

THE STATE OF THE ARAB CHILD

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FOREWORD

This report is a first step in providing a statistical foundation for understanding the situation of children in the countries that make up the Arab World. It presents key data on children's health, education and nutritional status. The report also presents other indicators, relating to population and maternal health, which have an impact on child development.

I hope that the maps, charts and data in this document will help enhance our understanding of the development issues facing the children of the Arab World.

I wish to thank Dr. Nimal Hettiaratchy, who heads our regional monitoring and evaluation programme, for all his efforts in bringing this information together and for his tireless efforts to improve social statistics related to children of the region.

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November 2002

ACKNOWLEDGEMENTS

UNICEF has compiled the "Status of Arab Child" (SOAC) to provide much-needed information to policy-makers, policy-planners and others interested in the socio-economic development of the Arab World in general, and the state of the Arab Child in particular. This report does not interpret the data, instead presenting information in a clear and useful manner so that more informed and comprehensive analysis can begin to shed light on the status of the Arab Child.

This report synthesises data from 22 Arab countries as defined by membership in the League of Arab States and responds to a long-standing need for data about "Arab Countries". The state of the average Arab child can and should be taken into account through the presentation of regional averages as has been done in this report. But it is also important for policy-makers, researchers and others interested in the subject matter to consider the differences that exist among the 22 Arab national contexts. For this reason, colored maps and charts have been presented for the reader to more easily contrast the discrepancies in the socio-economic development in the Arab World.

Many contributed to the production of this report. In particular, I would like to recognise the encouragement and support I received from Thomas McDermott, Regional Director. Naheed Aziz, Deputy Regional Director, offered her feedback and wisdom in the creation of this report, along with the senior management of the Regional Office.

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Hady Amr, a consultant to UNICEF MENARO was the primary author of this report and synthesised the information with the assistance of Denise Carrier, who volunteered her time to MENARO to complete this important project. Yumiko Kanemitsu and Lina Hammad of the Monitoring and Evaluation Section of MENARO also contributed to making this report a success.

I take this opportunity to thank all others who helped throughout the synthesis and compilation of this report.

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RATIONALE

Arab States and development institutions have long felt the need to know the status of the average “Arab Child.” This report synthesizes and presents information on the Arab Child that had previously been available usually in disparate documents on the state of children in Africa, Asia and the Middle East. As the Arab countries grapple with shifting global political and economic realities, they will confront significant challenges and opportunities in their efforts to address their unique domestic concerns. It is our hope that reports such as this will provide a firm foundation for creating or enhancing policies designed to improve the lives of the people living in the Arab World. With the exception of the Palestinian people – still living under foreign military occupation - Arab governments today have an unprecedented opportunity to safeguard the rights of children in the areas of health, education, political participation and other areas through the framework established by the Convention on the Rights of the Child, as well as through the 1991 and 2002 declarations by world leaders. In 1991, governments around the world, including Arab governments, made a joint commitment and issued an urgent, universal appeal to give every child a better future. In 2002, world leaders, including Arab leaders, reaffirmed this commitment to creating a world fit for children in which all children get the best possible start in life and have access to a quality basic education, including primary education that is compulsory and available free to all, and in which all children, including adolescents, have ample opportunity to develop their individual capacities in a safe and supportive environment.

The Convention on the Rights of the Child expanded legal boundaries to embrace and legitimize the rights of children, and provides a legal, policy and moral framework for their well-being. It was adopted for signature, ratification and accession by the United Nations General Assembly in 1989. To date, all but two countries in the world have ratified the CRC. One of those countries is Somalia, a member of the Arab League, which currently has no properly centralized government and thus cannot ratify treaties. Additionally, the Palestinian National Authority (PNA) is not a State that can ratify treaties, and thus has not done so; the PNA, however, has expressed its desire to ratify the CRC once Palestine becomes a State. Thus, while Arab governments have endorsed and ratified the CRC, many of them have done so with reservations to certain provisions of the Convention in particular to articles addressing foster care and adoption procedures. The CRC is a code of binding obligations for governments, and a minimum standard of responsible conduct for communities and families with respect to the young. It sets standards which address the neglect and abuse that children face in all countries to varying degrees every day, and recognizes every child’s rights to develop physically, mentally, and socially to their fullest potential, to express his or her opinion freely, and to participate in decisions affecting his or her future. The CRC stresses that the “best interests of the child” must be a primary consideration in all actions and decisions affecting him or her.

A decade ago, the CRC broke new ground in taking a holistic approach to the child, treating the child’s political, economic, social, and cultural rights as elements of an interdependent and mutually reinforcing package. Implicit in this approach is the recognition that although a child may be adequately nourished, the right to develop fully is not adequately protected unless the child is also physically developed, educated, participates in culture and religion and shielded from such things as neglect, abuse, arbitrary detention and exploitation. By signing the convention, the Arab nations espoused this far-reaching and innovative approach to children’s rights.

The 54 articles of the CRC may be broken down into four broad categories: survival rights, development rights, protection rights and participation rights.

- Survival rights cover a child's right to life and the needs that are most basic to existence, including an adequate living standard, shelter, nutrition and health care. Safeguarding rights to health, especially, is of particular interest of UNICEF, and is covered in this report.
- Development rights include those basic elements that children require in order to reach their fullest potential, such as education, play and leisure, access to information, cultural activities, and freedom of thought, conscience and religion.
- Protection rights embrace identity, survival and development rights and issues such as refugee protection, child exploitation and abuse, arbitrary separation from family and abuses in the criminal justice system.
- Participation rights encompass the freedom of speech, right to express opinions, and to have a say in matters affecting one's own life such as joining associations and peaceful assembly.

In establishing a framework for realizing these rights, the CRC recognizes the primary role and responsibility of the family as the first and ideally the last line of protection and care for the child. One of the CRC's concerns is supporting the family. Ratifying nations are obliged to respect the rights of parents to provide guidance for their children commensurate with the child's evolving capacities, to ensure that a child is not separated from his or her parents unless the child's best interests are endangered, to recognize that parents have joint responsibility for raising the child, and to protect the child from maltreatment by parents and others that are supposed to provide care. State institutions are also expected to provide support to families where necessary, particularly in areas of nutrition, shelter and clothing.

The language of the CRC allows for the different social, cultural, political and economic realities of individual States, taking the view that while methods of upbringing and socialization vary greatly from one country to another, all people share a concern for children's rights. The CRC reflects a consensus that while the means of achieving child rights may differ, there are universally accepted pre-conditions for any child's harmonious and full development. According to the CRC, a child is defined as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."

It is people—children, women and men—who are the genuine assets of nations, and the genuine assets of the Arab World. It is through human creativity, insight, and integrity that legal, economic and social systems develop. The first step in enriching and empowering people to fulfil their potential is ensuring that the rights of children are protected.

Additionally, the dramatic growth expected in the youth (aged 15-24) populations of a number of countries can be expected to place significant strains in the resources of States in the Arab World. In some countries like Yemen the youth population is projected to multiply by six fold from 2000 to 2050. In Somalia, it is expected to multiply by five. In the Occupied Palestinian Territories, the youth population is expected to multiply by almost four. Like youth everywhere, young people in the Arab World want to participate in society. They want an end to chronic poverty and insure justice prevails and they want their governments to respond to these and other pressing issues. Legal and economic systems that spur economic growth and job creation, education, better health care and better social policy, can all contribute to improving the situation of youth. Particular attention is required to the scarcity of data for youth in general, and the Arab World is no exception.

METHODOLOGY

This report synthesizes indicators for the first two categories of rights covered in the CRC; survival rights and development rights. Protection rights and participation rights, though no less important, are more difficult to document through statistical indicators. Their absence from this report should only bring home the necessity of developing a comprehensive set of indicators that chart protection and participation rights. International development institutions and regional governments need a systematic approach to tracking issues such as child exploitation, abuse by society, family and the criminal justice system, as well as freedom of speech, peaceful assembly and other participation issues.

Despite constraints, the report catalogues indicators that affect the rights of the child and describes the environment in which Arab children live. Each of these indicators for the Arab countries is, where available, presented in a column in the data tables, in a map and in at least one accompanying figure. Comparison data are also presented in the form of the Arab World Average, the Industrialized Country Average, the Developing Countries Average, the Least Developed Countries Average and the World Average.¹

The indicators we have chosen are widely recognized as the essential indicators for painting a portrait of the status of children. Together they tell a complex story, the narrative of which policy analysts and researchers will have to develop through close scrutiny of the relationships between the various statistics. Certain key relationships can be delineated at the outset. Under five mortality, infant mortality and life expectancy are all impact indicators of the basic survival rights of children. They serve as powerful composite indicators of rights to shelter, medical care, proper nutrition, and an adequate standard of living of children. Alone, these indicators can not tell the whole story of children's status in the Arab World. In this report, they are presented in columns, maps and figures numbered one through four.

The rights of a child begin long before a child is born. Even before pregnancy, the health of the mother impacts the ability of a child to reach its full healthy potential. The maternal mortality ratio, rate of contraceptive prevalence, percentage of births attended by trained medical personnel and age specific fertility rate for adolescent girls aged 15-19 years affect the survival rights of children. The death of a woman in childbirth is a tragedy in its own right. As such, the maternal mortality ratio is not only an indicator of the fulfillment of the rights and the status of women, but also an indicator of the rights and status of the child. Contraceptive prevalence is an indicator of the ability of a man and woman to control decisions around fertility. But the higher the contraceptive prevalence rate, the more likely a couple is to be able to control when they have their children, and as such, the more likely they will take the decision to have children at a time when they can afford to care for the child in a manner that meets the basic aspirations of the parents and ensures the child's basic rights. The percentage of births attended by trained medical personnel is highly correlated not only with maternal mortality but also infant mortality. The more births that are attended by trained medical personnel, the higher the survivability of both the mother and the infant. Countries that are making progress in meeting the rights of children, particularly infants, often see rises in the percentage of births attended by trained medical personnel prior to improvements in maternal mortality, and, in turn, infant mortality.

Infants born to adolescent girls aged 15-19 have been shown to face high rates of susceptibility to infant mortality as these adolescent girls are often ill prepared in body and mind to defend the rights of their children. As such, the fertility rate of adolescent girls aged 15-19 years is an indicator of the survival rights of their infants and children. But it is also an indicator of the

¹ For definitions of these country groups see the section of this report titled "Note on countries and regions."

development rights of adolescent girls aged 15-19; adolescent girls giving birth at such an early age face the responsibilities of motherhood at a very early age. Indeed, when adolescent girls give birth at such an early age, they are denied their childhood and lose out on their full potential towards educational development which in turn, reduce their ability to be more effective and educated mothers. Taken together, these indicators offer powerful insights into the status of children's survival rights in the Arab World. They are presented in columns, maps and figures numbered five, six, seven and eight, respectively.

The ten indicators on nutrition are best viewed together. From Infants born with low birth weight to children under five who are underweight or suffering from wasting or stunting, these are all indicators of the nutritional status of the child which significantly impacts both the survival and development rights of the child. The less children suffer from nutritional setbacks, the more likely they are to develop in a healthy manner and become parents that can better provide for and protect their children. Similarly, the higher the rates of breastfeeding, particularly among younger children, the more likely the child is to survive and develop in a healthy manner.

The nine indicators on literacy and education presented in columns, maps and figures 19 through 27 are indicators of the development rights of children. Adult literacy can be seen, in general as a delayed indication of the results of child education. It is also an indicator of the general environment in which children are supposed to grow and flourish. The more educated the parents, the more access they are likely to have to more advanced information about public health, education and other opportunities. This enables the parents to better ensure the survival of their children and safeguard their children's rights to development, protection and participation. Primary school enrolment, the proportion of children reaching grade five, and secondary school enrolment are direct indicators of the development rights of children. The higher the enrolment rate of children, the more society, government and families are doing at educating children and ensuring their rights to development.

The 11 indicators on general population are best viewed together as they provide the overall context for population growth and offer insights into the stresses caused by demographic shifts in Arab countries. This report presents population estimates for 2000, with projections for 2005, 2010, 2015 and 2050, to give a sense of the magnitude of the growth rate for the Region as a whole and the diversity of rates among Arab nations. The projected annual growth rates can begin to tell us which countries are doing the best job at managing population growth and planning for increased demand on the scarce resources that assure education, health care and other core services.

The indicators on youth population growth are also best viewed together and present a stunning story where certain countries will witness truly remarkable growth rates in their youth population, placing attendant pressures on their educational services and the need for employment generation. For this reason, the size of the population aged 15-24 is of particular interest.

The final indicator is per capita Gross National Income (GNI) which describes the state of the economy and serves as a composite indicator for child survivability because of what it tells us about peoples and governments' abilities to provide for the basic needs of children.

DATA SOURCES

The following sources were used to document the status of children in the countries of the Arab League. The primary source is UNICEF Headquarters data that are being collected for the *State of the World's Children 2002*. Additional data from the United Nations Population Division and UNFPA's *State of the World Population 2001* were used. For some indicators, data for Occupied Palestinian Territory were collected directly from the Palestinian Ministry of Health and the Palestinian Central Bureau of Statistics. The sources of each indicator are noted in the tables.

Averages for the Arab World are calculated by UNICEF Headquarters. In many cases certain countries were not included in the averages because of discrepancies and irregularities in the data. In the cases where the OPT was excluded from the average, it was noted that because of the small size of the population and other weighting factors, including the OPT in the average does not change the Arab average to the level of significance reported.

Details on each of the sources and scope of each of the indicators are presented below:

Under 5 mortality rate

Probability of dying between birth and exactly five years of age, expressed per 1,000 live births.
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data are from Palestinian Central Bureau of Statistics, *Health Survey-2000*.

Infant mortality rate

The probability of dying between birth and exactly one year of age, expressed per thousand live births.
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data are from Palestinian Central Bureau of Statistics, *Health Survey-2000*.

Life expectancy at birth

The number of years newborn children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth.
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

Maternal mortality ratio

Annual number of deaths of women from pregnancy-related causes per 100,000 live births.
Source: UNFPA, *The State of World Population 2001* and for OPT the data are from Palestinian Ministry of Health, *The status of Health in Palestine, 2001*

Contraceptive prevalence, any method

Percentage of women in union aged 15-49 years currently using contraception.
Source: UNICEF, *The State of the World's Children 2002* and for OPT the data are from Palestinian Central Bureau of Statistics, *Health Survey-2000*.

Births attended by trained health personnel

Percentage of births attended by skilled health personnel (doctors, nurses, midwives, or primary health care workers trained in midwifery skills).
Source: UNICEF, *The State of the World's Children 2002*

Age-specific fertility rate 15-19

Number of births to women aged 15-19 years, divided by the number of women in that age group.
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

Infants with Low Birth Weight

Number of live births less than 2,500 grams, as a percentage of the total number of live births.

Source: UNICEF, *The State of the World's Children 2002*.

Children Exclusively Breastfed (0-3 months)

Proportion of infants (0-3 months of age) who are exclusively breastfed.

Source: UNICEF, *The State of the World's Children 2002*.

Children Breastfed with Complementary Food (6-9 months)

Proportion of infants (6-9 months of age) who are receiving breast milk and complementary food.

Source: UNICEF, *The State of the World's Children 2002*.

Children Still Breastfed (20-23 months)

Proportion of children (20-23 months of age) that are still breastfeeding.

Source: UNICEF, *The State of the World's Children 2002*.

Under 5's Suffering from Underweight, Moderate and Severe

Children, below minus two standard deviations from median weight for age of reference population.

Source: UNICEF, *The State of the World's Children 2002*.

Under 5's Suffering from Underweight, Severe

Children, below minus three standard deviations from median weight for age of reference population.

Source: UNICEF, *The State of the World's Children 2002*.

Under 5's Suffering from Wasting, Moderate and Severe

Children, below minus two standard deviations from median weight for height of reference population.

Source: UNICEF, *The State of the World's Children 2002*.

Under 5's Suffering from Stunting, Moderate and Severe

Children, below minus two standard deviations from median height for age of reference population.

Source: UNICEF, *The State of the World's Children 2002*.

Vitamin A Supplementation Coverage Rate

Percentage of children aged 6-59 months who have received a high dose vitamin capsules within the last six months.

Source: UNICEF, *The State of the World's Children 2002*.

Households Consuming Iodized Salt

Proportion of households consuming adequately iodized salt.

Source: UNICEF, *The State of the World's Children 2002*.

Adult literacy rate

Percentage of persons aged 15 years and over who can read and write

Source: UNICEF, *The State of the World's Children 2002* and for OPT the data are from Palestinian Central Bureau of Statistics, *Health Survey-2000*.

Primary school enrollment ratio (gross)

Number of children enrolled in primary school, regardless of age, divided by the population of the age group that officially corresponds to the same level.

Source: UNICEF, *The State of the World's Children 2002* and for OPT the data are from Palestinian Central Bureau of Statistics, *Health Survey-2000*, for the year 2000

Primary school net enrollment

Number of children enrolled in primary school who belong to the age group, that officially corresponds to primary schooling, divided by the total population of the same age group.

Source: UNICEF, *The State of the World's Children 2002*

Primary school entrants reaching grade 5

Percentage of children entering first grade of primary school who eventually reach grade 5.

Source: UNICEF, *The State of the World's Children 2002* and for OPT the data are from the End-Decade Multiple Indicator Survey (MICS2) 2000 B26

Secondary school enrollment ratio (gross)

Number of children enrolled in secondary school, regardless of age, divided by the population of the age group that officially corresponds to secondary school level.

Source: UNICEF, *The State of the World's Children 2002*

Total population

Includes all residents regardless of legal status or citizenship, except for refugees not permanently settled in their country of asylum. Population estimates are usually based on national censuses.

Source: UNICEF, *The State of the World's Children 2002* and for the regional population the data are from: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium variant)

Projected population

Future size of the population, based on United Nations methods.

Source: UNICEF, *The State of the World's Children 2002* and for the regional population the data are from: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium variant)

Population annual growth rate

The average annual rate of change of the size of the population during a specified period. It is calculated using the exponential endpoint method, expressed as a percentage.

Source: UNICEF, *The State of the World's Children 2002* and for the regional population the data are from: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium variant)

Population urbanized

Percentage of population living in urban areas as defined according to the national definition used in the most recent population census.

Source: UNICEF, *The State of the World's Children 2002*

Growth rate of urbanized population

Rate of urban growth of urban population.

Source: UNICEF, *The State of the World's Children 2002*

Total fertility rate

The number of children that would be born per woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.

Source: UN Population Division, *World Population Prospects: The 2000 Revision*

GNI per capita (US\$)

Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. GNI per capita is divided by mid-year population. GNI per capita in US dollars is converted using the World Bank Atlas method.

Source: UNICEF, *The State of the World's Children 2002*

Population aged 15-24

Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium variant)

TRENDS AND ISSUES

Under five mortality and infant mortality

The average under five mortality (U5MR) and infant mortality (IMR) rates in Arab Countries are lower than that of the World Average, despite the fact that average gross national income (GNI) for the World (\$5492) is higher than average GNI for the Arab Countries Average (\$1214 per capita).² This is a notable accomplishment and speaks to the potential for targeted and effective public policies. It is important to note, however, that GNI for individual Arab countries ranges from a low of \$120 per capita in Somalia to \$19,020 in Kuwait.

The Arab Average for under five mortality is 77 per thousand live births. This is significantly better than the average for Developing Countries (at 91), and even better than the World Average (at 83). Looking at the countries in detail, a few countries significantly outperform expectations in U5MR based on their GNI rank among Arab countries: Syria ranks 16th out of 22 Arab countries for GNI but ninth for U5MR and Oman ranks sixth for GNI while ranking third for U5MR. On the other hand, Iraq significantly underperforms expectations, ranking ninth for GNI but 19th for U5MR during the 1990s (See Figures 1 and 39).

The Arab World Average for IMR of 56 infant deaths per thousand live births, is significantly better than the Developing Countries Average of 63, and even slightly better than the World Average of 57. It is, however, important to note that while averages tell one story, it is essential to examine the disaggregated data by country, as is presented here in this report, and even by Region (See Figure 2)

Nonetheless, this positive standing of Arab Countries as compared to the Developing Countries Average represents a notable achievement and warrants deeper analysis given that the Arab World is on average significantly poorer in GNI terms than the World as a whole. Similarly, infant mortality in Syria and Oman is significantly lower than expected based on GNI, while IMR is significantly higher in Iraq, because of the particular political and economic context of the latter country.

Life expectancy

Life expectancy in the Arab World averages 63.1 for men and 66.0 for women, though there is significant variation between the countries of the region. Life expectancy ranges from a high of 74.5 for men and 78.6 for women in Kuwait to a low of 41.7 for men and 44.2 for women in Djibouti. Again, despite the fact that the World is on average significantly wealthier than Arab Countries, life expectancy in the Arab World for men is slightly higher than the World Average of 63.0. For women, however life expectancy is a full two years less in the Arab Countries than for the World as a whole, for which the average female life expectancy is 68.0. When compared with the Developing Countries (as opposed to the World Average), the Arab World fares well, in part because it is on average wealthier vis a vis other Developing Countries. The average life expectancy in the Developing Countries is 62.0 for men and 65.0 for women. In general, the rank order for female and male life expectancy is quite similar. Notably, bucking the trend, were Iraq which ranked ninth in terms of GNI and 16th in terms of both male and female life expectancy and Qatar, ranking third in terms of GNI but 12th in terms of male and female life expectancy (See Figures and Maps 3 and 4).

² Data in this report generally cover the period of the late 1990s through 2000, with the exception of population data which include projects into the future, however the full range of data are from 1995 to 2001.

Maternal mortality (MMR) and contraceptive prevalence

Maternal mortality ratios (MMR) and contraceptive prevalence in the Arab countries, on average, lag behind both the World Average and even the Developing Countries Average despite the fact that the Region has a higher average GNI than Developing Countries. In the Arab Countries, maternal mortality is 480 per 100,000 live births with a marked disparity across the region; the rate is 1600 in Somalia and drops to 23 in Saudi Arabia, while the Developing Countries Average is 440 and the World Average is 400. Once again, Iraq stands out as having a significantly worse MMR rank among Arab countries than would be predicted by GNI. Jordan and the Occupied Palestinian Territory³ have significantly better MMR rank among Arab countries (seven and four respectively) than would be predicted by their GNI rank (11 and 12 respectively).

Contraceptive prevalence average 50.6% in the Arab World compares unfavorably with the Developing Countries Average of 62.0% and the World Average of 63.0%. Tunisia, Lebanon and Morocco rank remarkably highly among Arab countries as compared to their GNI ranking. Their contraceptive prevalence rates rank 1st, 2nd and 4th respectively while their GNI rankings are 10th, 8th and 15th (See Figures and Maps 6 and 39)

By contrast, the Gulf countries, and Iraq and Libya (most of which are oil producers) rank quite low in terms of contraceptive prevalence among Arab countries when GNI rank is used as an indicator. Libya, Qatar, Oman, Saudi Arabia and the UAE rank 10th through 14th respectively in terms of contraceptive prevalence despite the fact that the UAE and Qatar are the 2nd and 3rd most affluent Arab countries, and Saudi Arabia, Libya and Oman are respectively the 5th, 6th and 7th most affluent Arab countries. This is another area worthy of more in depth study since female literacy in most of these countries is quite high and the two indicators – contraceptive prevalence and literacy – usually correlate quite strongly. Bahrain, however, was the one Gulf country that had a high rate of contraceptive prevalence on par with expectations based on GNI. It is relevant, however, to note that Djibouti, Iraq, OPT, Somalia, and Sudan were not included in the Arab average because of lack of full confidence in the available data. These countries tend to have low contraceptive prevalence rates, which would move the Arab average lower were they to be included.

Births attended by trained medical personnel

The Arab Country Average lags behind both Developing Countries Average and World Average for maternal mortality and contraceptive prevalence. However, the Arab Countries surpass both the Developing Countries Average and the World Average in births attended by trained medical personnel. The Region averages 60% of births attended by trained medical personnel as compared to 53% for Developing Countries and 57% for the World. It should be noted, however, that Algeria, Iraq, Mauritania, Sudan, and Syria were not included in the calculated Arab average because of lack of full confidence in the data and UNICEF expects that inclusion of these countries would lower the average (See Figure 7).

The percentage of births attended by trained medical personnel ranges from a low of 22% in Yemen to a high of 98% in Kuwait and Qatar. Notably, Iraq ranks 4th from the bottom among Arab countries at 54%, while Jordan and the OPT, ranking near the top with 97% of births attended by trained medical personnel.

³ In particular the West Bank which was formerly administratively part of Jordan and makes up the majority of the OPT population.

Age specific fertility: Age group 15-19

Average age-specific fertility for adolescent girls aged 15-19 in the Arab Countries is at 51 per thousand, significantly lower than the Developing Countries Average of 55. The Arab World Average is on par with the World Average (also at 51), despite the fact that the Region is poorer on average than the World as a whole. This means that the average Arab female child aged 15-19 is less liable to enter into pregnancy than her peers around the world.

The age-specific fertility rate for adolescent girls aged 15-19 ranged from a high of 213 per thousands in Somalia and 147 in Mauritania to a low of 15 in Tunisia. Consistent with other fertility data, Tunisia is remarkably ahead of its GNI counterparts. Neighboring Algeria is also advanced for its GNI counterparts with a rate of 21. Surprisingly, despite their wealth, the age specific fertility rates of adolescent girls aged 15-19 in Oman and the UAE are at 86 and 66 respectively. Consistent with its high overall fertility rates, the rate in the OPT is quite high at 98.

Infants with low birth weight

The average percentage of low birth weight is 14% in the Arab World, on par with the World and Developing Countries Averages. The percentage ranges from a high of 26% in Yemen to a low of 3% in Saudi Arabia. Iraq ranks second worst at 23%, most probably an effect of the years of war and sanctions. Worthy of note is that the percentage of infants born with low birth weight in Bahrain and Qatar is on par with Egypt and Jordan at 10%, while Syria, a country with relatively low GNI, ranks third best at 6% behind Tunisia which ranks second best at 5%.

Breast feeding

The higher average percentage of children breast-fed is generally an indicator of good health for the child and reduced fertility in terms of delaying subsequent births. The Arab Country Average of exclusive breast feeding for children aged 0-3 months at 37% lags behind the averages for Least Developed Countries at 41% and the World and Developing Countries, each at 46%. The percentage ranges from a high of 68% in Egypt to a low of 12% in Kuwait. Exclusive breast feeding is not highly correlated with income levels but instead is a matter of culture and public health campaigns. As such, Mauritania, one of the poorest Arab countries and the four relatively wealthy Gulf States of Bahrain, Oman, Saudi Arabia and the UAE have among the highest rates of exclusive breast feeding for children aged 0-3 months while Qatar, Tunisia, Sudan and Jordan are among the lowest.

Children breastfed with complementary food aged 6-9 months averages 58% in the Arab Countries, higher than the World and Developing Countries, each at 50%. The percentage ranges from a high of 79% in Yemen to a low of 13% in Somalia. Children still breastfed aged 20-23 months averages 28% significantly lower than the 51% averages for Developing Countries and for the World and 59% in Least Developed Countries. The percentage ranges from a high of 59% in Mauritania to a low of 8% in Somalia.

Underweight children

The average percentage of children under five who are moderately to severely underweight in the Arab World (when weight is compared to standards for age) is 20%, while the percentage severely underweight is 6%. This compares very favorably with the averages for Least Developed Countries, 37% and 10%, for Developing Countries, 28% and 10%, and the World, 27% and 10%.

The percentage of children under five who are moderately to severely underweight ranges from a low of 3% in Lebanon to a high of 46% in Yemen. Interestingly, Oman at 24% is among the worst off countries alongside Mauritania, the Comoros Islands and Somalia. The percentage of children who are severely underweight ranges from a low of near 0% in Lebanon to a high of 15% in Yemen. Algerian, Jordan, Libya and Tunisia are also in notably good shape at 1% of children under five severely underweight.

Wasting and stunting among children

The average percentage of children under five suffering from moderate and severe wasting (when weight is compared to height) in the Arab World is 9%, on par with Developing Countries, slightly better than the average for Least Developed Countries which averages 10% and slightly worse than the average for the World which is 8%. The percentage ranges from a high of 17% in Somalia to a low of 2% in Jordan, Morocco, Qatar and Tunisia. Of note is that Mauritania and Egypt at 7% and 6% respectively are better off than the UAE, Kuwait and Saudi Arabia at 15%, 11% and 11% respectively.

The average percentage of children under five suffering from moderate and severe stunting (when height is compared to standards for age) is 28% in the Arab Countries, as compared to 32% for both the average for both Developing Countries and the World and 43% for Least Developed Countries. The percentage ranges from a high of 52% in Yemen to a low of 7% in the OPT. Jordan and Qatar are also among the best cases at 8% and Mauritania and the Comoros Island are among the worst at 44% and 42% respectively.

Vitamin A supplements

Data are scarce for the vitamin A supplement coverage rate and are available for only four Arab countries including Yemen at 100%, Mauritania at 83%, Sudan at 79% and Somalia at 63%. The average is not presented here since the population for these countries represents less than 50% of the population of the region.

Households consuming iodized salt

The percentage of households consuming adequately iodized salt in Arab Countries averages 57%, which compares unfavorably to Least Developing Countries at 59%, Developing Countries at 70% and the World at 69%. The percentage ranges from a high of 97% in Tunisia to a low of 3% in Mauritania. Countries performing notably well are Sudan at 96% and Libya at 90%. The contrasts between the neighboring OPT at 37% and Jordan at 88%, Syria at 40% and Lebanon at 87%, are surprisingly large.

Adult literacy

The percentage of men and women who are literate in Arab Countries, 73% and 49% respectively, lags behind the Developing Countries Average of 82% and 66% and is significantly lower than the World Average of 85% and 74% respectively.

Male adult literacy ranges from a high of 95% in Jordan and 94% in the OPT to a low of 51% in Mauritania. That fact that these countries, along with Lebanon and Syria, are significantly more advanced than the wealthier Arab Gulf countries reflects the historical emphasis on education in the Eastern Mediterranean. Surprisingly literacy in Egypt is on par with that of Sudan, a significantly poorer country, at 67% and 68% respectively (See Figure 19 and 20).

Female literacy ranges from a high of 93% in the UAE to a low of 25% in Yemen. Jordan and the OPT maintain female literacy rate ranks higher than would be expected given their GNI. The relatively high rates for female literacy in Qatar, Bahrain and the UAE and the relatively low rates in Syria and Egypt show that these Arab Gulf countries are making more progress in reducing the gaps between men and women than others.

Primary school enrolment and primary school entrants reaching grade five

Net primary school enrolment in the Arab Countries, at 78% for boys and 69% for girls, lags behind the World Average of 83% and 80% respectively and the Developing Countries Average of 82% and 78%. This statistic shows how difficult it is to predict performance in education and other human development indicators based solely on GNI, since Arab Countries are on average wealthier than Developing Countries. This is reinforced by the somewhat paradoxical fact that the percentage of primary school entrants reaching grade five is 86% in the Arab Countries, significantly higher than the Developing Countries Average of 73% and the World Average of 75%. Clearly, looking at intraregional disparities is key to understanding the differential access to education in the Arab World.

Net primary school enrolment for boys ranges from a high of 99% in Syria to a low of 13% in Somalia and for females from 98% in the UAE to 11% in Somalia. Consistent with other indicators for education, male and female enrolment was the highest in Syria, Lebanon and the UAE. It is surprising however, that Saudi Arabia lags far behind the other Gulf States in terms of both male and female enrolment, ranking alongside Egypt and Morocco. The percentage of primary school entrants reaching grade five, an indicator of future literacy, ranges from a high of 99% in the OPT to a low of 48% in the Comoros Islands. Low relative to other indicators for education were Lebanon with a rate of 91% and Iraq at 72%. Given the prevailing political and economic situation in Iraq for the past decade, these low figures are not surprising (See Figures and Maps 23 to 25).

Secondary school enrolment

Gross secondary school enrolment in the Arab Countries averages 58% for boys and 48% for girls. As would be expected based on GNI levels, this is between the average for Developing Countries (at 55% and 46% respectively) and the World Average at 61% and 54%. Gross secondary enrolment ranges from a low of 10% for boys and 6% for girls in Somalia to a high of 95% for boys in Libya and 98% for girls in Bahrain.

Population levels

This report presents population levels for 2000, and projections for 2005, 2010, 2015 and 2050. Today the total population of the Arab Countries is about 284 million. This is projected to grow to 355 million by 2010, 392 million by 2015 and to 654 million by 2050, an increase of 130% in half a century. Meanwhile, Developing Countries as a whole are projected to grow from 4,856 million today to 8,141 million in 2050, an increase of only 67%; the global population is projected to grow from 6.056 billion today to 9.322 billion in 2050, an increase of 54%. The rapid growth in the population will strain both the environment and public resources in many countries of the region. Today Arab Countries represent about 4.7% of global population. By 2010, they will represent 5.2% and by 2050, perhaps 7.0% (See Figures and Maps 28 to 32).

In 2000, only four Arab countries make up more than half, or 57%, of the Arab World's population—Egypt, Sudan, Algeria and Morocco. Egypt is the largest Arab country with about 68 million inhabitants or 24% of the region's population. Three other Arab countries, each with about 11% of the population, Sudan with 31 million, Algeria and Morocco each with 30 million

are also in Africa. In 2010, these countries will remain the largest Arab countries with 79 million in Egypt, nearly 39 million in Sudan, nearly 36 million in Algeria and 35 million in Morocco. Their proportion of the region's population will fall to 53% due to dramatic increases in the size of the population in places like Saudi Arabia which is projected to grow by 35% from 20 to 28 million, Somalia, projected to grow by 49% from 8 to 13 million, and Yemen, projected to grow by 49% from 18 to 27 million during the course of one decade. This dramatic population growth has significant economic and political implications for the Arabian Peninsula and the Horn of Africa.

Although population predictions are less precise over long periods of time, by mid-century in 2050, certain Arab countries may experience a truly dramatic population explosion, thus shifting the population centers in the Arab World. By 2050, four countries will likely continue to make up more than half of the Arab World. Instead of all four of them being in Africa—Egypt, Sudan, Algeria and Morocco—two will be on the Arabian Peninsula—Yemen and Saudi Arabia—and only two in Africa—Egypt and Sudan. By 2050, Egypt will almost certainly remain the largest Arab country with 16% of the population of the Arab World and an estimated 114 million people. Yemen will likely have become the second largest Arab country with 102 million. Sudan will likely be the third largest Arab country with 63 million and Saudi Arabia will likely be the fourth largest Arab country with 60 million.

Population growth and total fertility

Population growth rates and total fertility rates tell a parallel story, offering more detailed insights into overall population growth. The population growth rates in the Arab World are 2.3% for 2000-2005, 2.2% for 2005-2010, and 2.0% for 2010-2015. This is higher than the World as a whole or for Developing Countries, despite the fact that Arab Countries are on average, more affluent, than Developing Countries. For those same periods, the Developing Countries Average is 1.5%, 1.4% and 1.3%, and the World Average is 1.2%, 1.2% and 1.1% (See Figures 33 and 34).

For 2000-2005, the population growth rates range from a high of 4.2% in Somalia, 4.1% in Yemen and 3.6% in the OPT to a low of 1.0% in Djibouti and 1.1% in Tunisia. For 2005-2010, the population growth rates are projected to fall slightly and range from a high of 3.9% in Yemen, 3.7% in Somalia and 3.4% in the OPT to a low of 0.4% in Djibouti (primarily due to AIDS deaths), despite a high total fertility rate. For 2010-2015, the population growth rates are expected to continue to drop in the highest population growth countries to 3.8% in Yemen, to 3.3% in Somalia and 3.2% in the OPT to a low of 0.7% in Djibouti, again due to AIDS (See Maps 33 and 34).

Total fertility rates for the Arab Countries in 2001 average 4.0, while the rate is 3.0 for Developing Countries and 2.7 for the World on average. Total fertility ranges from highs of 7.6 in Yemen and 5.8 in Somalia to lows of 2.2 in Lebanon and Tunisia.

Youth population

The rapid growth in total population levels is also reflected in the growth of the size of the youth population, those aged from 15 – 24 from 2000 to 2050. Truly astounding growth in the size of the youth population is expected in Yemen, Somalia, Saudi Arabia, the Occupied Palestinian Territories and Oman. In Yemen the youth population is expected to grow from 3.3 million in 2000 to 21 million in 2050. In Somalia the youth population is expected to grow from 1.7 million in 2000 to 8.3 million in 2050. In Saudi Arabia the youth population is expected to grow from 3.9 million in 2000 to 9.8 million in 2050. In the OPT the youth population is expected to grow from 596,000 in 2000 to 2.2 million in 2050. And in Oman, the youth population is expected to grow from 491,000 in 2000 to 2.2 million in 2050. Iraq and Syria are also expected

to witness significant, but less alarming growth in the size of their youth populations; from 4.6 million in Iraq in 2000 to 7.3 million in 2050 and from 3.6 million in Syria in 2000 to 4.9 million in 2050. By contrast, Lebanon and Tunisia are projected to witness declines in their youth population over the same time period, from 654,000 to 607,000 in Lebanon and from two million to 1.7 million in Tunisia (See Figure 40 and Maps 40A to 40C).

Growth in urban population and percent urbanized

Across the Arab World, 53% of the population lives in urban areas and the urban population is growing at a rate of 3.0%, significantly higher than the overall population growth rate of 2.3%. The proportion of the urbanized population ranges from highs of 96% in Kuwait, 93% in Qatar and 92% in Bahrain to lows of 27% in Somalia and 25% in Yemen. The growth rate of the urban population is, however, the highest in Somalia at 5.8%, Yemen at 5.3% and Mauritania at 5.1%. In these countries, among the poorest in the Arab World, cities will face the greatest challenges in providing basic services to a rapidly exploding urban population that needs clean water, schools and health care.

Gross national income (GNI)

GNI, throughout this report, is used as a means of comparing various countries' performance in meeting goals for other indicators on health, education, nutritional status and standards of living. Nonetheless, in some cases, countries with high GNI perform poorly on certain indicators of child survival, and vice versa. In other cases, GNI is highly correlated with other indicators. Regardless of these instances, however, GNI serves as a powerful indicator for gauging the overall status of children, especially when regional and internal inequalities are taken into account. For statistical reasons, UNICEF Headquarters leaves out the oil producing countries of Bahrain, Iraq, Kuwait, Libya, Oman, Qatar, Saudi Arabia and the UAE when calculating GNI. Additionally, Somalia is not included in the average. Without these countries GNI is \$1214 per capita. Including these countries, however, dramatically increases the average to \$2088. In either case, however the GNI of Arab Country Average is higher than that of Developing Countries (at \$1175) and lower than the World Average (at \$5192).

Gross national income for Arab Countries ranges from dramatic highs in Arabian Gulf countries - with Kuwait at \$19,020, the UAE at \$18,060 and Qatar at \$12,000 - to dramatic lows in Sub-Saharan Africa— with Mauritania at \$370, Sudan at \$320 and Somalia at \$120 (See Figure and Map 39).

Questions for further investigation

Although the primary role of this report is to present information in a clear fashion so that the policy makers, researchers and development specialists could do further analysis, some issues raised by the presentation of the data clearly merit further analysis.

First, although life expectancy in the Arab Countries exceeds expectations in general, the life expectancy for women is lower than the World Average, while for men, life expectancy is higher than the World Average. This question deserves further examination.

Second, the fact that contraceptive prevalence is correlated almost inversely proportionally to GNI in the Arab Countries deserves investigation since this runs counter to experiences in other countries. Are there lessons that can be drawn from Tunisia, which has a contraceptive prevalence rate higher than the World Average even though GNI is less than half the World Average? Similarly, why do many of the Arab Gulf countries—with the exception of Bahrain—

have rates of contraception prevalence markedly lower than the Developing Countries Average despite high GNI and high levels of female literacy.

Third, the remarkably high age specific fertility rate of 15-19 year olds in the UAE and Oman as compared to their GNI deserve further study.

Fourth, the cultural aspects of breast feeding and the seemingly completely lack of correlation with economic development and what can be done to appropriately change these practices to improve the health of children, women and families deserves careful study.

Fifth, how the UAE achieved such high rates for female literacy and female enrolment deserves careful study just as researchers should examine what can be done to increase the staggeringly low enrolment rates in Somalia, Djibouti, Sudan and Yemen.

Sixth, further examination is required of the gender gap, for example, while literacy rates for men and women are both rising. It is not clear that the gender gap, between the literacy rates of men and women is closing. This phenomena requires further study.

Seventh, it has been noted that for many health-related indicators, particularly contraceptive prevalence, that former French colonies tend to cluster together. The statistical significance of this observation can be tested and contributing factors hypothesized.

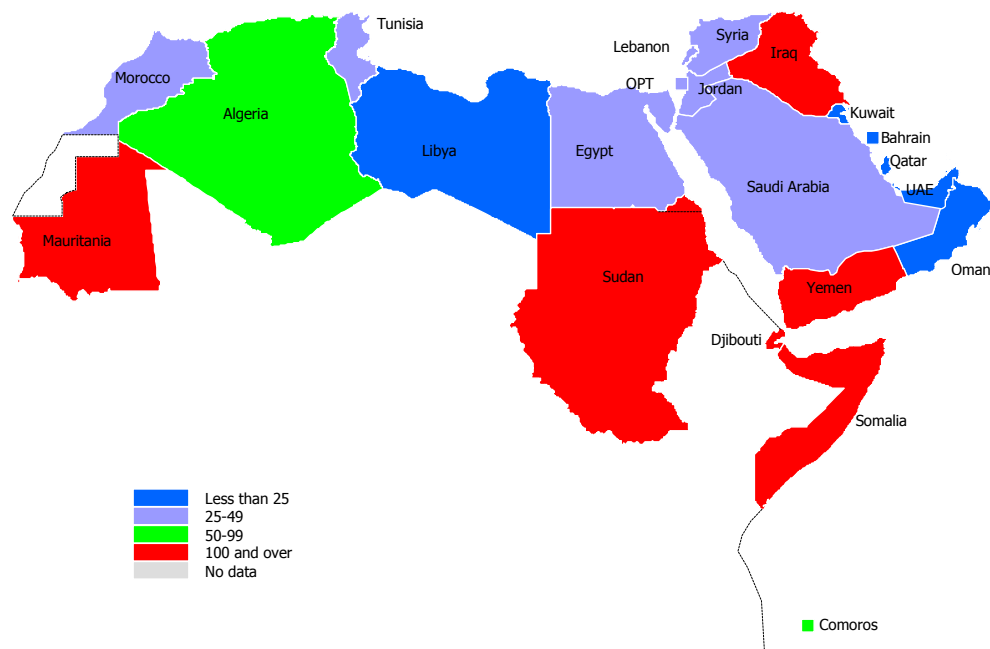
Finally, another important area of research could be how can the total fertility rate be reduced, particularly in countries like Yemen and Somalia the countries that can least afford to provide social services to their rapidly growing populations?

This research should be undertaken now so that the proper intervention strategies can be formulated and implemented in time. If such research is not undertaken, and, the attendant investments are not made, the ramifications are predictable and dangerous – declining standards of living endangering the rights of children, increased social unrest and a general pull on the region's development.

MAPS AND FIGURES

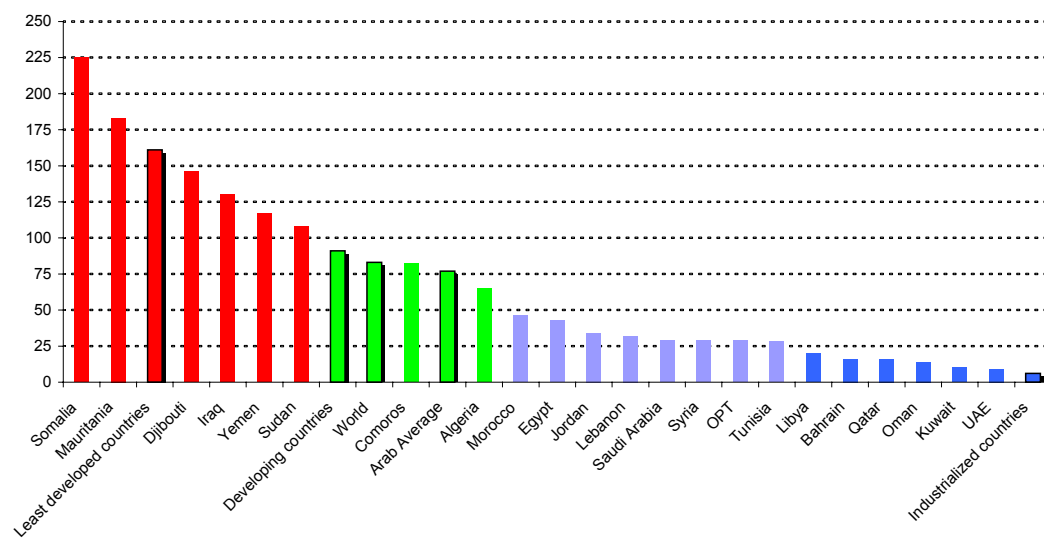
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MAP 1: UNDER FIVE MORTALITY RATE PER 1000 LIVE BIRTHS



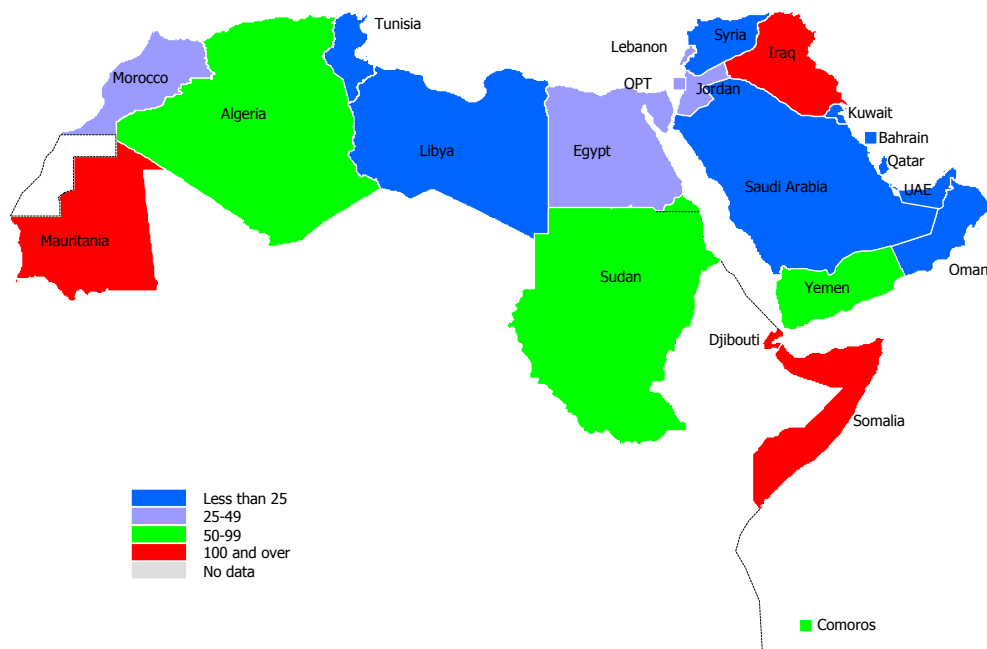
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health Survey-2000*.

FIGURE 1: UNDER FIVE MORTALITY RATE PER 1000 LIVE BIRTHS



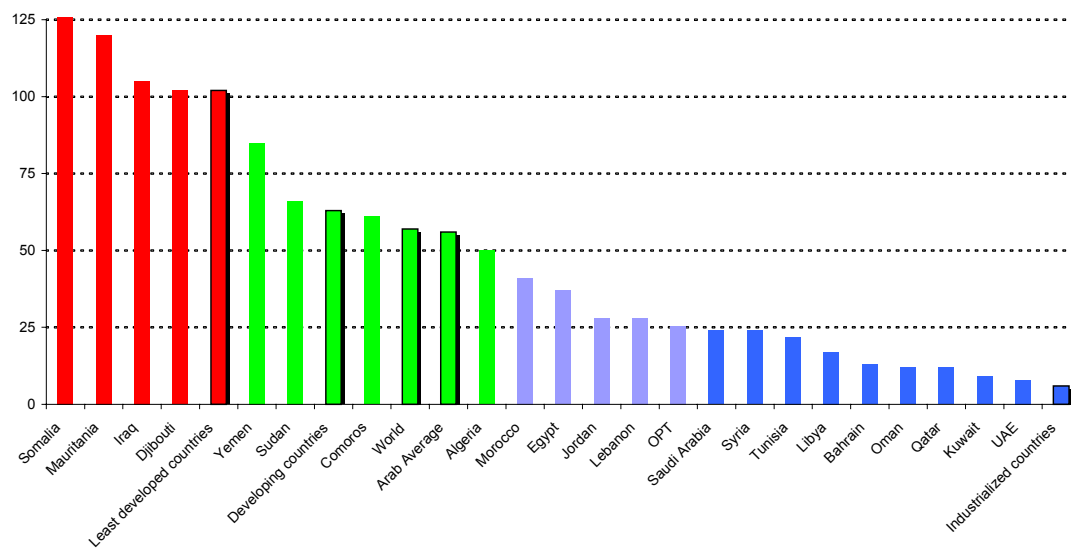
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
 Note: Colors of the chart follow the color categories of the map

MAP 2: INFANT MORTALITY RATE PER 1000 LIVE BIRTHS



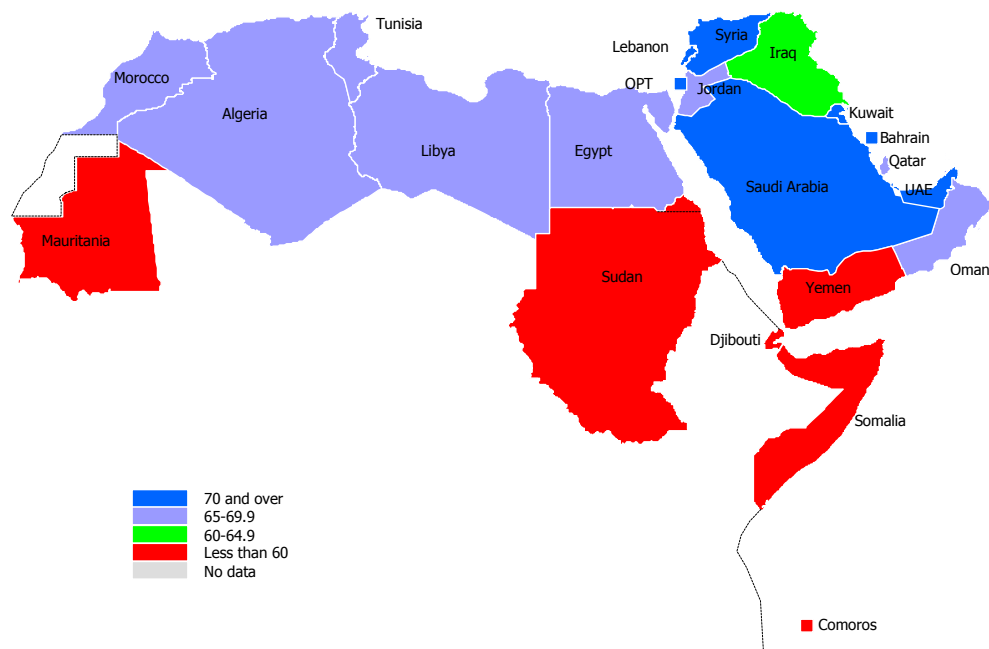
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health Survey-2000*.

FIGURE 2: INFANT MORTALITY RATE PER 1000 LIVE BIRTHS



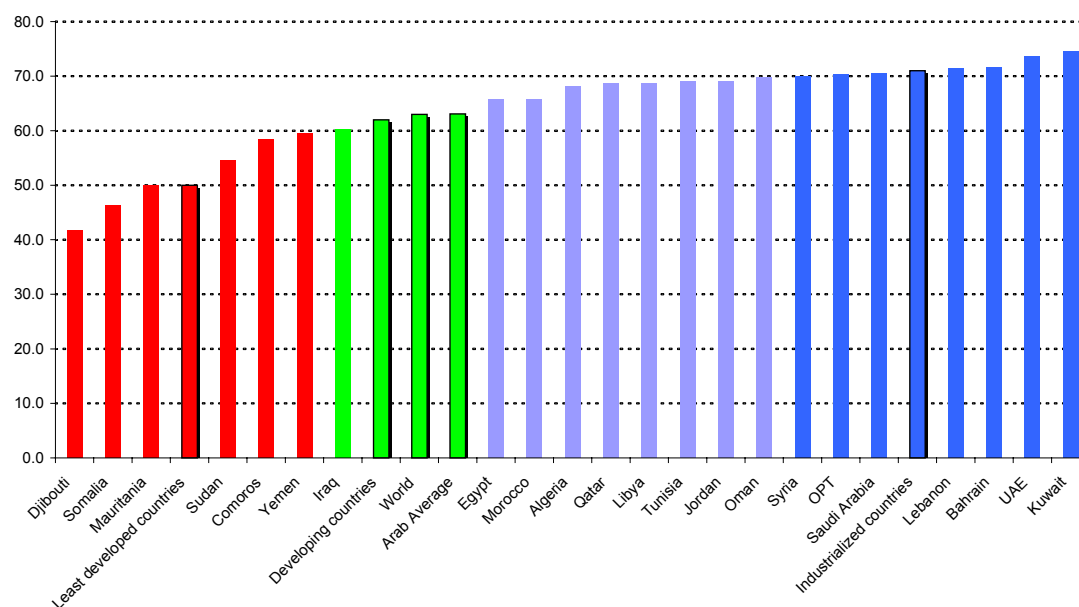
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
Note: Colors of the chart follow the color categories of the map

MAP 3: LIFE EXPECTANCY AT BIRTH - MALE



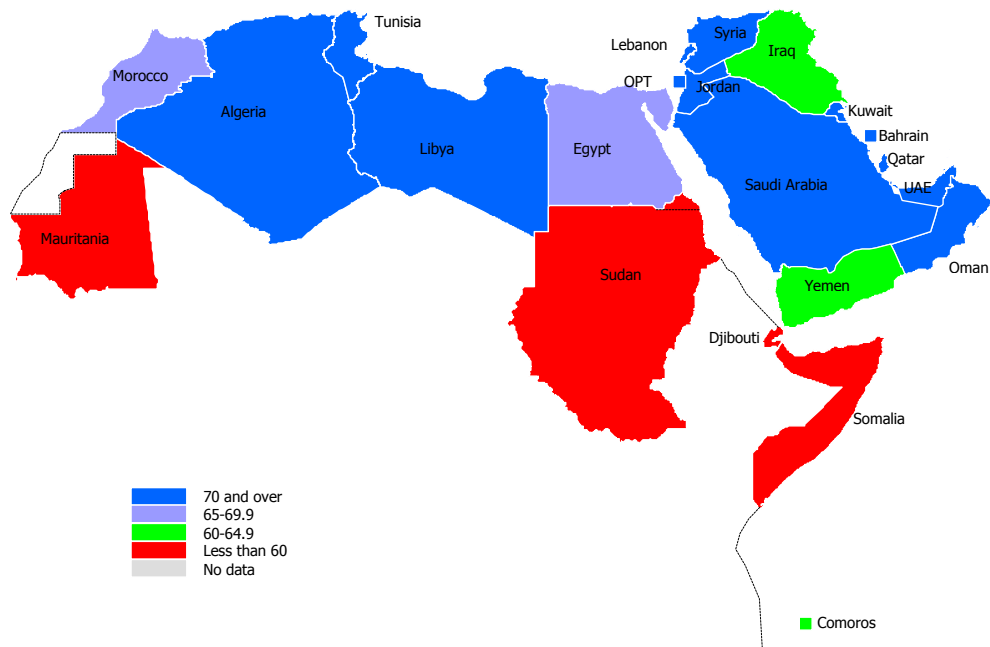
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

FIGURE 3: LIFE EXPECTANCY AT BIRTH - MALE



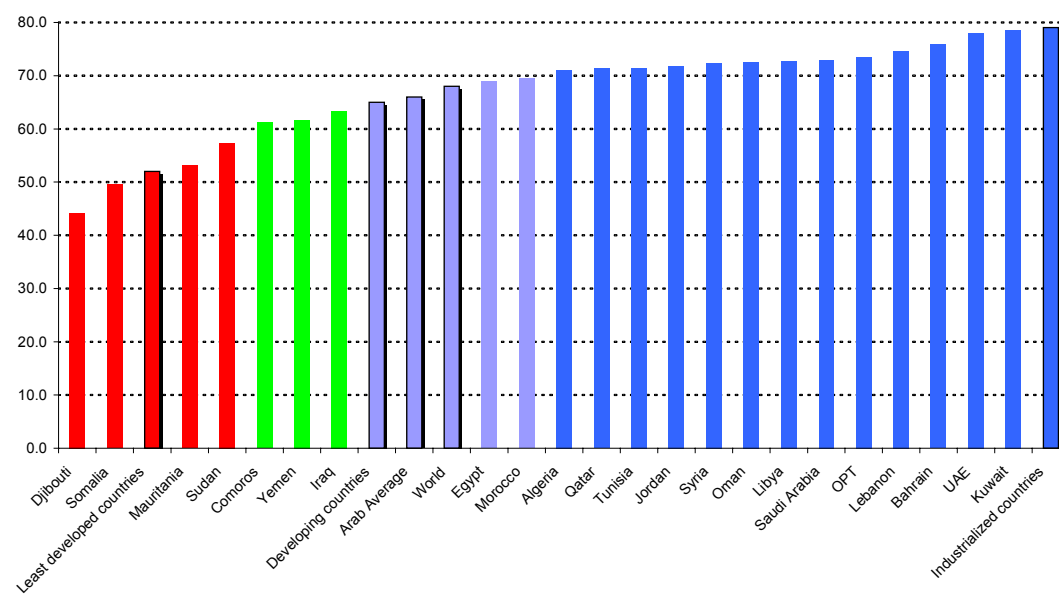
Source: UN Population Division, *World Population Prospects: The 2000 Revision*
 Note: Colors of the chart follow the color categories of the map

MAP 4: LIFE EXPECTANCY AT BIRTH - FEMALE



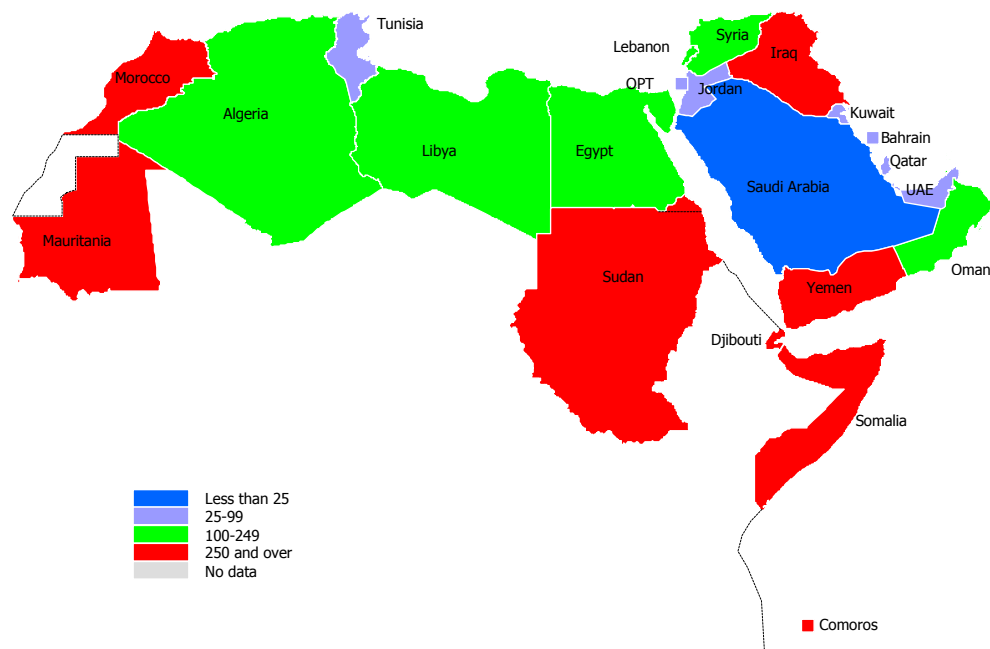
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

FIGURE 4: LIFE EXPECTANCY AT BIRTH - FEMALE



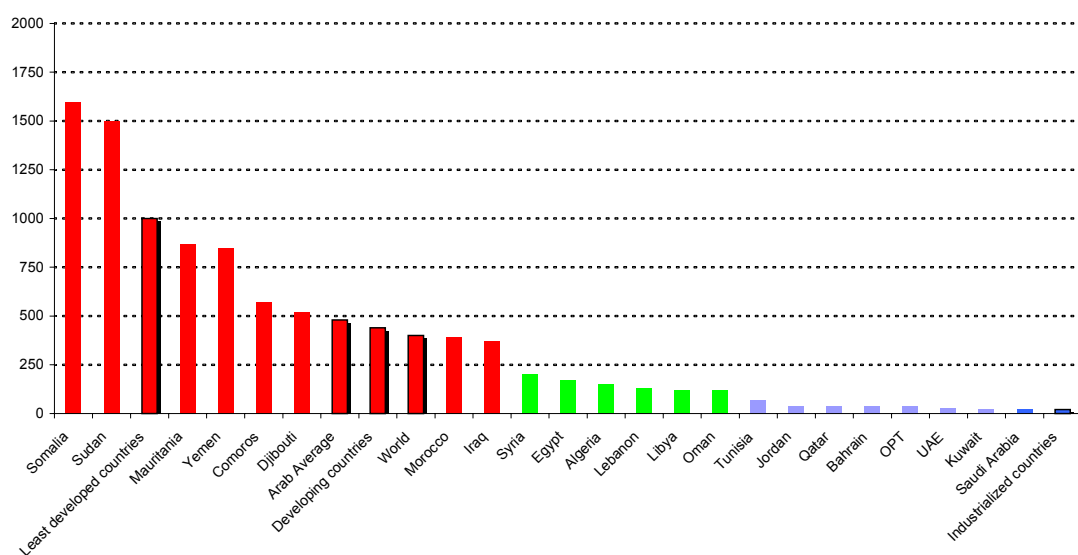
Source: UN Population Division, *World Population Prospects: The 2000 Revision*
 Note: Colors of the chart follow the color categories of the map

MAP 5: MATERNAL MORTALITY RATIO PER 100,000 LIVE BIRTHS



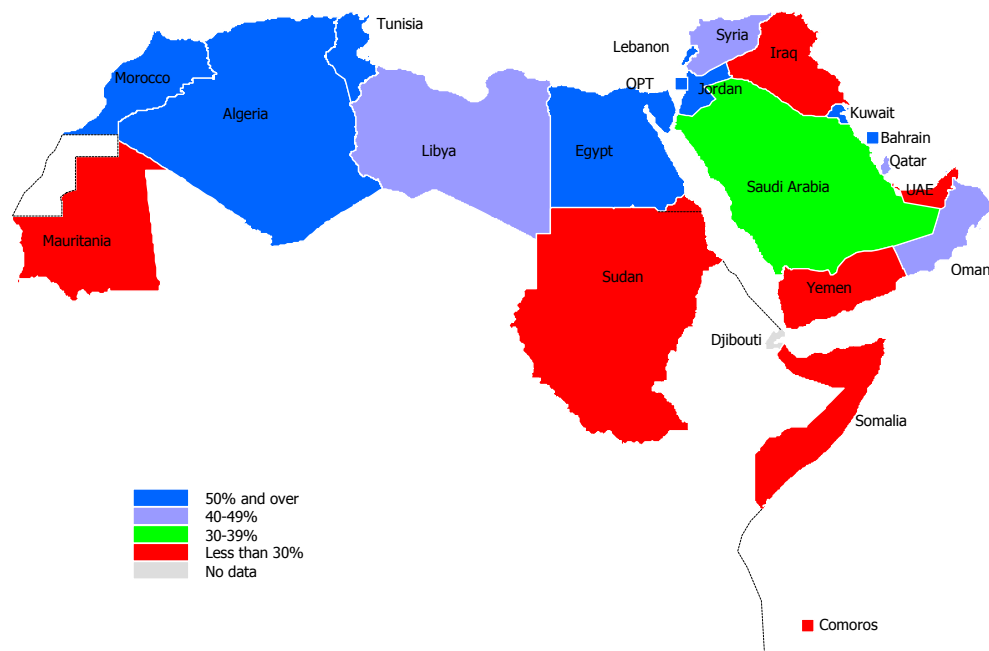
Sources: UNFPA, *The State of World Population 2001*. For OPT, Palestinian Ministry of Health, *The status of Health in Palestine, 2001*.

FIGURE 5: MATERNAL MORTALITY RATIO PER 100,000 LIVE BIRTHS



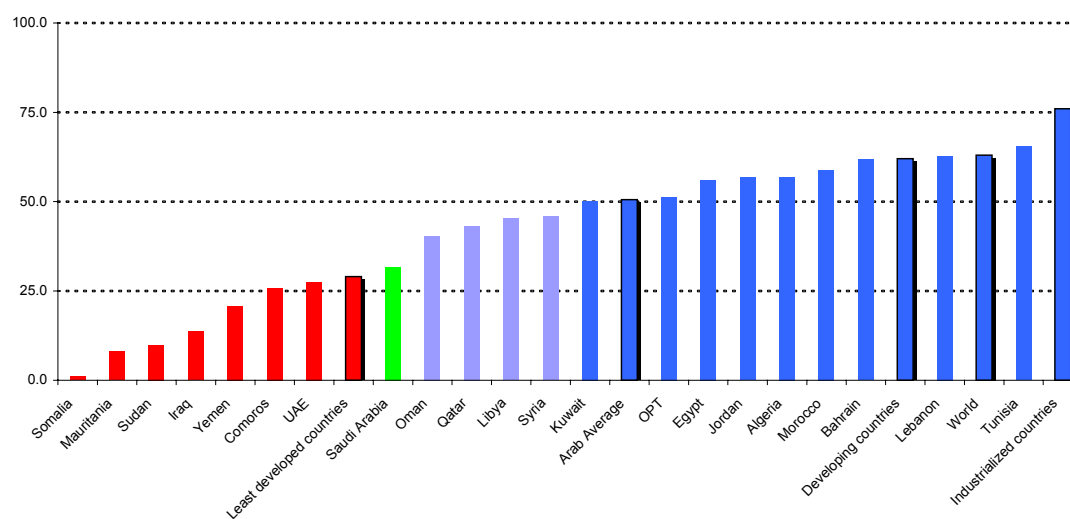
Sources: UNFPA, *The State of World Population 2001*. For OPT, Palestinian Ministry of Health, *The status of Health in Palestine, 2001*
 Note: Colors of the chart follow the color categories of the map

MAP 6: CONTRACEPTIVE PREVALENCE - ANY METHOD



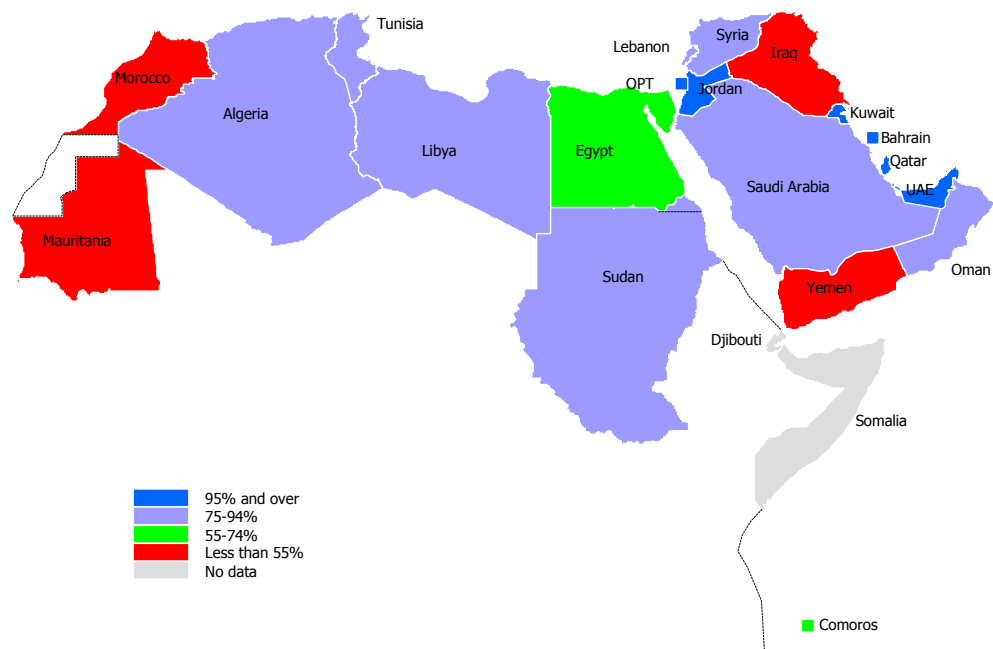
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health Survey-2000*.

FIGURE 6: CONTRACEPTIVE PREVALENCE - ANY METHOD



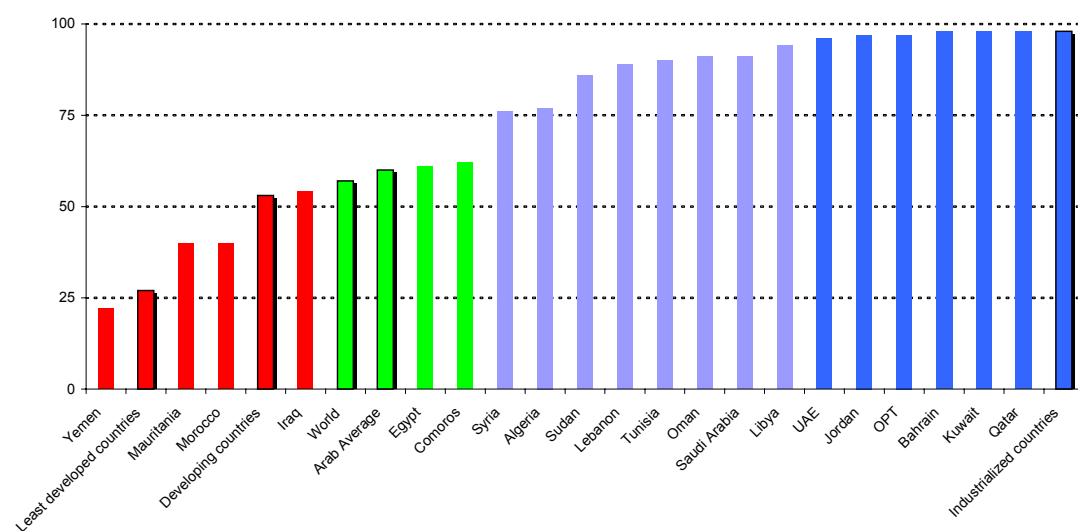
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
 Note: Colors of the chart follow the color categories of the map

MAP 7: BIRTHS ATTENDED BY TRAINED HEALTH PERSONNEL



Source: UNICEF, *The State of the World's Children 2002*

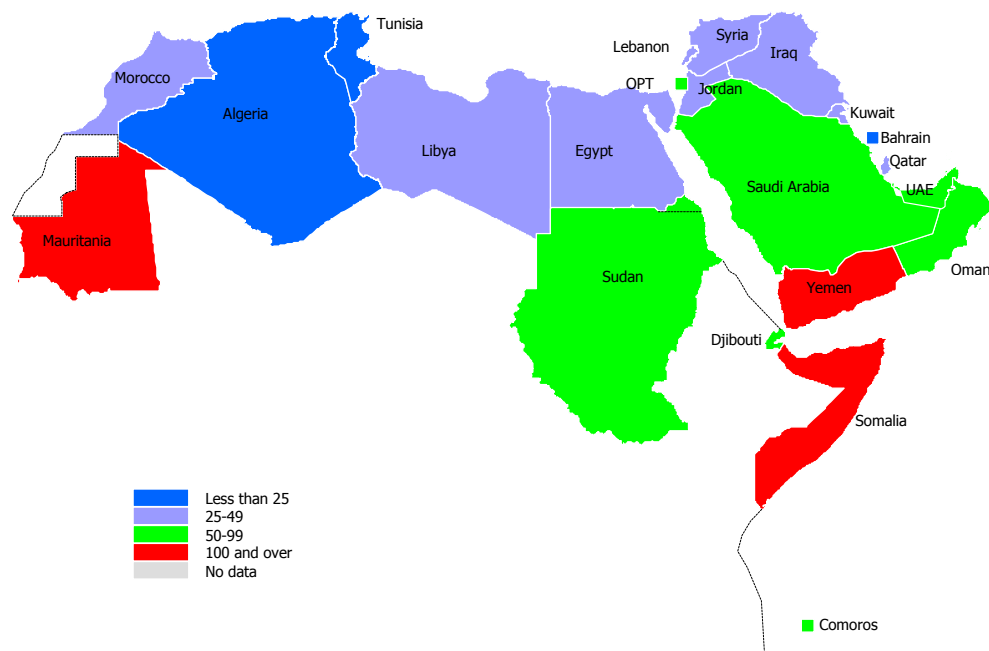
FIGURE 7: BIRTHS ATTENDED BY TRAINED HEALTH PERSONNEL



Source: UNICEF, *State of the World's Children 2002*.

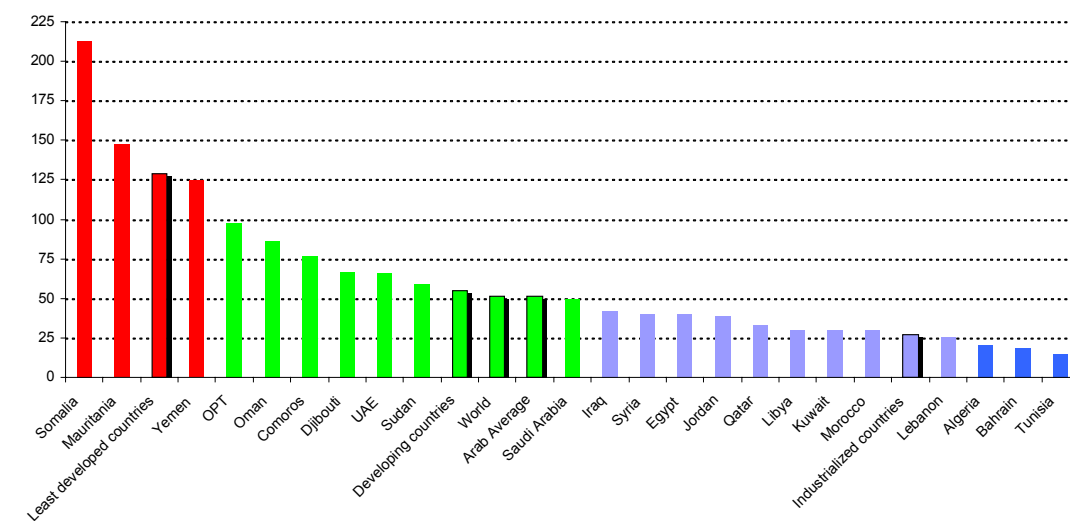
Note: Colors of the chart follow the color categories of the map

MAP 8: AGE SPECIFIC FERTILITY RATE 15-19



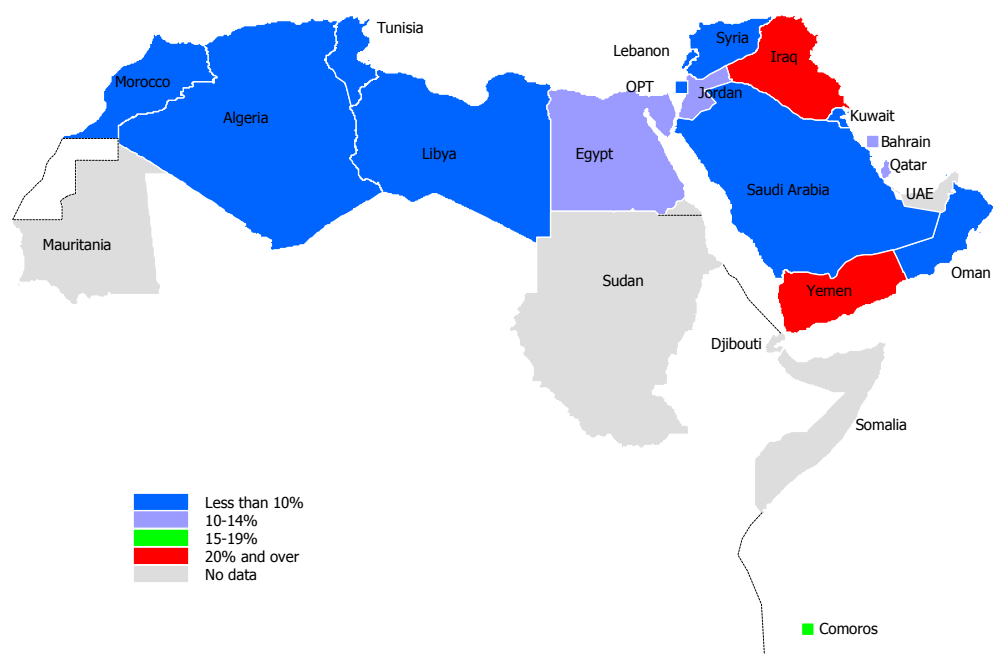
Source: UN Population Division, *World Population Prospects: The 2000 Revision*

FIGURE 8: AGE SPECIFIC FERTILITY RATE 15-19



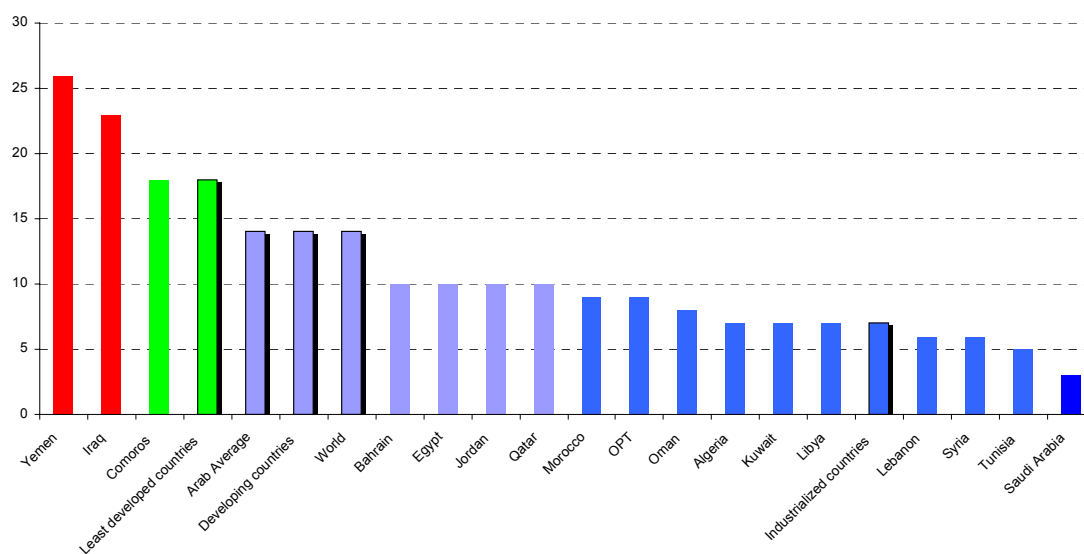
Source: UN Population Division, *World Population Prospects: The 2000 Revision*
 Note: Colors of the chart follow the color categories of the map

MAP 9: INFANT WITH LOW BIRTH WEIGHT



Source: UNICEF, *The State of the World's Children 2002*

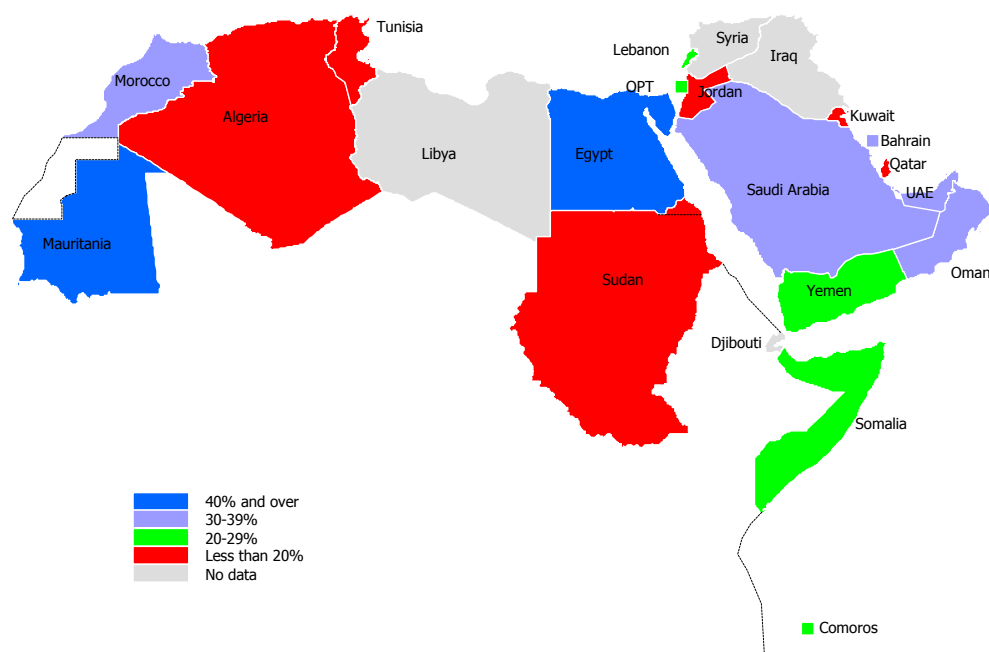
FIGURE 9: INFANTS WITH LOW BIRTH WEIGHT



Source: UNICEF, *State of the World's Children 2002*.

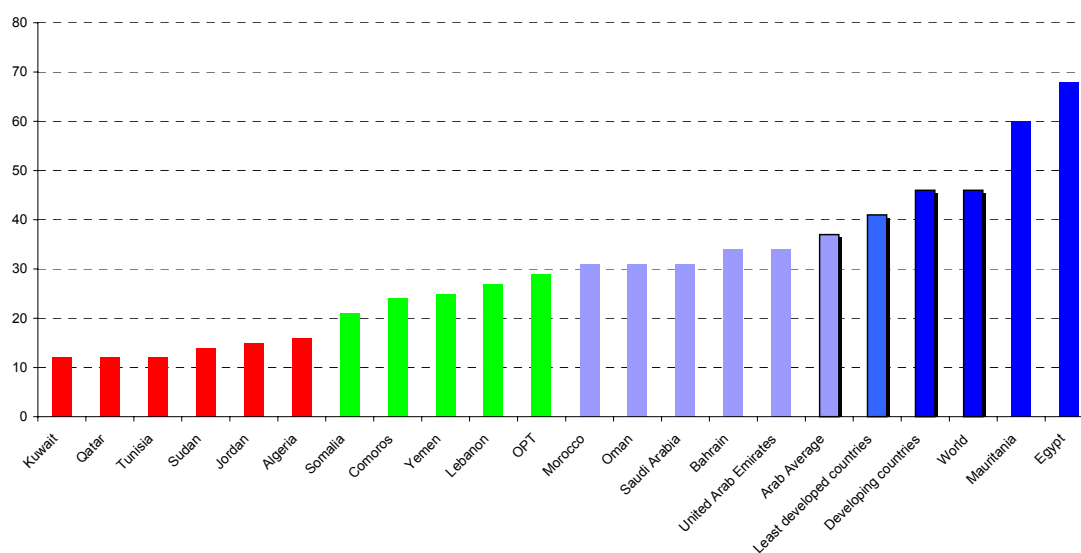
Note: Colors of the chart follow the color categories of the map

MAP 10: CHILDREN EXCLUSIVELY BREASTFED (0-3 MONTHS)



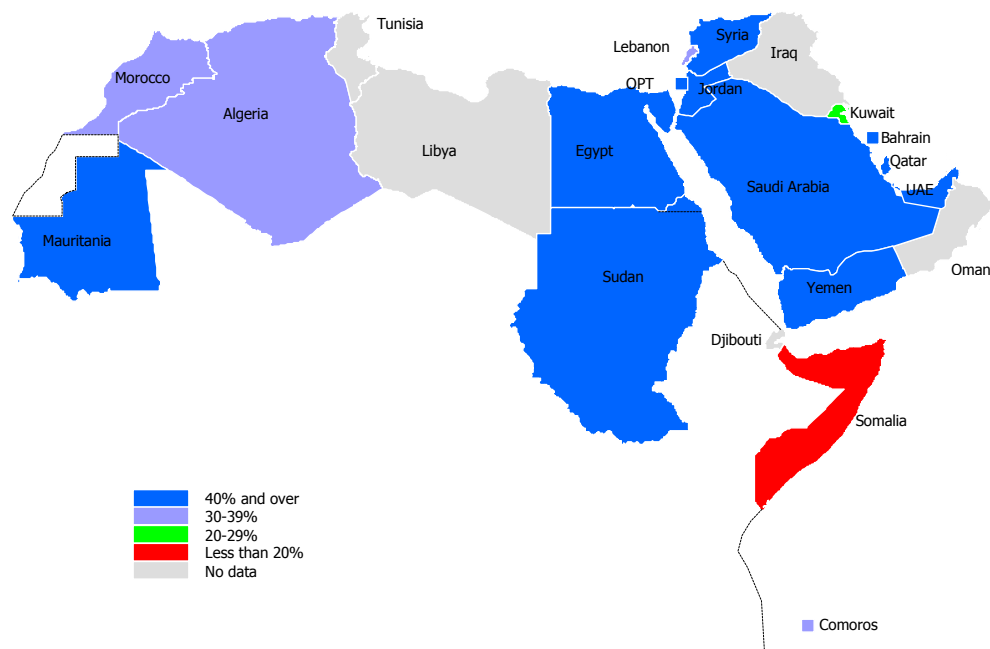
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 10: CHILDREN EXCLUSIVELY BREASTFED (0-3 MONTHS)



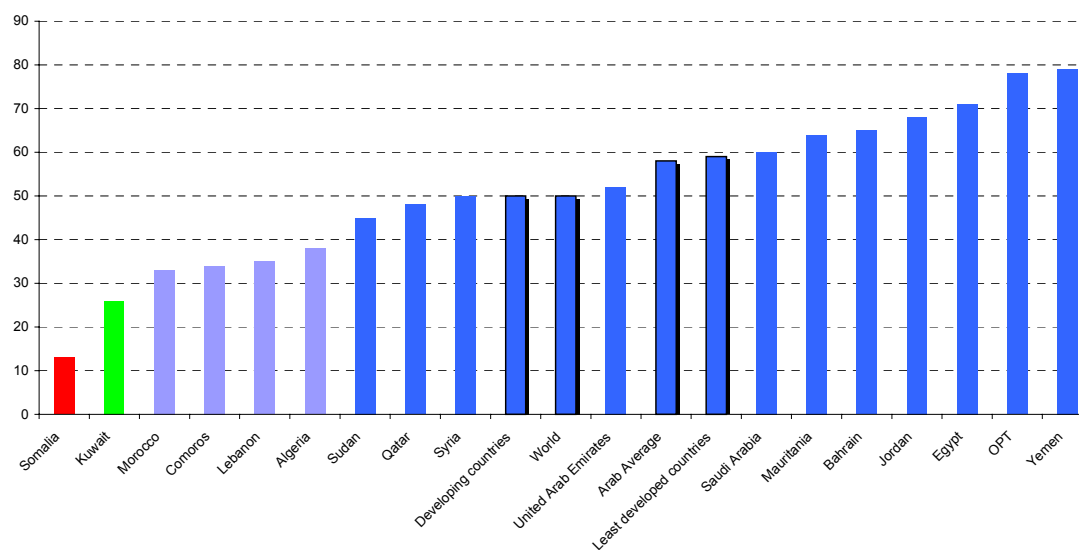
Source: UNICEF, *State of the World's Children 2002*.
 Note: Colors of the chart follow the color categories of the map

MAP 11: CHILDREN BREASTFED WITH COMPLEMENTARY FOOD (6-9 MONTHS)



Source: UNICEF, *The State of the World's Children 2002*

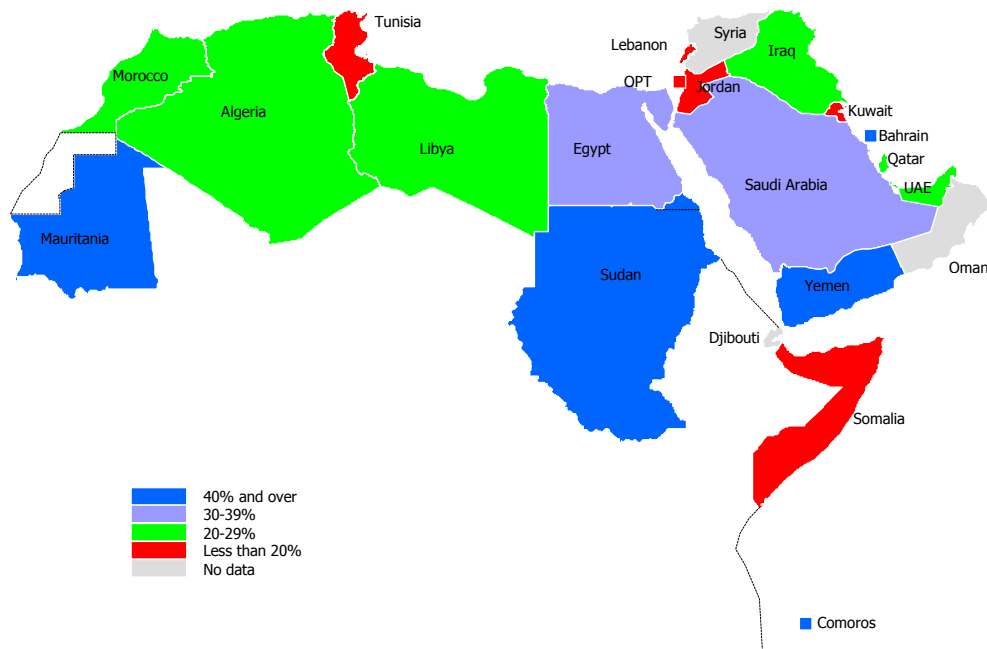
FIGURE 11: CHILDREN BREASTFED WITH COMPLEMENTARY FOOD (6-9 MONTHS)



Source: UNICEF, *State of the World's Children 2002*.

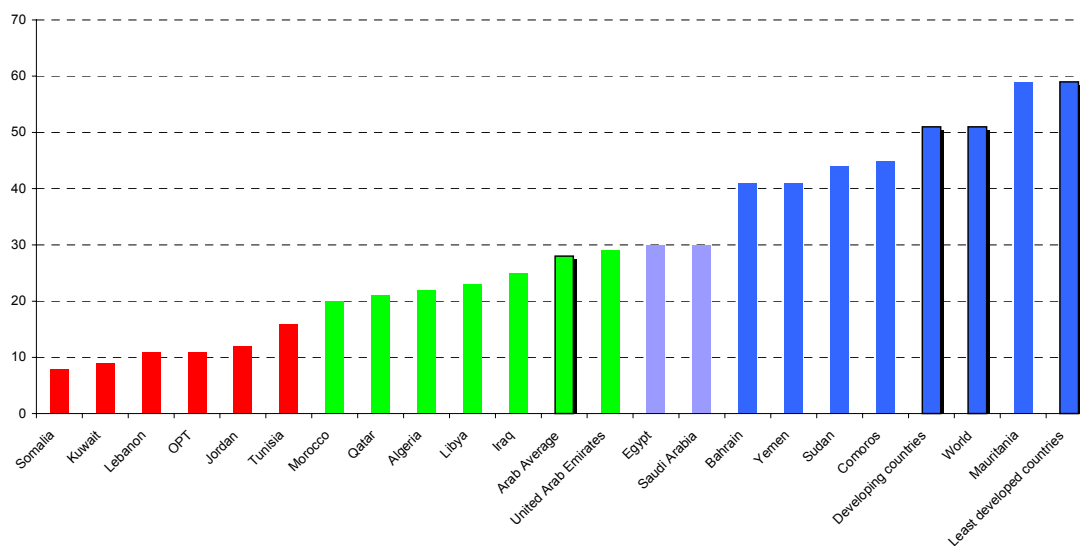
Note: Colors of the chart follow the color categories of the map

MAP 12: CHILDREN STILL BREASTFEEDING (20-23 MONTHS)



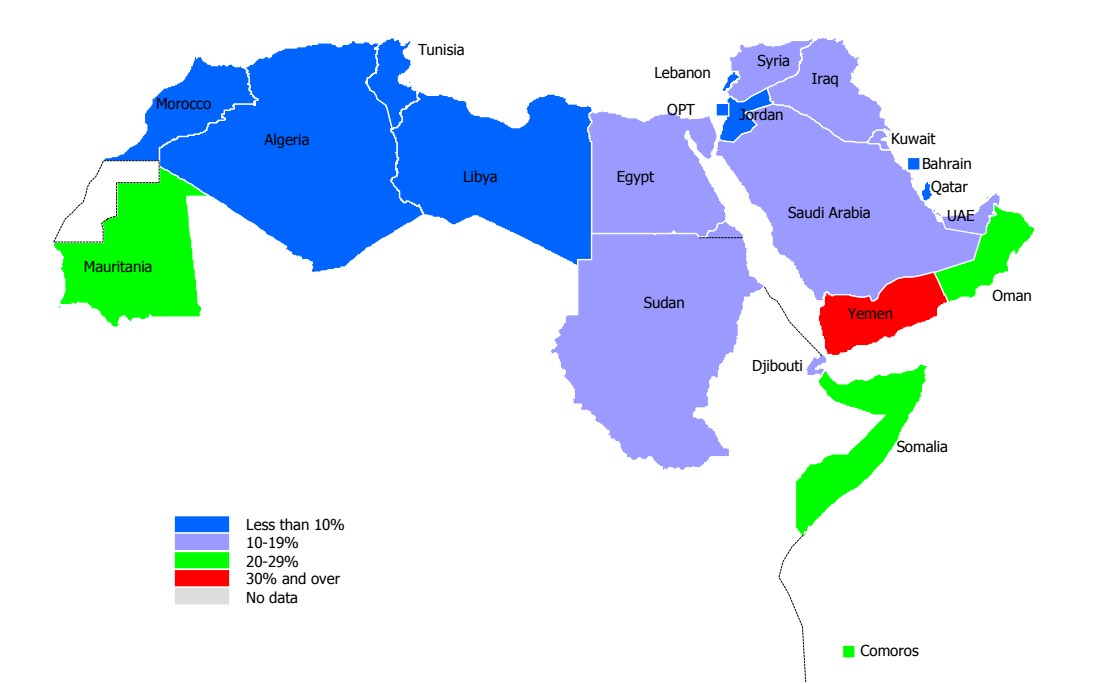
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 12: CHILDREN STILL BREASTFED (20-23 MONTHS)



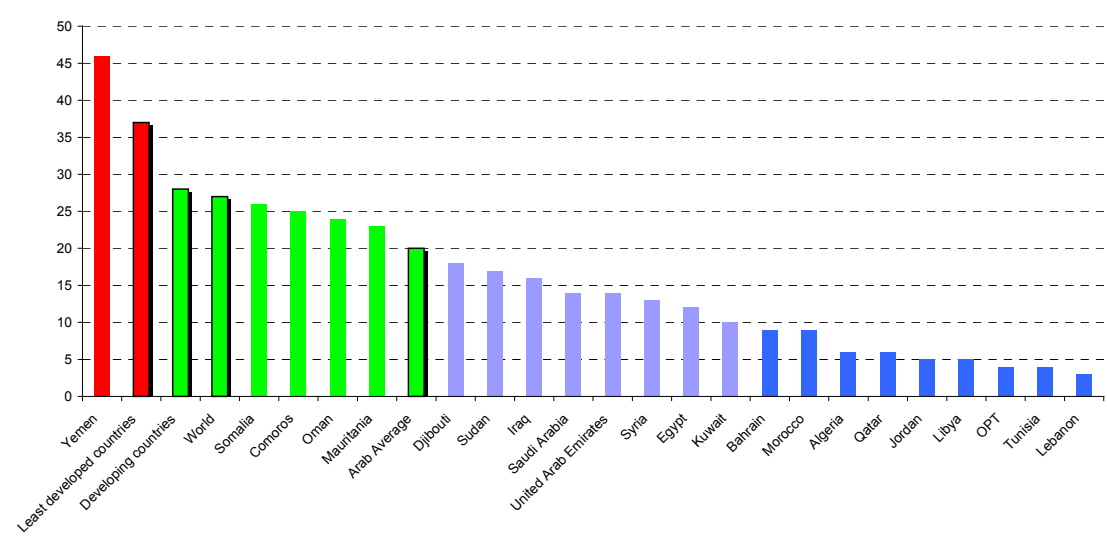
Source: UNICEF, *State of the World's Children 2002*.
 Note: Colors of the chart follow the color categories of the map

MAP 13: UNDER 5'S CHILDREN SUFFERING FROM UNDERWEIGHT, MODERATE AND SEVERE



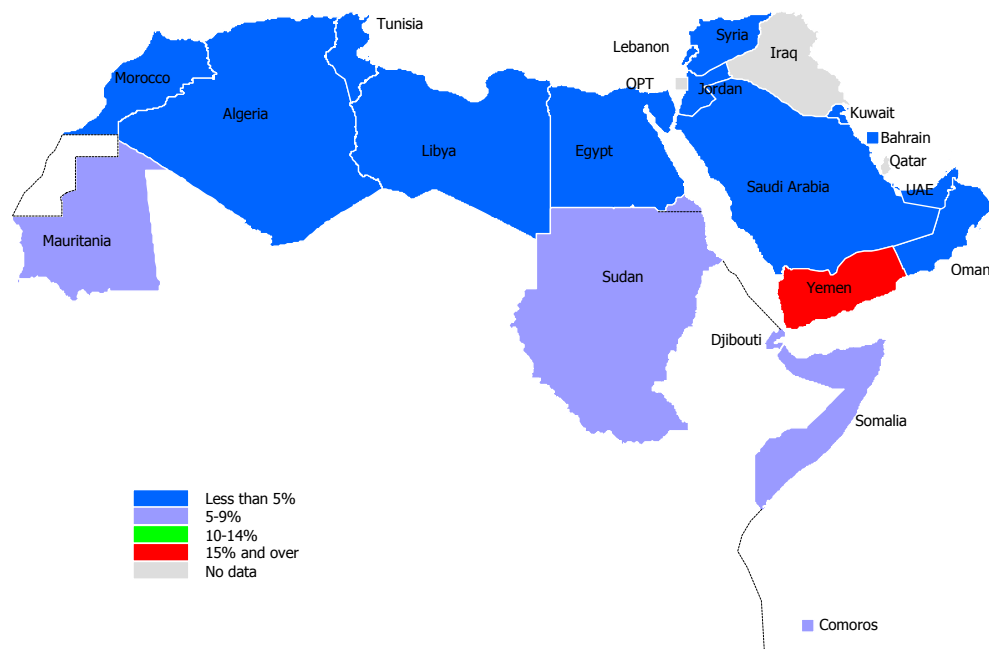
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 13: UNDER 5'S CHILDREN SUFFERING FROM UNDERWEIGHT, MODERATE AND SEVERE



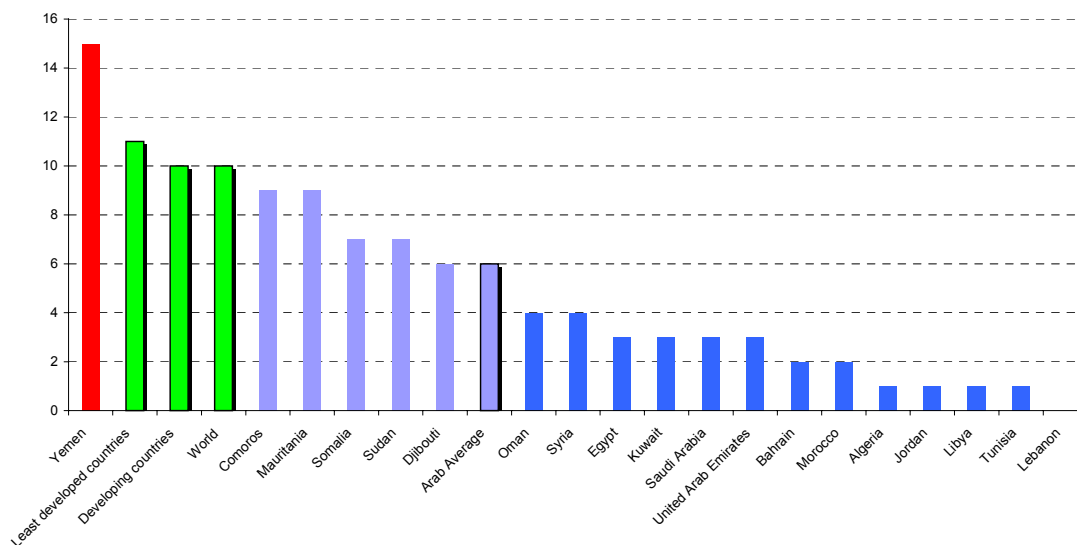
Source: UNICEF, *State of the World's Children 2002*.
Note: Colors of the chart follow the color categories of the map

MAP 14: UNDER 5'S CHILDREN SUFFERING FROM UNDERWEIGHT, SEVERE



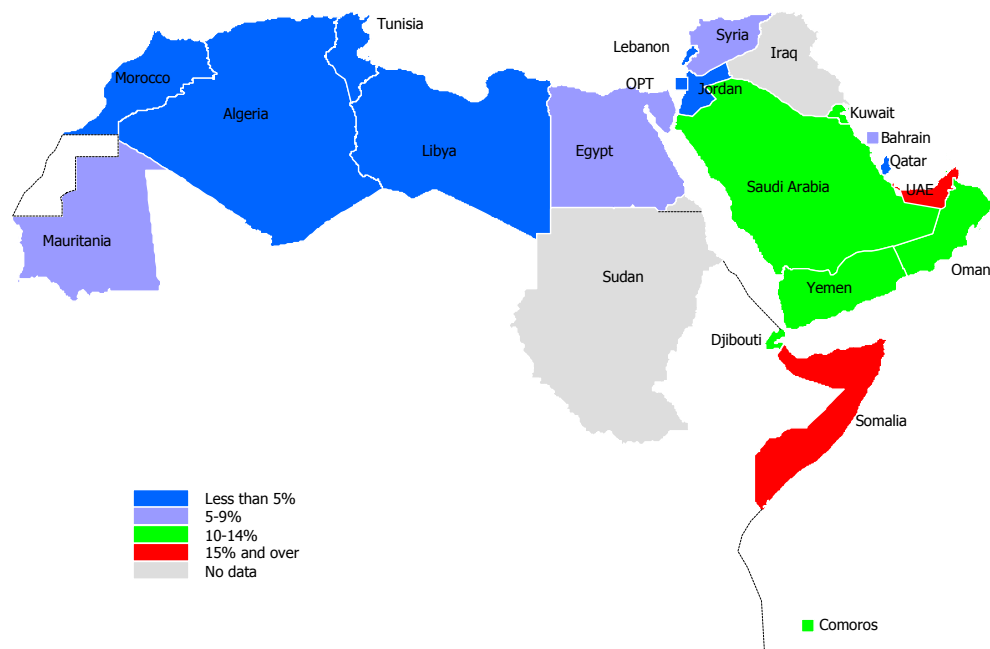
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 14: UNDER 5'S CHILDREN SUFFERING FROM UNDERWEIGHT SEVERE



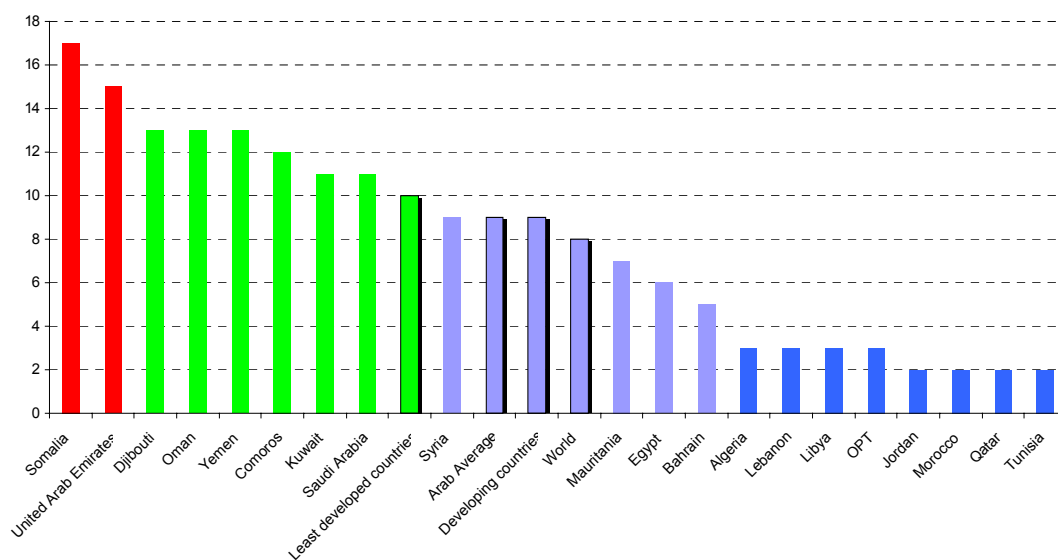
Source: UNICEF, *State of the World's Children 2002*.
 Note: Colors of the chart follow the color categories of the map

MAP 15: UNDER 5'S CHILDREN SUFFERING FROM WASTING, MODERATE AND SEVERE



Source: UNICEF, *The State of the World's Children 2002*

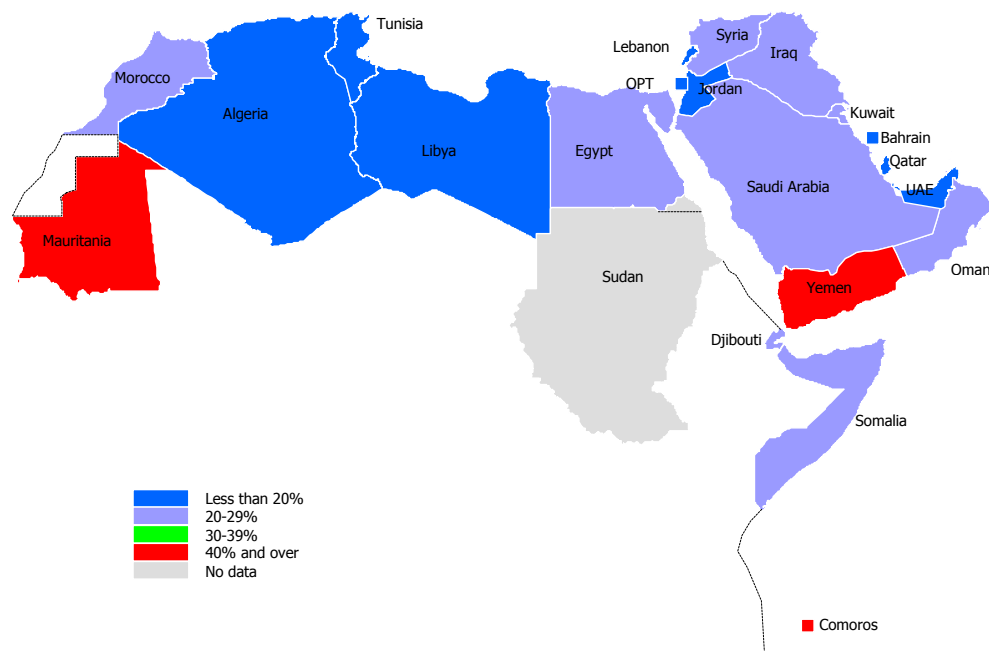
FIGURE 15: UNDER 5'S CHILDRE SUFFERING FROM WASTING, MODERATE AND SEVERE



Source: UNICEF, *State of the World's Children 2002*

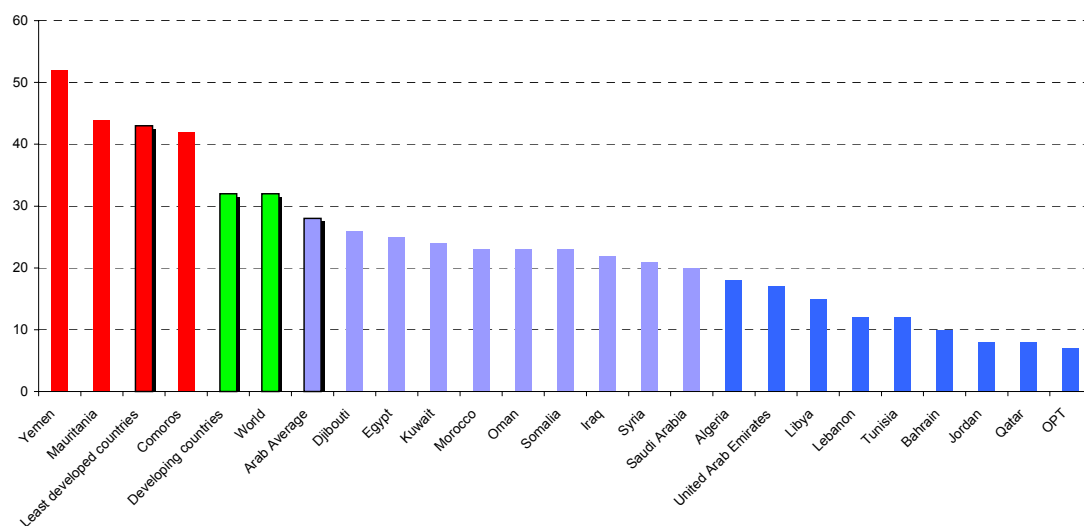
Note: Colors of the chart follow the color categories of the map

MAP 16: UNDER 5'S CHILDREN SUFFERING FROM STUNTING, MODERATE AND SEVERE



Source: UNICEF, *The State of the World's Children 2002*

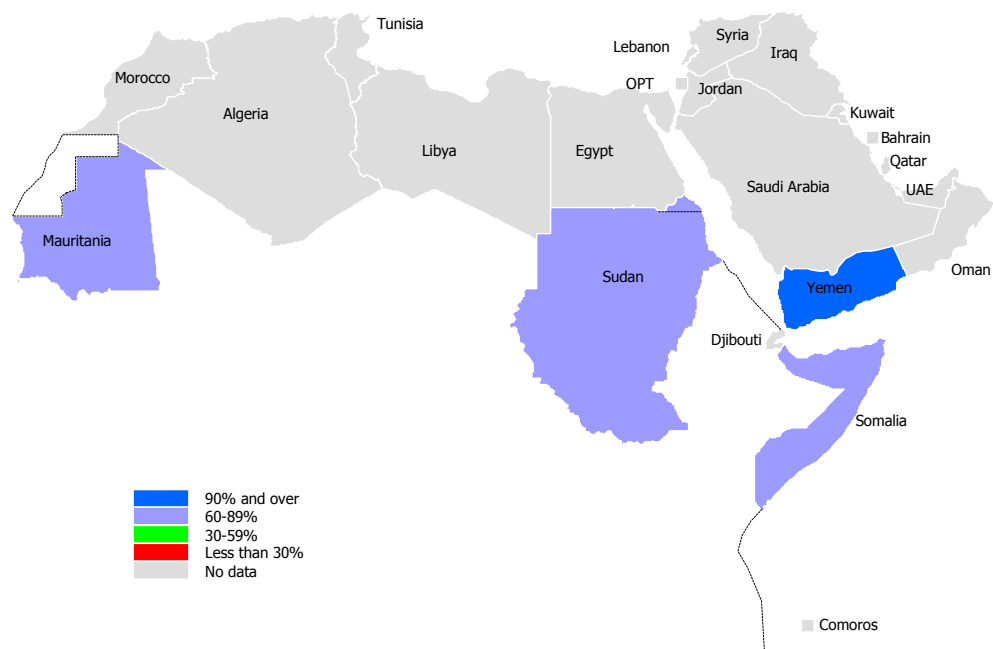
FIGURE 16: UNDER 5'S CHILDREN SUFFERING FROM STUNTING, MODERATE AND SEVERE



Source: UNICEF, *State of the World's Children 2002*.

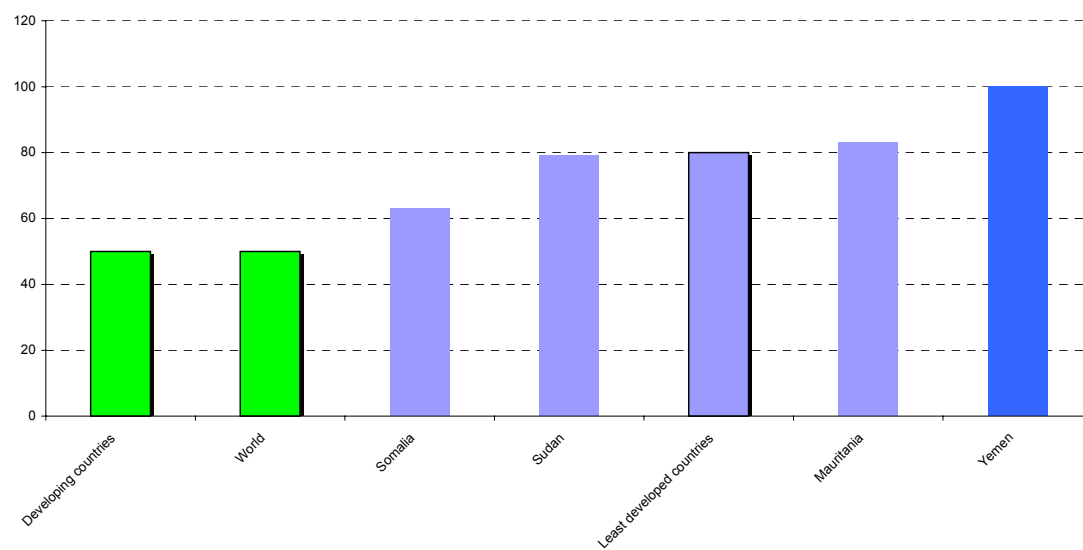
Note: Colors of the chart follow the color categories of the map

MAP 17: VITAMIN A SUPPLEMENTATION COVERAGE RATE



Source: UNICEF, *The State of the World's Children 2002*

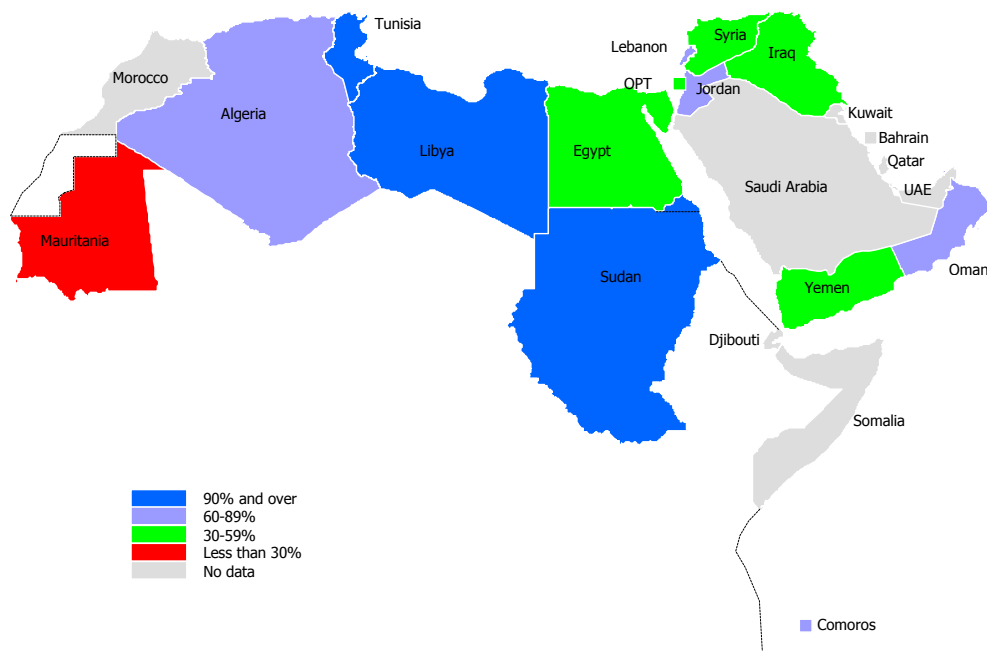
FIGURE 17: VITAMIN A SUPPLEMENTATION COVERAGE RATE



Source: UNICEF, *State of the World's Children 2002*.

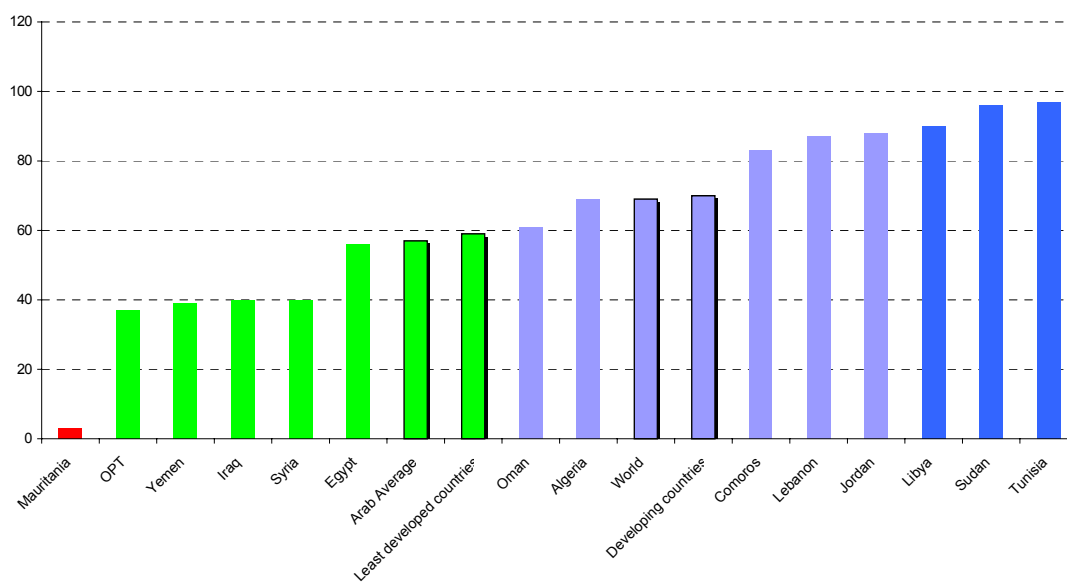
Note: Colors of the chart follow the color categories of the map

MAP 18: HOUSEHOLDS CONSUMING IODIZED SALTS



Source: UNICEF, *The State of the World's Children 2002*

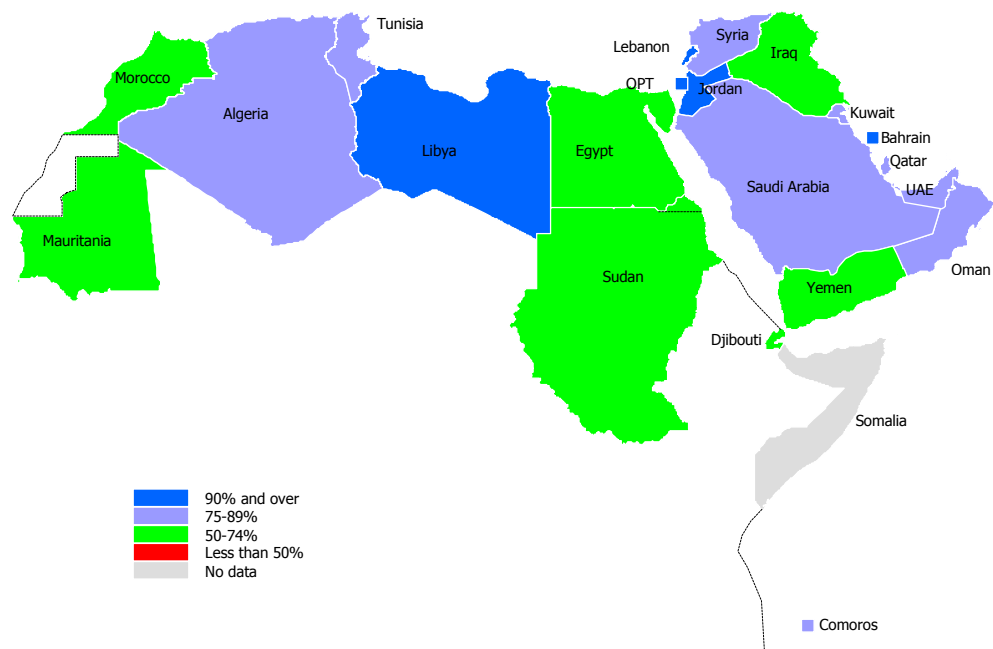
FIGURE 18: HOUSEHOLDS CONSUMING IODIZED SALT



Source: UNICEF, *State of the World's Children 2002*.

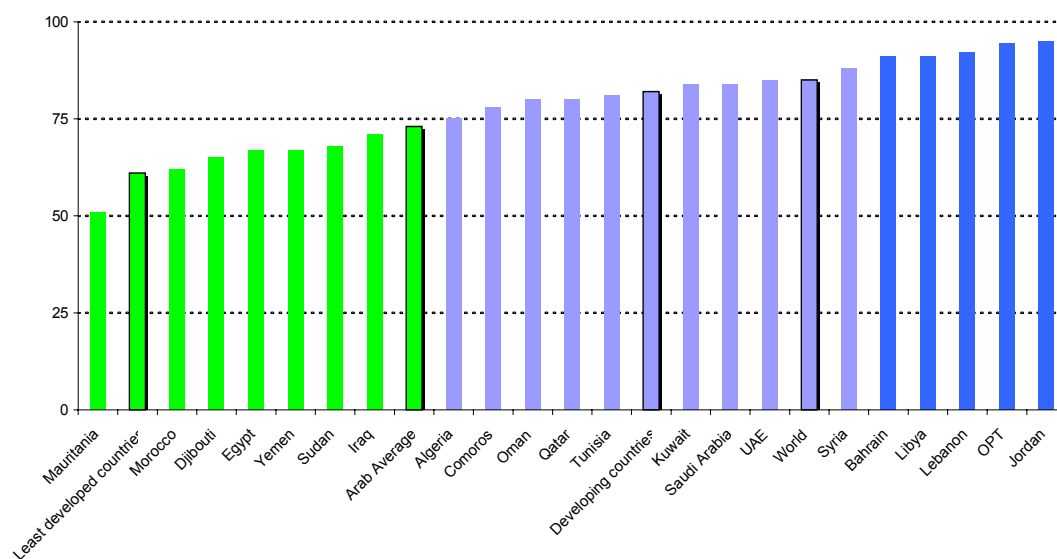
Note: Colors of the chart follow the color categories of the map

MAP 19: ADULT LITERACY RATE - MALE



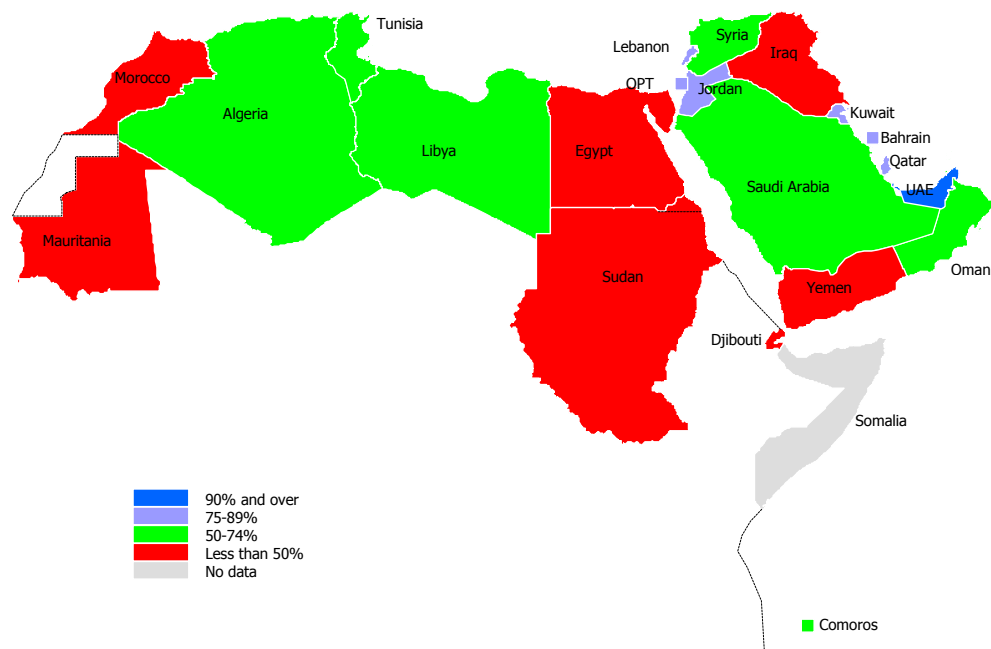
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health*

FIGURE 19: ADULT LITERACY RATE - MALE



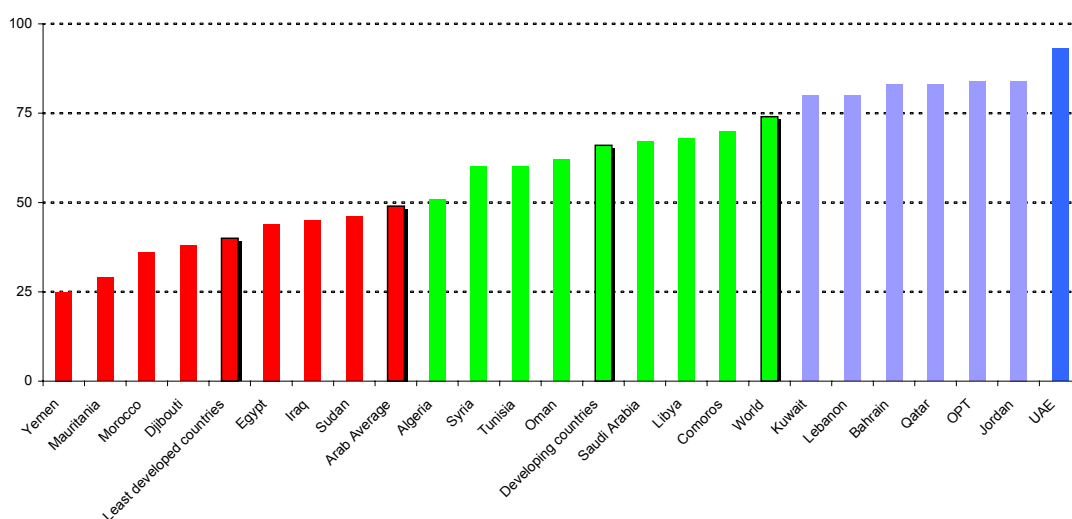
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
 Note: Colors of the chart follow the color categories of the map

MAP 20: ADULT LITERACY RATE - FEMALE



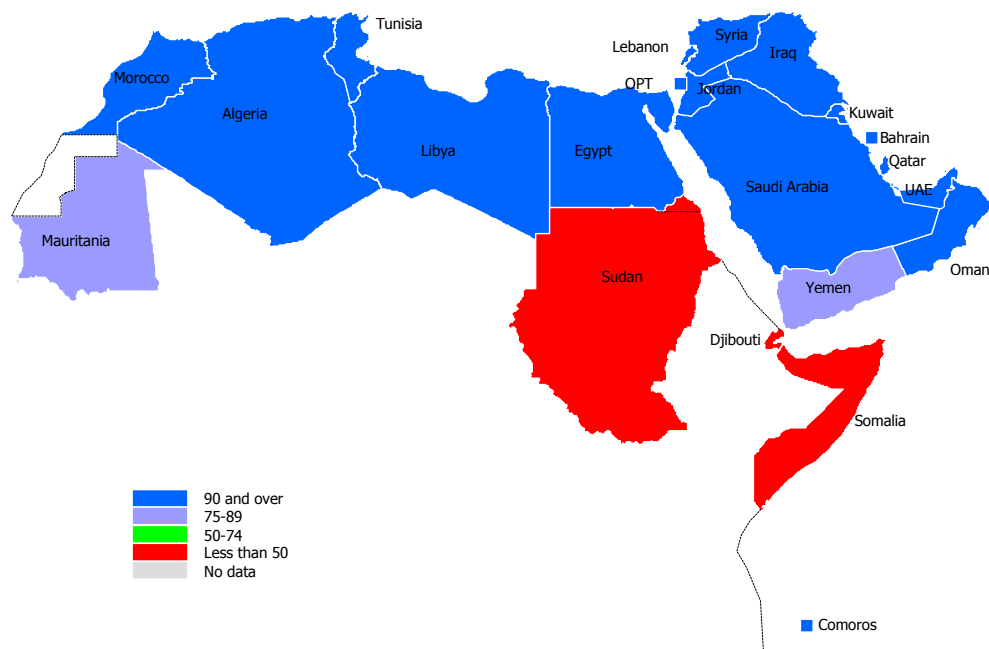
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health*

FIGURE 20: ADULT LITERACY RATE - FEMALE



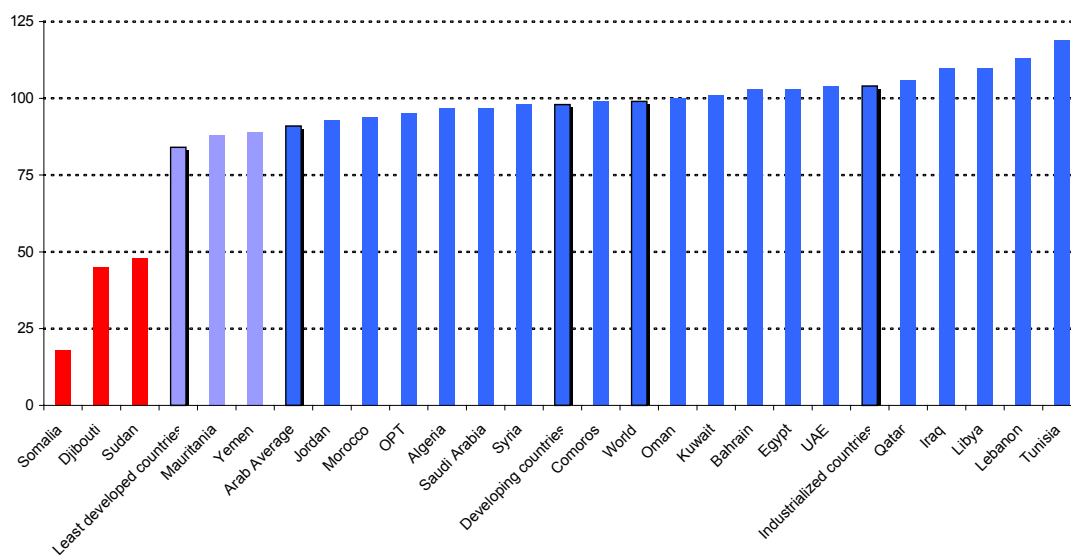
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
 Note: Colors of the chart follow the color categories of the map

MAP 21: PRIMARY SCHOOL GROSS ENROLLMENT RATIO - MALE



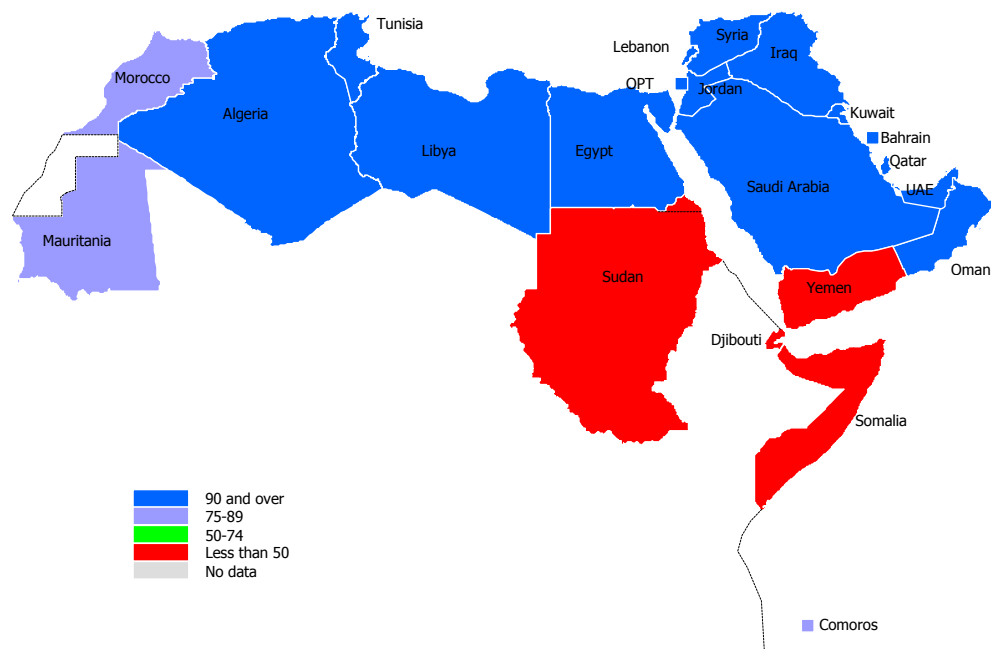
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health*

FIGURE 21: PRIMARY SCHOOL GROSS ENROLLMENT RATIO - MALE



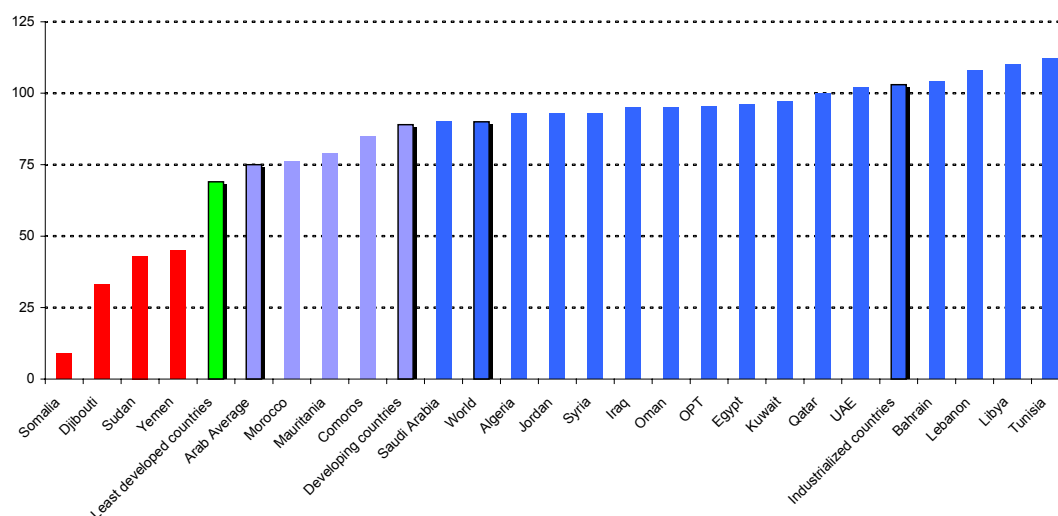
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
Note: Colors of the chart follow the color categories of the map

MAP 22: PRIMARY SCHOOL GROSS ENROLLMENT RATIO - FEMALE



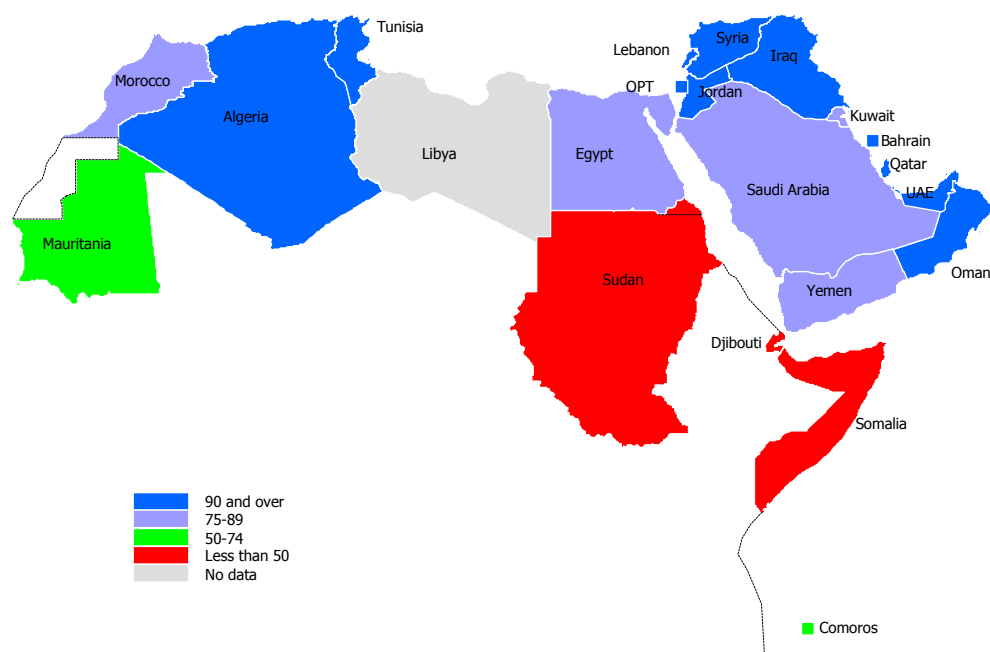
Sources: UNICEF, *The State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, 2000, *Health*

FIGURE 22: PRIMARY SCHOOL GROSS ENROLLMENT RATIO - FEMALE



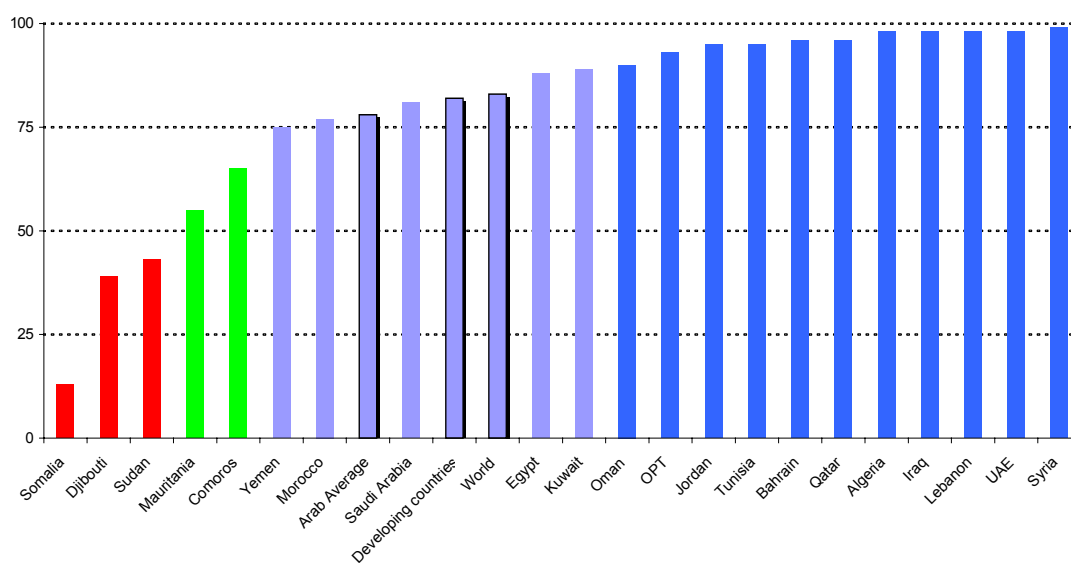
Sources: UNICEF, *State of the World's Children 2002*. For OPT, Palestinian Central Bureau of Statistics, *Health Survey-2000*.
Note: Colors of the chart follow the color categories of the map

MAP 23: PRIMARY SCHOOL NET ENROLLMENT RATIO - MALE



Source: UNICEF, *The State of the World's Children 2002*

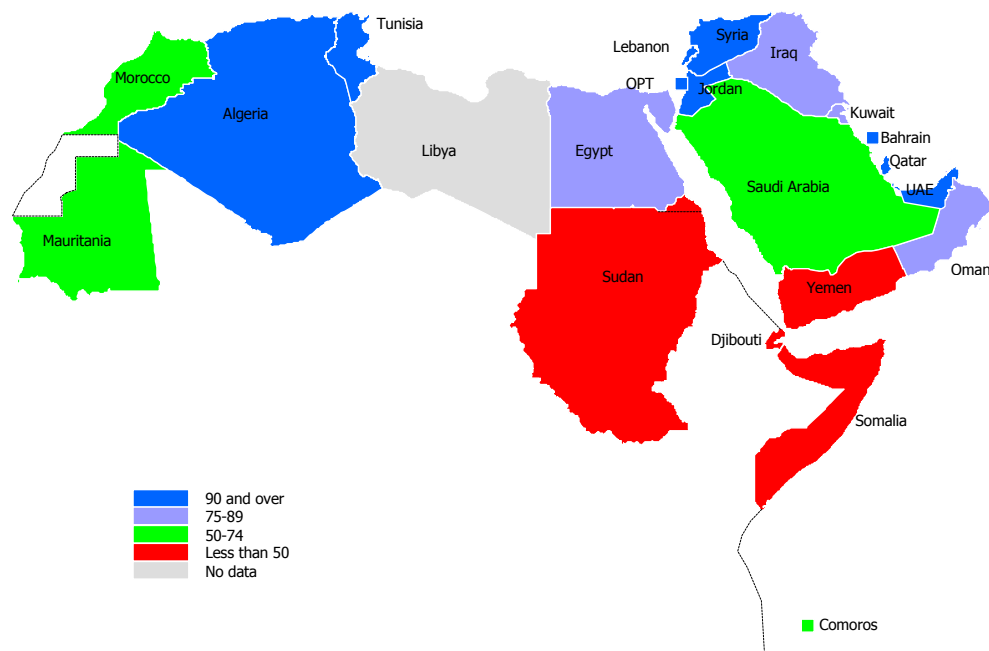
FIGURE 23: PRIMARY SCHOOL NET ENROLLMENT RATIO - MALE



Source: UNICEF, *The State of the World's Children 2002*

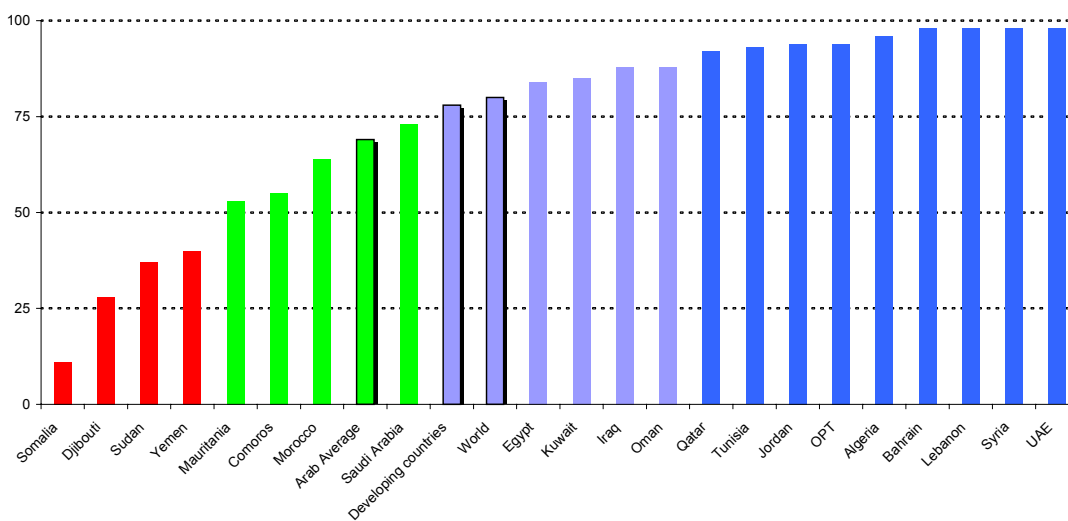
Note: Colors of the chart follow the color categories of the map

MAP 24: PRIMARY SCHOOL NET ENROLLMENT RATIO - FEMALE



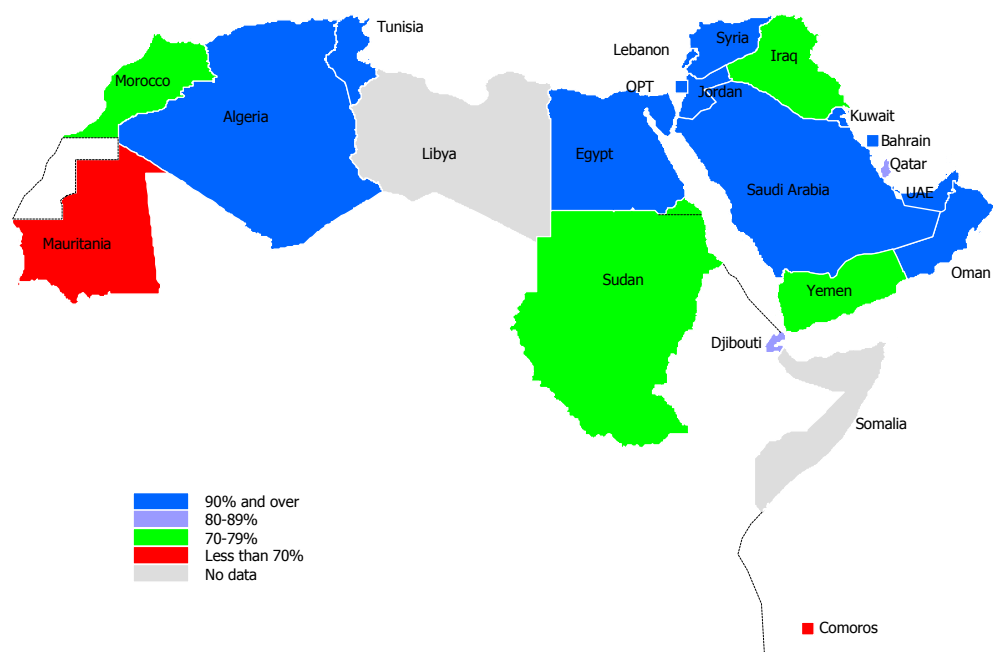
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 24: PRIMARY SCHOOL NET ENROLLMENT RATIO - FEMALE



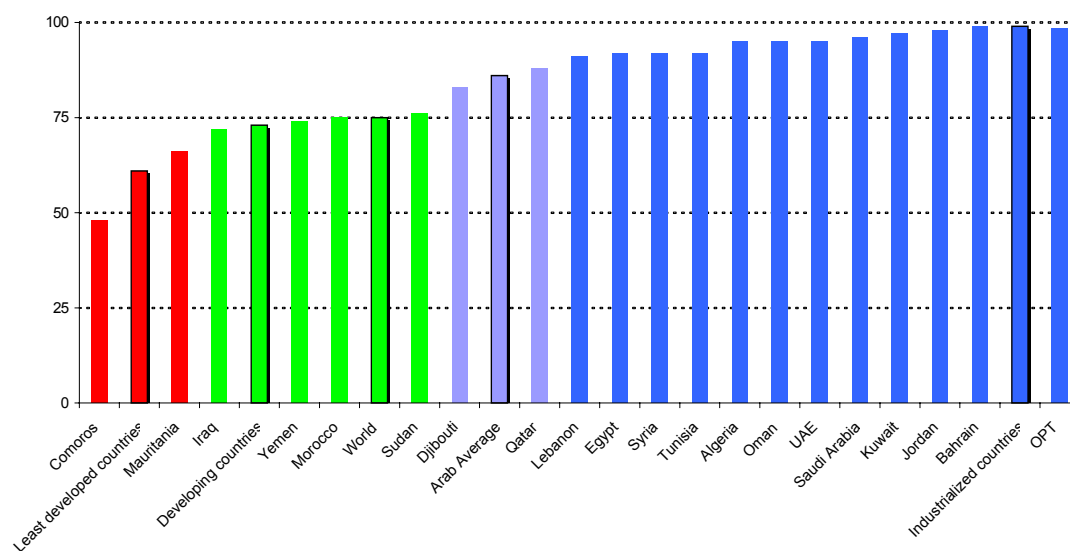
Source: UNICEF, *The State of the World's Children 2002*
 Note: Colors of the chart follow the color categories of the map

MAP 25: PERCENT OF PRIMARY SCHOOL ENTRANTS REACHING GRADE 5



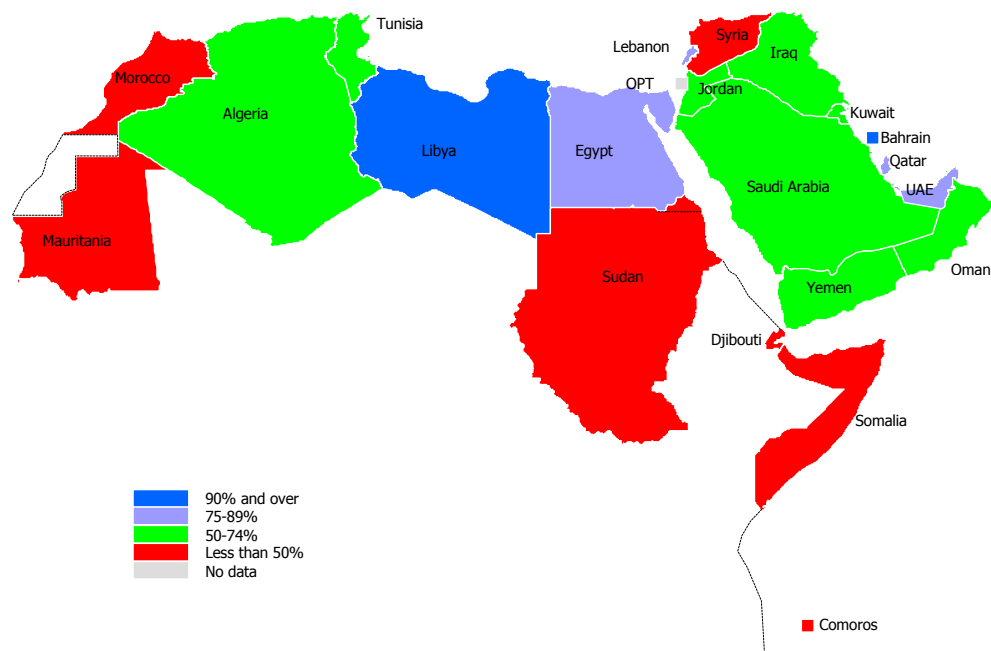
Sources: UNICEF, *The State of the World's Children 2002* and *End-Decade Multiple Indicator Cluster Survey (MICS2) 2000* for

FIGURE 25: PERCENT OF PRIMARY SCHOOL ENTRANTS REACHING GRADE 5



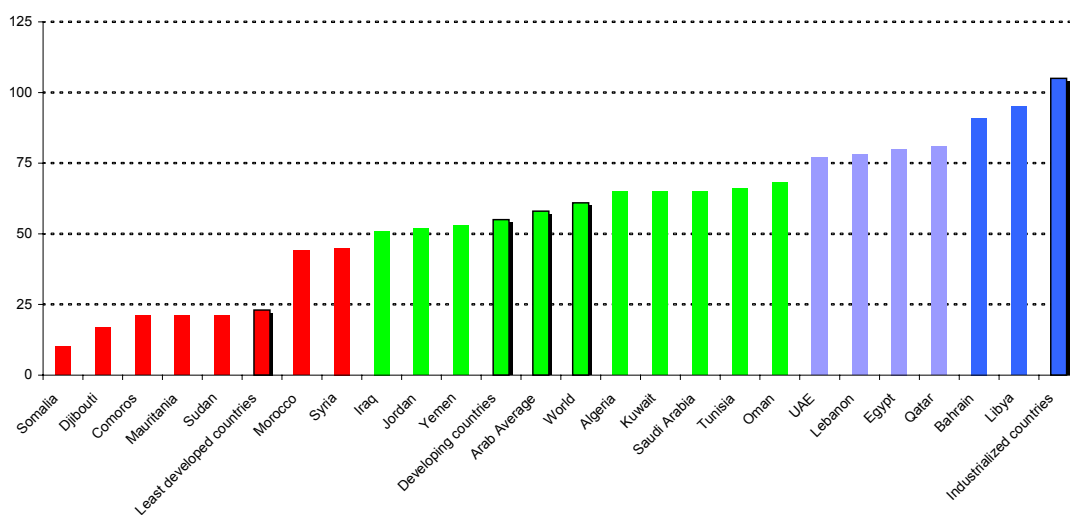
Sources: UNICEF, *State of the World's Children 2002* and for OPT, *End-Decade Multiple Indicator Cluster Survey (MICS2) 2000*
 Note: Colors of the chart follow the color categories of the map

MAP 26: SECONDARY SCHOOL GROSS ENROLLMENT RATIO - MALE



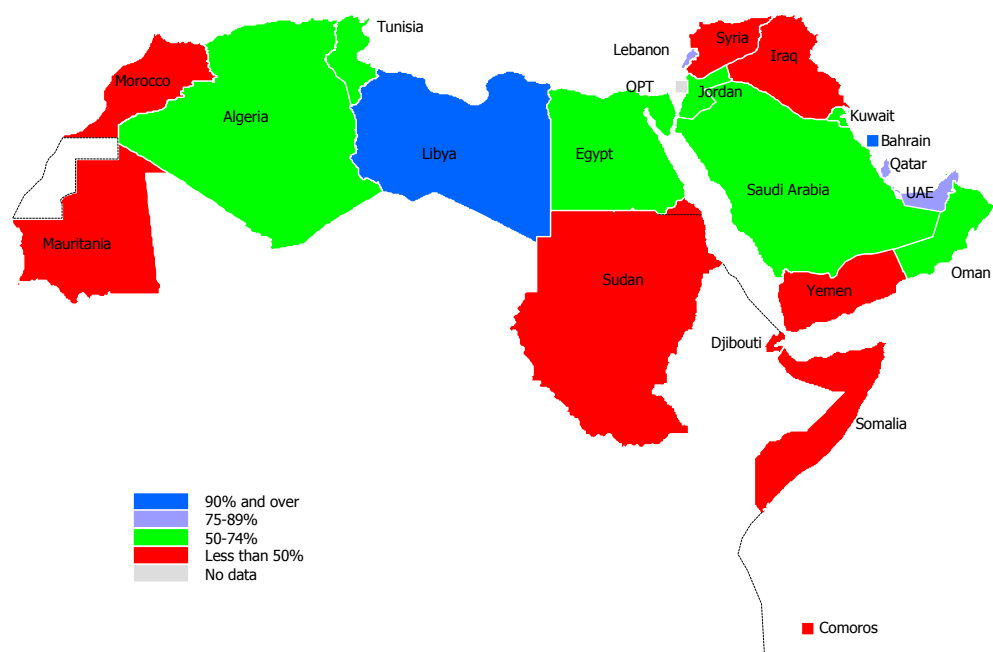
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 26: SECONDARY SCHOOL GROSS ENROLLMENT RATIO - MALE



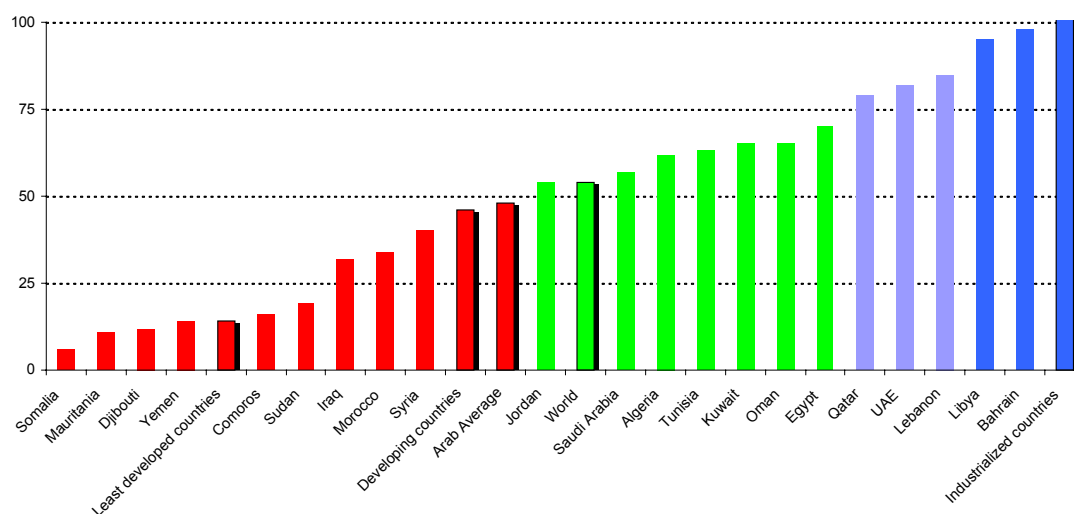
Source: UNICEF, *The State of the World's Children 2002*
 Note: Colors of the chart follow the color categories of the map

MAP 27: SECONDARY SCHOOL GROSS ENROLLMENT RATIO - FEMALE



Source: UNICEF, *The State of the World's Children 2002*

FIGURE 27: SECONDARY SCHOOL GROSS ENROLLMENT RATIO - FEMALE



Source: UNICEF, *The State of the World's Children 2002*

Note: Colors of the chart follow the color categories of the map

MAP 28: TOTAL POPULATION 2000 (THOUSANDS)

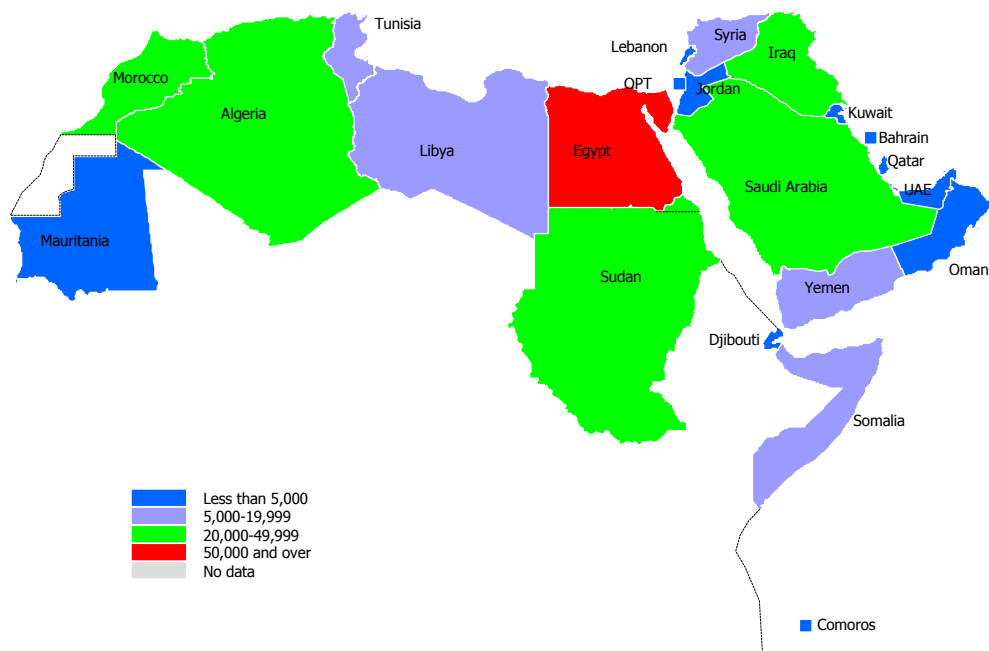
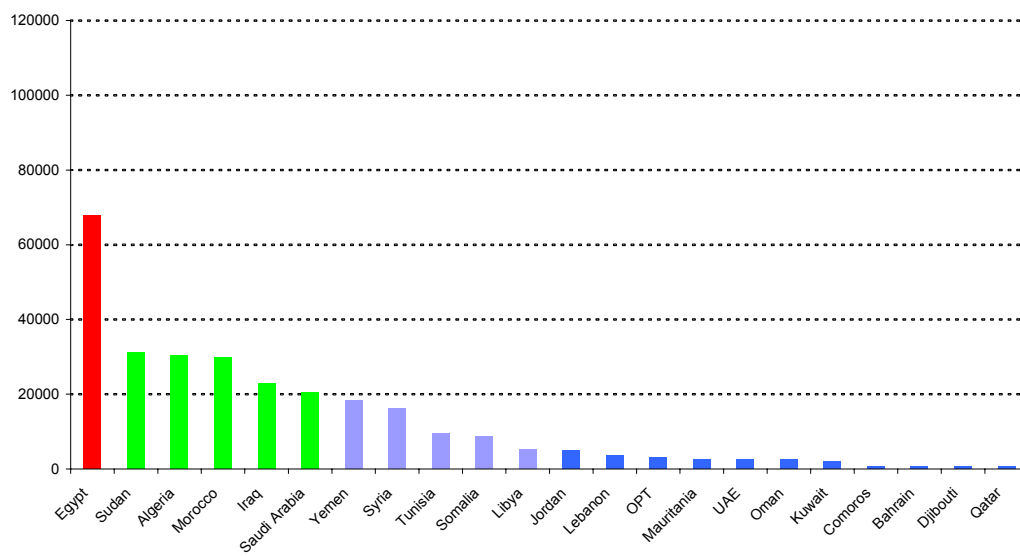
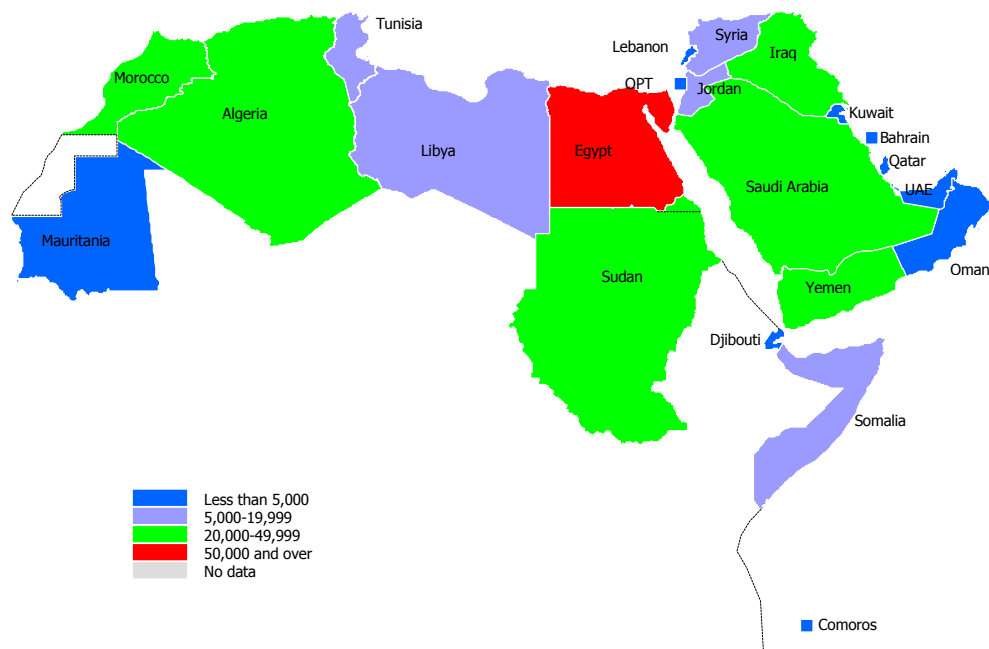
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 28A: POPULATION 2000 (THOUSANDS)

Source: UNICEF, *State of the World's Children 2002*.

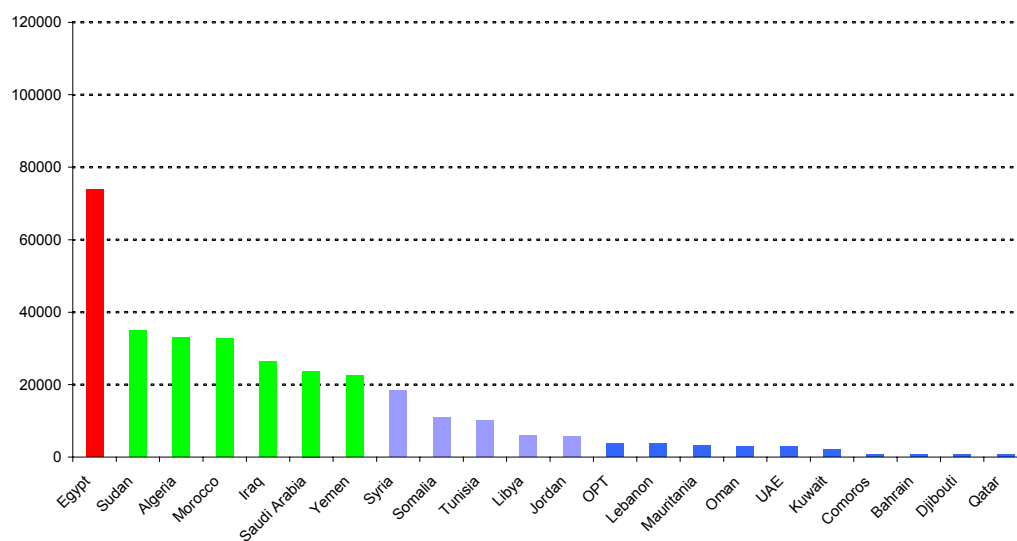
Note: Colors of the chart follow the color categories of the map

MAP 29: PROJECTED POPULATION 2005 (THOUSANDS)



Source: UNICEF, *The State of the World's Children 2002*

FIGURE 29A: PROJECTED POPULATION 2005 (THOUSANDS)



Source: UNICEF, *The State of the World's Children 2002*
 Note: Colors of the chart follow the color categories of the map

MAP 30: PROJECTED POPULATION 2010 (THOUSANDS)

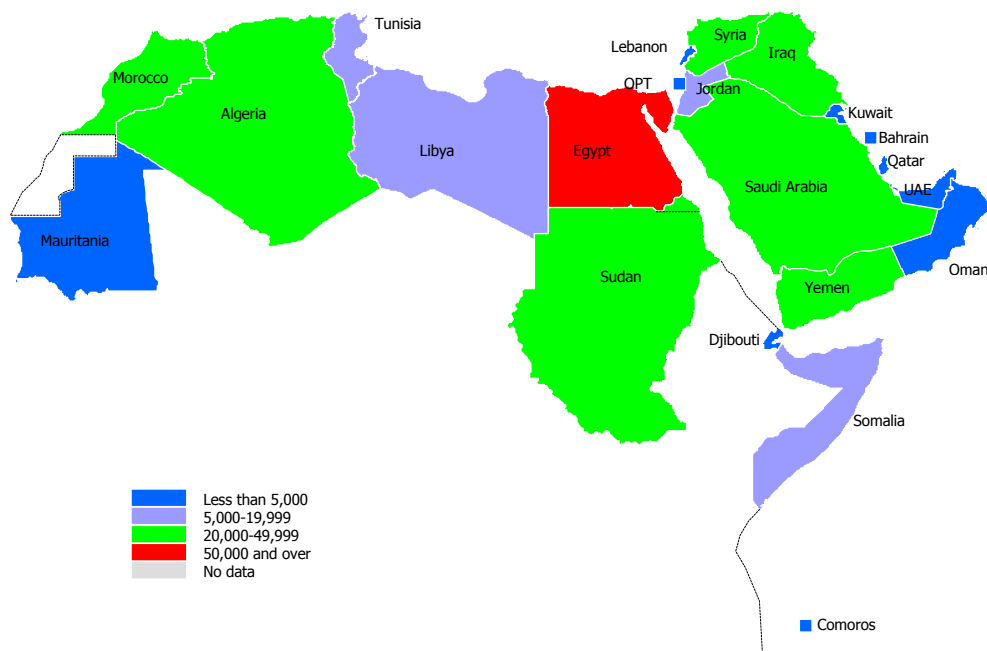
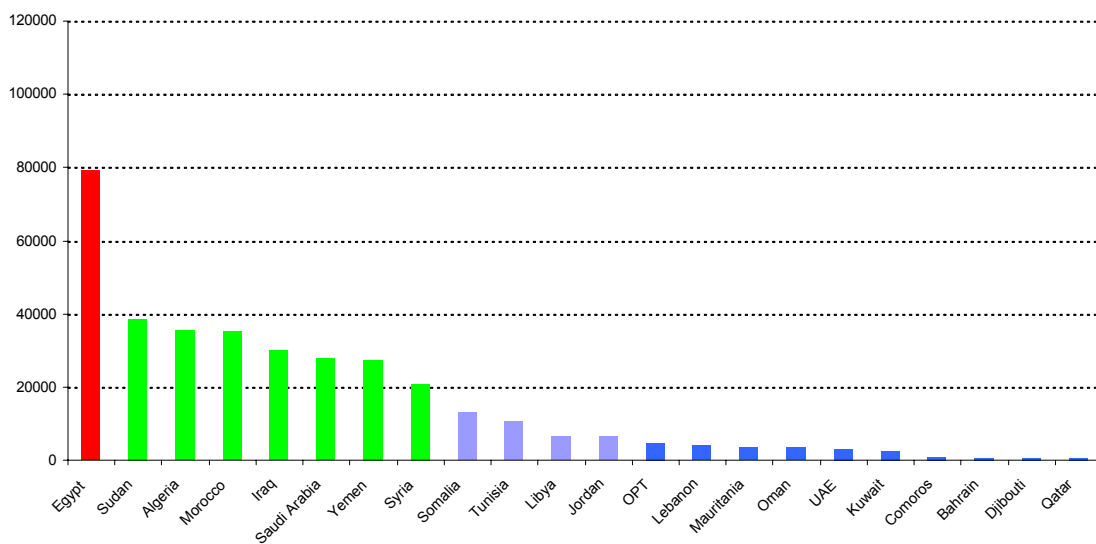
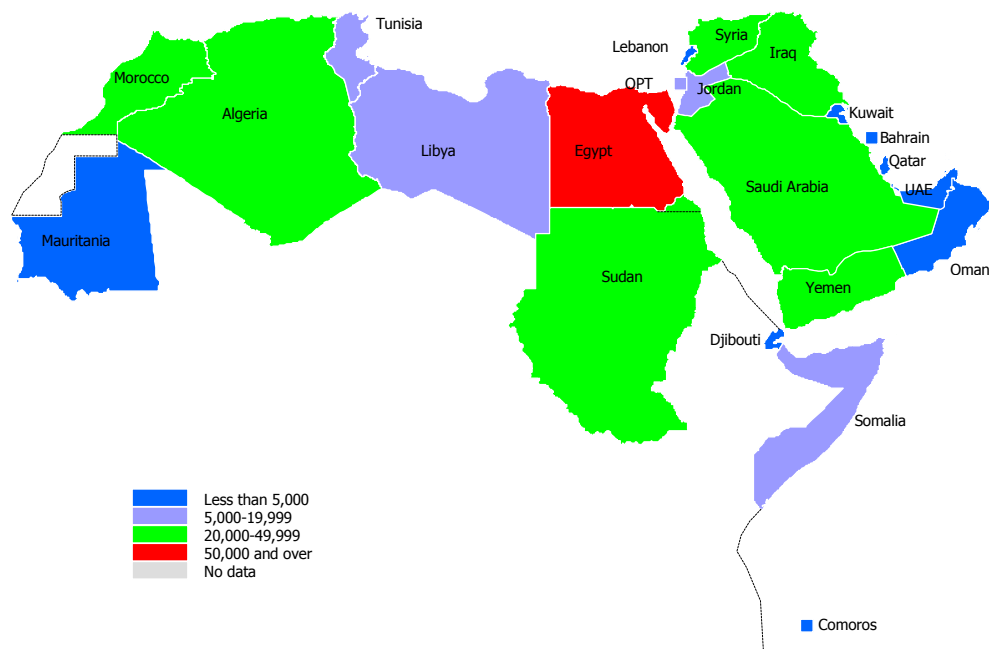


FIGURE 30A: PROJECTED POPULATION 2010 (THOUSANDS)



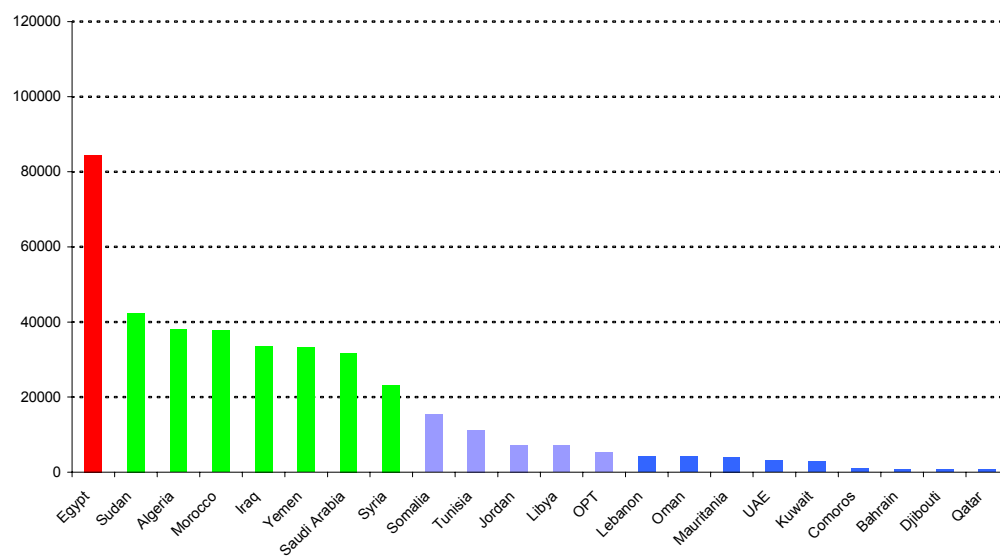
Source: UNICEF, *The State of the World's Children 2002*
 Note: Colors of the chart follow the color categories of the map

MAP 31: PROJECTED POPULATION 2015 (THOUSANDS)



Source: UNICEF, *The State of the World's Children 2002*

FIGURE 31A: PROJECTED POPULATION 2015 (THOUSANDS)



Source: UNICEF, *The State of the World's Children 2002*

Note: Colors of the chart follow the color categories of the map

MAP 32: PROJECTED POPULATION 2050 (THOUSANDS)

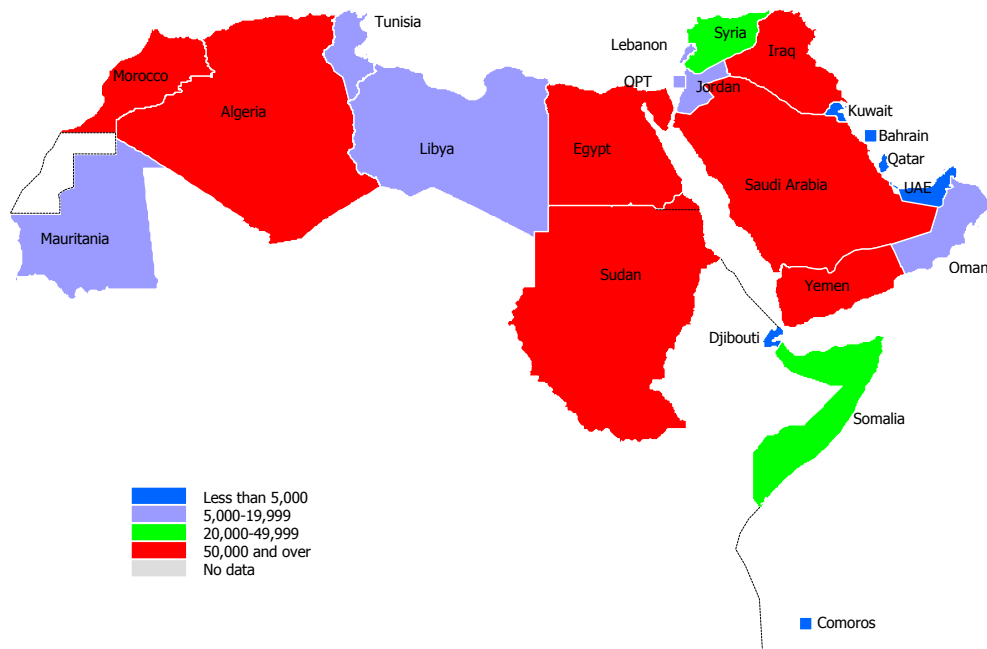
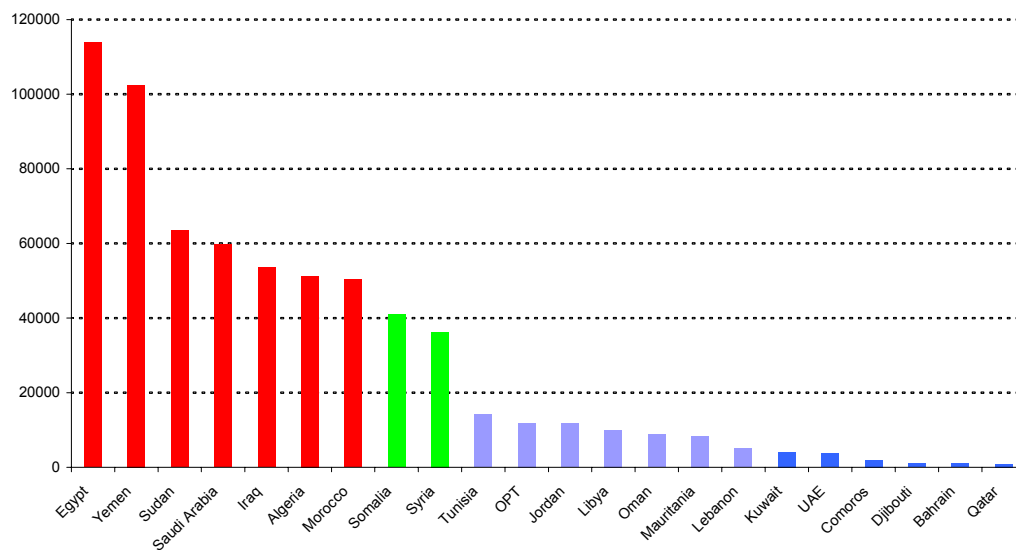
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 32A: PROJECTED POPULATION 2050 (THOUSANDS)

Source: UNICEF, *The State of the World's Children 2002*

Note: Colors of the chart follow the color categories of the map

FIGURE 28B: POPULATION 2000

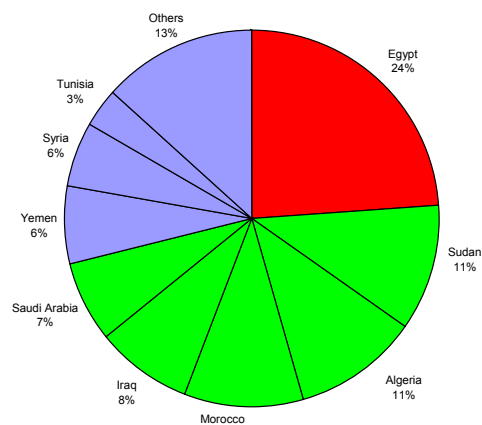


FIGURE 30B: PROJECTED POPULATION 2010

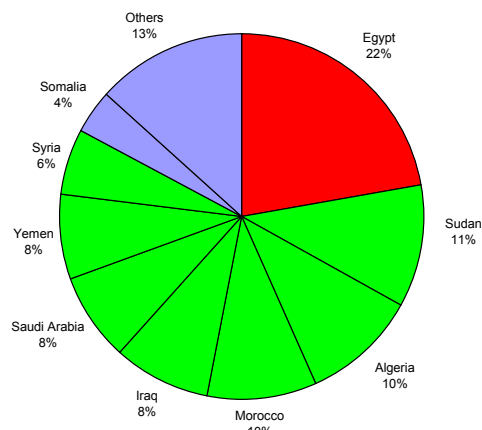
Source: UNICEF, *State of the World's Children 2002*.

FIGURE 32B: PROJECTED POPULATION 2050

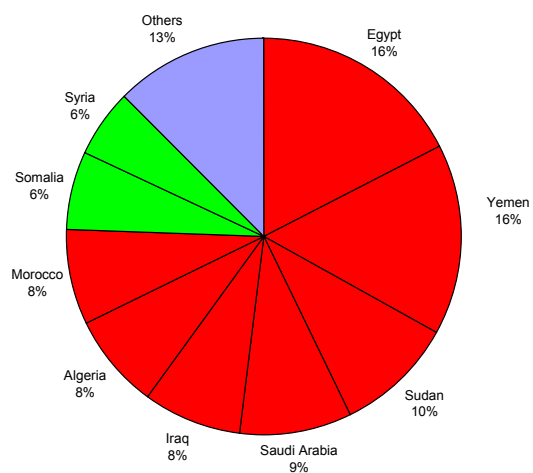
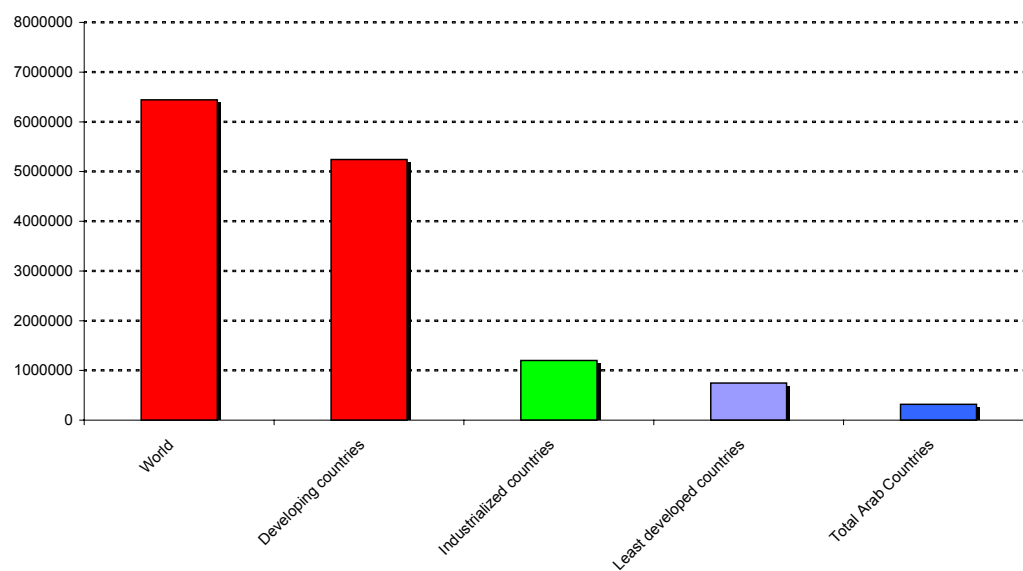
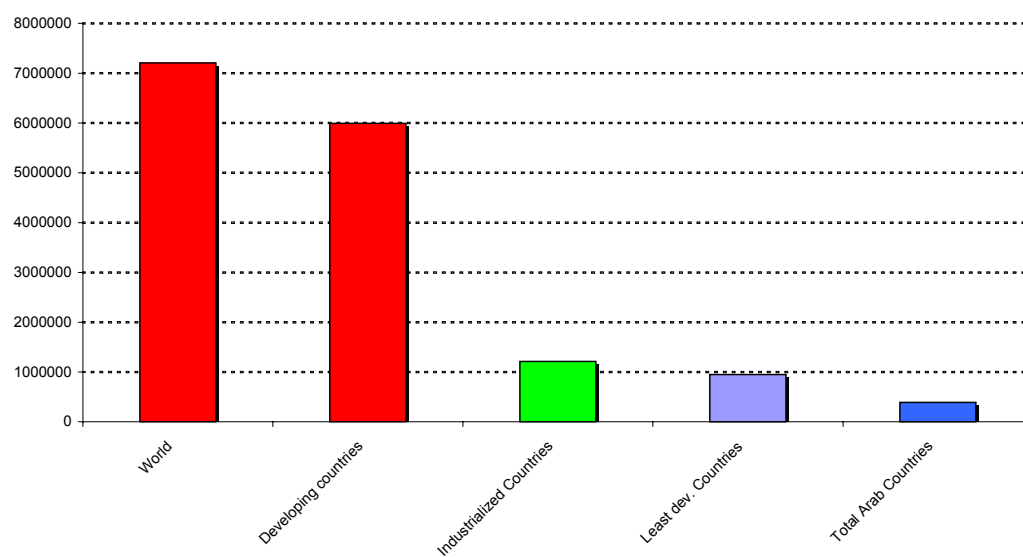
Source: UNICEF, *State of the World's Children 2002*.

FIGURE 29B: PROJECTED REGIONAL POPULATION 2005 (THOUSANDS)



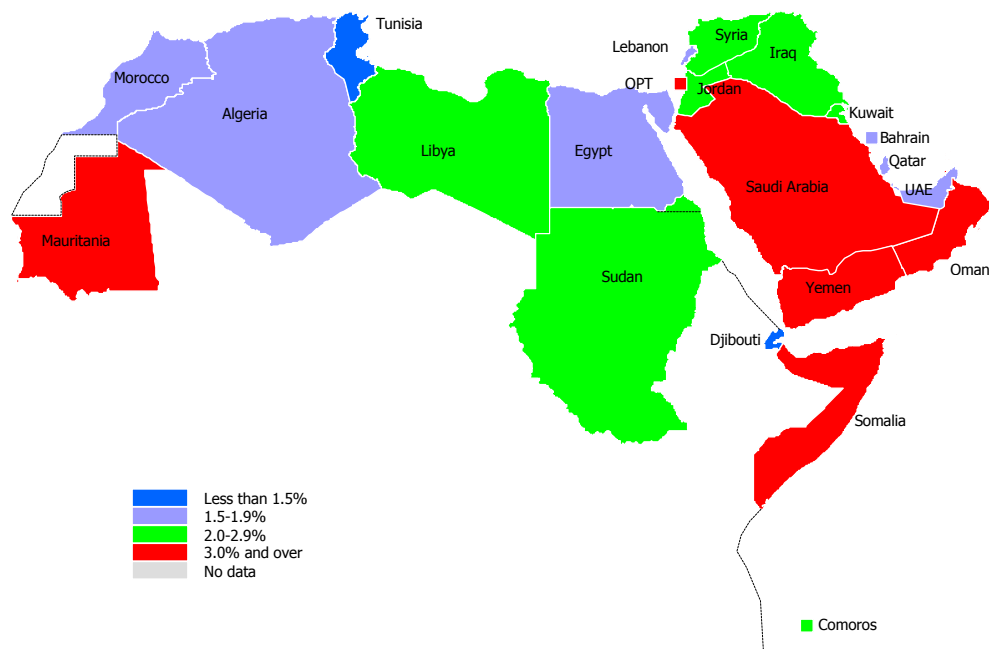
Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium variant)

FIGURE 31B: PROJECTED REGIONAL POPULATION 2015 (THOUSANDS)



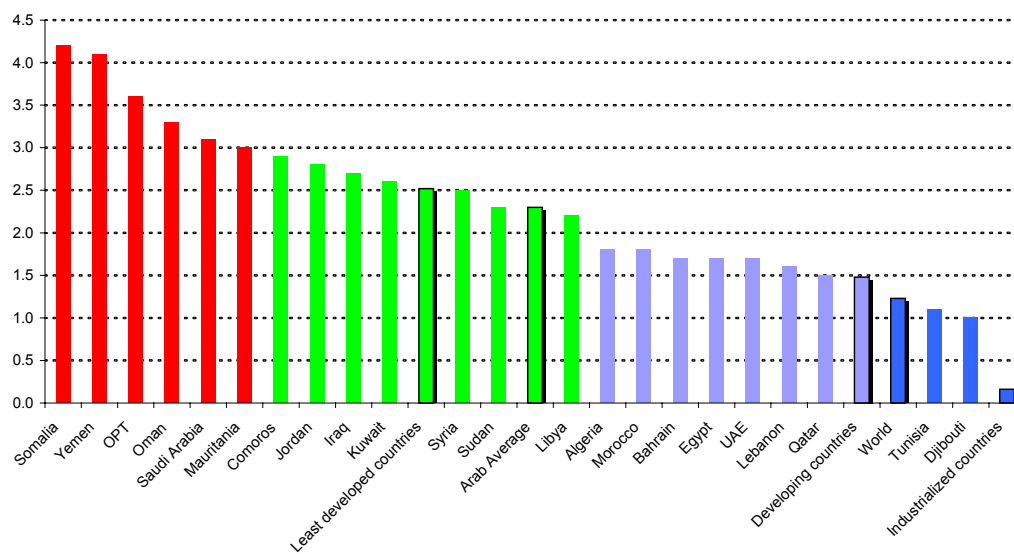
Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium variant)

MAP 33: POPULATION ANNUAL GROWTH RATE 2000-2005



Source: UNICEF, *The State of the World's Children 2002*

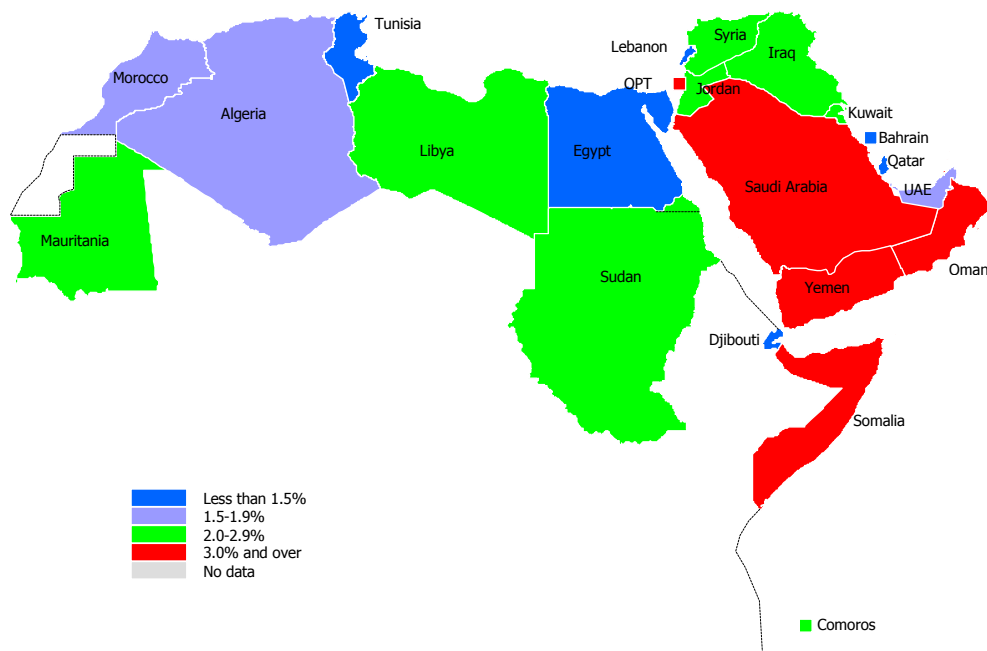
FIGURE 33: POPULATION ANNUAL GROWTH RATE 2000-2005



Sources: UNICEF, *State of the World's Children 2002*. For the regional population data: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium Variant)

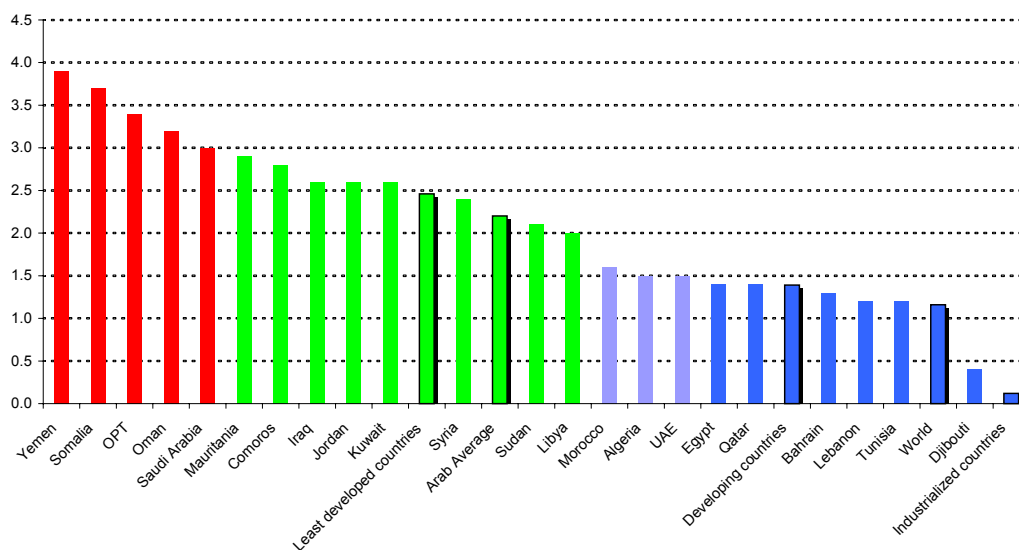
Note: Colors of the chart follow the color categories of the map

MAP 34: POPULATION ANNUAL GROWTH RATE 2005-2010



Source: UNICEF, *The State of the World's Children 2002*

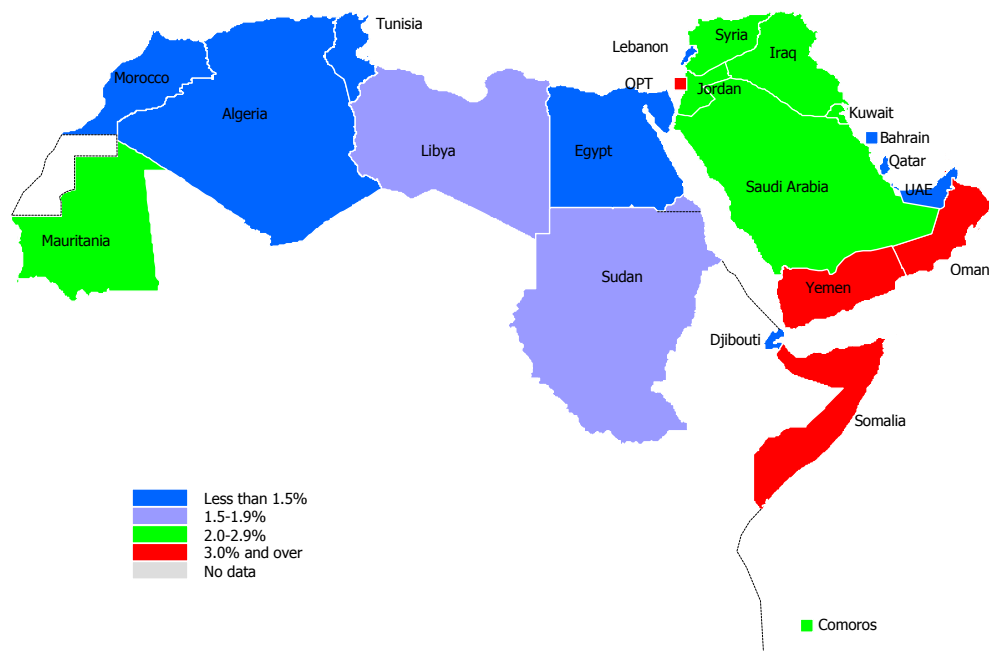
FIGURE 34: POPULATION ANNUAL GROWTH RATE 2005-2010



Sources: UNICEF, *State of the World's Children 2002*. For the regional population data: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium Variant)

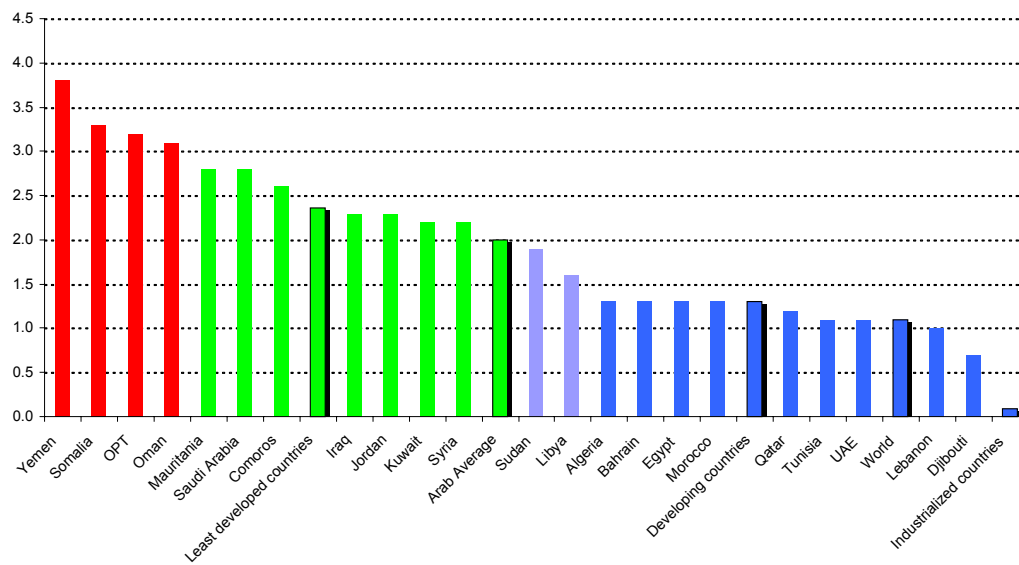
Note: Colors of the chart follow the color categories of the map

MAP 35: POPULATION ANNUAL GROWTH RATE 2010-2015



Source: UNICEF, *The State of the World's Children 2002*

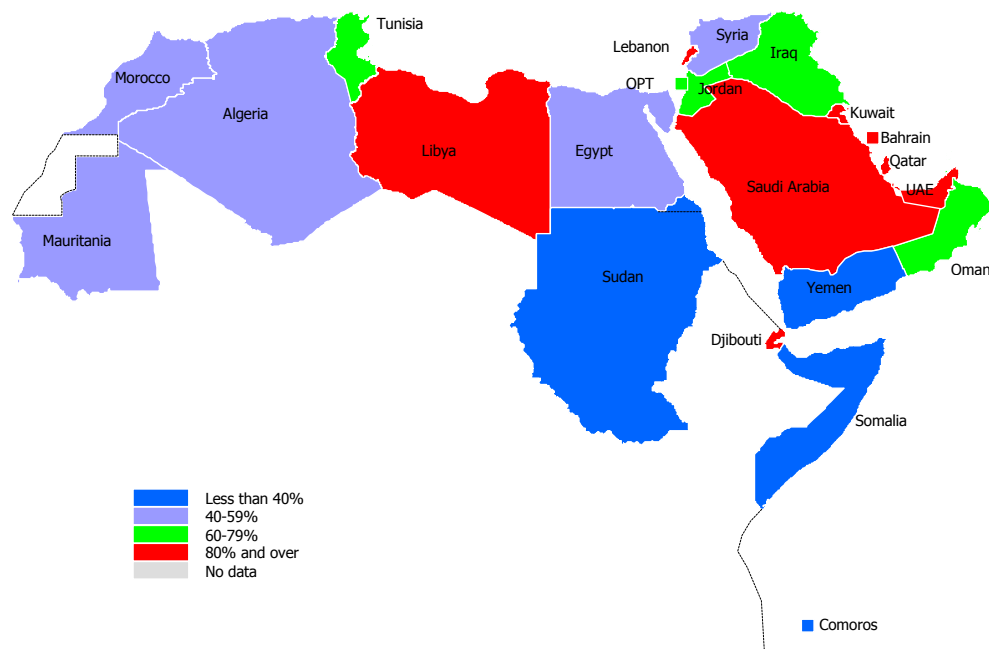
FIGURE 35: POPULATION ANNUAL GROWTH RATE 2010-2015



Sources: UNICEF, *State of the World's Children 2002*. For the regional population data: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/> (Medium Variant)

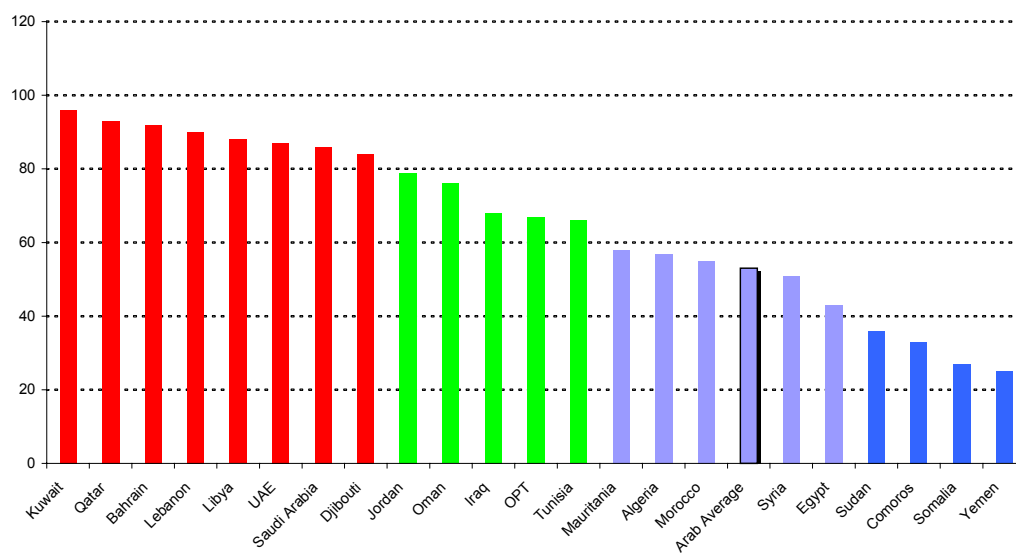
Note: Colors of the chart follow the color categories of the map

MAP 36: PROPORTION OF POPULATION URBANIZED 2000



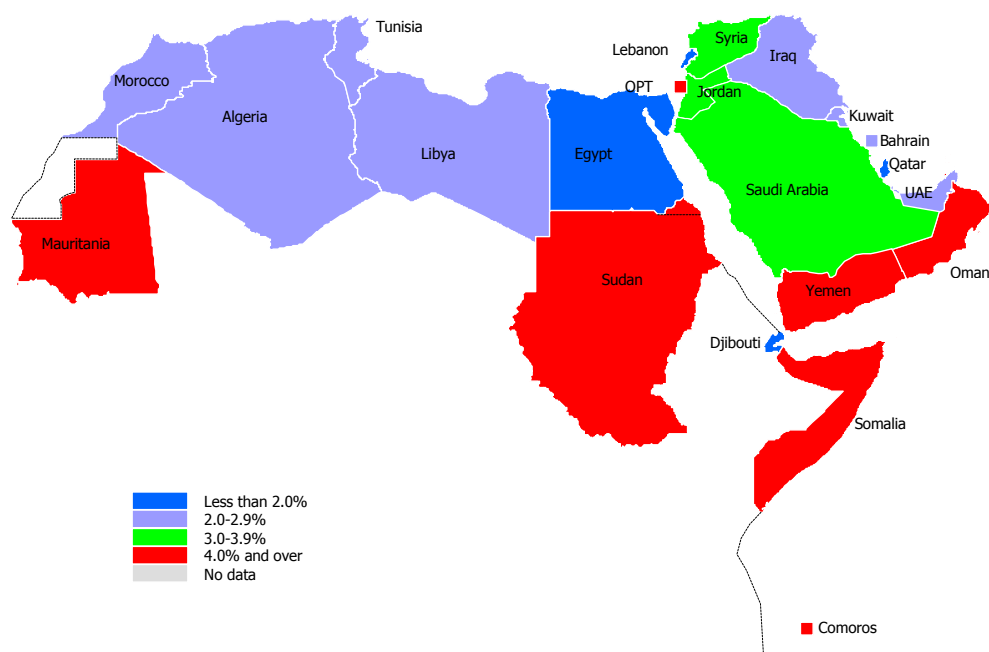
Source: UNICEF, *The State of the World's Children 2002*

FIGURE 36: PROPORTION OF POPULATION URBANIZED 2000



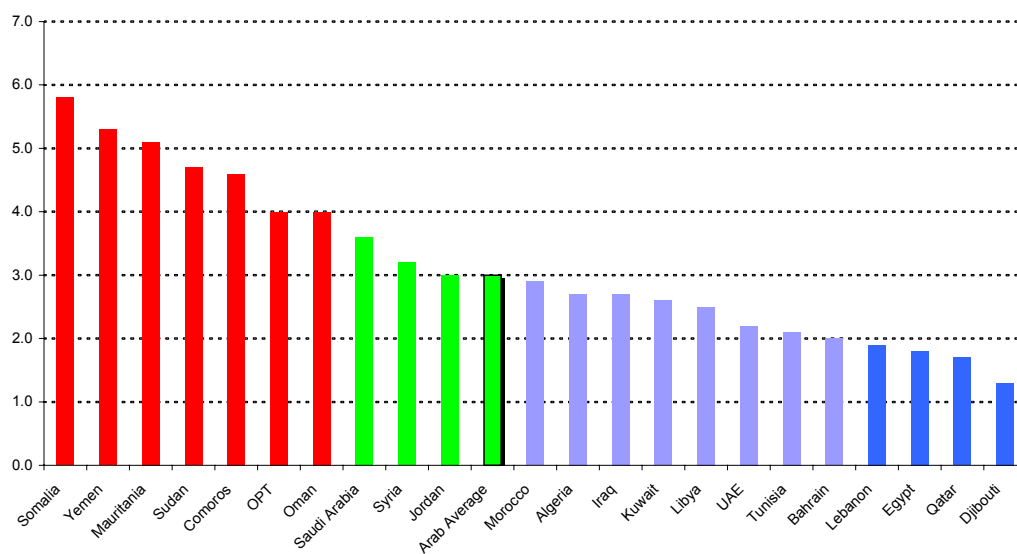
Source: UNICEF, *State of the World's Children 2002*.
 Note: Colors of the chart follow the color categories of the map

MAP 37: GROWTH RATE OF URBANIZED POPULATION 2000-2005



Source: UNICEF, *The State of the World's Children 2002*

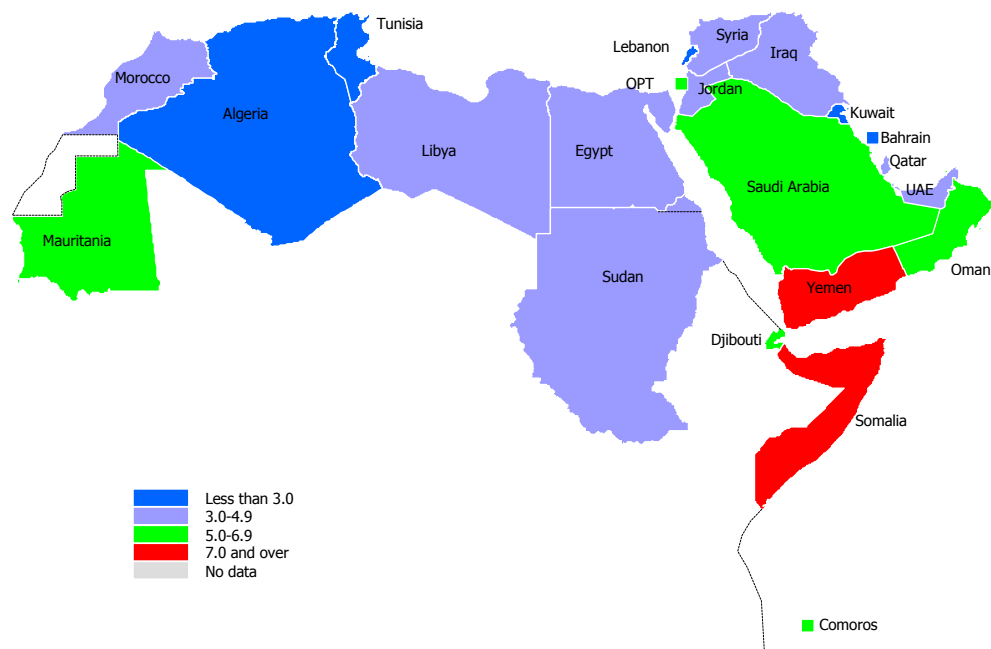
FIGURE 37: GROWTH RATE OF URBANIZED POPULATION 2000-2005



Source: UNICEF, *State of the World's Children 2002*.

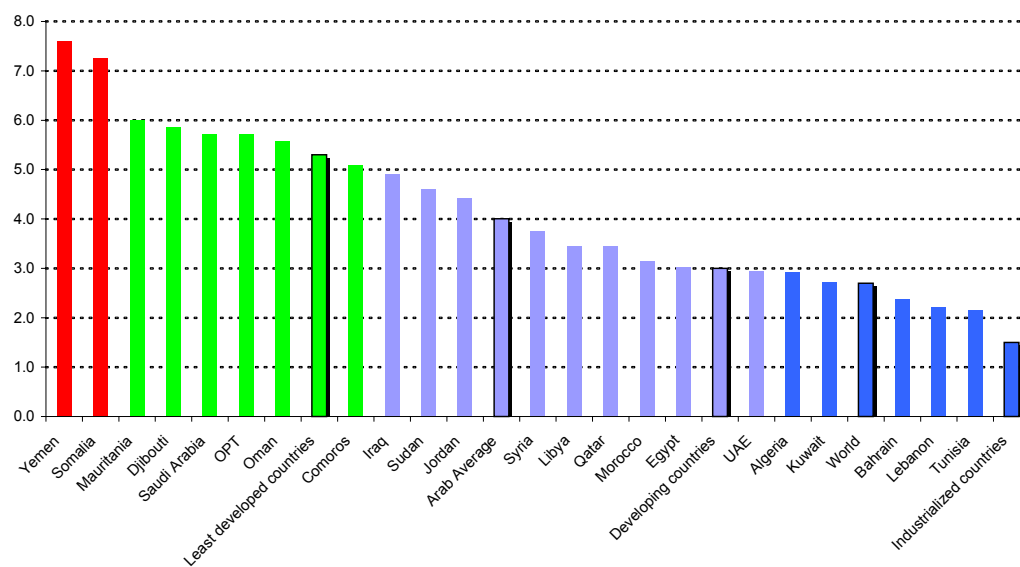
Note: Colors of the chart follow the color categories of the map

MAP 38: TOTAL FERTILITY RATE 2001



Source: UN Population Division, *World Population Prospects: The 2000 Revision*

FIGURE 38: TOTAL FERTILITY RATE 2001



Source: UN Population Division, *World Population Prospects: The 2000 Revision*
 Note: Colors of the chart follow the color categories of the map

MAP 39: GNI PER CAPITA 2000

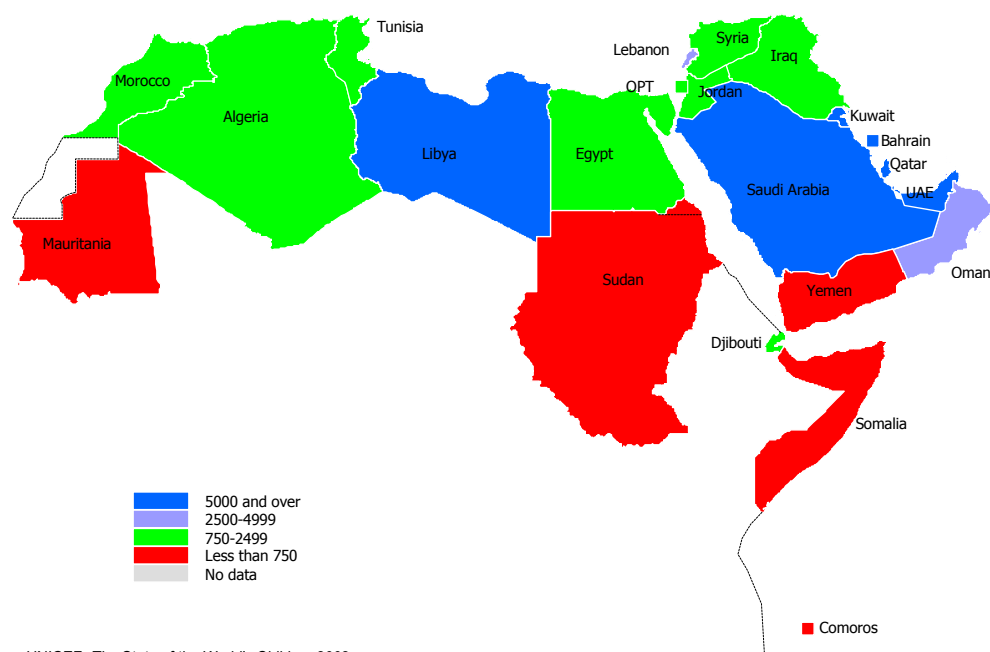
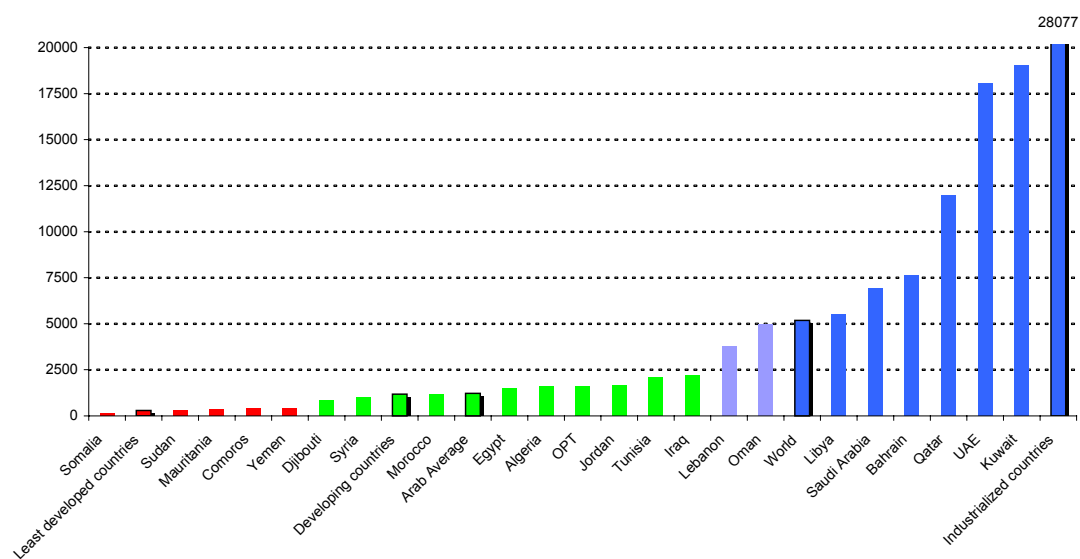
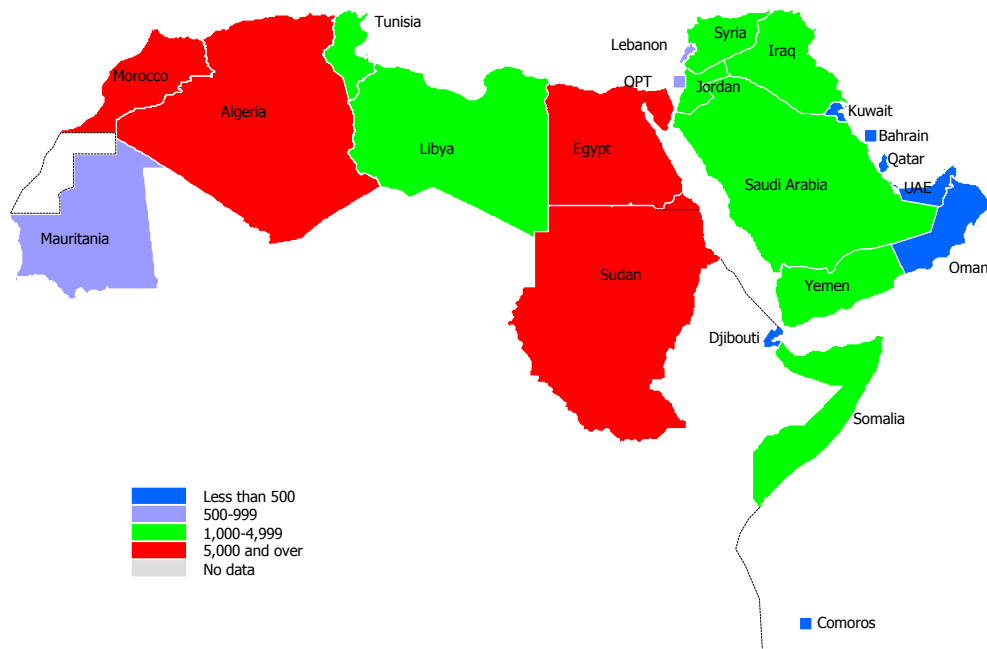


FIGURE 39: GNI PER CAPITA 2000

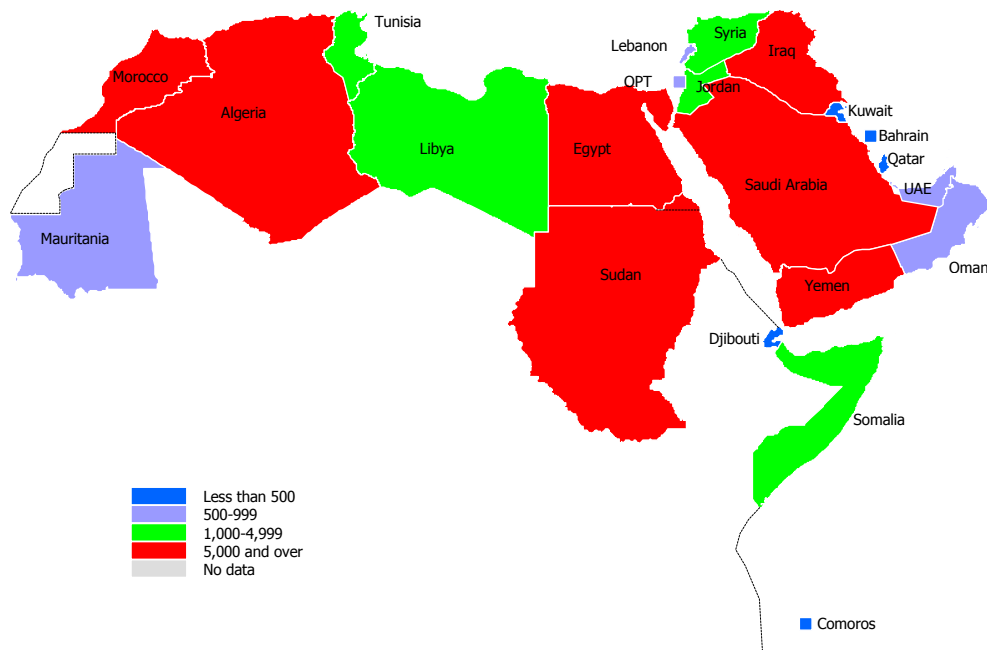


MAP 40A: TOTAL YOUTH POPULATION AGED 15-24, 2000 (THOUSANDS)



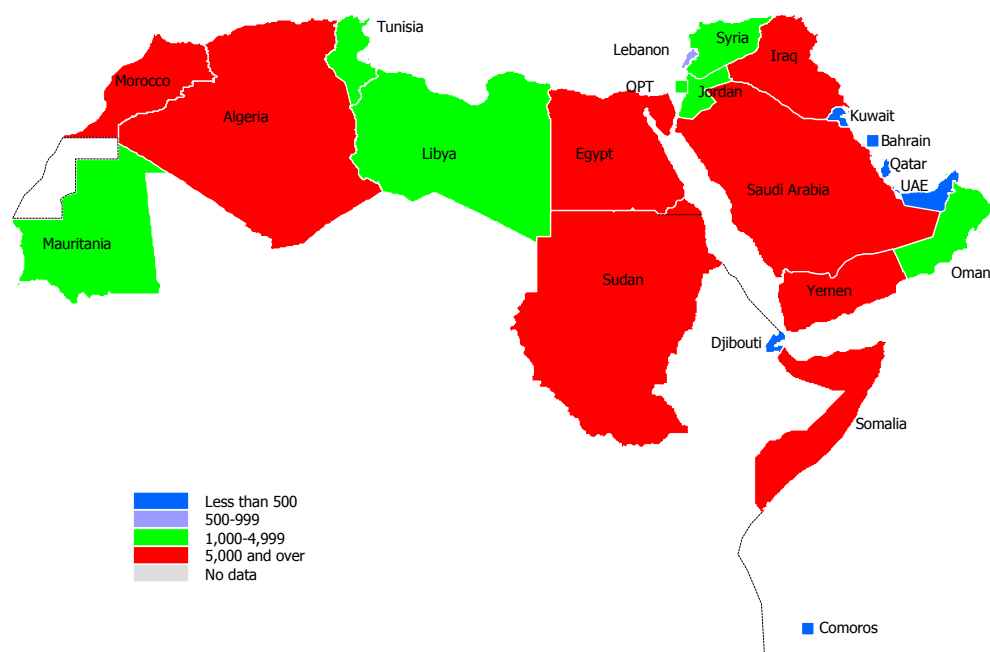
Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/>, (Medium variant)

MAP 40B: TOTAL PROJECTED YOUTH POPULATION AGED 15-24, 2010 (THOUSANDS)



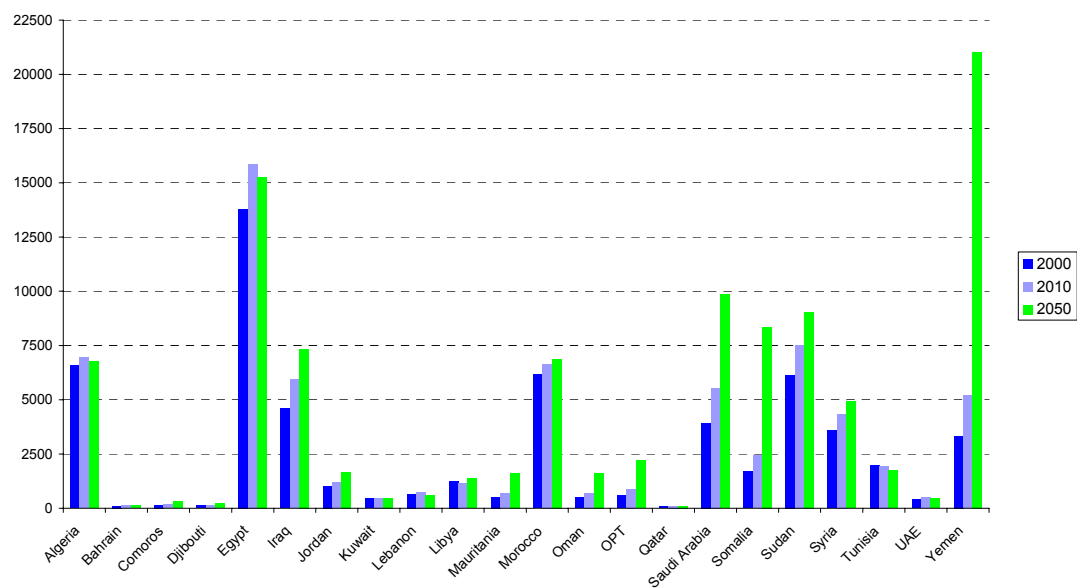
Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/>, (Medium variant)

MAP 40C: TOTAL PROJECTED YOUTH POPULATION AGED 15-24, 2050 (THOUSANDS)



Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/>, (Medium variant)

FIGURE 40: TOTAL POPULATION AGED 15-24, 2000, 2010, 2050



Source: UN Population Division, *World Population Prospects: Population Database*, <http://esa.un.org/unpp/>, (Medium Variant)
 Note: Colors of the chart follow the color categories of the map

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|Note on Countries and Regions |

This report focuses on the 22 members of the League of Arab States which are called throughout the report “Arab Countries.” As is the convention within UNICEF, and other United Nations agencies, the report contrasts indicators with averages for “Developing Countries,” “Least Developing Countries,” and “Industrialized Countries.”⁴ It is important to note that the “Least Developed Countries” are a subset of the “Developing Countries.”

Arab Countries—Member of the League of Arab States

Algeria; Bahrain; Comoros Islands; Djibouti; Egypt; Iraq; Jordan; Kuwait; Lebanon; Libya; Mauritania; Morocco; Occupied Palestinian Territory (OPT); Oman; Qatar; Saudi Arabia; Somalia; Sudan; Syria; Tunisia; United Arab Emirates (UAE); Yemen.⁵

Developing Countries

Afghanistan; Algeria; Angola; Antigua and Barbuda; Argentina; Armenia; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belize; Benin; Bhutan; Bolivia; Botswana; Brazil; Brunei Darussalam; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Central African Rep.; Chad; Chile; China; Colombia; Comoros; Congo; Congo, Dem. Rep.; Cook Islands; Costa Rica; Côte d’Ivoire; Cuba; Cyprus; Djibouti; Dominica; Dominican Rep.; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Ethiopia; Fiji; Gabon; Gambia; Georgia; Ghana; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; India; Indonesia; Iran; Iraq; Israel; Jamaica; Jordan; Kazakhstan; Kenya; Kiribati; Korea, Dem. People’s Rep.; Korea, Rep. of; Kuwait; Kyrgyzstan; Lao People’s Dem. Rep.; Lebanon; Lesotho; Liberia; Libya; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia, Fed. States of; Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Nicaragua; Niger; Nigeria; Niue; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Qatar; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent/Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; South Africa; Sri Lanka; Sudan; Suriname; Swaziland; Syria; Tajikistan; Tanzania; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; United Arab Emirates; Uruguay; Uzbekistan; Vanuatu; Venezuela; Viet Nam; Yemen; Zambia; Zimbabwe.

Least Developed Countries

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Cape Verde; Central African Rep.; Chad; Comoros; Congo, Dem. Rep.; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People’s Dem. Rep.; Lesotho; Liberia; Madagascar; Malawi; Maldives; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Samoa; Sao Tome and Principe; Sierra Leone; Solomon Islands; Somalia; Sudan; Tanzania; Togo; Tuvalu; Uganda; Vanuatu; Yemen; Zambia.

⁴ Source: http://www.unicef.org/sowc01/tables/country_list.htm

⁵ Please note that the unsettled country boundaries are indicated with a dotted line in the Arab Country Maps. These are non-specified territories called “Western Sahara” on West Coast of Africa; and “Halaib Triangle, between Egypt and Sudan, on East Coast of Africa.

Industrialized Countries

Andorra; Australia; Austria; Belgium; Canada; Denmark; Finland; France; Germany; Greece; Holy See; Iceland; Ireland; Israel; Italy; Japan; Liechtenstein; Luxembourg; Malta; Monaco; Netherlands; New Zealand; Norway; Portugal; San Marino; Slovenia; Spain; Sweden; Switzerland; United Kingdom; United States.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Surveys
MMR	Maternal Mortality Rate
OPT	Occupied Palestinian Territory
PNA	Palestinian National Authority
SOAC	State of Arab Child
U5MR	Under 5 Mortality Rate
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WSC	World Summit for Children

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