2015

Expert report for the

Arab Sustainable Development Report

The Social Pillar and the Paradox of Development in the Arab Region

UNITED NATIONS
الاسكوا
ESCWA

Distr.
LIMITED
E/ESCWA/SDD/2015/WP.2
21 April 2015
ORIGINAL: ENGLISH

ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA (ESCWA)

THE SOCIAL PILLAR AND THE PARADOX OF DEVELOPMENT IN THE ARAB REGION

United Nations
New York, 2015

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15-00236

Executive Summary

During the last few years, United Nations Economic and Social Commission for Western Asia (ESCWA) has endeavored to facilitate a consultative process, including Arab governments as well as other stakeholders, to identify regional priorities in relation to the Sustainable Development Goals (SDGs) and the post-2015 agenda With a wider specter. In July 2014, the Open Working Group (OWG) released its 17 proposed SDGs, each of which includes a number of targets. In order to ensure that the final SDGs incorporate the priorities of Arab countries, ESCWA seeks to provide a platform for regional evaluation of the proposed goals. As part of that effort, it is presently putting together an Arab Sustainable Development Report (ASDR). This ASDR background paper aims to evaluate the relevance of the social dimension of the proposed SDGs for the Arab region.

In the Arab region, important successes have been coupled with increasing challenges or even, severe crises. This paradox impacts sub-regions differently as the challenges now face higher levels of poverty and/or military conflict. Emphasizing health, education, housing, poverty, and unemployment, this paper examines these regional issues in relation to the SDG's, concluding the following: (1) The region witnessed major improvements across many health-related key indicators such as life expectancy, child mortality, and levels of communicable disease, yet the region faces a rise in non-communicable diseases resulting from life-style changes. (2) Access to health care is severely stratified. (3) Low-income countries (LIC) face a double burden of continued levels of communicable diseases and rising non-communicable diseases. (4) Regions facing military conflict and war face disproportionate health problems, including physical and mental disabilities. (5) While educational enrollment rates in primary and secondary school have advanced dramatically, It is estimated that in the year 2011 around 4.8 million primary school age children in the Arab states were out of school and some countries still have a high illiteracy rate and a low school enrollment of girls compared to boys[1], and low quality of education.[2]. (6) Excessive funds are often spent on luxury housing developments, while significant sectors of the population lack access to affordable housing. (7) It is becoming increasingly difficult for LIC to cope with urbanization and the transition from rural to urban-based settlement and the challenges that have developed out of the rise in informal housing schemes. (8) Social political and economic exclusion is a major obstacle to stability and social cohesion, impacting the populations in different ways across the region. (9) Expanding markets and private investments exist alongside rising poverty levels, unemployment, and economic inequality. (10) An increased number of middle-class citizens are sliding into poverty and the unemployment rate in the region remains at one of the highest levels in the world, particularly amongst young people and women.

The paper also examines the following governing trends which have impacted the possibilities for the region to tackle key challenges related to the social dimensions of sustainable development. (1) Focusing on immunizations has led to a disappearance of diseases such as poliomyelitis from the region and the control of many preventable diseases. (2) While increasing attention is paid to family planning, reproductive health, and the problem of drug addiction, some health concerns receive minimal attention, despite their urgency in the region, such as disability and. Acquired immune deficiency syndrome/ Human immunodeficiency virus (AIDS/HIV) (3) Much focus was put on achieving quantifiable changes in education and improving literacy and most countries now have substantive national literacy plans as well as increased levels of participation in international assessment programs. (4) shortages in affordable housing was mainly addressed by drawing on public and private sector resources such as increasing land grants, loans and financing. (5), Infrastructure improvements, renovations, new construction and resettlement programs were made in both Middle Income Countries (MIC) and Lower Income Countries (LIC). (6) While several countries have alleviated poverty levels in the past 20 years, numbers of the poor have remained high in Yemen, Algeria, Egypt, Morocco, and Tunisia. (7) Focus on industrial support for employment

[1] UNESCO EFA global monitoring report 2013/14: teaching and learning- Achieving for all pp 52.70.71.76 & http://unesdoc.unesco.org/images/0022/002256/225660e.pdf: accessed on 12/03/2015@ 16:04 hrs

[2] Ibid.

was primarily made on the presumption that there will be rapid progress as opposed to areas that need development.

Finally, this paper suggests rights-based strategies rooted in the principals of social justice as potential avenues for implementing the SDGs in the near future. These strategy proposals account for meeting *general* regional goals and *specific* realities and disparities within and across each country. They require collaborations between civil-society, governments and national, regional, and international stakeholders and they focus on the following general areas:

Health:

1. Eliminating communicable and non-communicable disease through the integration of prevention, poverty reduction, and overall well being
2. Reducing disparities in access to health care
3. Implementing HIV education and treatment
4. Collecting and publishing data on health care access and quality of health care for all
5. Monitoring and regulating costs and quality of health care within the private sector

Education:

6. Curriculum development and teacher training
7. Improving the quality of education and the conditions of schools
8. Linking education to employment

Housing:

9. Ensuring affordable housing safety and safety for all
10. Improving housing conditions and upgrading informal and underdeveloped housing

Eradicating poverty and unemployment:

11. Channeling the benefits of economic growth to benefit the poor
12. Creating more equitable inter-regional and north-south economic policies
13. Increasing transparency in government structures and critically assessing the impact of international financial institutions' prescriptions on poverty levels in the region.
14. Creating more jobs, stability and sustainability in employment, and fair and equitable taxation.
15. Targeting women and youth in efforts to end unemployment

By understanding the challenges related to the social pillar and potential strategies for transformation, the Arab region can coherently and effectively voice its priorities towards achieving a sustainable future that leaves no one behind.

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ACKNOWLEDGEMENTS

This background working paper for the Arab Sustainable Development Report (ASDR) was kindly prepared by Nadine Naber, with the exceptional advice of Suad Joseph and under the direction of ESCWA's staff, lead by Naela Haddad, Officer in Charge of the Chief of the Inclusive Social Development Section (ISDS), under the direct supervision and direction of Frederico Neto, Director of the Social Development Division (SDD). Important and valuable inputs and revisions were provided by Thea Hochar, Anton Bjork, and Nada Chaya from the ISDS, and Cameron Allen and Monia Braham from the Sustainable Development Policies Division (SDPD) at ESCWA. Nadine Naber was also assisted by Leila Alsayed Taha, Nadia Maragha, Michael De Anda Muñiz, Nabil Nazha, Olubunmi Oyewuw, Aja Reynolds, Paige Sweet, and Suhad Tabahi.

LIST OF ACRONYMS

ACOP – Arab Community of Practices
AGFUND – Arab Gulf Programme for United Nations Development
ALESCO – Arab Organization for Education, Science and Culture
ASDR – Arab Sustainable Development Report
COPD – Chronic Obstructive Pulmonary Disease
DALYs – Disability Adjusted Life Years
DTP3 – Diphtheria-tetanus-pertussis
EMRO – Eastern Mediterranean Regional Office of the World Health Organization
EPI – Expansion Program of Immunization
ESCWA – The United Nations' Economic and Social Commission for Western Asia
GCC – Gulf Cooperation Council
GDP—Gross Domestic Product
HICs – High Income Countries
HIV/AIDS – Human immunodeficiency virus/ acquired immune deficiency syndrome
LDCs – Least Developed Countries
LICs – Low-Income Countries
MDD – Major Depressive Disorder
MDGs – Millennium Development Goals
MENA – Middle East/North Africa
MICs – Middle-Income Countries
MMR – Maternal Mortality Ration
NCDs – Non-Communicable Diseases
NGOs – Non-Governmental Organizations
OPT – Occupied Palestine Territories
OWG – Open Working Group
PAPFAM -- Pan Arab Project for Family Health
PIRLS – Progress in International Reading Literacy Studies
PTSD – Post-traumatic stress disorder
SDGs – Sustainable Development Goals
TIMSS – Trends in International Mathematics and Science Study
TVET – Technical and Vocational Training
UAE – United Arab Emirates
UHC – Universal Health Coverage
UN-Habitat – United Nations Human Settlements Programme
UNESCO – United Nations' Educational, Scientific, and Cultural Organization
UNICEF – United Nations International Children's Emergency Fund
UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO – World Health Organization
YLDs – Years Lived with Disabilities
YLLs – Years Lost to Disabilities

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THE SOCIAL PILLAR AND THE PARADOX OF DEVELOPMENT IN THE ARAB WORLD

INTRODUCTION

On July 27, 2012, the United Nations (UN) General Assembly endorsed the outcome document of the United Nations Conference on Sustainable Development in Rio de Janeiro, "The Future We Want". [3] In addition to reiterating the importance of actualizing the Millennium Development Goals (MDGs) and numerous previously adopted ambitions and targets, the document called for the formulation of a set of SDGs. The SDGs are to fill gaps left by the Millennium Development Goals, (MDGs), including "the multi-dimensional aspects of poverty, decent work for young people, social protection and labor rights for all."[4] These, according to the outcome document, "should be coherent with and integrated into the United Nations development agenda beyond 2015"[5]. In January 2013, the General Assembly established the intergovernmental Open Working Group (OWG) tasked with drafting the SDGs.[6] In July 2014, the OWG released its 17 proposed SDGs, each of which includes a number of targets. ESCWA has during the last few years endeavored to facilitate a consultative process, including Arab governments as well as other stakeholders, to identify regional priorities in relation to the SDGs and the post-2015 agenda more broadly. In order to ensure that the final SDGs incorporate the priorities of Arab countries, ESCWA seeks to provide a platform for regional evaluation of the proposed goals. As part of that effort, it is presently putting together an ASDR, which aims to evaluate the relevance of the social dimension of the proposed SDGs for the Arab region.

Progress in the region during the last decades has been uneven or lacking. Quantitative improvements, for example, have not always implied qualitative ones. Noting that the Arab countries continue to face many social development challenges, this paper will focus primarily on health, education, and housing, with minimal focus on poverty and unemployment. More attention is paid to key gaps in health, education and housing. This paper will attempt to examine the factors that underpin the social pillar of sustainable development across the Arab region, while also attending to the unique conditions and challenges of each sub-region and country. The paper also reviews current governing trends... Finally, recommendations to assist policy-makers in the region to develop policies to meet the proposed SDG targets are proposed. Analysis is based on existing secondary resources, making use of economic reports, statistical analyses, political, sociological, and historical studies as well as media and governmental and non-governmental policies and reports. It is noteworthy to mention that some sections and subsections of the paper seem to gain over others in size, this arises however from the weight, detailing and number of targets assigned to some of the SDGs over others.

[3] United Nations, 2012.
[4] United Nations, 2014, pp. 14.
[5] *The Thirteenth session of the Open Working Group on Sustainable Development Goals: "INTRODUCTION TO THE PROPOSAL OF THE OPEN WORKING GROUP FOR SUSTAINABLE DEVELOPMENT GOALS"; Sat 19 July 1:20 pm https://sustainabledevelopment.un.org/content/documents/4518SDGs_FINAL_Proposal%20of%20OWG19%20July%20at%201320hrsver3.pdf accessed on 30/03/2015*
[6] United Nations, 2013.

PART ONE: THE SOCIAL PILLAR OF THE SUSTAINABLE DEVELOPMENT GOALS- KEY THEMATICS:

The thirteenth session of the OWG was mandated to develop a set of sustainable development goals for consideration by the General Assembly at its 68th session produced an outcome document in July 2014[7]. The proposed SDGs heavily rely in their conceptualization on the Rio+20 outcomes.

According to these outcomes, poverty eradication was considered as the greatest global challenge facing the world today and an indispensable requirement for sustainable development. It also reiterated the commitment to freeing humanity from poverty and hunger as a matter of urgency. Along with poverty eradication, changing unsustainable, promoting sustainable patterns of consumption and production and protecting and managing the natural resource base of economic and social development are overarching objectives and essential requirements for sustainable development. People were put at the center of sustainable development while, Rio+20 promised to strive for a world that is just, equitable and inclusive. It also committed to work together to promote sustained and inclusive economic growth, social development and environmental protection and thereby to benefit all, in particular the children of the world, youth and future generations of the world without distinction of any kind: age, sex, disability, culture, race, ethnicity, origin, migratory status, religion, economic or other status.

The proposed SDGs are accompanied by targets which are being further elaborated on to provide indicators focused on measurable outcomes. They are action oriented, global in nature and universally applicable. Allowing however for countries to set their own national targets pending on their level of development, national priorities, challenges, and capacities. The goals and targets aim to integrate economic, social and environmental aspects while recognizing their inter-linkages in achieving sustainable development in all its dimensions.

Box 1
Sustainable Development Goals

Goal 1. End poverty in all its forms everywhere
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
Goal 3. Ensure healthy lives and promote well-being for all at all ages
Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all
Goal 5. Achieve gender equality and empower all women and girls
Goal 6. Ensure availability and sustainable management of water and sanitation for all
Goal 7. Ensure access to affordable, reliable, sustainable, and modern energy for all
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
Goal 10. Reduce inequality within and among countries
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
Goal 12. Ensure sustainable consumption and production patterns
Goal 13. Take urgent action to combat climate change and its impacts
Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development.
Source:
https://sustainabledevelopment.un.org/content/documents/4518SDGs_FINAL_Proposal%20of%20OWG_19%20July%20at%201320hrsver3.pdf

[7] *The Thirteenth session of the Open Working Group on Sustainable Development Goals: "INTRODUCTION TO THE PROPOSAL OF THE OPEN WORKING GROUP FOR SUSTAINABLE DEVELOPMENT GOALS"; Sat 19 July 1:20 pm https://sustainabledevelopment.un.org/content/documents/4518SDGs_FINAL_Proposal%20of%20OWG19%20July%20at%201320hrsver3.pdf*

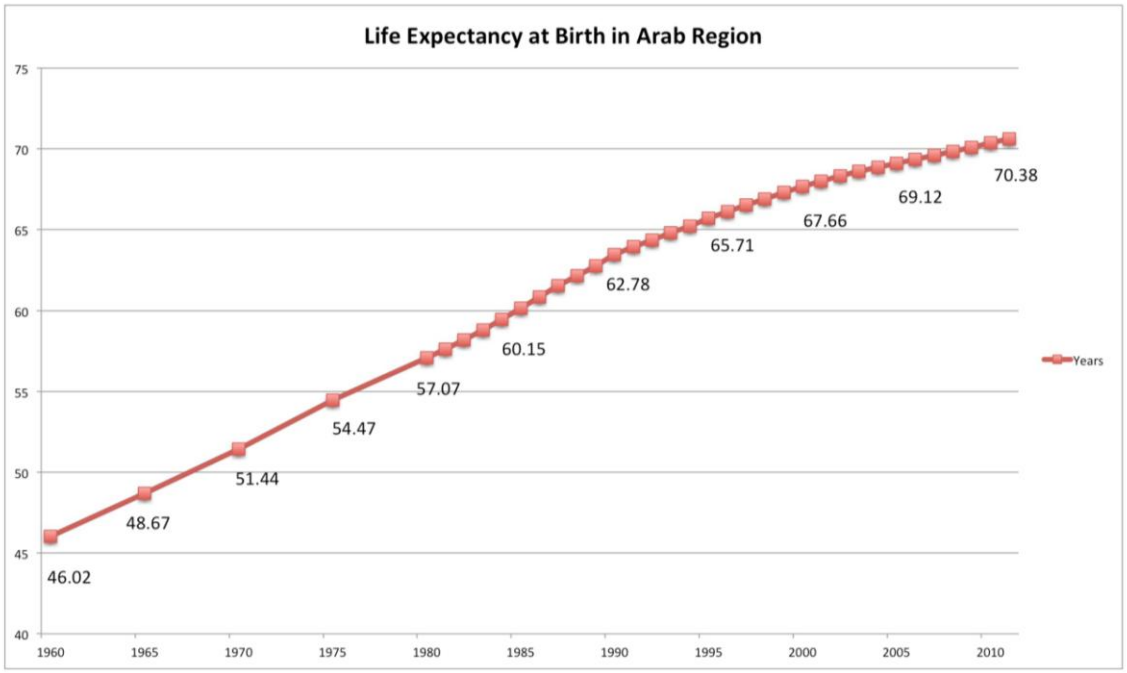
It is important to note that a number of SDGs have to do more with social issues rather than environmental or economic. In example, goal one calls for eradicating poverty in all its forms; goal two calls for ending hunger; goal three calls for ensuring healthy lives and promoting well being for all at all ages; goal four calls for ensuring inclusive and equitable quality education and promoting life-long learning opportunities for all; goal five calls for achieving gender equality and empower all women and girls; goal eight calls for decent work, full and productive employment for all together with promoting sustained, inclusive and sustainable economic growth; goal eleven calls for making cities and human settlements inclusive, and safe together with resilient and sustainable ones among many other goals and targets which address human security, wellbeing and development.

Despite the important successes achieved in the Arab Region over the past few decades concerning the areas of health, education, housing and poverty, some challenges were encountered by these achievements which either short fell the targeted goals or had to face new emerging challenges, Notwithstanding that the MDGs focused on achieving some basic social goals which did not address the social challenges entirely leading to severe crises. This paradox however, impacts the sub-regions differently and the challenges are exacerbated facing higher levels of poverty and/or military conflict. Emphasizing health, education, housing, poverty, and unemployment, this paper examines these regional issues in relation to the goals and targets as proposed by the OWG for the SDGs.

1-SDG Thematic: Health:

Overall, the Arab world has witnessed major improvements across many MDG key indicators such as life expectancy, child mortality, and levels of communicable disease (Figure 1).

Figure 1: Life expectancy at Birth in the Arab region from 1960-2010



Source: IndexMundi. "Arab World – Life expectancy at birth" (http://www.indexmundi.com/facts/arab-world/life-expectancy-at-birth). Retrieved January 18, 2015

Since 1990, additional improvements include a decrease in premature death and disability caused by newborn, maternal, nutritional, and communicable disorders (except for HIV/AIDS). Yet some countries still face severe health crises, including disease epidemics that are exacerbated by poverty. For example, despite improvements since 1990, the region continues to experience high levels of preterm birth complications, protein–energy malnutrition, and tuberculosis.

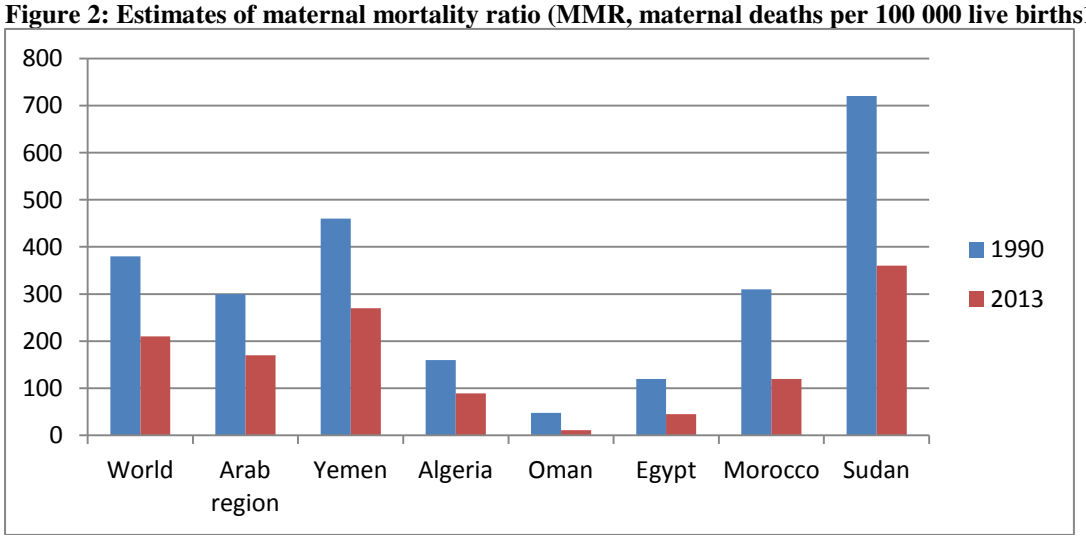
The unevenness of conditions among member countries of the Arab world makes aggregate data for the region potentially misleading. This paper relies on a classification system that divides the region into three categories according to differences in gross national income: respectively, LIC MIC and HIC. [8] Compared to global trends, HICs are more likely to have a profile like Europe and the U.S. – problems with road deaths, mood disorders (anxiety/depression), heart disease, stroke, and diabetes; however HICs in the Arab world have slightly elevated indicators for maternal health issues and mood disorders compared to their counterparts in other regions. Conditions in MICs vary, sharing aspects of both HICs' and LICs' health profiles.

In the following subsections, the specific targets identified within the larger health SDGs thematic will be addressed, focusing on key indicators for maternal mortality, newborn, under-five mortality, communicable diseases and vaccines, non-communicable diseases, alcohol and substance abuse, sexual and reproductive health care, and universal health coverage. Wherever possible, differences between HICs, MICs, and LICs will be discussed, in order to demonstrate how the paradox of development has affected the region unevenly. Health challenges that affect the SDGs' targets but are not specifically addressed by them will be identified and described, focusing on inequality, warfare, and disability.

Key target indicator 3.1- Reducing Maternal Mortality Ratio:

Calls for reducing the global maternal mortality ratio (MMR) to less than 70 by 100,000 live births by 2030. HICs are within this target, since the MDGs were formulated. LICs have seen improvement, but none are within the target range. MICs are mostly within the target, with the exception of Algeria, Morocco, and Sudan (Figure 2).

Figure 2: Estimates of maternal mortality ratio (MMR, maternal deaths per 100 000 live births1990/2013



Source WHO and others, 2014 pp.38,41,43,53,

Key target indicator 3.2- Ending Preventable Deaths of Newborns and Under-five Children:

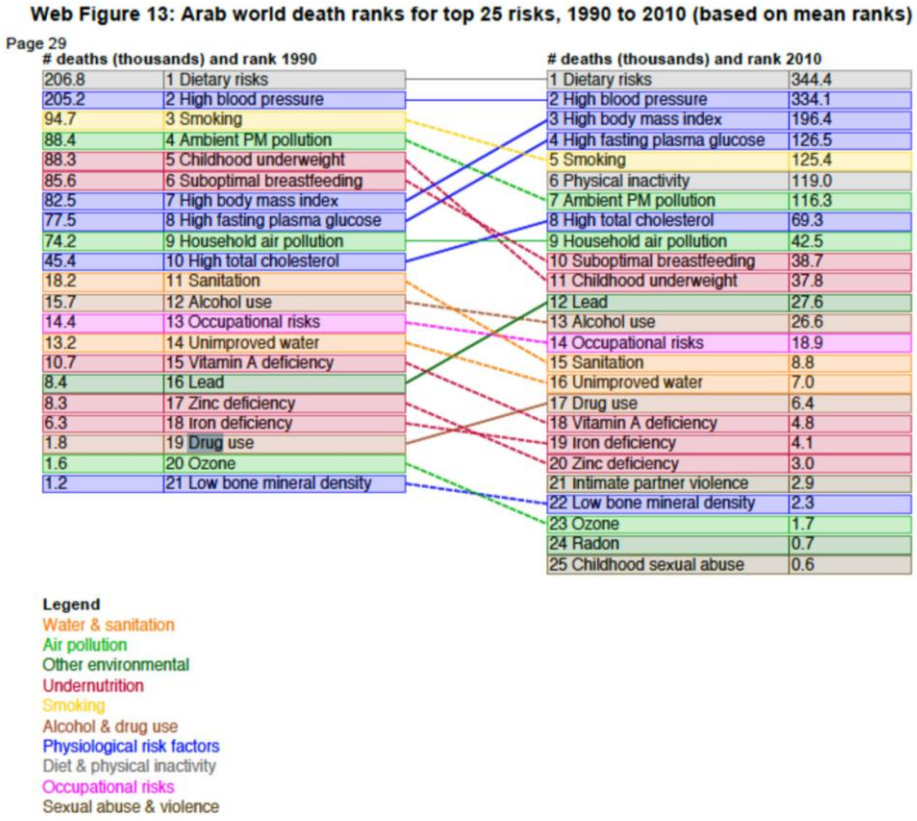
Calls for ending preventable newborn and under-five mortality by 2030; Early pregnancy and short intervals between births (less than 3 years) contribute to poor infant health and nutrition, thus increasing the risk of early death. In the Arab region, infant mortality rates decreased substantially in the last decade; for example, in western Asia rates declined from 30 to 26 deaths per 1,000 live births

[8] Mokdad & al 2014
LICs (Comoros, Djibouti, Mauritania, Yemen, and Somalia); MICs (Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, the occupied Palestinian territory, Sudan, Syria, and Tunisia); and HICs (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates (UAE)).[8]

between 2005 and 2009. Compared to any other region in the world, the Arab world has seen greater improvements in life expectancy and under-five mortality rates over the past three decades.

Under-five infant mortality rate in the Arab region is the same as or better than global averages, and when compared to any other region the Arab world has seen the highest improvements in the past 30 years.[9] However, such satisfactory numbers are reflective of the excellent conditions found in HICs, which mask disparities between countries in the region. [10] Childhood underweight and suboptimal breastfeeding were the top two DALY (disability-adjusted life years)-attributable risk factors in 1990, and remained significant burdens in 2005, and 2010. Although they have been displaced overall by heart and lung disease, these averages mostly reflect shifts in HICs (Figure 3). In LICs, high rates of childhood underweight and suboptimal breastfeeding reflect the negative impact of poverty on maternal and infant health (Figures 4).[11] The figures illustrating these trends refer, at times, to DALYs, years lived with disability (YLDs), risk factors, and causes of death.[12]

Figure 3: Arab world death ranks for top 25 risks, 1990-2010.



Source: Adapted from Mokdad AH, Jaber S, Abdel Aziz MI, et al. 201 "Supplementary appendix to: The state of health in the Arab world, 1990–2010: an analysis of the burden of diseases, injuries, and risk factors," p. 29. *Lancet*; published online Jan 20. http://dx.doi.org/10.1016/S0140-6736(13)62189-3.

[9] Batniji et al, 2014, pp. 343.
[10] Ibid.
[11] Mokdad et al, 2014, pp. 315.
[12] DALYs, and YLDs are tools for measuring the health impact of injury and illness. They are particularly useful measures, as opposed to direct cause of death, because they identify health concerns that, although non-fatal, reduce life expectancy and quality of life. For instance, consider the following: While depression is rarely a direct cause of death, it is a chronic condition that has a negative impact on health overall and will not appear on charts listing causes of death. Yet it ranks very highly on charts showing DALYs and YLDs. Deadly diseases like malaria rank highly as a cause of death, but have less of an impact on DALYs and YLDs, because they are acute rather than chronic conditions. Alternately, heart disease is a direct cause of death, and it is also a chronic condition that affects DALYs and YLDs. http://www.who.int/healthinfo/nationalburdenofdiseasemanual.pdf

Figure 4: Leading risk factors and attributable DALYs by sex in Arab LICs

Web Table 8. Leading risk factors and attributable DALYs by sex in Arab LICs; 1990, 2005 and 2010

1990			2005			2010		
Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Childhood underweight 14.6% (11.8 - 17.7)	Childhood underweight 13.3% (10.5 - 16.3)	Childhood underweight 14.0% (11.5 - 16.7)	Childhood underweight 10.3% (8.1 - 12.9)	Childhood underweight 9.1% (6.9 - 11.5)	Childhood underweight 9.7% (7.9 - 11.8)	Childhood underweight 8.8% (6.7 - 11.3)	Childhood underweight 7.8% (5.6 - 10.1)	Childhood underweight 8.3% (6.6 - 10.3)
Suboptimal breastfeeding 11.7% (7.7 - 15.8)	Suboptimal breastfeeding 10.5% (6.9 - 14.4)	Suboptimal breastfeeding 11.1% (7.5 - 14.8)	Suboptimal breastfeeding 7.9% (5.0 - 11.1)	Suboptimal breastfeeding 6.9% (4.3 - 9.7)	Suboptimal breastfeeding 7.4% (4.8 - 10.2)	Suboptimal breastfeeding 7.2% (4.3 - 10.6)	Suboptimal breastfeeding 6.4% (3.9 - 9.3)	Suboptimal breastfeeding 6.8% (4.4 - 9.5)
Household air pollution 7.2% (5.2 - 9.4)	Household air pollution 6.4% (4.7 - 8.3)	Household air pollution 6.9% (5.1 - 8.7)	Household air pollution 4.8% (3.4 - 6.4)	Household air pollution 4.4% (3.2 - 5.7)	Household air pollution 4.6% (3.4 - 5.9)	Household air pollution 4.7% (3.3 - 6.4)	Household air pollution 4.3% (3.1 - 5.7)	Household air pollution 4.5% (3.4 - 5.8)
Smoking 3.6% (2.7 - 4.5)	Iron deficiency 2.7% (2.0 - 3.6)	Smoking 3.1% (2.4 - 3.8)	Dietary risks 3.2% (2.6 - 4.0)	Iron deficiency 3.6% (2.6 - 4.8)	Dietary risks 3.1% (2.7 - 3.8)	Dietary risks 3.6% (2.9 - 4.7)	Iron deficiency 3.8% (2.8 - 5.0)	Dietary risks 3.5% (2.9 - 4.3)
Sanitation 3.3% (0.1 - 6.6)	Sanitation 3.2% (0.1 - 6.2)	Sanitation 3.3% (0.1 - 6.2)	Smoking 3.1% (2.5 - 3.9)	Dietary risks 3.1% (2.4 - 3.8)	Iron deficiency 2.9% (2.1 - 4.0)	Smoking 3.3% (2.6 - 4.1)	Dietary risks 3.4% (2.7 - 4.4)	High blood pressure 3.1% (2.5 - 4.1)
Ambient PM pollution 2.3% (1.7 - 3.1)	Smoking 2.6% (1.9 - 3.3)	Dietary risks 2.2% (1.9 - 2.7)	High blood pressure 2.6% (1.9 - 3.4)	High blood pressure 2.9% (2.2 - 3.8)	High blood pressure 2.7% (2.2 - 3.5)	High blood pressure 3.0% (2.2 - 4.2)	High blood pressure 3.3% (2.4 - 4.4)	Iron deficiency 3.1% (2.2 - 4.2)
Dietary risks 2.2% (1.8 - 2.8)	Dietary risks 2.3% (1.7 - 2.9)	Unimproved water 2.7% (0.2 - 5.2)	Iron deficiency 2.3% (1.6 - 3.3)	High body mass index 1.9% (1.3 - 2.7)	Smoking 2.5% (2.1 - 3.0)	Iron deficiency 2.5% (1.7 - 3.5)	High body mass index 2.3% (1.5 - 3.3)	Smoking 2.6% (2.1 - 3.2)
Unimproved water 2.7% (0.2 - 5.3)	Unimproved water 2.6% (0.2 - 5.2)	Ambient PM pollution 2.2% (1.7 - 2.8)	Ambient PM pollution 2.0% (1.5 - 2.7)	Smoking 1.8% (1.4 - 2.3)	Ambient PM pollution 1.9% (1.5 - 2.4)	Occupational risks 2.0% (1.5 - 2.6)	Smoking 1.9% (1.4 - 2.4)	High body mass index 1.9% (1.3 - 2.5)
Vitamin A deficiency 1.8% (0.9 - 3.0)	High blood pressure 2.1% (1.5 - 2.8)	Iron deficiency 2.1% (1.5 - 2.8)	Unimproved water 2.0% (0.1 - 3.9)	Ambient PM pollution 1.8% (1.4 - 2.3)	Unimproved water 1.9% (0.1 - 3.7)	Ambient PM pollution 2.0% (1.5 - 2.6)	High fasting plasma glucose 1.9% (1.2 - 2.7)	Ambient PM pollution 1.8% (1.5 - 2.4)
High blood pressure 1.8% (1.3 - 2.4)	Ambient PM pollution 2.1% (1.5 - 2.7)	High blood pressure 1.9% (1.5 - 2.4)	Occupational risks 1.8% (1.3 - 2.4)	Unimproved water 1.8% (0.1 - 3.6)	High fasting plasma glucose 1.5% (1.2 - 2.0)	High fasting plasma glucose 1.7% (1.1 - 2.4)	Ambient PM pollution 1.7% (1.3 - 2.3)	High fasting plasma glucose 1.8% (1.3 - 2.3)

Source: Adapted from Mokdad AH, Jaber S, Abdel Aziz MI, et al. 2014. "Supplementary appendix to: The state of health in the Arab world, 1990–2010: an analysis of the burden of diseases, injuries, and risk factors," p. 12. *Lancet*; published online Jan 20. http://dx.doi.org/10.1016/S0140-6736(13)62189-3.

Key target indicator 3.3- Ending and Combating Communicable Diseases:

Calls for ending the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases combating hepatitis, water-borne diseases and other communicable diseases by 2030. Improvements in access to education, in HICs especially, led to better management of infectious disease and better medical care.[13] Other improvements stem from increased support for research and the development of vaccines and medicines for diseases that primarily affect developing countries, as required by **Key target indicator** 3.b. Major areas of improvement include maternal and neo-natal tetanus control and polio elimination programs. Available data exists from 2002, showing that fourteen Arab countries had already reached the eradication goals for polio set by WHO (Figure 5). Five countries were near the goal and all countries are implementing a recommended high-risk approach.[14] Polio eradication activities have also helped control other vaccine-preventable diseases. In 2010, there was an approximate need for over 300 million doses of essential vaccines in the Eastern Mediterranean; Egypt and Tunisia are the only vaccine-producing countries in the region.[15] In 2013, **United Nations International Children's Emergency Fund**(UNICEF) in collaboration with the WHO and other groups launched an effort to increase vaccine production and dissemination.

[13] WHO, 2002
[14] Ibid.
[15] Saleh, 2013

Figure 5: DTP3 Coverage by Region 1990-2010

Region (Organization)	DTP3 Coverage				
	1990	1995	2000	2005	2010
Northern Africa (MDG)	87	89	95	96	97
Western Asia (MDG)	84	74	84	84	86
Middle East & North Africa (UNICEF)	84	81	87	88	91
Eastern Mediterranean (WHO)	71	68	73	82	87

Source: World Health Organization 2012 Immunization Summary

Source: adapted from UNICEF and World Health Organization. 2012. "Immunization Summary: A statistical reference containing data through 2010," p. xii. (http://www.childinfo.org/files/immunization_ summary_ en.pdf). Retrieved January 18, 2015.

Communicable diseases continue, however, to pose a significant burden in the Arab world, especially in MICs and LICs. Incidence of HIV/AIDS is growing – the Arab region is one of only two regions where HIV is still on the rise.[16] Despite common assumptions and while HIV prevalence is low, HIV incidence related to infections doubled between 2000 and 2014 and AIDS-related deaths have nearly tripled.[17] For LICs and MICs, rates of HIV/AIDS rose during the period of study, and the HIV now significantly impacts "key" populations, affecting men who have sex with men, female sex workers, and injecting drug users in many countries at alarming rates. The situation in Tripoli, Libya illustrates this: a recent study found that nearly 90% of participants who inject drugs are living with HIV. The virus is spreading particularly among at-risk groups. Cultural assumptions that discriminate between genders make women more vulnerable to infection.[18] Increasingly, the virus is impacting women, nearly three-quarters of whom were infected by their husbands. Youth are among the groups most vulnerable to HIV, with people aged 15-24 accounting for approximately 40 per cent of all new infections. Of women who are HIV-positive, one-third is young.[19]

Although governments recognize the need for action, progress has been slow. Globally, the region lags in its treatment rate, and significant numbers of infected persons do not receive medication or other treatments to reduce transmission. This is partly a problem of limited funding and resources but also of barriers to access due to stigma and discrimination. For example, nearly 30% of the countries that restrict persons with HIV/AIDs from entering or residing in the country are located in the Arab region. The HIV Stigma Index has documented discrimination in treatment, housing, and employment, as well as incidents of violence.[20]

Key target indicator 3.4: Reducing Pre-mature Mortality from Non-Communicable Diseases:

Calls for reducing by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promoting mental health and wellbeing by 2030. Given that the Arab world has a young population, the burden of non-communicable diseases will increase as this population ages. Since the Arab region is already facing increasing costs for medical care, the region's human and financial resources will become increasingly overextended.

Researchers have estimated disease burden in the Arab world using a number of metrics to track the impact of disease and disability on life expectancy and premature mortality. They have also determined major risks and other causal factors. Based on this data, a few trends are evident.for the Arab world as a whole, since 1990, lower-respiratory infections have been gradually replaced by heart disease as a leading cause of premature death (Figure 6).[21]

[16] UN AIDS, 2014.
[17] UN AIDS 2014.
[18] UN AIDS, 2012, p. 8 and 12.
[19] UN AIDS, 2012, p. 16
[20] El Feki, 2013.
[21] Mokdad, &. al., 2014, pp. 309.

Figure 6: Leading causes of death by sex 1990-2010

Web Table 1. Leading causes of death by sex in the Arab world; 1990, 2005 and 2010								
1990			2005			2010		
Male	Female	Total	Male	Female	Total	Male	Female	Total
LRI 10.8% (8.9 - 12.1)	LRI 11.2% (9.5 - 12.3)	LRI 11.0% (9.6 - 11.9)	IHD 13.6% (12.6 - 15.4)	IHD 13.0% (11.8 - 14.4)	IHD 13.3% (12.5 - 14.6)	IHD 14.7% (13.6 - 16.5)	IHD 13.8% (12.6 - 15.5)	IHD 14.3% (13.4 - 15.6)
IHD 10.6% (9.8 - 12.2)	IHD 9.8% (9.0 - 11.2)	IHD 10.2% (9.6 - 11.3)	Stroke 9.1% (7.8 - 10.0)	Stroke 11.2% (9.4 - 12.7)	Stroke 10.1% (9.0 - 10.8)	Stroke 9.6% (8.1 - 10.5)	Stroke 11.6% (9.9 - 13.3)	Stroke 10.6% (9.4 - 11.4)
Diarrhea 8.2% (6.9 - 9.8)	Diarrhea 9.1% (8.1 - 10.3)	Diarrhea 8.6% (7.8 - 9.7)	LRI 7.4% (5.6 - 8.7)	LRI 8.4% (6.2 - 9.5)	LRI 7.9% (6.2 - 8.9)	LRI 6.9% (5.1 - 8.2)	LRI 8.0% (5.6 - 9.2)	LRI 7.4% (5.6 - 8.5)
Stroke 7.5% (6.6 - 8.9)	Stroke 9.2% (8.0 - 10.7)	Stroke 8.3% (7.5 - 9.3)	Road Inj 4.1% (3.2 - 5.2)	Diarrhea 4.3% (3.6 - 5.0)	Diarrhea 4.0% (3.5 - 4.7)	Road Inj 4.6% (3.6 - 5.9)	Diabetes 3.9% (3.2 - 4.4)	Diabetes 3.3% (2.8 - 3.7)
Preterm 4.4% (3.4 - 5.5)	Preterm 3.9% (2.7 - 4.9)	Preterm 4.1% (3.5 - 4.9)	Diarrhea 3.9% (3.2 - 4.7)	Diabetes 3.7% (3.0 - 4.0)	Preterm 3.2% (2.7 - 3.8)	Cirrhosis 3.6% (2.9 - 4.4)	Diarrhea 3.5% (2.9 - 4.1)	Road Inj 3.3% (2.7 - 4.0)
Congenital 3.8% (2.4 - 5.3)	Congenital 3.8% (2.3 - 5.3)	Congenital 3.8% (2.8 - 4.9)	Cirrhosis 3.4% (2.7 - 4.1)	Preterm 3.2% (2.5 - 4.0)	Diabetes 3.1% (2.6 - 3.3)	Diarrhea 3.1% (2.6 - 4.0)	HTN Heart 3.0% (2.1 - 4.3)	Diarrhea 3.3% (2.9 - 3.8)
Road Inj 3.3% (2.6 - 4.7)	PEM 3.1% (2.2 - 4.3)	PEM 2.9% (2.3 - 3.7)	Preterm 3.2% (2.6 - 4.0)	Malaria 3.5% (1.6 - 6.4)	Malaria 3.2% (1.9 - 5.0)	Preterm 2.9% (2.3 - 3.7)	Preterm 3.0% (2.3 - 3.9)	Cirrhosis 3.2% (2.8 - 3.7)
PEM 2.8% (2.0 - 3.8)	Maternal 2.7% (2.0 - 3.3)	Cirrhosis 2.5% (2.0 - 3.1)	Malaria 3.0% (1.5 - 5.3)	HTN Heart 2.9% (2.0 - 4.0)	Cirrhosis 3.0% (2.6 - 3.4)	Diabetes 2.8% (2.2 - 3.2)	Cirrhosis 2.7% (2.1 - 3.2)	Preterm 3.0% (2.5 - 3.6)
Cirrhosis 2.7% (2.1 - 3.5)	Diabetes 2.5% (2.0 - 2.8)	Road Inj 2.5% (2.1 - 3.2)	Congenital 2.6% (1.9 - 3.1)	Congenital 2.6% (1.9 - 3.1)	Road Inj 3.0% (2.5 - 3.6)	Congenital 2.4% (1.7 - 2.9)	Oth Circ 2.6% (2.4 - 2.9)	HTN Heart 2.5% (2.0 - 3.1)
Oth Circ 2.1% (1.9 - 2.4)	Oth Circ 2.5% (1.9 - 2.8)	Oth Circ 2.3% (2.0 - 2.5)	Diabetes 2.6% (1.9 - 2.9)	Cirrhosis 2.5% (2.0 - 2.9)	Congenital 2.6% (2.1 - 3.0)	CKD 2.1% (1.9 - 2.5)	Congenital 2.4% (1.7 - 2.8)	Congenital 2.4% (1.9 - 2.7)

Source: adapted from Mokdad AH, Jaber S, Abdel Aziz MI, et al. 2014. "Supplementary appendix to: The state of health in the Arab world, 1990–2010: an analysis of the burden of diseases, injuries, and risk factors," p. 1. *Lancet*; published online Jan 20. http://dx.doi.org/10.1016/S0140-6736(13)62189-3.

When leading causes of death are analyzed for LICs only, however, many of these gains decrease or disappear. Lower-respiratory infections, diarrhea, and malaria continue to take a great toll, while rates of heart disease and stroke are much lower (Figure 7). These disparities suggest that diverse strategies for reducing rates of non-communicable disease are needed.

Figure 7: Leading causes of death by sex in LICs 1990-2010

Web Table 5. Leading causes of death by sex in Arab LICs; 1990, 2005 and 2010								
1990			2005			2010		
Male	Female	Total	Male	Female	Total	Male	Female	Total
LRI 17.2% (10.9 - 22.5)	LRI 18.7% (11.4 - 22.8)	LRI 17.9% (11.7 - 21.8)	LRI 15.6% (7.8 - 22.3)	LRI 18.8% (8.3 - 23.9)	LRI 17.2% (8.6 - 22.4)	LRI 16.0% (7.7 - 23.3)	LRI 19.7% (8.1 - 25.1)	LRI 17.9% (8.5 - 23.6)
Diarrhea 16.0% (12.8 - 19.6)	Diarrhea 15.4% (12.3 - 18.6)	Diarrhea 15.7% (13.2 - 18.3)	Diarrhea 10.8% (8.3 - 13.6)	Diarrhea 10.1% (7.3 - 13.2)	Diarrhea 10.5% (8.5 - 12.6)	Diarrhea 9.6% (7.1 - 12.4)	Diarrhea 9.1% (6.6 - 12.1)	Diarrhea 9.4% (7.6 - 11.4)
PEM 4.8% (2.8 - 7.3)	Malaria 5.6% (2.9 - 9.6)	Malaria 5.4% (3.3 - 8.4)	Malaria 9.8% (4.6 - 16.6)	Malaria 9.7% (4.8 - 16.4)	Malaria 9.8% (5.7 - 15.2)	Malaria 6.8% (3.2 - 12.2)	Stroke 6.1% (4.2 - 9.0)	Malaria 6.7% (3.8 - 10.7)
Malaria 5.3% (2.5 - 10.1)	Stroke 4.9% (2.9 - 7.0)	PEM 4.8% (3.4 - 6.6)	IHD 5.3% (4.1 - 6.9)	Stroke 5.6% (3.9 - 8.2)	IHD 5.1% (4.2 - 6.2)	IHD 5.8% (4.5 - 7.7)	Malaria 6.6% (3.3 - 10.9)	IHD 5.6% (4.6 - 7.0)
Congenital 4.3% (1.2 - 6.6)	PEM 4.8% (2.8 - 7.3)	Stroke 4.3% (3.1 - 5.3)	Stroke 4.6% (3.6 - 6.0)	IHD 4.9% (3.8 - 6.5)	Stroke 5.1% (4.0 - 6.6)	Stroke 5.1% (3.9 - 6.9)	IHD 5.4% (4.1 - 7.1)	Stroke 5.6% (4.4 - 7.3)
IHD 4.0% (3.0 - 4.9)	Maternal 4.0% (2.7 - 5.5)	Congenital 4.2% (2.0 - 5.8)	Preterm 4.2% (2.6 - 6.6)	Maternal 3.8% (2.8 - 5.0)	Preterm 3.7% (2.6 - 5.5)	Preterm 4.4% (2.7 - 7.1)	Maternal 3.9% (2.8 - 5.5)	Preterm 3.9% (2.6 - 5.8)
Stroke 3.8% (2.8 - 4.8)	IHD 3.9% (2.8 - 5.0)	IHD 3.9% (3.2 - 4.6)	Congenital 3.9% (1.6 - 6.0)	PEM 3.5% (2.2 - 5.5)	Congenital 3.7% (1.9 - 5.2)	Congenital 3.6% (1.7 - 5.5)	PEM 3.6% (2.3 - 5.7)	PEM 3.4% (2.5 - 4.9)
Preterm 3.6% (2.2 - 5.7)	Congenital 4.0% (1.1 - 6.2)	Preterm 3.3% (2.3 - 4.9)	PEM 3.2% (2.0 - 4.9)	Congenital 3.4% (1.3 - 5.4)	PEM 3.3% (2.4 - 4.7)	Road Inj 3.5% (2.5 - 4.9)	Preterm 3.3% (2.0 - 5.3)	Congenital 3.4% (1.8 - 4.8)
TB 2.6% (1.4 - 4.2)	Preterm 2.9% (1.6 - 4.7)	TB 2.3% (1.5 - 3.3)	Road Inj 3.0% (2.1 - 4.3)	Preterm 3.2% (1.9 - 5.1)	TB 2.6% (1.8 - 3.7)	PEM 3.3% (2.1 - 5.0)	Congenital 3.2% (1.5 - 5.1)	TB 2.8% (1.9 - 4.0)
Road Inj 2.5% (1.6 - 3.9)	Meningitis 2.2% (1.2 - 3.8)	Meningitis 2.2% (1.4 - 3.8)	TB 3.0% (1.8 - 4.8)	TB 2.2% (1.4 - 3.5)	Road Inj 2.2% (1.7 - 2.9)	TB 3.3% (1.9 - 5.1)	HIV 2.4% (1.5 - 3.6)	Road Inj 2.5% (1.9 - 3.3)

Source: adapted from Mokdad AH, Jaber S, Abdel Aziz MI, et al. 2014. "Supplementary appendix to: The state of health in the Arab world, 1990–2010: an analysis of the burden of diseases, injuries, and risk factors," p. 5. *Lancet*; published online Jan 20. http://dx.doi.org/10.1016/S0140-6736(13)62189-3.

The most widespread non-communicable diseases in MICs and HICs include heart disease, depression and anxiety, chronic back and neck pain, and diabetes. Depression and anxiety were more likely to affect younger individuals, while heart disease was concentrated in individuals over 55.[22] These have risen steadily since 1990, driven largely by changes in lifestyle and population increases (Figure 8).

[22]Ibid, pp. 312.

Figure 8: Prevalence of obesity among adults by gender in selected countries of the MENA region

Country	Age years	Males %	Females %	Total %
Algeria [62]	≥25	–	–	19.1
Bahrain[63]	25–65	16.0	31.4	–
Egypt [64]	25–64	21.8	39.0	30.3
Iran [65]	≥25	9.0	20.1	14.9
Iraq [16]	18–65	–	25.0	–
Jordan [7]	≥18	21.1	41.5	34.8
KSA [66]	≥30	36.1	51.8	43.8
Kuwait [17]	21–77	38.7	40.9	39.8
Lebanon [41]	≥20	14.3	18.8	17.0
Morocco [67]	≥20	8.2	21.7	16.0
Oman [68]	≥20	16.7	23.8	–
Qatar [69]	25–65	34.6	45.3	–
Sudan [64]	25–64	11.7	30.7	22.9
Syria [70]	18–65	28.4	46.3	38.2
Tunisia [71]	≥20	12.4	34.3	27.7
UAE [72]	≥20	28.3	46.5	37.3
West Bank [73]	30–65	rural: 18.1 urban: 30.6	rural: 36.8 urban: 49.1	–

KSA = Kingdom of Saudi Arabia; UAE = United Arab Emirates.

Source: Sibai, Abla Mehio, Lara Nasreddine, Ali H. Mokdad, Nada Adra, Maya Tabet, and Nahla Hwalla. 2010. "Nutrition Transition and Cardiovascular Disease Risk Factors in Middle East and North Africa Countries: Reviewing the Evidence," p. 195. *Annals of Nutrition & Metabolism* 57:193-203.

Key problems that are encountered are: under-reporting as well as the invisibility of persons with emotional and cognitive disabilities.[23] Underreporting results from a lack of recognition and awareness, and from social stigma. Persons with intellectual, developmental, or psychosocial disabilities tend to be considered a source of shame and burden and are often outcast from families and communities. Young women and girls are disproportionately impacted by this problem.[24] Individuals aged 15–34 years of age had the highest risk of mental and behavioral disability, especially acute among women. The Global Burden of Diseases, Injuries, and Risk Factors Study covering the period from 1990 – 2010, ranked major depressive order (MDD) and other mood disorders as having the greatest effect on women's overall quality of life (Figure 9).[25]

[23] United nations special rapporteur on disability (2007)
[24] Al Thani, 2006.
[25] Mokdad & al. 2014, pp. 309

Figure 9: Leading Causes of YLDs by Sex 1990-2010

Web Table 2. Leading causes of YLDs by sex in the Arab world; 1990, 2005, and 2010

1990			2005			2010		
Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Low Back Pain 10.5% (7.2 - 14.4)	MDD 13.2% (9.3 - 17.6)	MDD 11.1% (7.9 - 14.7)	Low Back Pain 11.4% (8.0 - 15.7)	MDD 12.9% (9.1 - 17.4)	MDD 11.0% (7.7 - 14.6)	Low Back Pain 11.6% (8.1 - 15.6)	MDD 13.2% (9.4 - 17.9)	MDD 11.2% (7.9 - 14.9)
Iron 9.0% (6.5 - 11.9)	Iron 9.5% (6.8 - 12.5)	Low Back Pain 9.2% (6.5 - 12.3)	MDD 8.9% (6.2 - 12.2)	Low Back Pain 8.6% (6.0 - 12.0)	Low Back Pain 10.0% (7.1 - 13.2)	MDD 9.1% (6.2 - 12.4)	Low Back Pain 8.8% (6.0 - 12.2)	Low Back Pain 10.1% (7.2 - 13.5)
MDD 8.8% (6.1 - 12.0)	Low Back Pain 8.0% (5.5 - 11.5)	Iron 9.2% (6.6 - 12.3)	Iron 7.5% (5.3 - 10.0)	Iron 8.3% (5.9 - 11.1)	Iron 7.9% (5.6 - 10.5)	Iron 6.9% (4.9 - 9.2)	Iron 7.8% (5.6 - 10.5)	Iron 7.4% (5.2 - 9.8)
Anxiety 3.2% (2.2 - 4.6)	Anxiety 5.4% (3.6 - 7.9)	Anxiety 4.4% (3.1 - 6.1)	Diabetes 3.7% (2.7 - 4.9)	Anxiety 6.0% (4.1 - 8.6)	Anxiety 4.8% (3.3 - 6.6)	Diabetes 4.0% (2.9 - 5.4)	Anxiety 6.1% (4.0 - 8.7)	Anxiety 4.8% (3.3 - 6.6)
COPD 2.9% (2.0 - 4.1)	Neck Pain 3.3% (2.4 - 4.4)	Neck Pain 3.1% (2.3 - 4.0)	Anxiety 3.5% (2.3 - 5.1)	Neck Pain 3.5% (2.5 - 4.7)	Diabetes 3.6% (2.6 - 4.6)	Anxiety 3.5% (2.4 - 5.0)	Neck Pain 3.6% (2.6 - 4.7)	Diabetes 3.8% (2.8 - 5.0)
Neck Pain 2.9% (2.1 - 3.8)	Oth Musculo 3.0% (2.4 - 3.8)	COPD 2.8% (1.9 - 3.8)	Neck Pain 3.1% (2.2 - 4.1)	Oth Musculo 3.4% (2.7 - 4.2)	Neck Pain 3.3% (2.4 - 4.4)	Drugs 3.3% (2.3 - 4.6)	Diabetes 3.6% (2.6 - 5.0)	Neck Pain 3.3% (2.5 - 4.3)
Road Inj 2.7% (2.0 - 3.7)	COPD 2.6% (1.8 - 3.7)	Diabetes 2.6% (1.8 - 3.6)	COPD 3.1% (2.1 - 4.2)	Diabetes 3.4% (2.4 - 4.8)	COPD 2.8% (2.0 - 3.9)	Neck Pain 3.1% (2.3 - 4.2)	Oth Musculo 3.5% (2.7 - 4.4)	COPD 2.9% (2.0 - 3.9)
Diabetes 2.7% (1.9 - 3.9)	Diabetes 2.6% (1.7 - 3.7)	Asthma 2.5% (1.7 - 3.5)	Drugs 3.1% (2.1 - 4.3)	COPD 2.6% (1.8 - 3.8)	Oth Musculo 2.7% (2.1 - 3.3)	COPD 3.1% (2.2 - 4.3)	COPD 2.6% (1.8 - 3.7)	Oth Musculo 2.7% (2.1 - 3.4)
Drugs 2.6% (1.8 - 3.5)	Asthma 2.5% (1.7 - 3.6)	Oth Musculo 2.4% (1.9 - 3.0)	Road Inj 2.8% (2.0 - 3.8)	Migraine 2.6% (1.6 - 4.0)	Asthma 2.4% (1.6 - 3.3)	Road Inj 2.6% (1.9 - 3.4)	Migraine 2.6% (1.6 - 4.0)	Drugs 2.3% (1.6 - 3.1)
Asthma 2.5% (1.6 - 3.6)	Migraine 2.4% (1.4 - 3.7)	Fall 1.9% (1.4 - 2.5)	Asthma 2.4% (1.6 - 3.4)	Asthma 2.4% (1.6 - 3.4)	Drugs 2.2% (1.5 - 3.0)	Fall 2.4% (1.8 - 3.3)	Osteo 2.4% (1.8 - 3.3)	Asthma 2.3% (1.6 - 3.2)

Source: adapted from Mokdad AH, Jaber S, Abdel Aziz MI, et al. 2014. "Supplementary appendix to: The state of health in the Arab world, 1990–2010: an analysis of the burden of diseases, injuries, and risk factors," p. 2. *Lancet*; published online Jan 20. http://dx.doi.org/10.1016/S0140-6736(13)62189-3.

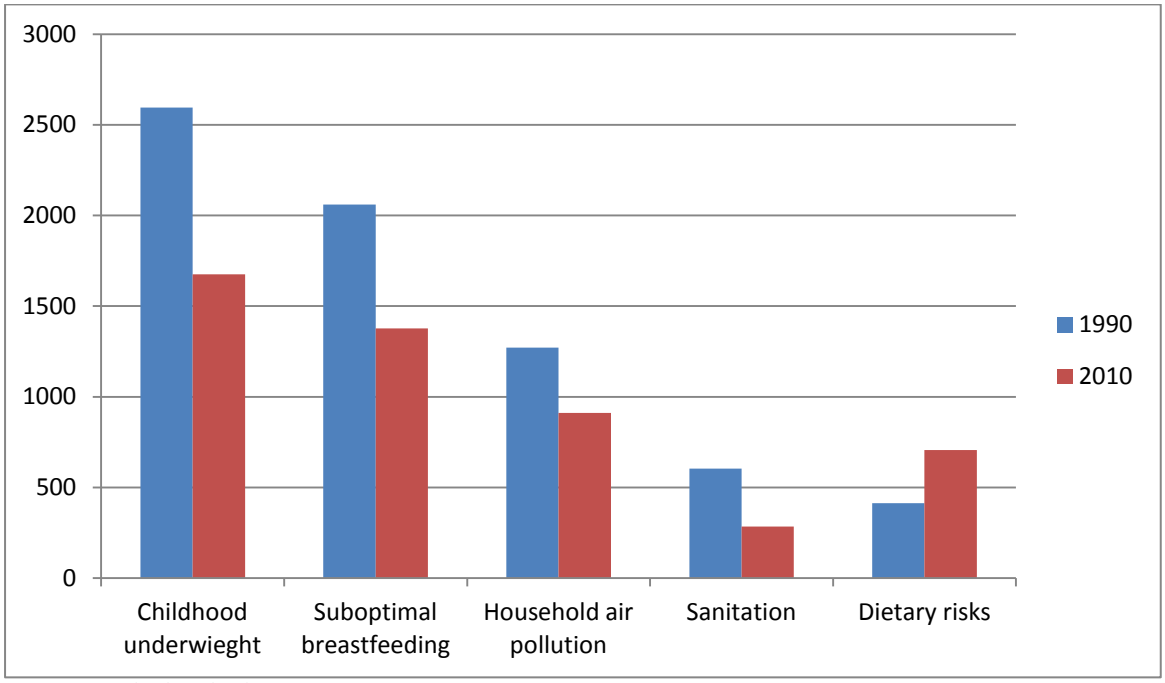
There is a lack of resources for addressing disabilities, including financial expenditure, psychiatric hospital beds, aftercare services, and mental health professionals.[26] Most countries in the region report high levels of anxiety and depression, but HICs have been able to devote more funding to mental health care. Out of twenty Arab countries, for which information is available, six (Kuwait, Lebanon, Qatar, Saudi Arabia, Somalia, and Yemen) do not have mental health legislation and two (Djibouti and Lebanon) do not have a mental health policy..[27] Three countries (Lebanon, Kuwait, Bahrain) had in 2007 more than 30 psychiatric beds per 100,000 population, while two (Sudan and Somalia) had less than 5 per 100,000.[28]

Key target indicator 3.5: Alcohol and Substance Use:

Calls for strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. While preventable illness and communicable diseases have declined in the region, behavioral and mood disorders increased over the last two decades. Alcohol and substance use have risen in tandem. Arab youth who tend to participate in high-risk behaviors at a higher rate than the rest of the population as a whole, witnessed an increase in premature deaths due to drug and alcohol use . In lower income countries including Sudan and Somalia, more young individuals are becoming addicts.[29] In addition to alcohol and illegal drugs, nicotine use poses a significant health threat in the Arab world. Smoking is especially widespread among young males; in Qatar, for example, 37% of the population smokes and 95% are men.[30] Since 1990, harms caused by smoking have increased when measured by disability-adjusted life years (DALYs), even while declining as a cause of death (Figure 10). One explanation for this may be that medical advances have caused smoking deaths to decline, but increased prevalence of nicotine use is taking a toll on overall life expectancy and well-being.

[26] Hamdan, 2009, p. 603.
[27] Okasha,& al 2012, pp.52
[28] Okasha,& al 2012, pp. 54
[29] Booth, 2012.
[30] Varghese 2014.

Figure 10: The main DALY risk factors in 1990 and in 2010 by thousands of DALYs.



Source: Mokad and others, 2014.

Key target indicator 3.7: Sexual and Reproductive Health Care:

Calls for insuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. Data on this topic is scarce, but indicators set by the International Planned Parenthood Federation indicate disparities, both among Arab nations, and between the Arab world and other regions. These are especially pronounced in areas that relate to other key targets, such as access to prenatal care, and the percentage of births attended by skilled health care providers. Overall, the region as a whole and LICs in particular are ranked highly for overall unmet family planning needs.[31]

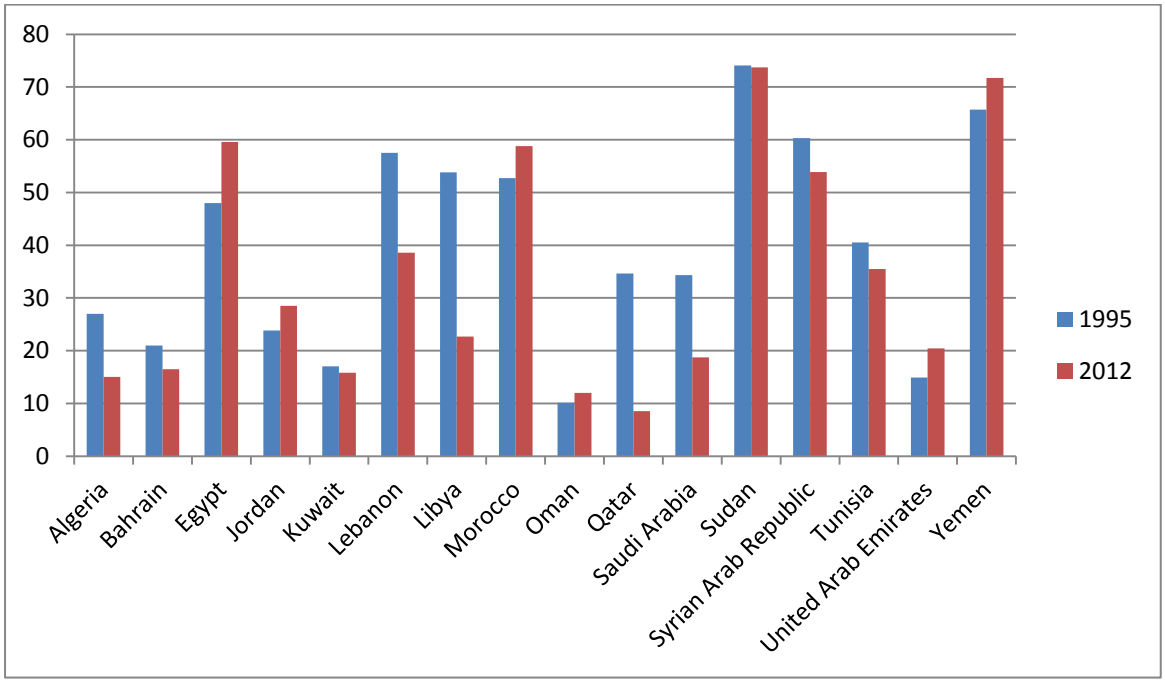
Key target indicator 3.8: Universal Health Coverage:

Calls for achieving universal health coverage (UHC) including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all by 2030. Private expenditure on health in the Arab region was 1.58 (% of GDP) in 2011, compared to 1.97% of GDP in 1998. HICs, and elites in LICs and MICs, enjoy high-performing health care from the private sector and public programs. In other countries, where the majority of residents are dependent on public health systems, national plans are underfunded and providers devote their limited resources to managing, rather than preventing disease (Figure 11). In some countries (such as Iraq, Egypt and Lebanon), armed conflicts have exacerbated

[31] There is inconsistent tracking on this issue compared to other data presented here. IPPF does not use the same regional classifications as used by the UN, nor do they study all nations in each region. Two regions – "Middle East and North Africa," and "Sub-Saharan Africa" include Arab world nations; however, the IPPF also includes nations in these regions that are not part of the Arab world (for example, Iran). The analysis presented here is based on data for the following specific countries across both regions. From Sub-Saharan Africa: Comoros, Mauritania, Somalia, and South Sudan, Sudan; from Middle East/North Africa: Algeria, Dijbouti, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Syria, Tunisia, and Yemen. Separately, the IPPF isolated high-income countries around the globe and compared these to regional averages. Arab world nations included as high-income were Kuwait, Oman, Qatar, UAE. Although somewhat imprecise, these findings correlate to other data presented here, with LICs concentrated in IPPF's Sub-Saharan African region, MICs in the Middle East/North African region, and HICs were grouped with their global counterparts. See IPPF, 2014.

these inequalities while also adding to health burdens more broadly. Inequality of health care access is felt most acutely by women, and by minorities.[32]

Figure 11: Out-of-pocket expenditure as percentage of total expenditure on health 1995-2012



Source: WHO, [2015]

Impact of Inequality, War, and Conflict on Health Related Issues:

The problem of inequality can be seen in data for every key target area discussed here. Driven by improvements in HICs, aggregate health data for the Arab world as a whole appears satisfactory and comparable to global averages. However, when broken down by income, it is clear that gains in HICs outpaced those in MICs and LICs, where significant progress must be made in order to meet the key targets set by the MDGs and SDGs. While the lack of consistent information about health does not allow for a comprehensive view of the status and trends in health inequalities, large health inequities persist across the Arab region, despite differences in socio-economic status. For example, in the period of 2001-2008, Algeria, Egypt, Morocco, Oman, and Tunisia exhibited the highest relative risk of mortality for children under five. [33] In addition to strategies for meeting specific health targets, governments in cooperation with NGOs, business, and other key stakeholders must address the broader problem of stratified health care coverage and quality, especially since low income groups as well as migrants and rural residents are disproportionately impacted by the growing financial burden of health care costs. Over the last two decades, private health care expenditure in the region has increased as a share of total expenditure on health, due to the increasing trends for privatization in several countries.[34]

It is important to address the massive impact of war and conflict on health, life expectancy and disability in the region which cannot be ignored despite the fact that the SDGs do not refer to it as part of the health goals. Goal 3 calls for ensuring healthy lives and promoting well-being for all at all ages. The targets under this goal do not address health related problems arising from war and conflict however; they are significant to health in the Arab region.

[32] Mokdad, & al, 2014 pp. 319, Batniji, 2014.
33 Rashad, 2014, pp. 287.
[34] Kronfol 2012, pp. 1243.

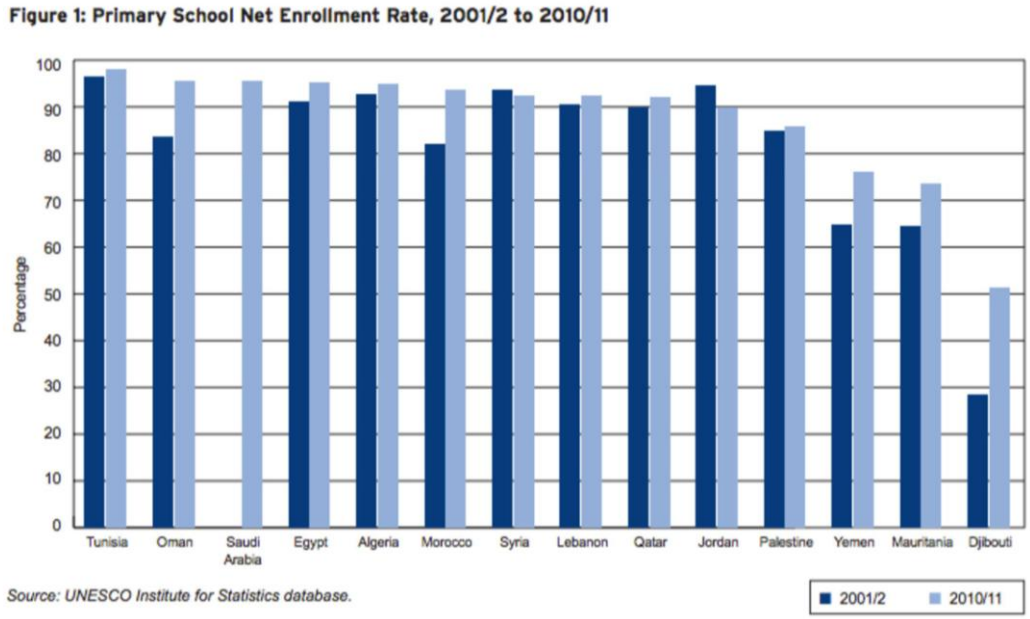
Of the twenty-two Arab countries, fifteen countries with 85% of the region's population have been in long-drawn-out conflict situations over the past two decades.[35] Compared to other regions, warfare has a major impact on health in the Arab world, and yet there have been few attempts to holistically assess the impact of war on health. While most countries saw multi-year gains in life expectancy, in Iraq, life expectancy for both sexes increased by roughly 1 year only, "largely due to ongoing war."[36] The health effects of warfare, however, extend beyond the direct harm associated with military and civilian casualties. Specialists hypothesize that war is a major contributor to the grave increase in disabilities in many countries. Informal estimates and experienced observation of war in the region suggests that for every person killed, three are left with a permanent disability. Post-traumatic stress disorder (PTSD) and war-related trauma is a significant public health concern in the Arab region, and might explain the elevated levels of anxiety, depression, and other mood disorders that are evident even in HICs. Women and children comprise about 80% of those affected by violent conflicts, disasters, and displacement, making them especially at risk for PTSD and other trauma-related disorders; this seems to correlate with data suggesting women in the Arab world are disproportionately vulnerable to major depressive disorder.[37] Wars also increase the likelihood of damage to infrastructure, including health care infrastructure; simultaneously, conditions of war often prevent governments from providing appropriate services precisely when such services are more needed. Strategies for improving health indicators in the region should necessitate addressing the unique health burdens posed by warfare and chronic military hostilities. Similarly, with respect to the increasing incidence of disability and especially in light of how warfare is predicted to increase the number of disabled persons in the Arab world. Strategies should be devised to address the needs of people with disabilities, including physical, mental/emotional, and cognitive disorders. This issue is not currently covered by any specific SDG, and yet the data available suggests that services for disabled persons may be insufficient to meet the required needs. One study in Jordan exemplifies the limitations in the ways disabilities are handled in the region. The report indicates a lack of medical coverage in these areas: prevention, early detection of disabilities, diagnosis, habilitation, and follow-up. Additionally, there are shortcomings in the medical referral system when dealing with persons with disabilities, a lack of qualified medical staff, and low coordination between institutions that work with disabled persons. There is also a lack of funds, and inadequate integration of persons with physical disabilities into the health-care system. The study also pointed to the lack of available information on the number of disabled persons or physically accessible institutions, and the serious limitations on accessibility at hospitals and diagnostic centers.[38]

2- SDG Thematic: Education

Education is one of the clearest examples of the paradox of development in the Arab region. Enrollment rates in primary and secondary school enrollment have advanced dramatically, with a step-increase in tertiary education over the past two decades, with average enrollment reaching 86%, up from 75% of children in 1999 (Figures 12, 13, & 14).

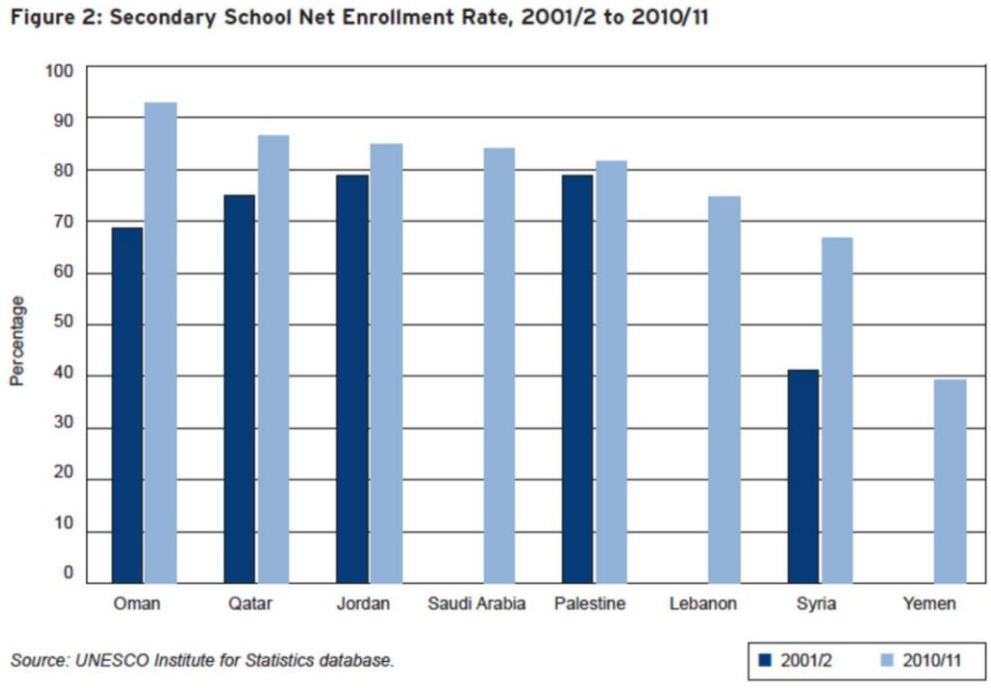
35 Jabbour & al 2012, pp. 301.
36 Ibid, p. 313.
37 Hamdan, 2009, pp. 593
38 ESCWA, 2009b.

Figure 12: Primary School Enrollment Rate, 2001 – 2010



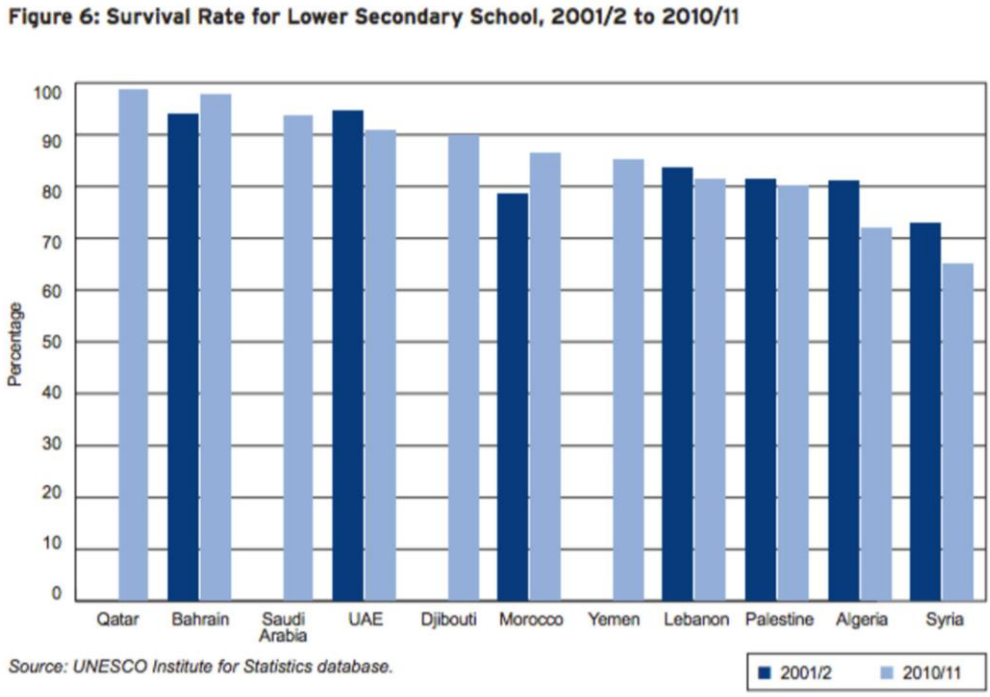
Source: Brookings. 2014. "The Arab World Learning Barometer," p. 4. (http://www.brookings.edu/research/interactives/2014/arab-world-learning-barometer). Retrieved January 18, 2015.

Figure 13: Secondary School Net Enrollment Rate, 2001 – 2010



Source: Brookings. 2014. "The Arab World Learning Barometer," p. 5. (http://www.brookings.edu/research/interactives/2014/arab-world-learning-barometer). Retrieved January 18, 2015.

Figure 14: Survival Rate for Lower Secondary School, 2001 – 2010.



Source: Brookings. 2014. "The Arab World Learning Barometer," p. 8. (http://www.brookings.edu/research/interactives/2014/arab-world-learning-barometer). Retrieved January 18, 2015.

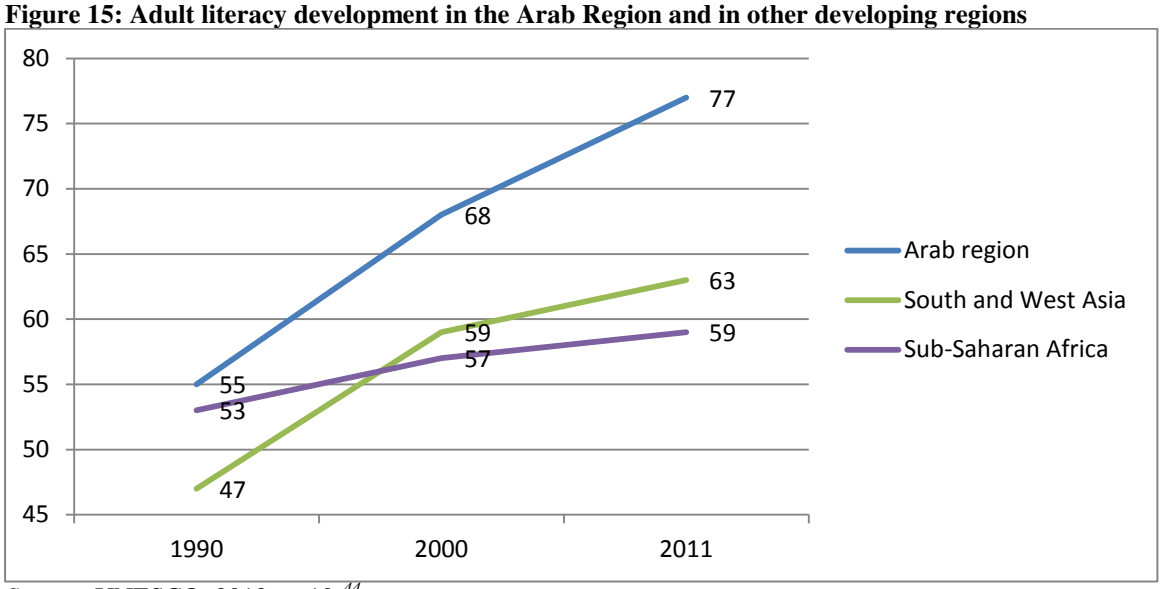
According to United Nations Educational, Scientific and Cultural Organization (UNESCO), literacy rates in the Arab region increased from 55.2% in 1990 to 67.5% in 2000 and to 76.9% in 2011 (Figure 15).[39] Many governments have increased public spending on education and allocated more than 16 percent of government spending on educational programs.[40] The 7% of GDP that Tunisia invests in the educational sector places Tunisia near the top of the table for financial effort globally. Yet 6 million primary school age children in the Arab region remain out of school.[41] This is approximately 9% of the world's total, and the majority is girls.[42]

Key target indicator 4.6- Literacy and Numeracy:

Calls for insuring that all youth and at least X% of adults, both men and women, achieve literacy and numeracy by 2030. In 2005, and probably by the end of 2015 the target for achieving literacy for girls was Illiteracy rates have dropped and, gradually, primary education has become more widespread in the region. Rural communities have gained more access to adolescent schooling and post-secondary education over the past 20 years. Yet despite the increased financial investments in education, some countries still have a high illiteracy rate (Morocco's rate is 40 percent); there are high illiteracy rates among youth (reaching 16.6%), a low school enrollment of girls compared to boys, and a worsening of overall education quality.[43]

[39] UNESCO, 2013.
[40] World Bank/IBRD, 2008.
[41] UNESCO, 2013 pp. 37
[42] Watkins, 2011.
[43] World Bank/IBRD, 2008.

Figure 15: Adult literacy development in the Arab Region and in other developing regions



Source: UNESCO, 2013, p. 10:[44]

In 2006, Progress in International Reading Literacy Study (PIRLS), an international comparative study of the reading literacy of young students, ranked all Arab countries, including the rich Gulf States, among the worst performers. In 2014, the Arab Organization for Education, Science and Culture (ALESCO) reported that the illiteracy rate in Arab countries exceeded 19 percent or nearly 97 million. The Organization warned that nearly 6,188 million school-age boys and girls are not enrolled in any sort of education, which means that the illiteracy rate in Arab countries may increase in the near future. The organization warned that the dropout rate during primary education years is among the highest in the world.[45] Challenges related to language additionally impact education, especially since many young people have less proficiency in reading and writing Arabic and express basic requirements and feelings in their own dialect, or use hybrid language forms.[46]

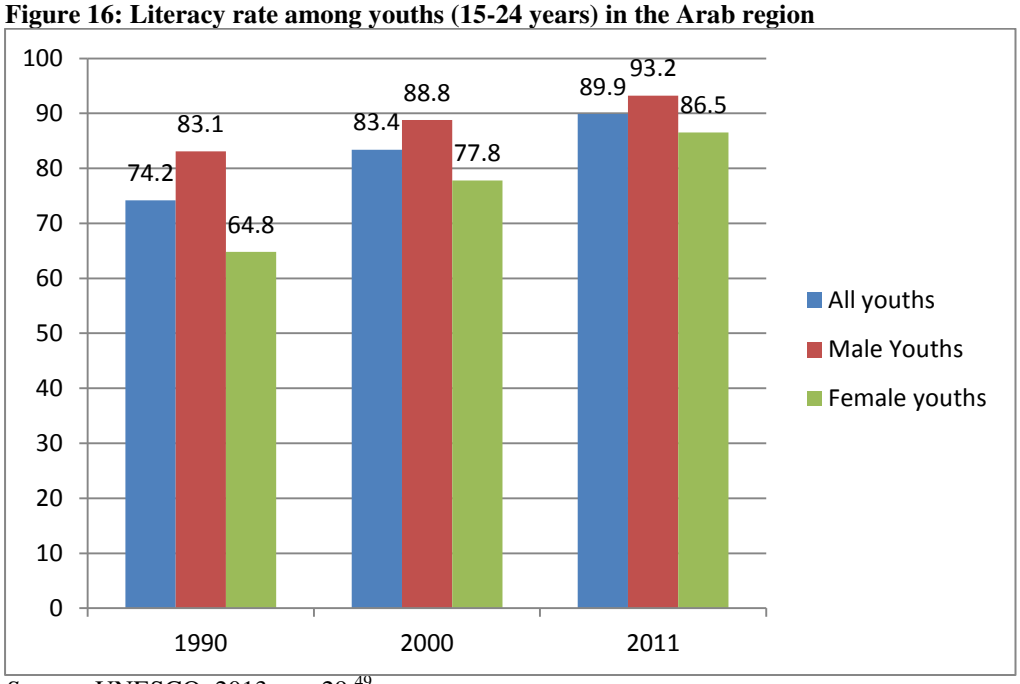
Key target indicator 4.5: **Gender Disparities**:

Calls for eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations. In comparison to northern Africa in 2009, girls in western Asia were three times more likely to be deprived of education than boys. In 2005, nearly one third of children of the primary school age who were out of school were from the least developed Arab countries.[47] Rural-urban disparities are high. In Egypt in 2011, rural children were at an educational disadvantage, with more than 30% of children in rural areas living in poverty compared to 12.6% in urban areas. Rural children had higher dropout rates and greater difficulty obtaining secondary and tertiary education. In Morocco, the rural literacy rate was half of the 48% national literacy rate (Figure 16).[48]

[44] Regional average does not include data for Djibouti and the Comoros. UNESCO (2013). *Adult and Youth Literacy: National, region, and global trends: 1985-2015.* Montreal. Available from http://www.uis.unesco.org/Education/Documents/literacy-statistics-trends-1985-2015.pdf.

[45] ALESCO, 2014.
[46] Halime, 2013.
[47] ESCWA, 2013d.
[48] Boutayeb and Helmert, 2011.

Figure 16: Literacy rate among youths (15-24 years) in the Arab region



Source: UNESCO, 2013, pp. 29.[49].

Key target indicator 4.c- Quality of Education:

Calls for increasing by X% the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially LDCs by 2013. A weak point in the education system in the Arab countries is the way teaching often fails to foster critical analytical thinking. It relies heavily on "highly-didactic, teacher-directed" learning. There is a shortage of qualified teachers, and most have low salaries and limited professional development opportunities.[50] This is an important barrier to improving the quality of education received.

Key target indicator 4.3- Equality of Access:

Calls for ensuring equal access for all women and men to affordable quality technical, vocational and tertiary education, including university. In 2008, enrollment in higher education in the Arab world was 21%, lower than the world average of 26%. With rates of higher education rising rapidly in other developing areas of the world, such as Latin America and East Asia, this puts the Arab world at a disadvantage in an increasingly knowledge-based global economy.[51] When set against other regions, Arab countries have limited university education levels – the number of students who were enrolled in tertiary education doubled between 1998 and 2008, but when adjusted for population growth in the age group (18-24 years old), the gross improvement level for tertiary education enrollment was only 4%.[52]

Key target indicator 4.1 Equitable and Quality Universal Education:

Calls for ensuring that all girls and boys complete free, equitable and quality primary and secondary education, leading to relevant and effective learning outcomes by 2030. This target must be addressed in light of the key paradox of education: that, despite spending levels, Arab countries have

[49] *Note:* Regional average does not include data for Djibouti and the Comoros UNESCO (2013). *Adult and Youth Literacy: National, region, and global trends: 1985-2015.* Montreal. Available from http://www.uis.unesco.org/Education/Documents/literacy-statistics-trends-1985-2015.pdf.

[50] Carnegie, 2011.
[51] UNESCO, 2011.
[52] ESCWA, 2013d.

generally average-educated populations and register relatively high illiteracy rates. The quality of education is lower than average and education outcomes are broadly misaligned with workforce requirements[53] Among girls who completed the state-required minimum years of schooling in Egypt in 2005, only 49.7% could pass basic literacy tests.[54] The scores in math and science are lower than international trends, from Morocco to the Gulf countries.[55] The 2013 Global Competitiveness Report documents Egypt at the bottom of 148 countries ranked according to their quality of primary education. Yemen is second to last and Algeria and Libya are ranked at 131 and 132. UNESCO's Education for All Global Monitoring Report explains that students in the region are barely able to learn the basics due to the region's poor education quality.[56]

Despite the vast gap in wealth between the two countries, Saudi Arabia has a lower primary school enrollment rate than Zambia. The gender disparities are significant: in Yemen in 2011, primary school enrollment rates were 79% for boys, yet only 66% for girls.[57] The occupied Palestinian territories have witnessed a massive decrease of 21% in primary school enrollment.[58] Between 1999 and 2005, Yemen, one of the world's poorest countries, has seen a large increase in enrollment from below 60% to slightly above 70% (even if the numbers of children out of school are still high compared to other countries except for Morocco). In 2008, Yemen had over one million children out-of-school, the highest number in the region.[59] In 2013, Yemen ranked among the top ten countries in the world with the most children out of school.[60] Between 2008 and 2010, the enrollment rate increased from approximately 77-78% to 85%.[61] Noteworthy, education enrollment in higher education within the region indicates higher rates for women. This could be attributed to the lower economic activity rates of women and higher admission exam scores, or to the fact that young women are less likely than men to drop out to join the labor force or to study abroad. Yet overall, even if enrollment rates at the level of primary education are progressively increasing, the difficulty at achieving higher levels of education may be a structural factor motivated on the one hand by the high costs of private secondary, tertiary, and university education, and on the other, by the need to enter the (formal or informal) job market at a younger age.

Factors that contribute to the lack of educational quality in the Arab region include corruption and poor educational standards; war, occupation, and violent conflict; an over-reliance on memorization instead of problem-solving or analytical thinking; population growth; unstable state economies; and privatization of education (i.e. the increased necessity to pay for private tutors and private education).[62] The problem of memorization is more severe in Egypt and less severe in Lebanon, Qatar and the UAE.[63] The lack of educational opportunity for persons with disabilities and teacher training regarding the needs of students with disabilities contributes to the percentages of illiteracy in the region.[64] Bombings, air raids, checkpoints, curfews, and school closures also limit students' ability to attend school and to focus on learning. There is a strong movement in the Arab world toward privatizing higher education since the 1990s, with private institutions established by either local investors or foreign universities, making up about 45% of all universities in the region. Fourteen out of the twenty-two Arab countries have made a push toward privatization, with about two-thirds of the new universities founded in the region being private. Fifty of them are branches of Western, primarily U.S.-based universities. In spite of this, and the fact that their market size is $1.2 billion in the UAE and Saudi Arabia, it is still too early to evaluate the impact of the new privatized universities on the Arab region. Potential challenges include how to secure the meaning and nature of

[53] Azour 2014, pp. 6
[54] Assad and Barsoum, 2007
[55] World Bank/IBRD, 2008
[56] UNESCO, 2012.
[57] Watkins, 2011
[58] UNESCO, 2011
[59] World bank 2011
[60] ACEA, 2013, pp.. 4
[61] UNESCO, 2011.
[62] Daragahi, 2013
[63] UNESCO, 2012.
[64] United Nations Special Rapporteur on Disability , 2009.

higher education in the context of market driven education (i.e. in Dubai) and potential successes include the potential independence of private universities from political authorities.[65]

Key target indicator 4.4: Skills, Technical and Vocational Training and the Job Market:

Calls for increasing by X% the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship by 2030. Illustrating that the low quality of education leaves youth unprepared for the job market, the study "Education for Employment" found that, "two thirds of youth in the Arab region believe their higher education did not prepare them for the job market and criticize the program quality and relevance; the concept of career guidance is new in the region and there is a lack of transparency regarding the job market; and higher education provides little information on the nature and availability of jobs and skills required for employment or general assistance on how to seek a job."[66] The ways the public sector provides incentives for youth to study subjects that are of little use in the private sector contributes to the problem whereby students are not acquiring skills which are of value in the labor market.

Key target indicator 4.a Upgrading Educational Facilities to Increase Access to the Vulnerable:

Calls for building and upgrading education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all. It is difficult to achieve child and disability sensitive as well as safe, non-violent learning environments in contexts where military conflict and war greatly impact education, producing psychological and physical disabilities and destroying educational facilities. In, for instance, conflict-related post-traumatic stress disorder is a frequent cause of impaired learning. During the Gaza war in December 2008, 280 schools were damaged and 18 destroyed. In Yemen, armed conflict between in 2009 and 2010 led to the closure of 700 schools for five months. In 2011, 73 Yemeni students who participated in protests for political change lost their lives, and 139 students were injured. Education in Iraq, a regional leader in education before the early 1990s, has been devastated by factors such as school closures and the loss of teachers.[67] Similarly, Education in Syria has been devastated by recent conflict. Palestinian schools and universities are consistently targeted with air strikes, attacked by Israeli settlers and in some cases used by Israeli armed forces as interrogation centers or surveillance posts.[68]During the air raids in summer 2014 in Gaza, the UN reported that 137 schools were damaged by repeated Israeli strikes and many civilian institutions, including a technical college, were targeted.[69] In 2013 in Syria, multiple explosions hit two of the country's leading universities. Explosions at Aleppo University killed 82 students and staff and wounded up to 150. A mortar attack at Damascus University in 2014 killed ten students and wounded 20 others.[70]

3- SDG Thematic: Housing:

In the area of housing, the paradox of development manifests in excessive funds spent on luxury developments, even while significant sectors of the population lack access to affordable housing.

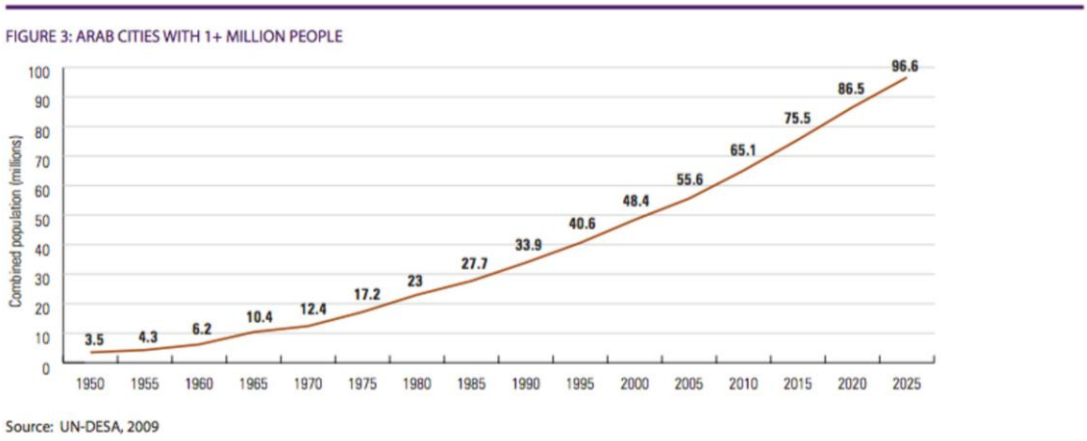
Key target indicator 11.1- Accessibility:

Calls for ensuring access for all to adequate, safe and affordable housing and basic services, and upgrading slums" by 2030. The Arab region is one of the most urbanized regions of the world, and is continuing to urbanize at a rapid rate, strongly influenced by past and ongoing conflicts and

[65] Romani, 2009
[66] Education for Employment, 2011.
[67] UNESCO, 2011.
[68] Global Coalition, 2014.
[69] http://www.un.org/apps/news/story.asp?NewsID=48405#.VR0xP3tjQQo
[70] Global Coalition, 2014.

drought (Figure 17). There were roughly 357 million people living in the region in 2010, with 56% of those inhabiting cities[71].

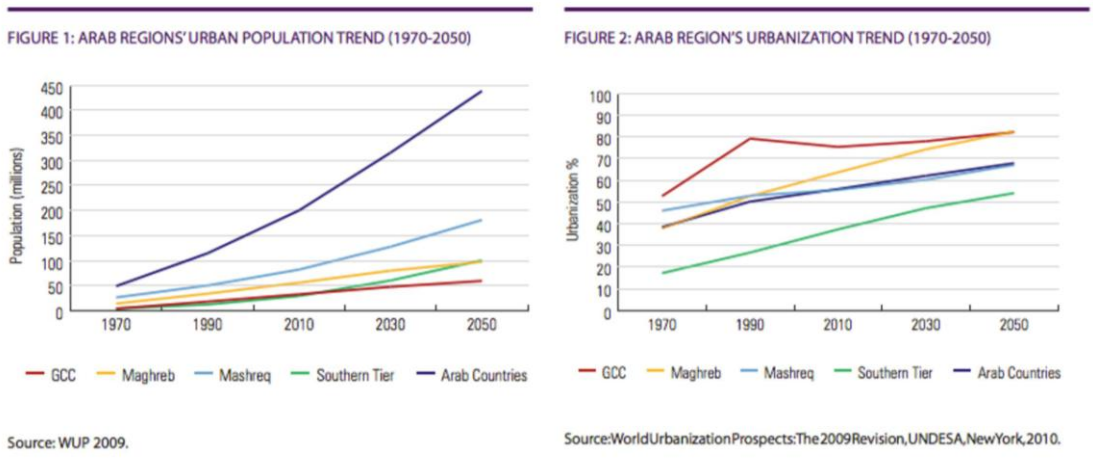
Figure 17: Arab Cities with 1+ Million People



Source: UN-Habitat. 2012 (2nd ed). "The State of Arab Cities 2012/2013," p. 14. http://www.unhabitat.org.jo/en/inp/view.asp?ID=209

Across the Arab world, land that is suitable for housing remains underdeveloped. Housing demands in the Arab world are also growing since population growth is double the world average and a significant proportion of the population is young, with 53% of the population under 25 years of age. "In2010, the Arab countries were home to 357 million residents, 56 per cent of whom lived in cities; by 2050, these countries will be home to 646 million people". It is expected that by 2050, 68 % will be urbanized .These trends will place continued pressure on urban infrastructure, housing and social services (Figure 18).[72] And will massively increase the housing shortfall in the region, especially for the poor segment.

Figure 18: Arab Region's Urban Population and Urbanization Trends, 1970 – 2050,



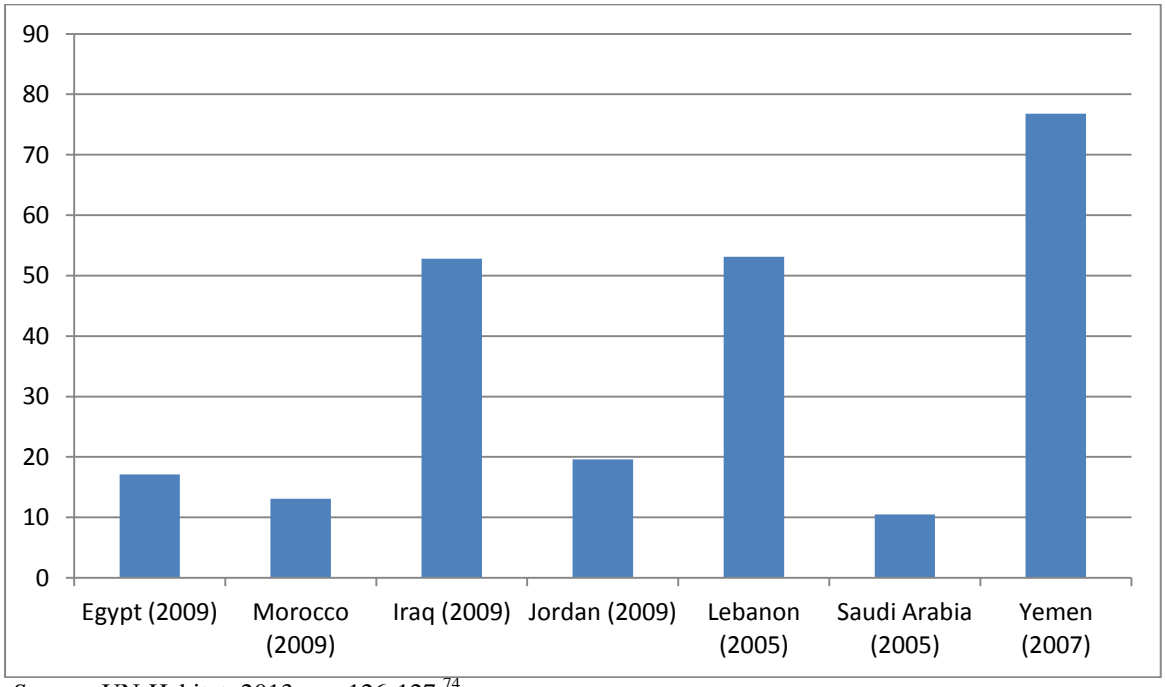
Source: UN-Habitat. 2012. "The State of Arab Cities 2012/2013," p. 1. http://www.unhabitat.org.jo/en/inp/view.asp?ID=209 Retrieved on January 18, 2015.

Many poor people continue to be in need of homes, while there exist an oversupply of luxury and upper-class homes. The mortgage market continues to focus many challenges to meet the increasing demand for housing. The level of population growth in the **Middle East and North Africa**

[71] UN habitat2012 pp 1
[72]Ibid, 2012,p p. 1.

(MENA) region has rendered the severe drop in middle-range homes a serious crisis, and with the number of young people in the population, the situation will worsen over time. The shortage of affordable housing is most significant in Egypt, Iraq, Morocco, and Saudi Arabia, although the UAE, Bahrain, and Oman are also affected. National housing schemes have existed in the North African region, and to a lesser extent in Syria and Jordan. However, these schemes have not been adequate in securing the housing needs of the most needy and disenfranchised. This is due to factors such as bureaucratization, corruption, and the high financial burdens such schemes put on the state. Hence although these schemes were quite popular in the 80s and 90s, the drain such subsidies had on national budgets prompted governments to abandon such projects on a larger scale. Current programs, such as Egypt's "National Housing Program" or Tunisia's "La Société Nationale Immobilière de Tunisia" more than often cater to the middle to upper classes, with prices that are not substantially lower than average market prices.[73] Further aggravating the situation, private investment has focused on unaffordable, high-end developments. Comoros, Djibouti, Somalia, South Sudan, Sudan and Yemen, due to continued conflict, high rates of poverty, and political instability, are witnessing pervasive slums, made worse by rapid urbanization (Figure 19).

Figure 19: Percentage of urban population living in slum areas



Source: UN-Habitat, 2013, pp. 126-127.[74]

A key challenge in the coming decades will be the ability of low-income countries to cope with urbanization and the transition from rural to urban-based settlement without allowing slums to expand. The Maghreb countries have been the most successful when it comes to decreasing the number of urban households living without shelter. This illustrates that it is possible to achieve slum upgrading and service provision for the poor. Morocco and Tunisia are also moving in this direction.[75] The Gulf Cooperation Council (GCC) is dealing with the most rapid rate of population growth mainly due to labor migration to the Gulf sub-region. Growth rates are also high in Yemen, Palestine, Syria, and Iraq (Figure 22). In Saudi Arabia, the population growth rate is among the world's highest: 2.4% in 2010, with approximately 70% of the population under the age of 31. The population is expected to double by 2050. More than 95% of Saudi Arabia's population is urban, creating heavy population density - more than 1,000 people per square km in some areas. This is exacerbated by a constant

[73] Sims, 2013.
[74] UN-Habitat (2013). *Streets as Public Spaces and Drivers of Urban Prosperity.* Nairobi. Available from http://unhabitat.org/?wpdmact=process&did=MTYzLmhvdGxpbms=.
[75] UN Habitat, 2012, pp. 52

influx of migrant workers, creating greater demand for residential real estate at the lower end of the market, with only about 40% of Saudi Arabians owning their homes.[76]

Figure 20 Arab region urbanization rates, urban and total population and growth rates

TABLE 2: ARAB REGIONS' URBANIZATION RATES, URBAN AND TOTAL POPULATION AND GROWTH RATES

	Percentage Urban (2010)	Average Annual Urbanization Rate (2005-2010)	Population (thousands)		Average Annual Total Population Growth Rate (2005-2010)
			Urban (2010)	Total (2010)	
Mashreq	55.6%	2.5%	82,095	147,657	2.2%
Maghreb	63.7%	2.4%	55,886	87,715	1.4%
GCC	75.4%	3.0%	32,781	43,500	5.4%
Southern Tier	37.4%	4.6%	29,406	78,559	2.8%
Arab Countries	56.0%	2.8%	200,168	357,431	2.5%

Source:UnitedNations,DepartmentofEconomicandSocialAffairs,PopulationDivision(2010).WorldUrbanizationProspects:The2009Revision.CD-ROMEdition-Dataindigitalform(POP/DB/WUP/Rev.2009).
Note:becauseWUPurbanpopulationdataisquinquennial,theratesofaverageannualurbanizationandtotalpopulationgrowthratearepresentedhereas(2010data−2005data)/(2005data)/5; this is less accurate than an average of year on year rates of change.

Source: Adapted from UN-Habitat. 2012. "The State of Arab Cities 2012/2013," p. 25. Second Edition. (http://www.unhabitat.org.jo/en/ inp/Upload/134359_OptiENGLISH_StateofArabCities_Edited_25_12_2012.pdf). Retrieved January 18, 2015.

Since 90% of the Gulf States areas are deserts, several of the countries now function as city-states; these are more focused on development and infrastructure. Their oil reserves and traditional sources of economic growth are declining, so their economic policies have recently focused on projects such as economic diversification and affordable housing.[77] In the GCC countries, high demand, and high standards of living all contribute to the lack of housing options for lower classes. It can be noted that housing plans developed by governmental institutions are premised on less expensive land in the outskirts of cities with no access to public transportation.

The middle and lower classes also lack access to financing schemes. Mortgage markets in the GCC constitute a very low percentage (less than 5%) of the national Gross Domestic Product (GDP) Mortgage payments tend to be relatively costly and are not affordable for individuals and younger families living on monthly salaries and limited savings"In Bahrain, the government has a backlogged waiting list, dating back to the 1990s, of applicants for subsidized housing.[78] In Saudi Arabia housing difficulties are due to high demand and a low supply of smaller housing units. On average it costs $200,000 to build a small home, a price not attainable with average or below-average monthly salaries.[79] In both regions, strong socio-economic divides between lower and upper classes help explain discrepancies in the percentage of mortgages in relation to the GDP compared to Europe where there is a stronger middle class and to the US where the high percentage can be explained in part by easier access to credit overall.

Tens of millions of Arabs now reside in informal urban areas (*munatiq 'ashwa'ia*, or random areas), especially in the non oil-dependent Arab countries. In Egypt and in Cairo especially, millions more people are added to these and newer areas each year and this pace of growth will continue to increase.[80]Cairo has the most developed informal areas in the Arab region. Informal areas exist to a lesser extent in Syria, especially Aleppo and Damascus; in Yemen, especially in Sana'a and Al Hodeidah[81]; in Morocco, especially in Casablanca and Tangiers; and in Jordan and Tunisia at much

[76] Kan, 2012.
[77] UN Habitat, 2012, pp. xi
[78] Crabtree, 2011.
[79] Almunajjed, 2012.
[80] Sims, 2013 pp. 70-74
[81] With respect to both Syria and Yemen, this statement refers to the situation before the recent events which resulted in much and unaccounted for human displacement and the massive destruction of residential areas. The unfolding of these events are expected to increase the levels of informal arbitrary areas if not addressed in the near future

lower levels. Resulting from some states' failure to respond to the housing problem, informal housing schemes pose a widespread problem. Such housing schemes are categorized as "arbitrary areas" and in some cases "illegal areas" by state authorities. However, in some states, such housing schemes shelter more than half of a city's residents. In many others they include a significant minority of the total population. Egypt has the most extensive informal urban development of any Arab country, which is rapidly increasing.[82] Informal housing in countries of the region specially those that whitnessed lately a civil strike or an increased number of refugees are suffering from massive increases and unaccounted for informal housing.

War and conflict in the region aggravate the housing situation in many Arab countries. Half of the world's registered refugees were since 2012n the Mashreq countries due to ongoing conflict in the region--in Syria, Palestine, and Iraq, and previously in Lebanon. Their presence, as well as internal rural-urban migration, has placed immense pressure on cities.[83] War and occupation also have dramatic impacts on housing availability and market prices. An estimated 2.3 million Syrian refugees fled to neighboring countries like Jordan and Lebanon. Eighty percent of these refugees do not live in designated refugee camps but rather are concentrated in urban areas. This has increased demand for housing and put a strain on infrastructure and public services.[84]

In the State of Palestine, house demolitions are a regular occurrence and cause a dramatic shelter crisis for families and communities impacted. Since 1967, house demolition has been a regular measure adopted and exercised on the local national population. There are no estimates available concerning the documentation of number of house demolished because the occupation only reports on: "the demolition of structures which may be homes or may be other structures". it is estimated that there was an 80% increase in demolitions, displacing a total of 1,100 Palestinians. Other factors that contribute to difficulty accessing housing in the occupied territories include the expansion of Israeli settlements, the construction of the Israeli "security" wall, the denial of housing permits, lack of access to utilities, and inadequate sewerage infrastructure.[85]

4- SDG Thematic: Poverty

The eradication of poverty tops the list of SDGs. Accordingly, the OWG set ambitious targets to reduce extreme poverty (key target indicator 1.1), lower the proportion of the population living in poverty (key target indicator 1.2), expand social safety nets (target 1.3), and protect the rights of impoverished citizens (key target indicators 1.4 and 1.5), by the year 2030. In contrast, the paradox of development has entailed expanding markets and private investments alongside rising poverty levels, unemployment, and economic inequality in the last few decades. High unemployment levels, declining wages, low economic productivity, and a growing labor force with an inadequate number of private sector jobs and a bloated public sector have all contributed to the economic crisis in the region. There has been a "thinning-out" of the middle class – an increased number of middle-class citizens sliding into poverty – causing social instability and leaving ever-larger segments of the population poor and vulnerable and less capable of coping with emergencies or crises.

Data on poverty tends to be unreliable and underestimates the actual extent of poverty, although it is clear that rural poor are the hardest hit.[86] For instance, governments often withhold data such as household budget surveys (the primary source for estimating poverty); key indicators for assessing improvements in poverty toward the MDG's do not exist for many Arab countries; and there is often a time lag for publishing national accounts data.[87] In the early 1990s, Twenty-two percent of the Arab population was reported to be below the labor market-based poverty line,"[88].[89] In 2012,

[82] Ibid.
[83] UN Habitat, 2012, pp. xi
[84] Deen, 2014.
[85] Israeli Committee against House Demolitions and Center for Housing Rights and Evictions, NA.
[86] Breisinger, Ecker, & al, 2011.
[87] Ibid, p. 30.
[88] Ali and Elbadawi, 2009

poverty rates continued to be below those countries in other regions. Wars and military conflicts in the region have exacerbated levels of poverty and displacement. The Palestinian issue is noteworthy– the World Bank reports that Gaza is the third poorest place in the Arab region (after Yemen and Sudan), with an extreme poverty level of 21.1%, and an overall level of 13% for Palestinians, with the situation made worse by infrastructure issues, lack of resources, and continued aggression from Israeli armed forces.[90]

5 - **SDG Thematic: Unemployment**

Economic development and job creation are key to the targets outlined in SDG 8, which calls for such growth to be "inclusive and sustainable," with full employment for all who seek it. Target 8.6 specifies that, by the year 2020, the youth unemployment rate should be substantially reduced. This presents a major challenge for Arab governments, as the unemployment rate in the region remains one of the highest in the world, particularly amongst young people. In 2013, the unemployment rate was approximately 15%. The overall unemployment rate in 2013 was 13.3% in Egypt, 16.7% in Tunisia, 15.3% in Iran, 13% in Lebanon, and 15% in Libya.

Youth unemployment for the same year is in Tunisia at 15.7% for non-graduate men and it increases to 33.5% for university graduates. For non-graduate women, the number reaches 23% and the situation is even more difficult for university graduate women (43.5%), exemplifying the severe misalignment between education and employment.[91] Between 2002 and 2008, 19% percent was the average rate of unemployment in the region with some countries such as Libya, Algeria, and Yemen experiencing unemployment as high as 25% to 30%).[92] The average rate for unemployment for the region has underwent increase from 15% in 1990s to its current level. In the last two decades, there has been an upsurge in the number of workers employed in the informal sector, which offers no social security schemes or social protection. Women are more often employed in this sector than men.[93]

The unemployment issue is exacerbated by the fact that there is a massive bulge in the region's youth population. The number of those projected to be seeking employment over the next decade is expected to rise to over 39 million people.[94] For example, over 75% of Algeria's population is under the age of 30, and there are few job opportunities in the region for young people entering the work force.[95] Women are more likely than men to be unemployed; the gender gap in employment in the Arab world is the highest in the world. Many jobseekers in the Arab world are seeking to migrate outside the region in to find opportunities for employment. Concurrently, some industries are over-reliant on foreign workers who command less pay and are more easily exploited. Accordingly, key target indicator 8.8 calls for the promotion of labor rights for all workers, and especially for marginalized workers, including women, migrants, and other precarious laborers.

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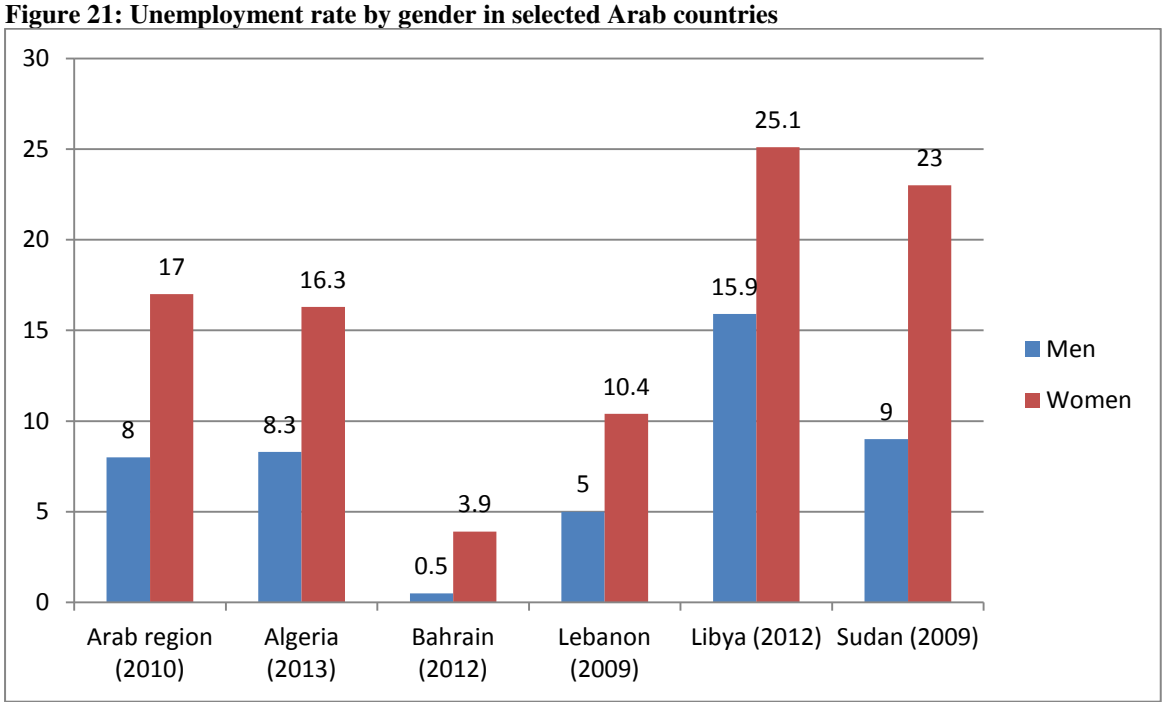
[89] Reini, 2010.
[90] Middle East Monitor, 2013.
[91] World Bank, 2014
[92] Ali and Albadawi, 2009
[93] Ibid, 2013, pp. 11.
[94] Drine, NA.
[95] Kechichian, 2011.

Figure 21: Unemployment rate by gender in selected Arab countries



Sources: International Labour Organization, 2012, p. 50;.
Note: Regional average does not include data for the Comoros, Djibouti, Mauritania and Somalia

PART TWO: GOVERNING TRENDS

Governing policy trends in the region in the past few decades have impacted the possibilities for the region to tackle key challenges related to the social dimensions of sustainable development. These policies targeted in the mid twentieth century to provide basic and universal Social protection to the national populations. Due to restructuring and stabilization policies and increase in national debts, governments were not able to meet the targets it set out to do, and some austerity measures were adopted impacting the original social policies which were put in place. None-the-less, during the recent decades, some successes were achieved, especially when measured against meeting the targets set by the MDGs, and some targets were not met. Below is a review of the main governing trends during the recent decades in relation to the thematic addressed in this paper.

Governing Trends: Health:

Heath expenditure: As a percentage of GDP, the trend in health expenditures between 1997 and 2012, are highest in Palestine (13.5%) and lowest in Egypt (6.4%).[96]

Preventive health care: Recent trends emphasize the incorporation of health and environmental topics into school curricula, and several governments are now working to implement the WHO school health program that emphasizes preventive care.[97] The Expansion Program of Immunization (EPI), developed over the past two decades, is an important program that has contributed to decreased mortality from communicable diseases.[98] Approaching polio through a combination of improved routine immunization coverage and supplementary immunization campaigns has led to a gradual disappearance of poliomyelitis from the Arab region and has helped to control other vaccine-preventable diseases. Breastfeeding has been promoted through various initiatives including the development and promotion of the International Code of Marketing of Breast Milk Substitutes, the Baby Friendly Hospital Initiative and the development and implementation of breastfeeding counseling. Exemplifying the work of these initiatives, the International Code of Marketing of Breast-Milk Substitutes is a policy code promoted by the WHO starting from 1981 that encourages beast-feeding and assures that an international framework regulates the possible substitutes to breast-feeding.[99]

HIV: HIV is not prioritized among most governments and civil society institutions in the Arab region, which has the lowest treatment rate in the world. Only one in five people infected with HIV receive the medicine they need. About half of these are pregnant women, who require the therapy for their own health and to prevent the transmission of HIV to their children. Local initiatives for people living with HIV have developed, such as the first regional organization supporting women with AIDS, MENARosa; efforts in Tunisia that provide legal services to people living with HIV; projects in Lebanon that increase the distribution of condoms to at-risk groups; and studies in Oman that aim to fully understand the nature of the growing epidemic among vulnerable populations.[100]

Family Planning: Established research has determined that the problems related to poverty have more to do with the distribution of resources than overpopulation or the birth rates among women, especially poor women of the global south.[101] Yet family planning and reproductive health education remains crucial to women's health and the well-being of communities overall. Examples of direct and indirect strategies to improve reproductive health in the Arab region have included the integration of family planning and safe motherhood programs into primary health care systems; providing increased access to reproductive health services; encouraging the responsibility of men in sexual and reproductive health, raising the minimum legal age for marriage of men and women;

[96] Okasha & al 2012.
[97] Brown, Reed & Saraswathi , 2002, pp. 229
[98] WHO 2002
[99] WHO 2002,pp. 7; Radwan 2013; Nassar, et al 2014.
[100] UN AIDS, 2012.
[101] Mitchell, 1999.

discouraging son preference; improving women's opportunities for education and employment; encouraging women's empowerment; and providing accessible, low cost, safe and effective contraception.[102] An example of a new initiative in this area is the Pan Arab Project for Family Health (PAPFAM), launched by the League of Arab states. PAPFAM focuses on empowering women; encouraging and strengthening the role and participation of men in reproductive health areas, and eliminating harmful practices including female genital mutilation, the preference of sons over daughters, and violence against women.[103] **Drug use control**: Governments and NGOs are combatting drug use through measures that seek to reduce both supply and demand. The new "Arab Strategy for Drug Control" sponsored by the region's Council of Arab Ministers of the Interior suggests a high level of awareness of the problem in official circles. For over a decade, mass media campaigns have been in place focusing on raising public awareness about drug use. Saudi Arabia and the UAE have established specialized hospitals for treating drug addiction.

Mental health: For the twenty countries, for which data exists on mental health, six do not have mental health legislation and two are lacking a mental health policy (Figure 24). The funds provided for mental health (in the countries with existing data) is far below the range needed for promoting mental health services.[104] Some countries, such as Jordan, have implemented legislation guaranteeing services related to prevention and early detection, diagnosis, rehabilitation and treatment; health care for women with disabilities during pregnancy, delivery and post-delivery; and free health insurance.[105] However, a number of countries still do not have such policies in place, and of those that do, many are allocated insufficient resources compared to
the need for services

Figure 22: Mental health policies, -plans and –legislations in the Arab world as of 2011

Country	Mental Health Policy	Mental Health Plan	Mental Health Legislation
Algeria	Yes	Yes	Yes
Bahrain	Yes	Yes	No
Comoros	No	Yes	Yes
Egypt	Yes	Yes	Yes
Iraq	No	Yes	Yes
Jordan	No	No	No
Kuwait	Yes	Yes	No
Lebanon	No	No	Yes
Mauritania	Yes	Yes	No
Morocco	Yes	Yes	Yes
Oman	Yes	Yes	No
Qatar	Yes	Yes	No
Saudi Arabia	Yes	Yes	Yes
Somalia	No	No	No
Sudan	Yes	Yes	No
Syrian Arab Republic	Yes	Yes	Yes
Tunisia	Yes	Yes	Yes
United Arab Emirates	No	Yes	Yes
Yemen	No	No	No

Source: WHO, [2015]
Note: No data was available for Djibouti, Palestine and Libya.

Governing Trends: Education:

In general, current governmental educational reform efforts tend to focus primarily on quantifiable changes, such as building more schools, introducing computers to classrooms, and

[102] Mirkin, 2012, pp. 22.
[103] ESCWA, 2013d, pp. 12, 42.
[104] Okasha & al , 2012.
[105] ESCWA, 2009b, pp. 12.

improving test scores in mathematics and sciences, rather than introducing qualitative reforms to how education takes place and the quality and content of education and how well it provides the students with the necessary skills and knowledge they might need in the future in their careers. Often the necessary linkages between the education provided and the labour markets are missing. Some of the recent efforts to improve education focused on the following:

Improving literacy: There have been efforts focused on developing methods for improving literacy, such as adopting functional literacy rather than more conventional alphabetic literacy training. A regional trend towards professionalizing literacy service provision in terms of quality and training as well as managerial mechanisms and monitoring has supplemented these changes.

Most countries have substantive national literacy plans, often including an official unit within the Ministry of Education or Social Affairs committed to adult literacy. Arab nations have had progressively higher levels of participation in international assessment programs to inform educational policy making. Ten Arab countries participated in the Trends in International Math and Science Study (TIMSS) in 2003, fifteen in TIMSS 2007, and fourteen in 2011. [106]

Vocational Training and Technical and Vocational Education Training: Official councils for vocational training or Technical and Vocational Education Training (TVET) were initiated in Bahrain, Jordan, Sudan, and Mauritania to coordinate government and private sector contributions to employment and the improvement of TVET systems. Girls rarely participate in TVET.

Child education: A regional project to improve childhood education developed through the UNESCO Regional Office in Beirut: the Arab Early Childhood Care and Education Working Group Platform and Website in collaboration with regional partners (UNICEF, Save Children, Arab Gulf Programme for United Nations Development Organizations. (AGFUND), and Arab Council for Childhood Development). This platform seeks to provide the opportunity for early childhood professionals to discuss their ideas and experiences while establishing relationships between those working in this field across the Arab World. In 2012, the UNESCO regional Office in Beirut, with the Arab Though Foundation, developed plans for creating the Arab Community of Practices (ACOP). ACOP is an interactive platform for "exchanging knowledge, trends and practices in education." It seeks to offer new forms of knowledge to marginalized teachers and stakeholders in education." [107]

Governing Trends: Housing: Although the housing situation in HICs is not as severe as that experienced by MICs and LICs, recurrent problems exist, particularly in the area of affordable housing. Until the global recession of 2008, construction booms in many HICs focused on luxury housing; after 2008, demand for these properties plummeted, offering incentive for private developers to focus on moderately priced homes.

Provision of affordable housing: National governments have taken a variety of different approaches to addressing the shortage of affordable housing, usually drawing on public and private sector resources. Programs aim to increase land grants, loans and financing, and home construction, sometimes coupled with structural reforms of banking, development, and housing law. The Bahraini government has pursued public-private partnerships in order to expand the availability of affordable housing. Together, government agencies and private firms plan to construct 50,000 homes over the next five years; in the mid-1990s, Kuwait created the General Authority of Housing Welfare to oversee land grants, as well as offer assistance for families living in apartments and houses. In Qatar, the government intends to respond to housing shortages through a mixture of land grants and low-interest mortgages for eligible citizens. Saudi Arabia has experienced less housing distress than some of its neighbors; nonetheless, an increased population has increased the demand for homes as well. In the last few years, the Saudi government has responded by launching a "National Housing Strategy," which includes expansions on existing programs, as well as new programs centered on land grants and

[106] UNESCO, 2012a, p. 1, 12.
[107] UNESCO, 2012b, pp. 14

loans. Saudi Arabia is also considering more systemic reforms – updating the National Housing Law, and creating a new research and data center to further study the issue. The UAE has authorized the Shaikh Zayed Housing Program to offer income-based housing loans, which are sometimes paired with government-sponsored building contracts.[108]

Housing and slum reduction: MICs have experienced a mixture of housing-related problems. They have suffered similar effects from the 2008 recession as HICs; demand for affordable housing significantly outpaces new construction. MICs have also been challenged to find effective strategies for reducing the percentage of their population that resides in slums. Thus, MICs' housing programs tend to feature a broader set of objectives. In addition to offering land, loans, and building contracts, many MICs have devoted resources to infrastructure improvements, renovations of existing housing stock, and resettlement programs. Algeria has been pursuing a successful slum reduction strategy since 1999, which emphasizes renovation of low-income housing, land grants, improvements to infrastructure, and registration of settlements.[109] Data is not yet available on how recent conflicts in Iraq might affect the housing situation, but there are indications that housing stock has been destroyed, and the country has seen an increase in homeless and refugee populations. Prior to this, as of 2010, the Iraqi Ministry of Construction and Housing created an over-arching "National Housing Policy" to coordinate the renovation and construction of homes.[110] Over the past five years, Jordan's government developed 100,000 affordable housing units, and also pledged to improve infrastructure and devote more resources to slum areas.[111]

The housing crisis is most severe in LICs, such as Somalia and Sudan, where a considerable majority of residents live in areas classified as slums. Others live in unincorporated settlements, which have decent quality but do not have land title. Conversely, from 1990 to 2010, Morocco reduced the population living in slums by 65%, through a combination of land grants, expanded service provision, and affordable housing programs. Yemen has been among the least active; as of 2012, housing assistance was minimal, and reserved for male nationals. At the same time, a project to improve infrastructure and living conditions, especially in areas with a high proportion of informal settlements has been established in Yemen. In Morocco, a government-owned holding company called Al Omrane, established in 2004, established these goals: 1) social housing production, 2) construction of housing in the southern provinces, and 3) development of new towns. From 1990 to 2010, Morocco's affordable housing program cut slums by 65% by promoting group housing, resettlement, and market subsidies to stimulate private investment. In these cases, however, it is difficult to assess whether these projects have been fully realized or evaluated and the elimination or eradication of informal settlements does not necessarily mean the improvement of housing conditions for low income populations. The improvement of the structures (i.e. buildings, streets, schools, etc.) within informal settlements may instead cause gentrification and the resettlement of its population in other areas of the city. [112]

Governing Trends: Poverty and Unemployment: Restructuring and stabilization policies adopted during the eighties onwards were not successful in combating poverty and reducing unemployment. On the, unemployment and poverty have increased significantly in the last two decades. At the heart of these policies are the prioritization of private investment and the reduction of subsidies for meeting the basic needs of the population. The increase of private investment, or more specifically the prioritization of certain private sectors, did not only result in a decrease in access to resources for the majority of the population, but it also created more room for nepotism and corruption across the region. International financial institutions' reports consistently focus on the

[108] Mahmoud, 2014, pp. 111-118, 120, 121 http://www.affordablehousinginstitute.org/wp-content/uploads/2014/08/Housing-new-fin-06-08-14.pdf
[109] UN-Habitat, 2012, pp. 100.
[110] Republic of Iraq, 2010.
[111] UN Habitat, 2012, pp. x-xi
[112] Ibid, pp. 7, 98.

macro-economic indicators and yet made no evidence which measure the positive impact of subsidies or poverty, &/or increasing equity and equality.[113]

Poverty alleviation: While several countries have alleviated poverty levels in the past 20 years, numbers remain high in Yemen, Algeria, Egypt, Morocco, and Tunisia.[114]

In Morocco some factors relating economic growth, macroeconomic stability, intensive public investments in the social sectors, tax collection efficiency, strategic use of privatization revenues, more access to finance by enterprises and individuals, as well as high remittances from emigrants and the dynamic role of NGOs were able to affect some poverty reduction, bringing about 1.7 million people out of the poverty line between 2000 to 2010.[115]

Egypt uses subsidies and special assistance, even though most subsidies do not benefit lower-income individuals. Commodity subsidies, such as ration cards for foods (oil, tea, rice, sugar) are distributed in addition to "khubaz baladi" a bread subsidy which is sold at one fifth of the market price. Egypt also offers energy subsidies however it has not been working effectively in bringing down basic costs such as costs of public transportation.

In Yemen limited progress has been made in combating poverty. Yemen eliminated most subsidies (not including fuel subsidies) and raised energy prices in 1995. With further deterioration of living standards during the 2001-2005 period (where there exists data), the government eliminated most food subsidies.

Bahrain subsidy schemes are more comprehensive than Egypt or Yemen; only relative poverty exists in Bahrain. The government subsidizes bread, rice, oil, sugar and meat for the entire population. Housing schemes and subsidies also exist for low-income individuals. The government not only builds and renovates homes for this demographic, but it also provides easy access to bank loans for purchasing a home.

Increasing employment: In general, governments have provided industrial support for employment primarily on areas where there will be rapid progress as opposed to areas that need development.[116] Moreover, the design of the Arab region's tax policy pushes citizens away from formal productive employment. There are some efforts towards increasing women's involvement in private sector employment. "In the past three years, Kuwait was able to increase of the share of women employed in the private sector from 3 per cent to 9 per cent."

Despite the efforts exerted by the government to create jobs over the last period more has to be done to increase employment in the industrial sectors as well as by engaging entrepreneurship and private sectors to expand. Insufficient job creation in the region is coupled with distortionary state spending, high level of public employment and a weak institutional environment. The youth employment rate is still low in the region (40%) and the same goes to female participation. Governments need to shape this balance in better ways.

[113] Murphy, 2013.
[114] Azour, 2013, pp. 6.
[115] Achey, 2010.
[116] ESCWA, 2011b, pp. 3-4.

PART THREE: IDENTIFICATION OF STRATEGIES

For each key thematic (health, education, housing, unemployment, and poverty), two-dimensional strategies are needed that can account for meeting *general* regional goals and *specific* realities and disparities within and across each country. Of course, general regional strategies cannot address specific situations whereby distinct populations are devastated by war and conflict or crises in health, education, housing, poverty or unemployment. General strategies for the region should prioritize enhancing the quality of services, such as the quality of education provided, not simply the quantity of students enrolled. In addition, long term general strategies are needed rather than quick fixes and small-scale interventions. The issue of inequality must be prioritized, and progressive social policies and protection systems (including a minimum social protection floor) are crucial.[117] In situations whereby distinct sub-regions have been devastated by unprecedented displacement and war, the aftermath of the Arab spring (including violent conflicts), and/or crises in poverty and health, specific strategies are needed. In these specific and especially severe cases, implementing general economic reform programs orundertaking physical reconstruction projects will not be sufficient.[118] Two-dimensional strategies should therefore focus on overall regional challenges while simultaneously targeting underprivileged populations and disproportionately devastated areas.

To address the SDGs, the Arab region should consider adopting strategies which are based on a rights-based and social justice approach to development centered upon human rights, equality, participation, and fair and sustainable growth and focused on ending conditionality in the realm of social protection to ensure the sustainability of their outcomes and respective progression. This approach requires dialogue, consensus building, transparency, and accountability between governments and civil society in collaboration with national, regional, and international stakeholders. North-south, south-south, and inter-regional collaborations require different strategies depending on discrepancies in levels of economic and political power and in relation to economic trade relations. Decision-making related to addressing the SDG's should also involve the active participation of citizens, local think tanks, and NGOs focused on public policy, the deployment of effective parliamentary mechanisms to include civil society in legislation, a commitment to effective implementation, and the removal of media restrictions in order for civil society groups to rely on the tools of media to participate in social dialogue, change and social justice.

Strategies: Health

Improving health in the Arab world means much more than simply reducing the rates of disease. The Arab region needs strategies to integrate prevention as well as equal access to health care across all sectors of society. This means that strategies need to prioritize making adequate health care available, affordable, and accessible to all including treatment, testing and counseling at discreet, woman-friendly locations for reproductive health and diseases considered culturally or religiously taboo such as HIV.

General strategies for prevention also require an agenda focused on well-being that can improve the quality of life and combat the rising rates of non-communicable diseases. Since life-style directly impacts non-communicable diseases, government policies and legislation should commit to well-being strategies focused on tobacco control; building environments that support more active lifestyles; and integrating a focus on healthy diet by bringing traditional foods such as fruits, nuts, seeds, and whole grains back into the diet, and reducing the intake of trans fats, salt and tobacco. Relevant strategies could include measures within health care systems, as well as outreach through the media, schools, and workplaces.[119] General strategies also require interconnected efforts to end poverty with family planning programs. Reproductive health programs, including family planning, should ensure the equal participation of those disproportionately impacted by these policies, namely

[117] Jawad, 2014, pp. 8-9.
[118] ESCWA, 2013, pp.17
[119] Mokdad, 2012, pp. 318.

women and civil society organizations established by and for women and their distinct reproductive needs. Breastfeeding intervention programs developed between communities, the medical industry, and governments to promote breastfeeding can assist in decreasing health risks.[120]

In partnership with parents, families, educators, and health-care providers, plans to reduce HIV must emphasize education and treatment, with programs targeting youth and prioritizing women's rights. Other efforts are needed toward ending sexual violence, and addressing the needs of persons at higher risk of HIV infection and transmission, including the poor and sex workers.[121] HIV education can and should include reproductive health education. HIV prevention strategies within government policy, the law, the medical industry and civil society should coincide with poverty-reduction strategies and educational strategies, including strategies to improve medical school curricula and cultural education across all religious and socio-economic sectors in order to challenge taboos related to sex and the stigma associated with people living with HIV. Interventions by civil society, schools, religious institutions, and the government are needed to change cultural norms, such as early marriage, that increase vulnerability to HIV.

Across the Arab region, governments, civil society, and the health care industry must establish strategies for enhancing accessibility and integrating persons with disabilities into the larger health system. This will require strategies for greater public awareness, such as establishing a disability awareness week and programs for integrating education on disability into schools, the health care system, and workplaces.

More data is needed to ensure effective implementation of these strategies. Collaborations between governments, civil society, and international health organizations are needed to collect and publish research data on health care access and quality, especially among marginalized groups across the Arab region.[122] Research is also needed to evaluate the cost of displaced populations on health systems in host countries and communities;[123] the effectiveness of governments outsourcing of health care; and comparisons of the health status of citizens and non-citizens in the Arab region.[124]

In order to provide adequate services for people with disability, more research is needed into the size, scope, types, prevalence and causes of disability, the number of physically accessible institutions that operate under ministries of health, and the number of beneficiaries who have physical disabilities or are projected to become disabled in the future.

More data is needed as acknowledgement of the crisis of road safety. Also some strategies are developed through collaborations between traffic authorities, governments, and stakeholders, including awareness raising efforts in schools and universities and it could be interesting to take a look at.

Strategies are also needed to ensure accountability within the private health sector, including monitoring and regulation of the costs and quality of health care, conducted by an independent regulatory body. Specific health strategies are necessary for low-income areas that focus on continued access to adequate food and both chronic communicable *and* non-communicable diseases simultaneously-since low-income areas are overburdened by the costs related to the growth in non-communicable diseases alongside continued high-levels of infectious diseases.

Governments may consider providing health care and health insurance based on economic need, including private care, to help ensure vulnerable populations will receive the care they need regardless of income. Contracts with private providers should emphasize the efficiency of the care and

[120] Radwan, 2013.
[121] UNAIDS, 2012.
[122] Batniji, 2014.
[123] Dewachi et al. 2014.
[124] Batniji 2014, pp. 353

the financing to avoid unaffordable out of pocket payments [125]

Strategies: Education:

The Arab region needs strategies to improve the quality of education through curriculum development; teacher training; improving the environment and conditions of schools; expanding the physical size of the classroom and classroom resources; and developing programs that link primary, secondary, and post-secondary education to each other, and to what is needed for the labor market. Educators in disadvantaged areas can participate in regional networks to obtain knowledge, education, and interaction with experienced educators and stakeholders. Curriculum should be developed to link education to employment and include career training for employment. Government incentives are needed to encourage youth to study subjects that could lead to future employment in areas not deemed socially or culturally prestigious or attractive. Strategies should focus on producing and making available more data to evaluate education outcomes and all countries should establish a structure for learning assessment that match international standards at either the primary or secondary education levels.

These same strategies will require specific and intensive implementation in marginalized areas, especially among poor communities and those with larger numbers of children who remain out of school. The target goal of education for all must guide these strategies, as well as a holistic approach focusing on quality of education and educational outcomes.

Strategies: Housing

General strategies should focus on improving housing conditions, including the development and implementation of a comprehensive urban development policy based upon social justice principles of equal access to safe and affordable housing. Since cities in particular are becoming increasingly large and complex, strategies should focus on producing more harmony between national and local governments rather than maintaining highly centralized responsibilities within national governing bodies. These strategies can include granting power to local authorities to raise revenue levels and ensuring a fair distribution of resources for housing for local governments.[126]

Specific strategies require a focus on upgrading informal and underdeveloped housing and reducing the number of urban households living without housing. These strategies require renewed regional cooperation between countries and cities – sharing knowledge, best practices, and early warning systems. Arab countries can cooperate with northern countries to gain knowledge and capacity to prepare for a variety of challenges, from climate change to urban risks and emergency preparedness. Partnerships between government and the private sector should be accountable and transparent, to ensure resources are devoted to affordable housing, infrastructure, safety, and crisis prevention. Governments in the region should make an effort to foster incentives for private-public cooperation. International agencies (such as UN Habitat) and civil society organizations should work with government agencies to monitor the work of private contractors and real estate developers and ensure alignment with safety codes and local growth plans.

Strategies: Poverty and Unemployment

General strategies for eliminating poverty require an emphasis on the redistribution of resources. Especially since poverty was a primary grievance of the protesters who participated in the Arab spring of 2011 and the devastating impact of the aftermath of the Arab spring, a reassessment of economic policies across the region is sorely needed. Civil society and religious organizations that provide social services and protections to poor populations should be integrated into social

[125] Saleh, 2014.
[126] UN Habitat, 2012, pp. x.

sustainability programs. General strategies for economic reform should focus on creating more jobs, stability and sustainability in employment; reducing the gap between men and women in employment; and fair and equitable taxation and social protection. There is a need for reassessing the priorities and investments of local, national, and regional stakeholders in relation to employment opportunities. Governments and civil society need to design and enact systems of development that are committed to improving the overall economic climate and creating more stable and sustainable employment opportunities and decent work.

Specifically, it is recommended that government budgets prioritize the needs of poor sectors through programs that improve access to housing, education, and health care. The benefits of economic growth should be channeled toward programs that benefit the poor. Regional and international partnerships for development and trade should prioritize the needs of low-income countries, including debt resolution. Poverty eradication requires a commitment to equitable inter-regional and north-south economic policies; ending political and economic inequality from north to south; and addressing the impact of international financial institutions on regional economic policies and conditions. Regional platforms for dialogue and collaboration between governmental and non-governmental organizations are needed. Everyone should be accountable to ending poverty and all stakeholders (regional and international financial institutions and civil society) share in the responsibility to reassess their practices. This might require calling for greater transparency in government structures and critically assessing the impact of international financial institutions recommended policies on rising poverty levels in the region. Specific policies are needed for populations enduring the crisis of unemployment and for women and youth respectively. Financial development efforts should target to promote economic growth in the most vulnerable areas.

CONCLUSION

At a time when growing crises are threatening development in the Arab region, there is an opportunity to revisit the policies put in place in a manner to ensure that relevant Arab national and regional priorities are identified and incorporated into their post-2015 development agenda along with the international one. A sustainable future with dignity for all must be sought in the region involving all stakeholders, players and beneficiaries. Regional cooperation and regional solutions may be tapped as well to promote the means of implementation of the proposed goals and targets, and meeting the development challenges the countries of the region are facing. Collaboration with international institutions needs also to be sought to be able to move forward toward a more sustainable future that "leaves no one behind".

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