently to the needs and concerns of the public. More must be done to promote and ensure free and fair elections, civil liberties, freedom of the press, transparency and accountability. There is also inadequate separation of powers between the legislative, the executive and the judiciary. Greater effort must be exerted to establish the rule of law, including respect for human rights, particularly in conflict and post-conflict areas. Regular and accurate reporting on human rights violations is vital.

Protecting the rights of the vulnerable

The vulnerable include refugees, the displaced and victims of conflict; migrant workers, Arab and foreign alike; and also ethnic and religion minorities. These persons are marginalized, discriminated against and more vulnerable to poverty and infringements of their social, economic, political and civil rights. While the Arab region is one in which labour migration is highly pronounced, both intraregionally and globally, little attention has been afforded to this issue and there is a general lack of respect for international agreements on migrant workers' rights and work conditions (see box 9).

Box 9. Human Rights and the Millennium Development Goals

Sustainable human development cannot be achieved without respect for basic human rights and human rights cannot be upheld without development. The Universal Declaration of Human Rights and core human rights conventions include articles on the right to development, the right to life, the right to health, the right to equality, the right to education, the right to a safe and healthy environment, and the right to a standard of living, and as such, they incorporate most of the provisions of the Millennium Declaration.

Consequently, it is essential to implement a rights-based approach to development as a conceptual framework for the process of human development based on international human rights standards and directed towards promoting and protecting human rights. Policies, programmes, projects and activities aiming to achieve the Millennium Development Goals (MDGs) must rest on the following principles:

- (a) Empowerment of the people;
- (b) Linkage to national and international human rights norms and standards;
- (c) Accountability of duty-bearers at the national and international levels;
- (d) Participation of all stakeholders;
- (e) Equality and non-discrimination.

Despite the fact that many Arab countries have shown greater commitment towards improving the human rights situation throughout the region, the general picture is still one of violations and lack of basic rights of the individual. The region faces various challenges in terms of promoting and protecting human rights, particularly at the level of political stability. As the Arab countries develop strategies to implement the Millennium Declaration and achieve MDGs, they must consider the interdependence between human rights and human development.

Source: Office of the United Nations High Commissioner for Human Rights, Beirut.

D. PROTECTING THE ENVIRONMENT

Most Arab countries must overcome institutional and policy constraints that hinder sustainable development, especially in water and energy resources. Key challenges in the region include the overexploitation of water resources, desertification, energy efficiency and the management of non-renewable energy sources. Poor urban planning has contributed to deforestation, and the growth in urban slums has adversely affected the environment as a result of increased pollution arising from poor sewage systems. Access to improved water sources and sanitation, if scaled-up, is likely to have positive impact on health and housing conditions.

III. THE WAY FORWARD

The risks and benefits of not investing the necessary financial and human resources for achieving the MDGs by 2015 are shared by rich and poor countries alike in the Arab region. Arab countries must enhance their human and institutional capacities, improve policies, promote investment and increase donor aid. Stronger regional partnerships and integration, including greater intraregional trade, are also required, as are increased funding and investment aimed at improving productivity. The achievement of MDGs is largely dependent on the adoption and implementation of integrated and comprehensive development policies and strategies related to poverty reduction, unemployment, gender equality, the environment, rural and urban development, health systems, education, science, technology and innovation. This requires sustained action at the local, national and regional levels, and reforms aimed at partnership, good governance, democracy and respect for human rights.

The way forward entails action on the following main fronts: the first being regional integration, which is aimed at pooling and harnessing human, financial and natural resources and capacities with a view to achieving a regional partnership in development, and solidarity in the international political arena and global economy.

The second is reform and democratization at State, society and political levels, as a basic pillar of development.

The third encompasses pro-poor social and economic policies based on partnership between the public sector and civil society, while promoting a larger role for the private sector in terms of social responsibility and environmental sustainability (see box 10).

The fourth pertains to strengthening the role of civil society in the development process, and lastly promoting the establishment of effective public institutions that are capable of meeting the challenges of the twenty-first century.

Box 10. A Millennium Development Goal-friendly policy framework for the Arab region

While Goal 1 focuses exclusively on income poverty, the Millennium Development Goals (MDGs) address various dimensions of capability poverty, which covers health, education and environmental sustainability. A strong commitment to achieving MDGs requires the endorsement of a policy framework that is aimed at reducing capability poverty, or poverty in all its forms. In other words, achieving the MDGs is largely dependent on the adoption and implementation of pro-poor development policies and strategies, in addition to investment-led growth and heavy investment in social services and infrastructure, including water and energy supplies.

A pro-poor pattern of growth in the Arab region highlights the fact that there is a need to employ a policy framework that simultaneously promotes the following: labour intensive growth; enhanced ability of the poor to integrate into the process of economic growth; and higher participation rate of the working age population, those in the 15-64 age group, in economic activity, particularly women and youth.

Public sector investment is a possible channel for introducing labour-intensive techniques and promoting the growth of labour-intensive sectors. In light of the low capacity of the private sector to generate high investment rates, the inability of institutions to mobilize and direct savings, and imperfect market signals in the Arab region, the State continues to have a considerable role to play in harnessing resources for development.

Given the low literacy rate among women and the poor, an MDG-friendly policy framework also requires concerted efforts to reduce illiteracy as part of its investment in human capital. Increasing the participation of women, the poor and other marginalized persons, including refugees, requires removing and changing institutional barriers, including legal frameworks and formal and informal discriminatory rules and practices.

National strategies must place emphasis on upgrading energy and water access, particularly to rural and remote areas, to facilitate education and health services and increase opportunities for income generation through small enterprises. Given that women and girls most often collect water and fuel, improvements to energy and water sources will in turn facilitate their schooling and participation in more productive income generating activities.

Source: ESCWA.

REFERENCES

- Arab Monetary Fund. *Joint Arab Economic Report*, 2004.
- Arab Fund for Economic and Social Development. Population figures, 2004.
- Economic and Social Commission for Western Asia (ESCWA). *Where Do Arab Women Stand in the Development Process? A Gender-based Statistical Analysis* (E/ESCWA/SDD/2004/Booklet.1).
- _____. *A Manual for ESCWA Member Countries on Dispute Resolution of International Water Resources* (no symbol), 2004.
- _____. *Annual Review of Developments in Globalization and Regional Integration in the Countries of the ESCWA Region, 2003* (E/ESCWA/GRID/2003/41).
- _____. *Annual Review of Developments in Globalization and Regional Integration in the Countries of the ESCWA Region, 2004* (E/ESCWA/GRID/2004/6).
- ESCWA, *Arab Women: Beijing + 10*, March 2005.
- _____. *Enhancing Negotiation Skills on International Water Issues in the ESCWA Region*, (no symbol), 2004.
- _____. *Governance for Sustainable Development in the Arab Region: Institutions and Instruments for Moving Beyond an Environmental Management Culture* (E/ESCWA/SDPD/2003/8).
- _____, and International Labour Organization (ILO). *Wallchart on Key Indicators of the Labour Market: Main Characteristics of the ESCWA Region*, 2004.
- _____. Social statistics datasets.
- _____. *Evaluation of Integrated Water Resources Management, Sanitation and Human Settlements in the Arab region* (E/ESCWA/SDPD/2005/WP.2) (in Arabic).
- _____. *The Environment in the Transboundary Context in the ESCWA Region: Situation and Recommendations* (E/ESCWA/SDPD/2005/5).
- _____. *World Summit on Sustainable Development Assessment Report for the ESCWA Region* (E/ESCWA/ENR/2002/19).
- Food and Agriculture Organization of the United Nations (FAO). Database on undernourishment, available at: <http://www.fao.org/faostat/foodsecurity/Files/PrevalenceUndernourishment.xls>.
- ILO. *Global Employment Trends*, Geneva, 2004. Available at: <http://kilm.ilo.org/get2004/download/trends.pdf>.
- _____. *Global Employment Trends for Women 2004*, Geneva, 2004, available at: <http://kilm.ilo.org/get2004/download/trendsw.pdf>.
- _____. *Global Employment Trends for Youth 2004*, Geneva, 2004, available at: <http://mirror/public/english/employment/strat/download/getyen.pdf>.
- _____. *Key Indicators of the Labour Market*, third edition, Geneva, 2004.
- _____. Economically active population estimates and projections, LABORSTA (an ILO database on labour statistics), Geneva, available at: <http://laborsta.ilo.org>.

- International Energy Agency. *World Energy Outlook: Energy and Poverty 2002*.
- Inter-parliamentary Union. “Women in national parliaments”, available at: <http://www.ipu.org>.
- International Telecommunication Union. *World Telecommunication Development Report*, Geneva 2003 and 2004.
- Organization of Arab Petroleum Exporting Countries. *Annual Statistical Report 2004*.
- Population Reference Bureau. *Women of Our World 2005*.
- Schaible, W., and R. Mahadevan-Vijaya. “World and regional estimates for selected key indicators of the labour market”, ILO Employment Paper 2002/36, Geneva, 2002.
- Tarantino, G. C. “Imputation, estimation and prediction of unemployment rates using the Key Indicators of the Labour Market (KILM) data set”, International Labour Organization (ILO) Employment Strategy Paper 2004/16, Geneva, ILO.
- United Nations. *World Population Prospects; The 2002 Revision (ESA/P/WP.180)*, 2003.
- _____. “In larger freedom: Towards development, security and human rights for all”, Report of the Secretary-General.
- United Nations Children’s Fund (UNICEF). *The State of the World’s Children 2005: Childhood Under Threat*, New York, UNICEF, 2004.
- United Nations Conference on Trade and Development. *The Least Developed Countries Report 2004; Linking International Trade with Poverty Reduction*, New York and Geneva, United Nations, 2004.
- United Nations Development Group. Country Millennium Development Goal reports: Algeria, 2005; Bahrain, 2003; Comoros, 2004; Djibouti, 2005; Egypt, 2002 and 2005; Jordan, 2004; Kuwait, 2003; Lebanon, 2003; Mauritania, 2003 and 2005; Morocco, 2003; Oman, 2005; Palestine, 2003; Qatar, 2005; Syrian Arab Republic, 2003; Saudi Arabia, 2002; Sudan, 2004; Tunisia, 2004; United Arab Emirates, 2004; and Yemen, 2003, available at: <http://www.undp.org/mdg/countryreports.html>.
- United Nations Development Programme (UNDP). *Arab Human Development Reports*, for years 2002, 2003 and 2004.
- UNDP. *Status of Integrated Water Resources Management Plan in the Arab Region*, December 2004.
- _____. *Comores: Développement Humain Durable et Elimination de la Pauvreté; Éléments pour une Stratégie Nationale*, 1997.
- _____. *Human Development Reports*, for period 1990-2004, available at: <http://hdr.undp.org/reports/>.
- _____. Study on poverty in the Syrian Arab Republic, 2005.
- _____, and the World Bank. *Somalia: Socio-economic Survey 2002*, Report No. 1, Somalia Watching Brief, 2003.
- _____. *The Millennium Development Goals in Arab Countries: Towards 2015: Achievements and Aspiration*, New York, 2003.
- _____. *Tunisie: La Tunisie et les Objectifs Internationaux du Développement*, 2003.
- _____. Programme on Governance in the Arab Region. Available at: <http://www.pogar.org>.

United Nations Environment Programme. *Global Environmental Outlook 3; Past, present and future perspectives*, Earthscan Publications, 2002.

United Nations Educational, Scientific and Cultural Organization Institute for Statistics. Databases, available at: <http://www.uis.unesco.org>.

United Nations Millennium Project. *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals; Overview*, New York, 2005.

United Nations Population Fund. *Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2003*, UNFPA, 2003.

_____. *The State of World Population 2000*, New York, UNFPA, 2000.

_____. Databases.

United Nations, Population Division, Department of Economic and Social Affairs. *World Population Prospects: The 2004 Revision*, available at: <http://esa.un.org/unpp>.

Joint United Nations Programme on HIV/AIDS and World Health Organization (WHO). *AIDS December 2004*, Geneva, UNAIDS/WHO, 2004.

United Nations Statistics Division. Millennium Development Goal Indicators database, available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

WHO. "Anti-retroviral therapy coverage in low and middle-income countries by region", situation as of June 2005.

World Water Council. *Arab Countries Vision Consultations*, 2000.

Annex

THE MILLENNIUM DEVELOPMENT GOALS*

GOAL 1. ERADICATE EXTREME POVERTY AND HUNGER

Target 1

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

Indicators

1. Proportion of population below \$1 (1993 PPP) per day (World Bank)
2. Poverty gap ratio [incidence x depth of poverty] (World Bank)
3. Share of poorest quintile in national consumption (World Bank)

Target 2

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

Indicators

4. Prevalence of underweight children under five years of age (UNICEF-WHO)
5. Proportion of population below minimum level of dietary energy consumption (FAO)

GOAL 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 3

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

Indicators

6. Net enrolment ratio in primary education (UNESCO)
7. Proportion of pupils starting grade 1 who reach grade 5 (UNESCO)
8. Literacy rate of 15-24 year-olds (UNESCO)

GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 4

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

Indicators

9. Ratio of girls to boys in primary, secondary and tertiary education (UNESCO)
10. Ratio of literate women to men, 15-24 years old (UNESCO)
11. Share of women in wage employment in the non-agricultural sector (ILO)
12. Proportion of seats held by women in national parliament (IPU)

* UNSD, MDG indicators database. Available at: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp. This annex is directly based on UNSD web page.

GOAL 4. REDUCE CHILD MORTALITY

Target 5

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Indicators

13. Under-five mortality rate (UNICEF-WHO)
14. Infant mortality rate (UNICEF-WHO)
15. Proportion of 1 year-old children immunized against measles (UNICEF-WHO)

GOAL 5. IMPROVE MATERNAL HEALTH

Target 6

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

Indicators

16. Maternal mortality ratio (UNICEF-WHO)
17. Proportion of births attended by skilled health personnel (UNICEF-WHO)

GOAL 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 7

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators

18. HIV prevalence among pregnant women aged 15-24 years (UNAIDS-WHO-UNICEF)
19. Condom use rate of the contraceptive prevalence rate (United Nations Population Division)
 - 19a. Condom use at last high-risk sex (UNICEF-WHO)
 - 19b. Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (UNICEF-WHO)
 - 19c. Contraceptive prevalence rate (United Nations Population Division)
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (UNICEF-UNAIDS-WHO)

Target 8

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

Indicators

21. Prevalence and death rates associated with malaria (WHO)
22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (UNICEF-WHO)
23. Prevalence and death rates associated with tuberculosis (WHO)
24. Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy) (WHO)

GOAL 7. ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 9

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

Indicators

25. Proportion of land area covered by forest (FAO)
26. Ratio of area protected to maintain biological diversity to surface area (UNEP-WCMC)
27. Energy use (kg oil equivalent) per \$1,000 GDP (PPP) (International Energy Agency (IEA), World Bank)
28. Carbon dioxide emissions per capita (United Nations Framework Convention on Climate Control (UNFCCC), UNSD) and consumption of ozone-depleting CFCs (ODP tons) (UNEP-Ozone Secretariat)
29. Proportion of population using solid fuels (WHO)

Target 10

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation

Indicators

30. Proportion of population with sustainable access to an improved water source, urban and rural (UNICEF-WHO)
31. Proportion of population with access to improved sanitation, urban and rural (UNICEF-WHO)

Target 11

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators

32. Proportion of households with access to secure tenure (United Nations Human Settlements Programme (UN-Habitat))

GOAL 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Indicators for targets 12-15 are given below in a combined list.

Target 12

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction—both nationally and internationally

Target 13

Address the special, needs of the least developed countries. Includes: tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 14

Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States (SIDS) and the outcome of the twenty-second special session of the General Assembly)

Target 15

Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Some of the indicators listed below are monitored separately for LDCs, Africa, landlocked developing countries (LLDCs) and SIDS

Indicators

Official development assistance

33. Net ODA, total and to LDCs, as percentage of Organization for Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) donors' gross national income (GNI)(OECD)
34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (OECD)
35. Proportion of bilateral ODA of OECD/DAC donors that is untied (OECD)
36. ODA received in landlocked developing countries as a proportion of their GNIs (OECD)
37. ODA received in SIDS as proportion of their GNIs (OECD)

Market access

38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty (UNCTAD, WTO, WB)
39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries (UNCTAD, WTO, WB)
40. Agricultural support estimate for OECD countries as percentage of their GDP (OECD)
41. Proportion of ODA provided to help build trade capacity (OECD, WTO)

Debt sustainability

42. Total number of countries that have reached their HIPC Initiative decision points and number that have reached their HIPC completion points (cumulative) (IMF-World Bank)
43. Debt relief committed under HIPC initiative (IMF-World Bank)
44. Debt service as a percentage of exports of goods and services (IMF-World Bank)

Target 16

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Indicators

45. Unemployment rate of young people aged 15-24 years, each sex and total (ILO)

Target 17

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicators

46. Proportion of population with access to affordable essential drugs on a sustainable basis (WHO)

Target 18

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

Indicators

47. Telephone lines and cellular subscribers per 100 population International Telecommunication Union (ITU)
48. Personal computers in use per 100 population and Internet users per 100 population (ITU)