

# Mapping of Population Policies in the Arab Region and Their Alignment with Existing Strategies in Relation to the ICPD: Findings from 10 Countries

Regional Report



منتدى السياسات الصحية في الشرق الأوسط وشمال أفريقيا  
MIDDLE EAST AND NORTH AFRICA HEALTH POLICY FORUM



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## **Findings from 10 Countries**

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December 2018

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# Preface

Twenty five years ago, the landmark International Conference on Population and Development (ICPD) put people's rights at the heart of development and emphasized that empowering people by adequate legislative infrastructure is key to ensuring the well-being of individuals, families, nations and world at large. ICPD has clearly identified rights-holders and duty-bearers within laws and policies. It has also specified the responsibilities of the parties charged with implementation, such as government, ministries, parliaments and service providers. It called to ensure there are adequate budgetary allocations to the maximum extent of available resources for the full implementation of laws and policies furthering the progressive achievement of the right to sexual and reproductive health and other population dynamics dimensions.

This report presents a mapping for the ICPD related legal infrastructure in the Arab region to point out the progress made in creating an enabling environment to achieve the unfinished business of ICPD plan of action in the region.

The report presents an assessment of current population policies in the region. It comes within the ongoing partnership between UNFPA and MENA HEALTH Policy Forum. The report is an outcome of launching a research study in 10 selected countries aiming to map population policies and strategies in line with the ICPD plan of action. The assessment views the policies and programmes from SDG lens which sets the scene for the implementation of ICPD as an enabler for full achievements of SDGs. The report provides synthesis of the outcomes of the research in the 10 countries presenting population trends, policies and legislative frameworks in these countries.

The report provides an opportunity to understand population dynamics such as the decline of fertility in the region, Population age-structures associated with youth bulges and population ageing, urbanization, a massive forced displacement associated with conflict and political upheaval. This has heightened the weaknesses of an already disrupted policy environment on population issues, has strained health, education and other social support systems, and has exacerbated environmental concerns. The report provides specific recommendations for action on all the thematic areas of the Programme of Action.

We hope that this effort provides policymakers, civil society and development practitioners in all countries in the region with a knowledge tool to advance the implementation of the Programme of Action, and to ensure that the needs of population are equitably addressed in this process. Advocacy efforts have to be initiated to ensure that these recommendations are taken into account within national development plans, policies and strategies.

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# Abbreviations and Acronyms

<b>CAPMAS</b>	Central Agency for Public Mobilization and Statistics (Egypt)
<b>CRVS</b>	Civil registration and vital statistics systems
<b>ECA</b>	United Nations Economic Commission for Africa
<b>EMRO</b>	WHO Regional Office for the Eastern Mediterranean
<b>ESCWA</b>	United Nations Economic and Social Commission for West Asia
<b>GCC</b>	Gulf Cooperation Council
<b>HIECS</b>	Household Income, Expenditures and Consumption Survey (Egypt)
<b>ICPD</b>	International Conference on Population and Development
<b>IOM</b>	International Organization for Migration
<b>MDGs</b>	Millennium Development Goals
<b>MENA</b>	Middle East and North Africa
<b>POA</b>	Programme of Action
<b>SDGs</b>	Sustainable Development Goals
<b>UN</b>	United Nations
<b>UN DESA</b>	United Nations Department of Economic and Social Affairs
<b>UNFPA/ASRO</b>	United Nations Population Fund's Arab States Regional Office
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>WHO</b>	World Health Organization

# Executive Summary

This document summarizes the main population trends, policies and legislative frameworks in 10 countries within the Middle East and North Africa, as of 2018. These are, alphabetically, Egypt, Jordan, Lebanon, Morocco, Oman, State of Palestine, Saudi Arabia, Sudan, Syria and Tunisia. This regional report is based on country reports compiled by national consultants, initially in four countries (in 2017), and expanded to an additional six in 2018. A regional mapping tool was developed for use in these countries to standardize the data collected and to guide the secondary literature review, as well as stakeholder consultations in some cases. Where data from countries was incomplete, supplementary information was obtained from the international published literature and from United Nations (UN) documents.

In terms of population dynamics, there is an overall trend of declining fertility in the region, although with exceptions, notably in Egypt, where fertility rates are increasing and population momentum will mean high population growth rates will persist. The absolute population of the entire region increased by 70 per cent from 1990 to reach 377 million in 2014. Dependency ratios have been decreasing but remain higher than the global average, and some countries have a marked youth bulge. The countries reviewed in this report have highly urbanized populations, above the global average.

Population age-structures are changing; some countries, such as Lebanon and Tunisia, which saw an earlier decline in fertility, are leading the trend of population ageing, for which Arab countries are largely ill-prepared. Finally, the most notable population trend in the region has been massive forced displacement associated with conflict and political upheaval. This has heightened the weaknesses of an already disrupted policy environment on population issues, has strained health, education and other social support systems, and has exacerbated environmental concerns.

This report finds that while capacity in population exists, few countries had articulated population policies or strategies. The legal framework for population policies is weak. Vital registration is mandatory in the countries studied, but the extent of its comprehensive implementation and its coverage of non-national residents is unclear. Despite the phenomenon of population ageing occurring in the region, few countries have reformed their social welfare systems to account for it, and policies toward older populations are underdeveloped. Similarly, policies on youth, while more developed than those related to older cohorts, still need emphasis and development, particularly given the high proportion of young people in the region and the very high youth unemployment rates.

# Recommendations

- To make progress towards the Sustainable Development Goals (SDGs), the countries reviewed need to urgently generate appropriately disaggregated data to identify gaps and inequalities and develop evidence-based population policies;
- Existing population-based surveys need revision to better align with the SDGs, and to be publicly available to enable research and analysis to produce policy-relevant evidence;
- Countries need a better understanding of the causes of unwanted pregnancy and slow fertility decline or increased fertility, as relevant, and to make all efforts to address them;
- Access to education, health care, security, shelter, and other services for refugees and displaced children, youth and older people need to be expanded urgently and plans developed for return migration where likely;
- Addressing displacement within national development plans will help to ensure that the needs of displaced populations and host communities are met in an equitable manner;
- Youth strategies should be well-coordinated and comprehensive and should pay particular attention to the most vulnerable groups;
- Reforms to social security for older people are needed, particularly given the phenomenon of ageing populations in the region;
- A review of the legislation and legal frameworks underpinning population policies is needed;
- Finally, the principles of the Cairo Declaration should guide all countries in their work on population and development.

# Introduction

At the 1994 International Conference on Population and Development (ICPD), 179 governments agreed to a groundbreaking, comprehensive Programme of Action that committed to restructuring and reorienting population programmes in those countries (United Nations, 1994). The Programme of Action laid out a plan for advancing human well-being that places the human rights of individuals, rather than numerical population targets, at the centre of the global development agenda, and for the first time at any such UN population conference, emphasized the importance of sexual and reproductive health and reproductive rights. Governments agreed that reproductive rights, gender equality, equity, and women’s empowerment are essential for improving quality of life and achieving sustained social and economic growth and sustainable development. Furthermore, the ICPD’s Programme of Action highlighted the crucial links between sexual and reproductive health and rights and almost every aspect of population and development, from urbanization, migration, and ageing to changing family structures and the importance of addressing the rights of young people (UNFPA, 2014; DeJong, 2000).

The ICPD’s principles and benchmarks informed the development of the Millennium Development Goals (MDGs) in 2000, especially MDG 5 on maternal health, and the adoption in 2007 of its second target, MDG 5b, of universal access to reproductive health. With the endpoint of the MDGs in 2015, the United Nations conducted the most comprehensive consultative processes in its history to inform the subsequent global development agenda.

The *ICPD Beyond 2014* report provided specific recommendations on steps Member States should take to realize the unfinished agenda of the 1994 Cairo conference (UNFPA, 2014).

The United Nations Population Fund (UNFPA) played a convening role in promoting the ICPD through the adoption of global, regional, and country programmes focused on key aspects of the ICPD agenda, resulting in policies, programmes, and services in all regions. Since 1994, targeted funding has been provided to UNFPA Country Programmes in all regions to promote and implement human rights-based population policies and programmes.

“Population mega trends — population growth, population ageing, migration and urbanization — present both important developmental challenges and opportunities that have direct and indirect implications for social, economic and environmental development”

(UNFPA 2013b).

Promoting the well-being of current and future generations is the central objective of sustainable development. The concept originated in the 1987 Brundtland Report, which defined it as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (UN World Commission on Environment and Development, 1991). Sustainable social development, the reduction

of poverty, increased living standards, and improvements in well-being are not possible without economic development – an increase in the production of goods and services – but sustainable development also necessitates the equitable distribution of national income across segments of populations. Economic development cannot be disassociated from

environmental change and needs to be based on – and not endanger – available natural resources. Population dynamics have a critical influence on each of these three pillars (social, economic, and environmental development) and consideration of them must be central to any future development agenda (Figure 1).

**Figure 1** Population dynamics matter for sustainable development



**Source:** UNFPA 2013b (p.10)

The world is experiencing major changes in population dynamics, including continued population growth, as well as major changes in age structures associated with youth bulges and population ageing, and significant changes in spatial redistribution associated with migration (voluntary and forced) and

urbanization (UNFPA 2013b). For example, in 2016, over 65.6 million people worldwide were forcibly displaced, an unprecedented number, and many of them originated from the Middle East (UNHCR 2016). Population dynamics in the Arab region have been and continue to be profoundly affected by conflict, most notably

in Syria, Yemen, Libya, and other countries, and the neighbouring countries have received sustained inflows of refugees. In 2016 UNHCR reported that the Arab region hosts 26 per cent of the forcibly displaced worldwide, and a joint United Nations Economic and Social Commission for West Asia (ESCWA)/ International Organization for Migration (IOM) report notes that the region hosts the largest number of refugees and displaced people in the world (ESCWA and IOM, 2015). Several countries in recent years have been both the source of and the host for refugees and other displaced people, including the Syrian Arab Republic, Iraq, and Libya. These trends will have a major impact on population dynamics in the future and urgently require a policy response.

As will be discussed further below, some countries such as Egypt have seen recent reversals in long-term declines in total fertility rates, raising important implications for their economies and their ability to absorb growing

cohorts of young people within productive employment, and to provide health and education services for all.

At the same time, such rapid changes in population dynamics are occurring in a region whose environmental context remains constrained. El-Zein and colleagues (2014) argue for analysis of the population – environment – food security nexus in the Arab region. They point out that the use of natural resources in the region is currently about twice that of its biocapacity; in 2008, countries in the Arab world had a footprint that was 150 per cent greater than their biocapacity, water supply per person was one-quarter of its 1960 value, and total demand for water was 16 percent higher than available renewable fresh water resources. Moreover, about 57 per cent of the population in the Arab world lives in cities, a figure projected to reach 70 per cent by 2030, placing greater demands on natural resources, and water in particular.

## Project Background

The outcome report of the Global Consultation on Population Dynamics and the Post-2015 Development Agenda made the clearest and strongest case to date why population issues must be integrated in the new development agenda (UNFPA, 2013b). It explained the linkages between today's most pressing development challenges, population dynamics, and sexual and reproductive health and rights, but also provided concrete recommendations on how to address these linkages in the post-2015 development agenda.

The Arab world, however, is facing many challenges that make managing population and development issues even more critical. In particular, in many Arab states, national economies have proven unable to adapt to new realities or absorb the growing and increasingly youthful labour force (United Nations, 2015).

The Regional Conference on Population and Development, "Development Challenges and Population Dynamics in a Changing Arab World," took place in Cairo in 2013, organized by the League of Arab States in collaboration

with ESCWA, the Economic Commission for Africa (ECA) and UNFPA. There, findings were presented based on a regional review of Arab countries, along with the outcomes of the assessment of regional priority thematic population and development issues. This led to the development of a new framework, known as the Cairo Declaration, for implementation of the Programme of Action of the ICPD beyond 2014 for countries in the region (UNFPA, 2015).

In this report, UNFPA ASRO1 through a cooperation agreement with the Middle East

and North Africa Health Policy Forum (MENA HPF), through a cooperation agreement with UNFPA/ ASRO<sup>1</sup>, addresses population and development in Arab countries in line with the ICPD+14 as a priority in the development and advocacy agenda, which sets the scene for the SDGs.

The objective of this regional report is therefore to map population policies and strategies, implementation strategies, gaps, policy implications and directions in 10 countries in the Arab world.

## Scope and Methodology

This report covers 10 Arab countries: Egypt, Jordan, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, Sudan, Syria, and Tunisia. The selection of the countries represented the diversity of the Arab world, covering the three subregions: Egypt, Jordan, Lebanon, Palestine and Syria from the Mashreq subregion; Morocco and Tunisia from the Maghreb subregion; and Oman and Saudi Arabia, both Gulf Cooperation Council (GCC) countries. The countries detailed in this report include those that are experiencing stable conditions, such as Egypt, Morocco, Oman, Saudi Arabia and Tunisia, and others that are currently experiencing conflict, such as Syria and Palestine, as well as countries indirectly affected by conflict, such as Jordan and Lebanon, both of which host major populations of refugees.

To fulfil the aim of this exercise, the following activities were carried out:

A. A literature review of relevant published literature and official documents was conducted at the regional level, specifically of the findings of the ICPD review conducted by UNFPA (UNFPA, 2014) and of the UN World Population Policies Database (UN DESA, 2013 and 2015) as well as the review of the implementation of SDGs in the Arab world (United Nations, 2015).

B. A mapping tool was designed to standardize data collection from the 10 countries; the tool (attached in Annex 1) benefited from the *United Nations Inquiry among Governments on Population and Development* run by the United Nations Department of Economic and Social Affairs/ Population Division.<sup>2</sup> The inquiries have been carried out every five years

<sup>1</sup> Note UNFPA's Arab States office in Cairo covers the following countries: Algeria, Djibouti, Egypt, the GCC countries, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Somalia, Sudan, Syrian, Tunisia and Yemen

<sup>2</sup> See <https://esa.un.org>.

since 1963, and the most recent took place in 2015. Data gathered through the inquiries are incorporated into the biennial updates of the World Population Policies Database and reports, with the latest update in 2015. The 2013 World Population Policies report delineates governments' views and policies concerning population and development for 197 countries (UN DESA, 2013).

The regional standard mapping tool consisted of eight parts: a country profile; national population policies; the country's environment regarding the population and development agenda; population size, growth and related policies; population ageing and related policies; population structure and distribution and related policies; fertility and related policies; and immigration and related policies. Although the tool benefited from the basic questions of the *United Nations Inquiry among*

*Governments on Population and Development*, it was adapted to contextualize the data to the region and included additional detailed questions on population policies, institutional arrangements and legal frameworks, and others on data availability and research on population issues.

C. A review and analysis of the 10 country reports written by the national consultants, who were recruited to draft the reports using the standard mapping tool as well as a standard outline. The reports were received in two batches, the first covering four countries (Egypt, Jordan, Morocco and Saudi Arabia) and the second covering the remaining six. The national consultants are acknowledged in this report. It is worth noting that the consultants' approaches varied, but largely included literature and document reviews as well as interviews with key informants.

## The Population Context of the Arab World

Although the countries of the Arab region share many commonalities, including language and cultural aspects, there is considerable diversity in their political and economic circumstances, levels of development, and on population issues, and they include some of the world's least developed nations and some of the richest.

The people of the Arab region face an uncertain future. In conflict-affected countries, millions are fleeing their homes to escape violence and millions more remain trapped by conflict or in occupied territory. Expanding populations, particular in urban areas, are placing an

increasing strain on the environment through unsustainable consumption of limited water supplies and the region's abundant energy resources. Many countries have been unable to adapt their economies to new realities or absorb the growing and increasingly young labour force. Nevertheless, the region has a solid base on which to build a better future. Improvements in health care have led to a life expectancy well above the global average, and the population is increasingly educated; school enrolment and adult literacy have improved considerably, particularly for girls and women (ESCWA and IOM, 2015).

Although significant progress was made on some MDGs, progress was uneven across the Arab region (ESCWA and IOM, 2015). Some goals remain elusive, and new challenges have emerged. Economic growth remains relatively high, but little change in economic structures has occurred over the past two decades, and with rapidly expanding tertiary education opportunities in the region, many university graduates are failing to find employment.

An ESCWA technical paper on the demographic profile of Arab countries provides a general and comprehensive overview of the present and projected demographic trends and patterns (ESCWA, 2016).<sup>3</sup> In 2015, the population of the Arab region was estimated at about 390 million, growing from 166 million in 1980. Although population growth is continuing, rates have slowed since the late 1990s, indicating a shift in the age distribution. The decline in the ratio of the population of children and elderly to the working-age population means that the dependency ratio has decreased significantly across the region: data show that the proportion of dependents per 100 working-age people dropped by around 31 per cent between 1990 and 2015. The total dependency ratio fell from 91 dependents per 100 persons of working age in 1980 to 60 in 2010 (ESCWA, 2016).

The region's current age distribution is sometimes described as a window of opportunity because a greater share of the population is now available to contribute to production, and increased savings and investment in economic and social development are made possible by the reduced pressure to support young dependents and older persons.

Nonetheless, adequate economic, health, and social policies will have to be developed and implemented by national governments to reap this demographic dividend and to ensure that the working-age population is productively employed.

The 2016 ESCWA report focused on this demographic dividend. Between 1980 and 2050, the demographic window of opportunity is expected to open in each of the 16 countries reviewed in that report. However, that report and other work have underscored the important connection between population issues and trends and economic opportunities. In particular, unemployment among women is extremely high, and an apparent anomaly is occurring—the coexistence of the expansion of women's educational opportunities and the low levels of women's labour force participation.

The region is characterized by intense migration flows, mainly of those in pursuit of better employment opportunities. It is also highly urbanized; more than half of the region's population resides in urban areas. While noting regional variations, improvements in the infant mortality rate and the maternal mortality rate and actual gains in life expectancy at birth were realized in all Arab countries over the past three decades.

Population growth will continue in all countries of the region, driven by the large proportion of young people, despite slowing growth rates and declines in fertility (ESCWA, 2016). The interplay between these demographic processes will impact the age structure of the region's population. At present, the Arab population is young. Reductions in fertility will lead to reductions in the overall dependency ratio, mainly as a result of major declines in child dependency.

<sup>3</sup> ESCWA comprises 18 countries: Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, the State of Palestine, Qatar, Saudi Arabia, Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.

## Profiling the Countries Under Review

**Table 1** summarizes the demographic indicators for the 10 countries. Egypt is the most populated, with a total population of 97.6 million in 2017, while Oman is the least populated, with 4.6 million people in 2017. The percentage of the population aged between 10-24 years amounts to nearly one third of the total population in Jordan, Palestine, Sudan and Syria, indicating that these countries are experiencing a “youth bulge.” The number of people aged 65 and older as a proportion of

the total population ranges from the low of 2 per cent in Oman to the high of 9 per cent in Lebanon. The total fertility rate is defined as the average number of live births for women during their reproductive life, and the highest total fertility rates are reported in Sudan and Palestine (4.5 and 3.9 children per woman respectively). Interestingly, life expectancy at birth for women in the region is higher than that of the global average, except for women born in Sudan.

**Table 1** Demographic profile of the 10 countries surveyed

Country	Population								
	Total population in millions	Average annual rate of population change, %	Population aged 0-14, %	Population aged 10-24, %	Population aged 15-64, %	Population aged 65 and older, %	Total fertility rate, per woman	Life expectancy at birth (years), 2017	
	2017	2010-2017	2017	2017	2017	2017	2017	Male	Female
Egypt	97.6	2.1	33	26	61	5	3.2	69	74
Jordan	9.7	4.3	36	30	61	4	3.3	73	76
Lebanon	6.1	4.8	23	26	68	9	1.7	78	82
Morocco	35.7	1.4	27	25	66	7	2.5	75	77
Oman	4.6	6.0	22	20	76	2	2.6	76	80
Palestine <sup>14</sup>	4.9	2.7	40	33	57	3	3.9	72	76
Saudi Arabia	32.9	2.6	25	22	72	3	2.5	73	76
Sudan	40.5	2.3	41	33	56	4	4.5	63	66
Syrian Arab Republic	18.3	-2.0	37	34	59	4	2.9	65	77
Tunisia	11.5	1.2	24	22	68	8	2.2	74	78
Arab States	359	2.1	35	28	61	5	3.4	68	72
World	7,550	1.2	26	24	65	9	2.5	70	74

Source: UNFPA (2017)

**Table 2** summarizes the sexual and reproductive health indicators in the 10 countries as reported in UNFPA's *The State of the World Population 2017*. The highest maternal mortality ratio is reported in Sudan at 311 maternal deaths per 100,000 live births; the next highest ratio is found in Morocco where the ratio is 121 maternal deaths per 100,000 live births. The lowest maternal mortality ratio is in Saudi Arabia, at 12 per 100,000 live births. It should be noted, however, that since the maternal mortality ratio is a retrospective

measure based on past live births, these ratios do not reflect the current picture. Moreover, as shown in the table, and given the difficulty of estimating maternal mortality at the population level, some of the measures have a wide confidence interval indicating a high level of uncertainty. The unmet need for family planning among women aged 15–49 is high in Oman, Saudi Arabia and Sudan (at 30 per cent, 27 per cent, and 28 per cent respectively). The adolescent birth rate per 1,000 girls aged 15–19 is very high in Egypt, Palestine, Sudan, and Syria.

**Table 2** Sexual and reproductive health indicators of the 10 countries under review

Country	Sexual and Reproductive Health									
	Maternal mortality ratio (MMR) (deaths per 100,000 live births) <sup>a</sup>	Range of MMR uncertainty (UI 80%), Lower estimate	Range of MMR uncertainty (UI 80%), Upper estimate	Births attended by skilled health personnel, % <sup>b</sup>	Adolescent birth rate per 1,000 girls aged 15-19 <sup>b</sup>	Contraceptive prevalence rate, women aged 15-49, any method <sup>f</sup>	Contraceptive prevalence rate, women aged 15-49, modern method <sup>f</sup>	Unmet need for family planning, women aged 15-49 <sup>f</sup>	Proportion of demand satisfied, women aged 15-49 <sup>f</sup>	Proportion of demand satisfied with modern methods, women aged 15-49 <sup>f</sup>
	2015	2015	2015	2006-2016	2006-2015	2017	2017	2017	2017	2017
Egypt	33	26	39	92	56	61	59	12	84	81
Jordan	58	44	75	100	26	62	46	12	84	62
Lebanon	15	10	22	-	-	62	46	13	83	61
Morocco	121	93	142	74	32	68	61	10	87	78
Oman	17	13	24	99	13	36	24	30	55	37
Palestine <sup>1</sup>	45	21	99	100	67	59	47	13	82	65
Saudi Arabia	12	7	20	98	7	30	26	27	53	46
Sudan	311	214	433	78	87	16	15	28	36	33
Syrian Arab Republic	68	48	97	96	54	58	44	15	80	61
Tunisia	62	42	92	74	6	66	57	10	88	76
Arab States	162	138	212	79	52	53	47	16	77	68
World	216	207	249	77	44	63	58	12	85	78

Source: UNFPA (2017)

**Box 1** presents a summary some of the population dynamics in the Arab region that are detailed within this report.

### **Box 1** Summary of population dynamics in the region

- Overall trend of declining fertility rates with some major exceptions (e.g. Egypt) where the demographic transition appears to be reversing; population momentum means that even where fertility rates are decreasing, high population growth rates will persist;
- Increase in absolute population of region of 70 per cent since 1990, reaching 377 million in 2014, with Egypt accounting for a major proportion of this increase;
- Decreased dependency ratios (but at 60 per cent, higher than the global average);
- Youth bulge in some countries;
- Highly urbanized populations (57 per cent, higher than the global average of 53 per cent);
- Changing age structure of populations, with an increasing proportion of older people (Tunisia and Lebanon lead region in terms of ageing populations);
- Forced displacement: region hosts the largest refugee/forcibly displaced population; forced/voluntary migrants account for 13 per cent of region's population;
- Use of natural resources in the region currently twice its biocapacity, with water scarcity a particularly constraint.

## National Commitment to the Sustainable Development Goals

Although national development planning in Arab countries has rarely focused on sustainable development, according to the *Arab Sustainable Development Report* (ESCWA and IOM, 2015), the 10 countries under review are all committed to achieving the SDGs.

The MDGs were adopted by UN Member States in 2000; they consisted of eight goals designed to measure progress on poverty reduction

in developing countries through 2015. The initiative led donors and host countries to align their investments and their development strategies, and provided benchmarks for countries to track their progress against each of the goals.

The SDGs that followed represent an even more ambitious agenda, laying out a new roadmap to improve the lives of people throughout

the world over the next 15 year in the form of 17 goals, each with multiple targets and indicators. All countries under review have affirmed in writing their commitment to the SDGs, and many have finished developing their “2030 vision” documents. Eight Arab countries are among the 47 expected to present their Voluntary National Review (VNR) reports in July 2018, namely Bahrain, Egypt, Lebanon, Qatar, Saudi Arabia, Palestine, Sudan and the United

Arab Emirates. Of these, Egypt and Qatar are presenting for the second time. A study by the Emirates Diplomatic Academy (EDA) titled, “Implementing the Sustainable Development Goals—Early Experiences in the Arab Region,” from February 2018 found that work by the region’s governments to mainstream the 2030 Agenda is “well underway,” but the institutionalization of the Agenda is at different stages.<sup>4</sup>

## Institutional Arrangements for Population and Development Issues

All the countries reviewed in this report have well-established institutional arrangements for population and development issues. They all have specific government bodies responsible for planning, implementing, and monitoring population policies, and some have specific bodies dealing with population issues, while other include the issue under the umbrella of planning. In addition, all the countries have incorporated population trends or questions of population distribution into current national development plans or strategies. Table 3 summarizes those arrangements and mechanisms in the 10 countries under review.



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<sup>4</sup> See <http://sdg.iisd.org/news/arab-region-gears-up-for-sdg-implementation/>.

**Table 3** Institutional arrangements for population and development issues in the 10 countries surveyed

Country	Institution in charge of population policies	Other bodies involved in population issues	Is there a coordination mechanism between bodies working on population?
Egypt	The National Population Council	<ul style="list-style-type: none"> <li>The Ministry of Planning, Monitoring and Administrative Reform</li> <li>The Ministry of Health and Population</li> <li>The Ministry of Youth and Sports</li> </ul>	Yes - the Ministry of Health and Population is the authority for implementing population strategy.
Jordan	The National Population Council	<ul style="list-style-type: none"> <li>The Ministry of Planning and International Cooperation</li> </ul>	Yes
Lebanon	The Ministry of Social Affairs	<ul style="list-style-type: none"> <li>The National Permanent Committee for Population</li> <li>Other concerned ministries</li> </ul>	Yes, the National Permanent Committee for Population.
Morocco	The Superior Commission of the Population	<ul style="list-style-type: none"> <li>The High Commission for Planning</li> </ul>	Yes, the Centre for Studies and Demographic Research, the permanent secretariat of the Superior Commission of the Population.
Oman	The Supreme Council for Planning	<ul style="list-style-type: none"> <li>All concerned ministries</li> </ul>	Yes
Palestine	The Palestinian National Population Committee (PNPC)	<ul style="list-style-type: none"> <li>The Ministry of Planning and Administrative Development</li> <li>Other concerned committees</li> </ul>	Yes
Saudi Arabia	The Ministry of Economy and Planning	<ul style="list-style-type: none"> <li>The Ministry of Labour</li> <li>The Ministry of Housing</li> </ul>	Yes
Sudan	The National Population Council	<ul style="list-style-type: none"> <li>The Ministry of Health</li> <li>The Ministry of Security</li> <li>The Ministry of Social Development</li> <li>The Ministry of Labour</li> <li>The Ministry of Agriculture</li> <li>The Ministry of Environment</li> <li>The Ministry of Education</li> <li>The Ministry of Finance</li> </ul>	Yes, the National Population Council's general secretariat.
Syria	The Syrian Commission for Family Affairs and Population	<ul style="list-style-type: none"> <li>The National Committee on Population</li> <li>State Planning Commission</li> <li>The Central Bureau of Statistics</li> </ul>	Yes, the National Committee on Population.
Tunisia	The Ministry of Development, Investment and International Cooperation	<ul style="list-style-type: none"> <li>The National Office of the Family and the Population (ONFP), which was the technical secretariat of the High Population Committee, dissolved in 2010.</li> <li>Other concerned ministries</li> </ul>	Yes, the Ministry of Planning.

Furthermore, supporting data bodies exist in all 10 countries, ensuring the required disaggregation of data to inform the analysis of population and development issues, and to carry out research and training in the field of population and development. These bodies are listed in Table 4.

The countries under study differ in terms of the extent to which these supporting bodies are developed and engaged. For example, the report on Oman noted that most relevant research is individualized, while in Syria research is very much oriented through the Higher Institute for Population Studies and

Research, an institute established in 2003 and affiliated with the Ministry of Higher Education. In Jordan, the Higher Population Council has established a website called “Promise”<sup>5</sup> which seeks to provide a platform for researchers, decision-makers, and experts to make use of comprehensive data on, by making most of the studies and research on population and development issues available.

Furthermore, some countries, such as Palestine and Syria, have organized national conferences on population and development, to discuss and highlight the importance of this agenda.

**Table 4** Bodies supporting population and development agenda in the 10 countries surveyed

Country	Body in charge of population data	Main research and training centre for population issues
Egypt	The Central Agency for Public Mobilization and Statistics (CAPMAS)	The Cairo Demographic Center
Jordan	The Department of Statistics	The Higher Population Council (which has a Studies and Policies Unit)
Lebanon	The Central Administration of Statistics	<ul style="list-style-type: none"> <li>• The Centre for Lebanese Studies (CLS)</li> <li>• The Center for Studies on Aging (CSA)</li> <li>• Central Administration of Statistics (CAS)</li> <li>• The National Council for Scientific Research</li> <li>• The Arab Council for the Social Sciences</li> <li>• Various university research centres</li> </ul>
Morocco	The High Commission for Planning	The National Institute of Statistics and Applied Economics (INSEA)
Oman	The National Centre for Statistics and Information (NCSI)	
Palestine	The Palestinian Central Bureau of Statistics	Birzeit University Institute of Community and Public Health
Saudi Arabia	The General Authority for Statistics (GASat)	The National Center for Strategic Development Studies
Sudan	The Central Bureau of Statistics	<ul style="list-style-type: none"> <li>• The General Secretariat of the National Population Council</li> <li>• Universities</li> </ul>
Syria	The Central Bureau of Statistics	The Higher Institute for Population Studies and Research
Tunisia	The National Institute of Statistics	Not specified

5 See <http://www.hpcpromise.org.jo/>.

# Legal Framework for Population Policies

## A. National Constitutions

A review of the 10 countries' legal frameworks clearly shows that their national constitutions and basic laws have made stated commitments to the welfare of their citizens. However, the only country whose constitution specifically mentions a population programme is **Egypt**. Article 41 in Egypt's Constitution states enshrines a commitment to implement a population programme aimed at controlling population growth and achieving a balance between population growth and economic growth.

Most of the constitutions surveyed guarantee the rights of their citizens to health and education, for example those of **Egypt, Morocco, Saudi Arabia, Syria, and Tunisia**.

The Constitution of **Jordan** mentions education and compensation for women, and the employment of women and young people is encouraged. The Constitution assures work and education within the limits of the country's possibilities, including its economic resources.

**Lebanon's** Constitution has articles on the right to free education and the right to public employment.

**Morocco's** Constitution has a focus on youth, with the creation of the Advisory Council on Youth and Associative Action (Article 33), and bodies for the promotion of human and sustainable development and participatory democracy (Article 168–171). Article 34 supports the implementation of policies to benefit groups of people with special needs,

including mothers, children, the elderly, and people with disabilities.

The foundations of **Saudi Arabia's** society are stated as follows in its Basic Law of Governance:

- The state shall endeavour to strengthen family bonds, maintain its Arab and Islamic values, care for all its members, and provide conditions conducive to the development of their talents and abilities (Article 10).
- The state shall protect human rights in accordance with the Islamic sharia (Article 26).
- The state shall guarantee the right of the citizen and his family in emergencies, sickness, disability, and old age, and shall support the social security system and encourage institutions and individuals to participate in charitable work (Article 27).
- The focus on family as a nucleus of society also appears in Constitution of Syria. Articles relevant to population issues include the following:

### Article 20

- The family shall be the nucleus of society and the law shall maintain its existence and strengthen its ties;
- The state shall protect and encourage marriage, and shall work on removing material and social obstacles that hinder it. The state shall also protect maternity and childhood, take care of young children and the youth and provide suitable conditions for the development of their talents.

## Article 22

- The state shall guarantee every citizen and his family in cases of emergency, sickness, disability, orphan-hood and old age;
- The state shall protect the health of citizens and provide them with the means of prevention, treatment and medication.

In **Palestine**, there is no specific legal framework for working on population policies. In general, the Palestinian Basic Law affirms that all rights and freedoms that should be respected. It emphasizes public freedoms and rights including civil rights, political rights, and economic, social and cultural rights.

The Basic Statute of **Oman** states that the goal of the national economy is to achieve socio-economic development for all citizens. Provision 11 of the same law states that equality, fairness and equal opportunity shall be granted to all Omanis, and that those principles are the main pillars of society. In Provision 12, the same law stipulates that the Government is responsible for providing services in case of emergency, handicap, illness, and for the elderly, and for ensuring public health and medical services to all citizens.

The 2014 Constitution of **Tunisia** has a particular focus on women. Article 46 safeguards women's achievements and in particular the personal status law. It stipulates that the state should undertake all measures to protect and consolidates the rights women have acquired. Also worth noting is the state's cited obligation to take the necessary measures to eradicate violence against women. Article 21 of the Constitution mentions that "All citizens, male and female, have equal rights

and duties, and are equal before the law without any discrimination," and adds that "The state guarantees freedoms and individual and collective rights to all citizens, and provides all citizens the conditions for a dignified life."

## B. National Laws Related to Population Issues

In 2013, the Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014) held in Cairo endorsed the findings and conclusions of the Arab regional review on the implementation of the ICPD Programme of Action, and issued the Cairo Declaration (UNFPA, 2013a). The Cairo Declaration discussed the issue of legislation and public policies and expressed its concern about the legal environment in terms of population issues *vis-à-vis* promotion of equal opportunities for women, those living in both urban and rural areas, occupational mobility, and older persons.

The national reports adjunct to this regional report provide many details on national laws related to population issues.

There is no legal framework to protect and regulate reproductive rights, including family planning, in most of the 10 countries. Abortion on demand is illegal in all Arab countries except Tunisia, while Morocco passed a new law on abortion in 2016 which states that "abortion will be tolerated and framed in case of rape, incest, foetal malformations, or when a pregnancy occurs in a woman with mental disorders."

Legislation in Syria does not encourage the use of family planning methods, and there is a provision in the law that criminalizes those who sell or promote any contraceptives. In accordance with the Syrian Penal Code promulgated by Legislative Decree No. 140 of 22 June 1949, as amended, abortion is prohibited. Articles 522–523 of the Code are devoted to the subject of contraceptive methods and abortion. Efforts by civil society as well as the Syrian Commission for Population and Family Affairs to change these provisions are currently underway.

In all 10 countries surveyed, personal status laws (which typically deal with family law and related subjects) are administered by religious courts, which may discriminate against women.

The North African countries, however, are advanced in terms of having reformed older laws in order to allow women to pass on their nationality to their offspring. An Egyptian mother married to a non-Egyptian can pass the nationality on to her children, as of 2004 (Law No. 154 of that year). In Morocco, the 2007 Nationality Code likewise allows a Moroccan woman to convey her nationality to her children, even if their father is not a Moroccan national. Tunisia has similar provisions. Certain conditions exist for women in Gulf countries to convey citizenship, but in the Mashreq subregion, no country allows female citizens to pass their nationality on to their children.

Egypt recently passed a law that criminalizes female genital mutilation, and a draft law that would criminalize child marriage is being reviewed. Judicial consent continues to be a threat to laws that do prevent child marriage, as in Jordan and Syria, where, despite laws preventing marriage of those under 16/18, the

actual age of marriage can be as low as 13 due to judges failing to apply the law.

Tunisia in particular has a legal framework that has historically been very supportive of women's rights, including the right to abortion on demand, as mentioned above, and to the use of contraceptives. The right to contraception and to access to abortion enshrined in 1961 allows the import, advertising and commercialization of contraceptives. In 1965, it was made legal for women with five children, and in 1973 this was extended to all women. Unmarried women's right to access contraception and abortion is, however, still somewhat controversial. The 1973 Code of Personal Status also prohibited polygamy, made divorce easier for women, introduced a minimum age of marriage for both men and women, and improved the condition of inheritance for women. Since 1993, Tunisian women have been allowed to transmit their nationality to their children, even if their fathers are foreign or unknown. Civil society pressure has also led to a recent change in the law, allowing Tunisian women to marry non-Muslim men.

In Tunisia, the process of democratic transition has allowed the concretization of years of efforts by civil society and women's NGOs, in the issuing of a 2017 law countering violence against women and girls. The new law adopts a broad definition of violence, including physical, economic, sexual, political and psychological violence. It also provides for new protection mechanisms that will enable survivors to access the necessary services and legal and psychological assistance. Furthermore, the law eliminates impunity for perpetrators of violence, for example, by amending Article 227 of the penal code, which pardoned a perpetrator of a sexual act with a minor when the perpetrator married his victim.

## C. Civil Registration

Civil registration systems are used to record vital events, including births, deaths, and marriages. They have the potential to serve as the main source of national vital statistics. However, in many developing countries, civil registration and vital statistics systems are weak or non-existent, and as a result, key demographic, fertility and mortality statistics are not available on a continuous basis and do not cover large segments of the population (WHO, 2018).

Birth and death registration is mandatory in all 10 countries, and all have national laws to regulate these processes. These laws include provisions specifying the timing of reporting as well as the process of registration, including for those born outside the country.

In Jordan, the birth and death registration system of the different institutions is electronically linked between offices at governorate level and the central offices. Despite these efforts, however, these systems need strengthening. The key gap in this area is the lack of a unified civil registration system and various electronic programmes used by the different agencies, which makes it difficult sometimes to obtain comprehensive information (Jubran, 2018).

The World Health Organization (WHO), working with the University of Queensland in Australia, has developed a rapid and comprehensive guide to support countries that wish to improve their civil registration and vital statistics systems (CRVS systems). This exercise determined that around 40 per cent of the countries served by the WHO Regional Office

for the Eastern Mediterranean<sup>6</sup> have either inadequate or weak CRVS systems. Only a quarter have satisfactory CRVS systems that produce data of sufficient quality to adequately cover the needs for policy decision-making and for monitoring the impact of interventions and development programmes. However, the systems in these countries serve only 5.3 per cent of the population of the Eastern Mediterranean Region.<sup>7</sup> Outdated and incomplete legislation was one of the major dilemmas in the findings of the survey. A legal framework for civil registration also plays an important role in delivering the basic human rights set out in United Nations declarations, covenants and resolutions.

States have clear obligations to produce vital statistics on their entire resident population, differentiated by nationality (United Nations, 2014). Little information is provided in the national reports for the 10 countries examined in this report about the extent to which vital registration – particularly of births, deaths, and marriages – is compulsory for non-nationals, or what authorities are responsible for this.

Al-Qutob and Majali (2017) noted that unregistered births are an issue that displaced Syrian families in **Jordan** currently face for various reasons (absence of official documentation, early marriage, and other issues). This situation has resulted in several thousand children without any documentation, which could deprive them of the education

6 Afghanistan, Bahrain, Djibouti, Egypt, the Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, State of Palestine, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.

7 See <http://www.emro.who.int/civil-registration-statistics/assessment/crvs-rapid-assessments.html>.

and many other services that they need. The Government of Jordan, however, issued legislation in 2016 for a national registry of infant and maternal deaths within the Ministry of Health. More research is needed into the constraints on birth and marriage registration among non-nationals in Jordan.

**Lebanon** is also the neighbour of a conflict-affected country (Syria), and therefore also has the dilemma of providing registration services to its large refugee population. Registering the births of refugee children is a particular problem. Most Palestinian children are registered as refugees with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), but the numbers of those who do not have official status and who are neither registered with

UNRWA nor with the Lebanese authorities, or who cannot complete civil registration procedures for vital events such as birth and marriage, are not known. Syrian refugees also face challenges to register births, due to lack of awareness about the multi-step registration process, lack of required legal documents, and financial barriers. Moreover, the Government introduced new residency regulations in 2015 which most Syrian refugees are unable to comply with, and this had implications for birth and marriage registration, leaving tens of thousands of Syrian children in the country at risk of statelessness. The United Nations High Commissioner for Refugees (UNHCR) can only monitor births among registered refugees; it is not known how many children have been born to about half a million unregistered Syrian refugees in the country (Mourtada, 2018).

# Population Policies

**Table 5** summarizes the population policies in the 10 countries featured in this report, as detailed by the 2015 *World Population Policies*; these are the policies as reported by the countries concerned in response to a survey sent by the UN Population Division. However, the following sections will detail some of those policies as elaborated by the national reports.

**Table 5** Summary of population policies in the 10 countries under review

World Population Policies - 2015 Database: All Variables												
Country name	Region	Least developed country	Policy on growth	Level of concern about the ageing of the population	Policy on fertility level	Measures on birth registration coverage	Government support for family planning	Level of concern about unsafe abortions	Policy on immigration	Policy on highly-skilled workers	Policy on emigration	Policy to encourage the return of citizens
			2015	2015	2015	2015	2015	2015	2015	2015	2015	2015
Egypt	Africa	No	Lower	Not a concern	Lower	Yes	Direct support	Minor concern	Lower	Maintain	Maintain	Yes
Jordan	Asia	No	Lower	Minor concern	Lower	Yes	Direct support	No official position	Lower	Maintain	Maintain	Yes
Lebanon	Asia	No	No official policy	Minor concern	No official policy	Not applicable	Direct support	Minor concern	Maintain	Maintain	Lower	Yes
Morocco	Africa	No	No official policy	Minor concern	Maintain	Yes	Direct support	No official position	No official policy	Maintain	No official policy	Yes
Oman	Asia	No	Maintain	Not a concern	Maintain	Yes	Direct support	Not a concern	Lower	Lower	No official policy	Yes
Saudi Arabia	Asia	No	Maintain	Minor concern	Raise	Yes	No support	No data available	Lower	Maintain	Lower	Yes
State of Palestine	Asia	No	No official policy	No official position	Maintain	Yes	Direct support	Major concern	No official policy	No data available	Lower	Yes
Sudan	Africa	Yes	Lower	No data available	Lower	Yes	Direct support	No data available	Maintain	No data available	Lower	Yes
Syrian Arab Republic	Asia	No	Lower	Minor concern	Lower	Not applicable	Direct support	No data available	Maintain	Maintain	Lower	Yes
Tunisia	Africa	No	Lower	Major concern	Lower	Not applicable	Direct support	No data available	No intervention	No intervention	Raise	No
Source: United Nations, World Population Policies Database. <a href="http://esa.un.org/poppolicy/about_database.aspx">http://esa.un.org/poppolicy/about_database.aspx</a> .												

**Source:** United Nations, World Population Policies Database ([http://esa.un.org/about\\_database.aspx](http://esa.un.org/about_database.aspx))

According to this dataset, in all the countries listed except Saudi Arabia, the government directly supports family planning. Five of the 10 countries (Egypt, Jordan, Sudan, Syria and Tunisia) have policies to lower fertility levels, while Saudi Arabia has a policy to raise its

fertility levels. The other four countries have policies to maintain their fertility levels, except Lebanon, which reported no official policy. Three countries reported no official policies on population growth (Lebanon, Morocco and the State of Palestine).

# National Population Policies and Related Strategic Frameworks

Most of the countries under review have formally issued national population policies. The level of development of those policies varies a great deal, however.

In **Egypt**, a new Strategy for Population and Development was prepared under the umbrella of the National Population Council and launched in 2014 by the prime minister under the auspices of the president. In **Jordan**, the revised National Population Strategy 2000–2020 was accompanied by the National Family Planning Strategy for Information, Education and Communication. The overall strategic objective of the National Population Strategy was to restore a balance between population and the national resources of Jordan by reducing the rate of natural population increase. In **Syria** a national population policy was adopted in 2011 but it was not fully implemented due to the conflict that broke out that year; only some targeted programmes related to reproductive health and empowerment of rural women were implemented, at a small scale in the most deprived governorates. In 2013, as a result of the lack of access to all governorates, the policy saw shifts in themes and locations, with a new focus on supporting youth employment opportunities in the governorates with a large number of internally displaced people. In **Sudan**, an updated National Population Policy was issued in 2012 to address work towards the SDGs in the country; this was one year after South Sudan declared independence in 2011. The Ministry of Social Affairs in **Lebanon** issued

a national population policy document in 2001. The document was not detailed and the policy has not been renewed since, although there are recent discussions about the renewal of this policy, to align it with the SDGs.

**Morocco, Tunisia, Oman, and Saudi Arabia** do not have specific population policies. In **Saudi Arabia**, the Ministry of Economy and Planning is working on a national population policy, and will finish by 2018. Its main objectives are to propose a population policy, define its objectives in line with the Kingdom's general policy, to adopt them according to the regular procedures, and to integrate population policy objectives and programmes into the country's overall development plans and strategies. The Government of Saudi Arabia is committed to the General Framework for the Population Strategy of the GCC States adopted in 2013 (Al Ansary et al., 2017). Also in **Tunisia**, there is no specific policy document; however, there are different development plans as well as other documents elaborated by the office of Family and Population (Chkair, 2018). In **Palestine**, despite the various population-oriented programmes and initiatives, an official national population policy that is agreed among the different stakeholders is still lacking. According to the prime minister's office, there is a policy not to influence population growth rates, i.e. the Government is neutral towards population growth. The Palestinian Government perceives population issues in relation to development policies and strategies, and their implications

for the national planning process (Jubran, 2018).

There are many other strategic frameworks that exist in the countries under review related to population issues, including those related to employment, such as the National Employment Strategy in Jordan, the National Youth Framework in Syria, the National Strategy for Gender Equality and Women Empowerment 2030 in Jordan, the National

Strategy for Childhood and Motherhood 2017–2022 in Egypt, the National Health Strategy (2017-2022) and the National Urban Strategy in Saudi Arabia ; and the '*Tanfeedh*' National Program for Economic Diversification in Oman, which is charged with developing a national comprehensive plan for sustainable development by 2040. Sudan also has an Interim Poverty Reduction Strategy implemented by the Ministry of Finance and Economic Planning.

## Policies on Population Growth

According to ESCWA (2016), the population of the Arab world is expected to reach 660 million in 2050 in the medium fertility variant scenario. Population growth has generally slowed down across the region, although with variations between countries; at 4.7 per cent annual population growth, Oman has the highest rate, followed by Palestine, Jordan and Sudan. While the number of people doubled between 1980 and 1998 in the ESCWA region, the 2015 population is not expected to double in the coming 35 years (by 2050) under the medium fertility variant (ESCWA, 2016). The Mashreq subregion is the most populated; the number of inhabitants has more than doubled, from 72 million in 1980 to 165 million in 2015, and it is expected to reach 300 million in 2050. The population in the Maghreb subregion has been growing at a slower pace, from 49 million in 1980 to 92 million in 2015, with 122 million forecast by 2050 under the medium fertility variant (ESCWA, 2016). Table 6 shows the trends in population size, annual population growth and GDP per capita in the countries under review in 1960, 2000 and 2017, and the

variation between the most populous and the least populous countries is stark. The most significant increase in the overall population can be accounted for by the most populous country, Egypt, which since 2000 has grown from nearly 70 million to over 97 million people, an increase of almost 40 per cent.



**Table 6****Trends in population size, annual population growth and GDP per capita in the countries surveyed, in 1960, 2000 and 2017**

Country	Total population (million)			Population growth (annual %)			GDP per capita (Current USD)		
	1960	2000	2017	1960	2000	2017	1960	2000	2017
Egypt	26.9	69.9	97.5	2.8	1.8	1.9	-	1428	2412
Jordan	Less than one million	5.1	9.7	5.2	1.7	2.6	-	1657	4129
Lebanon	1.8	3.2	6.1	3.3	2.5	1.3	-	5334	8523
Morocco	12.3	28.8	35.7	3.1	1.2	1.3	164	1332	3007
Oman	Less than one million	2.3	4.6	2.3	0.3	4.7	-	8601	15668
Palestine*	-	2.9	4.7	-	2.6	2.9	-	301	1476
Saudi Arabia	4.1	20.7	32.9	3.0	2.3	2.0	-	9127	20760
Sudan	7.5	27.2	40.5	2.9	2.4	2.4	124.5	361	2898
Syrian Arab Republic	4.5	16.4	18.2	3.0	2.3	2.0	187.5	1177	-
Tunisia	4.1	9.6	11.5	1.3	1.0	1.1	-	2213	3490

**Source:** World Bank data<sup>8</sup>

\*The World Bank data shows Palestine as the West Bank and Gaza.

All countries reported that their population policies are very much linked to development plans. However, components of reproductive health and family planning were only emphasized in some countries, among them Egypt, Syria and Palestine. Issues pertaining to migration and the economy were emphasized more strongly in countries such as Saudi Arabia and Oman.



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<sup>8</sup> See <https://data.worldbank.org/indicator>.

# Fertility Policies

According to ESCWA (2013), the unweighted average number of children per woman for the region has declined remarkably since 1980, from 6.3 children per woman in the period 1980–1985 to 3.2 in the period 2010–2015. This rate is still above the world average of 2.5 children per woman. Major factors contributing to this decline include better educational attainment and higher participation in the workforce by women. Variations in the decline in fertility levels between countries of the region are evident, and as noted, some countries such as Egypt have seen a recent increase in their fertility rate, contrary to all expectations.

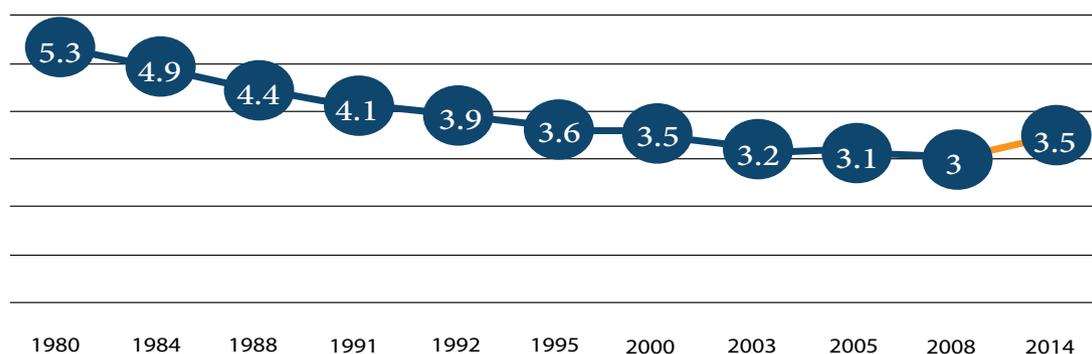
Most of the Arab countries have policies to lower fertility, while a minority have policies to maintain fertility rates. Each country's policies are examined in more detail below.

**Egypt** first publicly recognized the negative impact of population increase on citizens' quality of life in the early 1960s. As a result of the country's efforts, the total fertility rate witnessed a sharp decline from 5.3 children per woman in 1980 to 3.6 in 1995, and then a modest decline to 3.5 in 2000. Another sharp decline occurred between 2000 and 2005,

when it reached 3.1 per woman, after which it essentially stabilized until 2008. A setback occurred between 2008 and 2014, when it increased to 3.5 children per woman, the same rate as in 2000 (2). Population projections show that if the 2014 total fertility rate continues, Egypt's population will reach 119 million by 2030. Consequently, the objective of the National Population and Development Strategy is to reach a rate of 2.4 children per woman.

Recent academic studies have both confirmed this unexpected recent trend upward in fertility in Egypt (Zalak, 2017; Krafft, 2016) and pointed to the importance of changing economic structures as an important contributor to the increased fertility being observed. In particular, these researchers find that decreased economic opportunities in Egypt, and particularly the decline of (preferred) public sector employment opportunities for women, has been a major factor. In effect, women in the 20 to 29 age group who are not able to find work are having their children earlier than had been the trend previously. This important connection between population and labour market policy should be highlighted.

**Figure 2** Trend in the total fertility rate in Egypt, 1980–2014

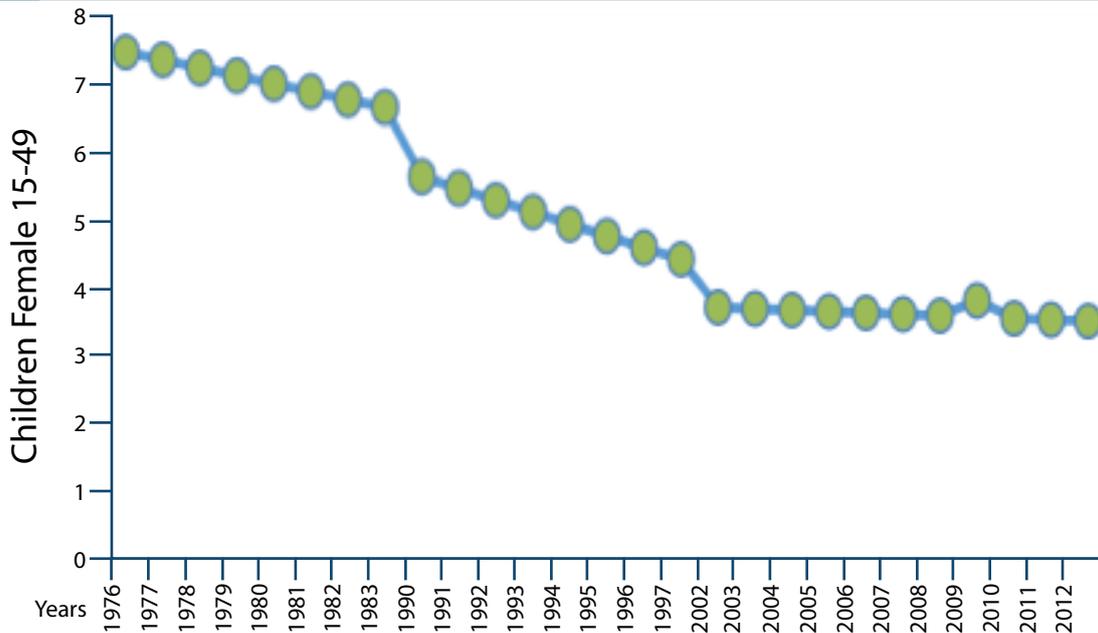


**Source:** Egypt's Demographic and Health Survey (2014)

According to the 2013 Demographic and Health Survey in **Jordan**, the total fertility rate is 3.5 children per woman. The rate had declined between 1976 and 2012, despite a decade of stagnation from 2002 to 2012. In 1997 it stood at 4.4 children per woman (Figure

3). The stagnation of fertility in recent years, however, warrants attention, and as in the case of Egypt, the connection with labour market opportunities, for women particularly, needs further study.

**Figure 3** Trend in the total fertility rate in Jordan, 1976–2012

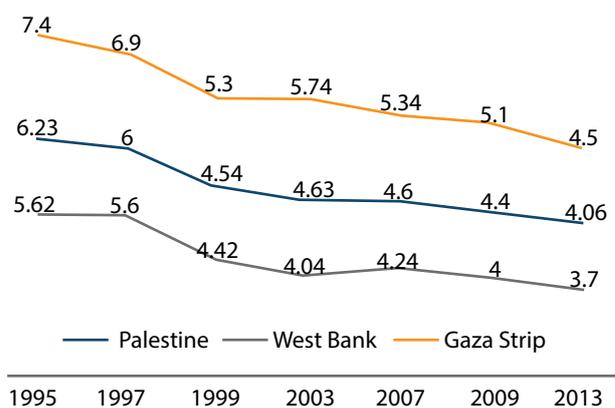


**Source:** Department of Statistics (2016). Population Projections 2015–2050

Despite the high fertility levels in **Palestine** in comparison to the Arab world, the total fertility rate dropped from nearly eight children per woman (7.91) in 1976–1981, to six children per woman in 1996, and reached four children per woman in 2013 (Figure 4). Despite the narrowing of the difference in fertility rates between the West Bank and the Gaza Strip, the latter still experiences higher fertility rates than the West Bank, which is also considered among the highest in the Arab region, and the world. It also seems that since 1999 the fertility transition has begun to slow, particularly in the West Bank, as during 1999 and 2013 the total fertility rate decreased by 0.7 children in the West Bank (a decrease of 16 per cent) in

comparison to a decrease of 1.2 in the Gaza Strip (a decrease of 21 per cent) (Jubran, 2018).

**Figure 4** Trends in the total fertility rate in Palestine, 1995–2013



**Source:** Jubran, 2018

A high fertility pattern still prevails in **Syria**, particularly in certain governorates. The total fertility rate has declined from its highest levels (7.9 children per woman) at the beginning of the rapid population growth stage in 1994 to 4.2 births in 1994 and declined further to 3.6 births in 2004. It has stabilized at around this level for the last 10 years, reaching 3.5 births per woman in 2010. However, there are no recent figures from the country due to the war, and there is some debate as to whether fertility is likely to have declined due to the conflict or increased as people endeavour to rebuild families (Bashour, 2018).

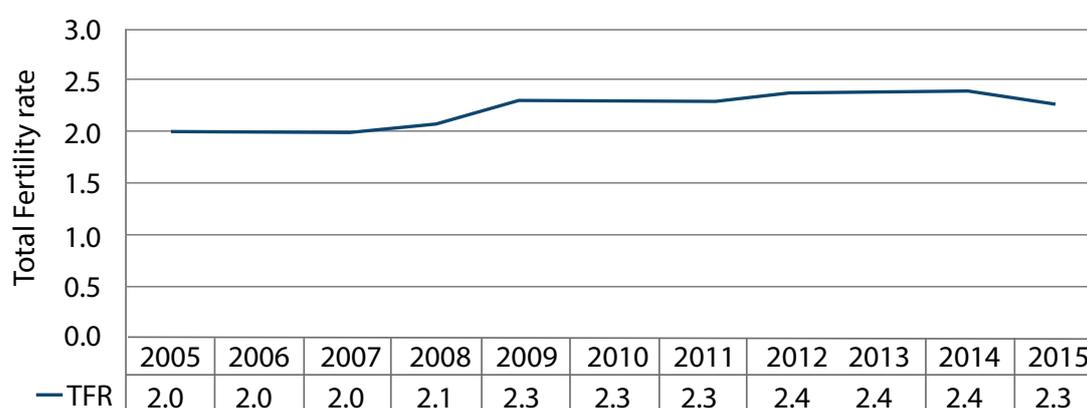
The fertility rate in **Sudan** has not changed much in the last decade; it stood at 5.5 births in 2008 and at 5.2 in 2014 (although it should be noted that the 2008 figure is before the independence of South Sudan). The country's National Population Policy adopts the principle of enabling couples to take decisions on their preferences for spacing between births, providing a safe motherhood and childhood on the basis of Islamic sharia law. Based on trend analysis, families with more than nine people are decreasing, indicating a preference for smaller families. Moreover, the National

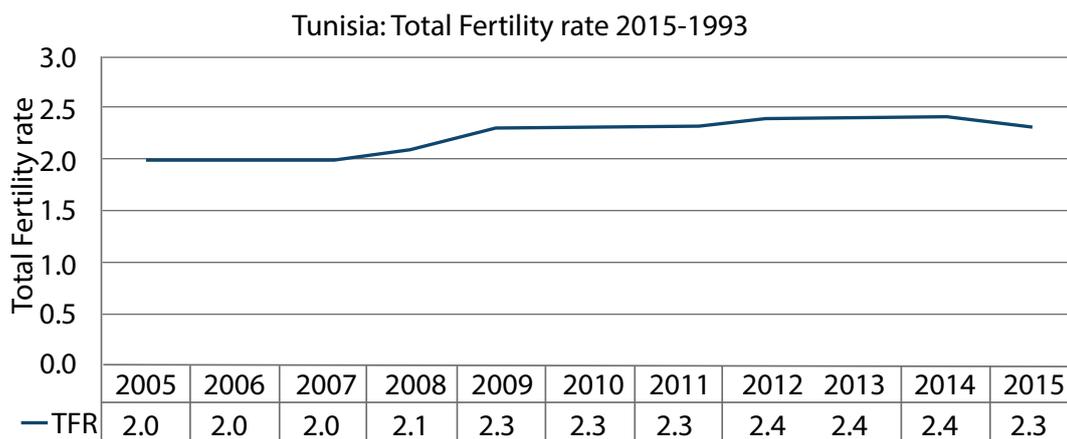
Population Policy is not premised on increasing or reducing population growth or fertility rates, but rather seeks to improve living conditions and to utilizing the resource potential of the demographic dividend. The Government also specified in the policy that any policies or programmes that may affect the fertility rate should target married women aged between 20 and 39 (Bedri, 2018).

In **Lebanon**, the total fertility rate decreased from 4.67 children per woman in 1975 to 3.75 children in 1985, then to 2.80 in 1995, 2.01 in 2005, and to 1.72 children (i.e. below replacement fertility) in 2015. However, this fertility decrease occurred in a context where no official policy on fertility had been adopted (Mourtada, 2018).

In **Tunisia**, the total fertility rate was estimated at 2.0 births per woman in 2005, and rose gradually from 2008, reaching 2.4 births in 2012. In 2015 the rate began to decrease again, to 2.3 (Figure 5). The earlier increase is attributable to the unusually large number of marriages during the period 2005-2013, and the small decline in the age at marriage, as shown in the civil registration statistics.

**Figure 5** Trends in fertility rates in Tunisia, 1993-2015





**Source:** Chkair, 2018.

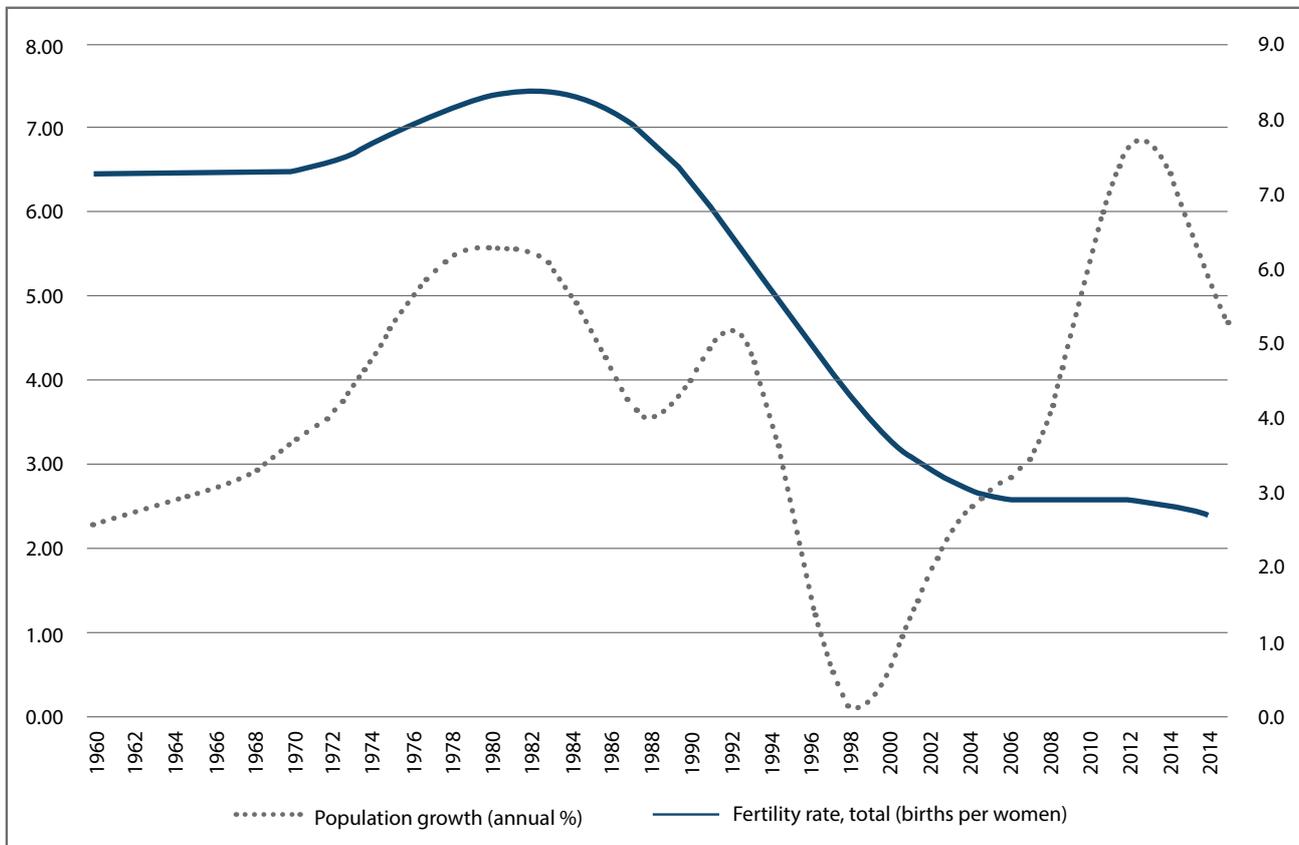
In **Morocco**, the average number of births per woman was 2.21 in 2014, compared with 2.47 in 2004. There is a substantial difference between rural areas, where the total fertility rate in 2014 was 2.55 children, and urban areas, where it was 2.01. The downward trend in fertility is also much sharper in urban than in rural areas (Belouali et al., 2017). The decrease in fertility in Morocco is reportedly due to the use of contraceptives, a decline in the marriage rate, and an increase in the age at marriage.

**Saudi Arabia's** total fertility rate reached 2.4 children per woman in 2016, according to the country's General Authority for Statistics' demographic survey. The average number of live births delivered by a Saudi woman who has passed the climacteric age (45–49) is 4.9. The Government's goal is to keep the rate at its current level of 2.4 births. The decrease in the rate during recent years is due to the higher age of marriage among women (Al Ansary et al., 2017).

While population size in **Oman** has increased consistently since 1960, the fertility rate and the growth rate have fluctuated. The fertility rate reached a peak in 1980, then started to decline. Population growth started to decline soon afterwards, until it reached its lowest level

of 0.14 per cent in 1998, when the trend was arrested and a sharp increase lasted until 2013, when it had reached a high of 6.88 per cent. It then began to decline once again. This plunge in population growth from 2014 may be due to outward migration of expatriate workers as a result of the oil crisis in recent years (Alasfoor, 2018).



**Figure 6** Trends in population growth and fertility rates in Oman since 1960

**Source:** World Bank data

Finally, it should be noted that this review found that, in the countries surveyed, infertility was not considered an issue of societal concern, but more one for individuals. Countries such

as Jordan and Saudi Arabia have advanced treatment options and medical services for infertile couples, mainly provided by the private sector due to their high cost.

## Youth Policies

According to ESCWA (2013) the Arab region has a fairly young age structure: about one-third of its population falls in the 0–14 age bracket, and roughly one-fifth in the 15–24 age bracket. The latter group formed 19.2 per cent of the total Arab population in 1980, a figure that reached a peak of 20.8 per cent in 2005.

Youth as a proportion of the total population started to decrease after 2005, standing at 19.9 per cent in 2010 (ESCWA, 2013).

The current age distribution in the Arab world is often considered a window of opportunity, because a greater share of the population is

now available to contribute to production. The “demographic dividend” is the economic growth potential that can result from shifts in a population’s age structure to a larger share of the working-age population in relation to the non-working-age share.

However, this only applies if the working-age population is productively employed. Arab countries have been less able to benefit from this opportunity than many other countries. Complicating matters, youth unemployment in the Arab region has been alarmingly high since 1991. By 2013, unemployment of those aged 15 to 24 reached around 30 per cent, more than double the global average of 14 per cent; consequently, the dependency ratio for the Arab region (60.2 per cent) is worse than the global average (53.8 per cent) (ESCWA, 2015).

This youth bulge is a direct consequence of the fertility transition, and it is a phenomenon common to many countries in the Arab world. It is often due to a stage of development whereby a country has achieved success in reducing infant mortality, but mothers still have high fertility, or fertility is only just starting to decrease, meaning there are still a large number of children and young people. The youth bulge represents a critical challenge to economic development in many countries covered in this review, with Egypt, Jordan, Palestine, and Syria particularly salient cases.

In **Egypt**, the number of dependents (those aged below 15 or over 65) decreased from 44 per cent of the population in 1976 to 35 per cent in 2016. The most notable change in the age distribution was between 1996 to 2006,

concurrent with the decrease in the total fertility rate from 3.6 children per woman to 3.0. This change in age distribution decreased the dependency ratio from 77 per cent in 1976 to 55 per cent in 2016. As a country with both increasing numbers of young people and declining fertility, Egypt has the potential to reap a demographic dividend. For economic growth to occur, however, the younger population must have access to quality education, adequate nutrition, and health care, including access to sexual and reproductive health services. Egypt’s fertility rate is increasing at present, threatening the benefits of the demographic dividend (Osman and Girgis, 2017). The Egyptian Government is concerned with meeting the needs of the youth, and has put a special emphasis on providing jobs and housing (Osman and Girgis, 2017). The Government also recognizes the importance of utilizing youth in development processes and decision-making, as evidenced by President Abdel-Fatah Al-Sisi’s announcement of 2016 as the ‘Year of Youth.’ The president also conducts a monthly conference to discuss the needs of the youth and seek their opinions on different issues.

The majority of **Jordan’s** population is young: over one-third of the population are children below 15, while youth aged below 30 years comprise about 64 per cent of the population. With the changes in its demographic characteristics, Jordan is currently in a demographic transition phase. There have not been major changes in population policies in Jordan, and the total fertility rate and population growth remain relatively

high. The percentage of the population aged below 30 indicates that Jordan is entering the youth bulge stage. As a result, there has been more of a focus on issues related to unemployment and development projects. The Jordanian Ministry of Youth is designated as the governmental organization responsible for youth. This group faces several challenges, including unemployment, and more recently, extremism. There is an oversupply of university graduates and a chronic undersupply of skilled craftsmen and technicians. As a result, the youth unemployment rate is 31.8 per cent, and total workforce participation is only 41 per cent, one of the lowest rates in the world. In addition, the unemployment rate of young women is higher than that of young men. Two National Strategies for Youth were developed during the current decade, with the latest being for the years 2011–2015. There is currently a strong political commitment to youth issues, and a new youth strategy is under development as a result. Youth issues were also thoroughly addressed in the most recently issued National Human Resource Development Strategy, for 2016–2025. However, the political unrest in the region and the spread of social media worldwide have contributed to the development of extremism as an issue to be addressed in the National Strategy for Youth Empowerment 2015–2017, currently under development (Al-Qutob and Majali, 2017).

The population of **Syria** is very young. In 2011, over 70 per cent of the population was under 24, and 34 per cent was aged between 10 and 24. As a result, the country's dependency ratio is very high, and the youth bulge is a major issue. It is notable that the launch of the National Youth Strategy was one of the first demands of

the participants in the First Youth Conference for Human Development in 2017, under the auspices of the minister of administrative development. The slogan of the conference was "Creative Youth .. Leading Institutions." Many studies have been conducted and a draft youth strategy was developed, but the national multi-sectoral framework for youth is currently under preparation, jointly with UNFPA and the United Nations International Children's Emergency Fund (UNICEF). The focus of this framework is employment and education programmes.

In **Palestine**, the proportion of children in the population (aged between 0 and 14) has fallen over the past thirty years, from 50 per cent at the beginning of the 1980s to 40 per cent in 2014. There was also a slight increase in the proportion of the elderly in the same timeframe, from 2.3 per cent to 3.2 per cent, and then to 5.2 per cent in 2017. The demographic dividend resulting from a decrease in dependents compared with the economically active age population (15–64 years of age) have not been extremely significant. By contrast, the youth bulge has risen sharply, from 19.1 per cent in 1980 to 22.6 per cent in 2014. For youth in Palestine (15–29 years), the unemployment rate was 44 per cent (38 per cent among men and 70 per cent among women), with the highest rates appearing among those aged 18–22 years old (37 per cent). Currently, many sectorial and cross-sectorial strategies for 2017–2022 focus on youth employment, education, and the economy (Jubran, 2018).

In **Sudan**, those aged under 15 comprise 43 per cent of the population, while those over 65 make up 3 per cent. The youth cohort (15–35 years of age) represent 34 per cent of

the population, with 49 per cent being male. The Government is concerned about the demographic dividend, and hence a technical team has been formed by ministerial decree to formulate a roadmap on harnessing the demographic dividend through investing in youth (Bedri, 2018).

In 2014, young people aged 15–24 constituted one-fifth of **Morocco's** population. The high demographic weight of young people will continue for years. Morocco's Integrated National Youth Strategy 2015–2030 synthesizes recommendations made by the private and public sector, civil society, and donors, and especially the priorities and recommendations expressed by young people. This strategy targets employment, education, and prevention programmes for tobacco, drugs, and violence. In addition, Article 33 of the 2011 Constitution established the Advisory Council on Youth and Associative Action (Belouali et al., 2017).

About a quarter of **Saudi Arabia's** total population is less than 15 years of age, while those aged 10–24 constitute around 24 per cent of the population. The Saudi age dependency ratio is currently at 53 per cent. The Saudi Government is also concerned about the youth bulge, and it has prioritized the proper training of youth on the basis of Islamic values, away from extremism, and in favour of development. The Ministry of Economy and Planning and the UNDP country office in Saudi Arabia have also signed a project agreement to develop a national youth strategy (Al Ansary et al., 2017).

**Oman** is also experiencing a youth bulge. Assuming the migration pattern does not change, it is estimated that the proportion of the population below 15 years old will decline

over the coming decades. It is estimated that a demographic window will be achieved in 2040, when the working-age population reaches its peak. Like other developing countries, the Government of Oman is working towards empowering its young people through improving human capital by providing education and skill development, as well as by creating job opportunities. The 'Tanfeedh' National Program for Enhancing Economic Diversification is a prime example of a multi-sectoral initiative to create job opportunities and diversify the national economy. In addition, the Government is working to mitigate the structural change in the labour market, thus preserving as much as possible traditional professions such as fishing, handicrafts, and agriculture (Alasfoor, 2018).

The youth bulge is not an issue in **Lebanon**. The National Youth Policy, which was approved in 2012, declares the state's commitment to youth issues; it is a comprehensive document that includes the vision of all the actions the state intends to take in order to improve the living conditions of young people, to ensure their access to welfare and other services, and to create an enabling environment to access decision-making positions in the public life. Between 2005-2013, the Government had minor concerns in relation to adolescent fertility and adopted policies to reduce it: it raised and/or enforced a minimum age at marriage (a draft law has been prepared but has not yet been passed), it expanded girls' secondary school enrolment/retention, and it provided school-based sexuality education. However, expanding access to education has been challenged by the large influx of Syrian refugees who have been accommodated within the public educational system (Mourtada, 2018).

The situation of youth in **Tunisia** is characterized by a high unemployment rate, particularly among university graduates; education is no longer play a role in social mobility, and as a result there was an increase in school drop-outs from 2000 to 2010. Youth

mobility has been restricted due to restrictions on migration from European countries and others. This generation remains particularly at risk from radicalization, or other forms of risky behaviour such as irregular migration.

## Policies Regarding the Elderly

At present, only 6.6 the population of the ESCWA countries is over 60 years old, and just 0.7 per cent are over 80. In 1985, the figures were only 5.7 per cent for those above 60 and 0.5 per cent above 80. The current figures are expected to increase significantly by 2030, to 9.3 per cent over 60 and 0.8 per cent over 70, and to 14.9 per cent and 1.9 per cent by 2050 (ESCWA, 2017).

According to World Bank data in 2017, the countries under review with the highest proportion of their population above 65 years old are Lebanon (9 per cent), Tunisia (8 per cent) and Morocco (7 per cent). The proportion is 5 per cent in Egypt and 4 per cent in Syria, Jordan and Sudan, 3 per cent in Palestine and Saudi Arabia, and only 2 per cent in Oman.

Population ageing is a consequence of the transition from high to low levels of fertility and the continuing increase in life expectancy. The rate of ageing depends on the rate of decline in fertility levels, with countries that have experienced sharp declines in fertility rates ageing rapidly, and those that have maintained high fertility rates ageing slowly. This accounts for the large variations between the countries of the region. Lebanon and Tunisia are the most advanced in terms of ageing, and they are also countries which have

seen a strong decline in their fertility rate, but large differences in the extent of population ageing are evident across countries in the region. The low proportion of older people in GCC countries is mainly due to high levels of labour migration and the consequent swelling of the working-age population as a proportion of the total population (ESCWA, 2013).

According to the Lebanese National Report for the Living Conditions of Families in 2007, at that time 10 per cent of the population was aged 65 years and or over. As noted above, in comparison with similar countries, **Lebanon** has the largest proportion of elderly among its population (Mourtada, 2018). The issue of the elderly is ranked among national priorities according to a number of United Nations Development Programme (UNDP) Human Development Reports. Given the rapid pace of ageing, Lebanon in 1999 established a national committee on ageing, with the aim of putting the issue on the national agenda for social development. However, the national committee has not been able to implement its recommendations due to a lack of funds (Sibai et al., 2014).

Lebanon also established a research institution on the issue, the Center for Studies on Ageing

(ESCWA 2017), and is among the few Arab countries that have carried out surveys targeting elderly people. Despite publishing a number of specialized studies on the issue, there are huge deficiencies in governmental data on older persons' use of health services, including public and private expenditures on health services (Sibai et al., 2014).

Despite being a rapidly ageing country, Lebanon does not have a national strategy or national plan of action on ageing (ESCWA, 2017). There is also no national pension policy. However, in 2000, a draft law was approved by the Cabinet introducing the provision of free health care to the entire population over the age of 64; at present, half of the elderly population have no health insurance. Many others rely on private medical insurance (Mourtada, 2018).

In **Tunisia**, the development plan for the period 2016–2020 contains specific measures regarding the elderly. The plan for ageing for this period mentions the following as a priority: the continuation of the programmes for the support of elderly in the arena of social and health care and the consolidation of services for them. This will be achieved, inter alia, through the construction and rehabilitation of centres for the elderly.

**Morocco's** proportion of older persons is high, with 10 per cent of its population over 60 (ESCWA, 2017), yet Morocco too does not have a law specific to this age group. The Family Code, however, obliges children to provide financial support to their parents. The Criminal Code also sanctions the family for monetary abandonment, and imposes heavy penalties in cases of violence perpetrated against parents, including parricide.

In **Egypt**, people aged 65 and over constitute 4.3 per cent of the total population, as of 2015. Article 83 of Egypt's 2014 Constitution guarantees the health, economic, social, cultural, and entertainment rights of older people; provides them with appropriate pensions to ensure a decent life; and enables them to participate in public life (Osman and Girgis, 2017). Egypt has recognized that ageing usually follows the youth bulge phenomenon, and has started providing the elderly with different services and with social security. In addition to the retirement pension, the state initiated the 'Karama' programme for people aged 65 and over who do not have an income. In addition, 170 retirement homes operate in the country, and 196 day-care centres and 52 natural therapy centres serve older people.

**Jordan's** population has a low percentage (3.6 per cent) of older people, a reflection of the fact that fertility has declined relatively slowly compared to other countries and remains fairly high. The National Council for Family Affairs (NCFA) is currently revising the National Strategy for the Aged, first published in 2008. The council has also published an analytical report and a policy brief evaluating the strategy. Public health insurance is provided free for people over 70 years old. Those enrolled in the social security system receive social security payments at the age of retirement (60 for men, 55 for women). Some retired older government officials and army officers and soldiers receive civil pensions. The council has also proposed the establishment of a Fund for Elderly Persons with the Ministry of Social Development. In general, many challenges have arisen in the implementation of strategies for older people, especially at the level of services (Al-Qutob and Majali, 2017).

**Sudan** has a relatively low life expectancy and hence population policies aim to increase life expectancy at birth from 61 to 66 by 2031. The official pension age is 60. As part of the population policy's section on older people, the National Population Council aims to formulate and implement policies, strategies and programmes that target the provision of care and support for older people. Also it aims to encourage the participation of older persons in public life and communities and to maximize the benefits from their cumulative experiences. There is a designated department within the Ministry of Security and Social Development for senior people, and the Ministry of Welfare and Social Security provides general supervision for the social security schemes which are available for elderly people through employment, disabled and widows' pensions. These are administered through the National Social Insurance Fund, based on a 1974 law which was amended in 1990. Health insurance schemes also exist for employed and self-employed persons. Exclusions include household workers, family labour, home-based workers, farmers, foresters, and unpaid apprentices (Bedri, 2018).

The Government of **Syria** is concerned with population ageing, which is occurring due to the improvement in health conditions. In 2011, the percentage of population aged between 60 and 64 was 2.3 per cent, while those 65 and over made up 4 per cent. There is a great deal of emphasis on the older population in laws and services in the country. In addition, a General Framework for Elderly Care is currently under review and an action plan is being prepared. Older people are entitled to social security and many benefits. The Social Security Law, No. 92 of 1958, and its modifications, Law No. 28 of 2014, address the following:

- The ageing, disability and death fund for all workers
- Old age pensions
- Inheritance of old age pensions
- Pensions for specific groups
- The national programme to promote the health of elderly people at the health ministry
- Elderly care homes, both governmental (free) and civil society/private (ranging from free to expensive)

In 2010, a National Committee for Elderly Care was established in **Palestine** (Jubran, 2018). The committee is, however, inactive. In 2012, a draft Elderly Law was prepared by the Ministry of Social Development, in collaboration with partners in the Higher National Committee for the Care of the Elderly. However, the law has not yet been approved due to the non-functioning Palestinian Legislative Council. There is also no official policy approach, or government programmes that support the participation of the elderly and ensure their various rights, except for the pension received by a small percentage of the elderly population as part of the General Retirement Law for the civil and military public sector. The Ministry of Social Development provides residential care for 400 elderly people and daily care for 1,000 people at elderly centres and day clubs, through the purchase of such services from NGOs. Health insurance is covered for poor families, and Palestinians over 60 years old and without any source of income are covered by the governmental health insurance system. The law does not specifically mention the elderly population. An analysis of the situation of the rights of the elderly undertaken in

2015 suggested that the current situation is contrary to the values of human rights, as set out by international human rights conventions (Jubran, 2018).

In **Saudi Arabia**, only 3.2 per cent of the population is aged 65 years or over. The Saudi Government is committed to the welfare of older people; Article 27 of the Basic Law of Governance says the rights the older population shall be preserved, and stipulates that the state shall guarantee the rights of the citizen and his family in emergency, sickness, disability and when ageing, and fully support social security, encouraging charity institutions. As a result, the Government has established a National Committee for Older Persons (Al Ansary et al., 2017).

The Government of **Oman** has established a department responsible for the elderly under the Ministry of Social Development. The number of people aged 65 in Oman rose from 127,000 in 2012 to 145,000 in 2016, an

increase of 14 per cent, and there was a slight increase in dependency ratio in the same time period, from 7 to 7.2 per 100 Omanis. In 2040, the number of older people is expected to increase to 170,000. Projections estimate that they will make up 9 per cent of the population. All age groups enjoy free medical services. In 2016, the elderly made 1.4 million visits to primary health care services, comprising about 9 per cent of total visits. In addition, eligible older people enjoy social protection offered by the Government. In 2016, 31,500 older people received such social benefits. Because of the social structure of the Omani family, very few older people are homeless; however, the Government provides an elderly facility that housed 35 individuals in 2016. Home care was provided to 1,290 individuals in the same year. In addition, a national programme for the elderly is run by the designated department in the Ministry of Social Development and provides health, financial and social support to the elderly (Alasfoor, 2018).

## Urbanization Policies

The population of the Arab region within the ESCWA region grew significantly in the past decades, to exceed 377 million in 2014 (ESCWA, 2015). The urban population of Arab countries accounts for 57 per cent of the total, slightly above the global average of 53 per cent. According to the same report, the 215 million people living in Arab cities and urban areas require large public investments in infrastructure to provide essential services such as housing, roads, energy, water, waste and wastewater management, and other

utilities. It is noteworthy that the number of urban dwellers in the Arab region has more than doubled over the past three decades, rising from 75.4 million urban dwellers in 1980 to 195.9 million in 2010 (ESCWA, 2013). By 2050, more than two-thirds of the region's population is projected to be urban (ESCWA, 2013). As mentioned earlier and among the countries under study in this report, the highest urbanization rates are seen in Jordan and Saudi Arabia.

In **Jordan**, which is highly urbanized (exceeding a rate of 80 per cent), the issue is one of migration from rural to urban areas as people seek better jobs and a better quality of life. This phenomenon is being considered by the Ministry of Environment (Al-Qutob and Majali, 2017).

In **Saudi Arabia**, the high degree of urbanization is attributed to the volume of economic activities and oil industries in the cities of the eastern region, the presence of government services and the commercial and industrial activities that are predominantly located in Riyadh, the presence of Islamic holy places in Makkah, and other industrial activities and tourism which are also located in the cities. Urbanization in these regions has led to rising land and real estate prices, the phenomenon of informal housing, traffic congestion, and pollution, and it has threatened environmental sustainability. Given the concern about urbanization, the Ministry of Municipal and Rural Affairs is adopting two projects, 'The Future of Saudi Cities' and 'Updating the National Urban Strategy' which will help to develop national urban policies. The Saudi Government is also very concerned about the population living in informal areas. The strategic objectives of the National Transition 2020 programme were linked to the goals of Vision 2030, and to performance indicators aimed at enabling citizens to obtain suitable housing, and at preplanning slums (Al Ansary et al., 2017).

Urbanization will be one of main **Egypt's** concerns in the coming years (Osman and Girgis, 2017). According to CAPMAS data from 2016, 17 per cent of Egypt's population lives in four urban governorates, and three-fifths of that

figure live in Cairo. Approximately 43 per cent of Egypt's population lives in the governorates of Lower Egypt, where urbanization is most concentrated, while 38 per cent live in the more rural Upper Egyptian governorates. The 2016 Household Income, Expenditures and Consumption Survey (HIECS) in Egypt revealed that the poverty rate is lowest in urban Lower Egypt (9.7 per cent), stands at 15.1 per cent in urban governorates, and at 19.7 per cent in urban Lower Egypt. Upper Egypt suffers the highest poverty rate, reaching 27.4 per cent in its urban areas and twice that (56.7 per cent) in rural areas, where 26 per cent of Egyptians live. The percentage of female-headed households varies from 11 per cent in rural areas nationwide to 16 per cent in urban areas (Osman and Girgis, 2017).

**Morocco's** urbanization rate doubled between 1960 and 2014 (from 29.1 per cent to 60.3 per cent), and the rate of urban population increase was 2.1 per cent per year from 2004 to 2014, while the rate of rural population declined 0.01 per cent per year over the same time period. These figures illustrate Morocco's transition from a rural society to a predominantly urban one. Morocco's first National Spatial Strategy emphasizes cities as engines of economic growth, the need for urban social cohesion, housing and development to increase affordability, new towns to reduce congestion in larger cities, and better-defined central/local government responsibilities (Belouali et al., 2017).

Between 1976 and 1986, the Government of **Lebanon** desired minor changes with regard to the spatial distribution of the population but did not issue any policies. Starting in 1996 and extending until 2013, the Government sought

major changes in relation to the population distribution. The increase in the proportion of the urban population was rapid between 1970 and 1995 and it slowed down after the year 2000. Sixty seven percent of the population were living in urban areas in the period 1970-1975, which increased to 79% in the period 1980-1985, to 85% in the post-civil war period from 1990-1995, and this proportion increased to 88% in the period 2010-2015. In 2010-2015, the Government adopted the following policies to address the issue: reduction of migration from rural to urban areas, and decentralization of large urban centres to smaller urban, suburban or rural areas. However, the Government did not relocate population out of environmentally fragile or threatened areas (Mourtada, 2018).

In **Syria**, there is a major concern about the spatial distribution of the population, as well as increasing urbanization. In 2010, three governorates hosted around 45 per cent of the Syrian population, with Aleppo, the largest, holding around 22 per cent. A shift in population has also occurred during the period of war, with an increase in the size of the population of Hama, Lattakia, Tartous and Sweida governorates. Some studies are being carried out to determine information about settlement and resettlement, including one on 1,200 families in Homs funded by UNFPA (as yet unpublished). Rural development projects, including micro-credit and the empowerment of rural women, are being fostered to overcome the urban-rural movement (Bashour, 2018).

In **Tunisia**, the distribution of the population between urban and rural areas has changed in recent decades. The evolution of the spatial distribution of the population reflects to a large extent the trends of internal migration.

The major regions of the country that have attracted the population are the region of Greater Tunis, and the centre of the country. The Government is more concerned by the gap between rural and urban areas measures in the plan are integrated with the reduction of the regional inequalities. There are other measures in the agricultural sector related particularly to the use of land and the legalization of certain peasant status that may encourage peasant and young peasants to invest in the agriculture sector and to stay in their villages (Chkair, 2018).

The results of the 2017 census in **Palestine** revealed that the governorate of Hebron was the main area of population concentration, followed by Gaza, then Jerusalem, Nablus, North Gaza, Ramallah/Al-Bireh and Jenin. Although Ramallah/Al-Bireh has been the key destination for internal migration for work, it only ranked sixth in population among the governorates. This indicates that sometimes there is a difference between place of residence and place of work. The role of Israeli restrictions and land confiscations in this area is of course important. On the other hand, despite the blockage imposed on the Gaza Strip, and the Israeli assaults on the territory, governorates there had higher population growth rates than those in the West Bank (Jubran, 2018).



# Migration Policies

The 2015 ESCWA and IOM report on migration in the Arab world described three interrelated patterns of migration: regular and irregular labour migration, forced migration, and mixed migration flows. The GCC countries are the primary destination of migrant labour from within and beyond the region. Forced migration is largely the result of people fleeing conflict, severe breakdowns in public order, generalized violence, or persecution. Large-scale, cross-border, mixed flows of migrants move irregularly for various reasons, mainly in search of international protection or economic opportunities (ESCWA and IOM, 2015).

Migrant flows between Arab countries decreased after 1995, reflecting shrinking intraregional labour migration. That progressive decline was recently reversed by an upsurge in forced displacement to neighbouring countries. The Syrian crisis has had a major

impact on migrant and refugee flows. By mid-2014, Syrians constituted the largest group of refugees in the world (ESCWA and IOM, 2015). Since the beginning of 2012, significant changes and reforms in migration governance have taken place throughout the Arab region.

The ESCWA/IOM report noted that the **GCC** countries, **Jordan**, and **Lebanon** manage labour migration through the *kafala* (sponsorship) system, whereby migrants can obtain work permits and visas only if sponsored by a local citizen, a migrant authorized to sponsor other migrants, or a company (the *kafeel*). However, **Morocco** has led the way in adopting a rights-based approach, for example by opening health care to irregular migrants. The *Nitaqat* system in **Saudi Arabia**, alongside quota-based tools, reflects a more flexible policy approach to preparing nationals for entry into a competitive labour market (ESCWA and IOM, 2015).

**Table 7** International legal instruments related to migration (ratification status as of 2015)

	Egypt	Jordan	Lebanon	Morocco	Oman	Palestine	Saudi Arabia	Sudan	Syria	Tunisia
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)	1993	-	-	1993 (R)	-	-	-	-	2005 (A)	-
Convention relating to the Status of Refugees (1951)	1981 (A)	-	-	1956 (S)	-	-	-	1974 (A)	-	1957 (d)
Protocol relating to the Status of Refugees (1967)	1981 (A)	-	-	1971 (A)	2005 (A)	-	-	1974 (A)	-	1968 (A)

	Egypt	Jordan	Lebanon	Morocco	Oman	Palestine	Saudi Arabia	Sudan	Syria	Tunisia
Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime	2004 (R)	2009 (A)	2005 (R)	2011 (A)	2005 (A)	-	2007 (R)	2014 (A)	2009 (R)	2003 (R)
Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime	2005 (A)	-	2005 (R)	-	-	-	2007 (R)	-	-	2003 (R)
Convention on the Reduction of Statelessness (1961)	-	-	-	-	-	-	-	-	-	2000 (A)
ILO Convention on Forced Labor (1930)	1955	1966	1977	1957	1998	-	1978	1957	1960	1962
ILO Protocol 29 to the Forced Labor Convention (2014)	-	-	-	-	-	-	-	-	-	-
ILO Convention 97 on Migration for Employment 1949	-	-	-	-	-	-	-	-	-	-
ILO Convention on the Abolition of Forced Labor (1957)	1958	1958	1977	1966	2005	-	1978	1970	1958	1950
ILO Convention 143 on Migrant Workers (1975)	-	-	-	-	-	-	-	-	-	-
ILO Convention 181 on Private Employment Agencies (1997)	-	-	-	1999	-	-	-	-	-	-
ILO Convention 189 on Domestic Workers (2011)	-	-	-	-	-	-	-	-	-	-

S= Succession R= Ratification A=Accession

**Source:** Summarized from the original table in ESCWA and IOM (2015)

Civil war in **Sudan** has been a key driver of urbanization, and 4 million Sudanese were internally displaced in 2008. Khartoum State received the highest proportion of internal migrants of the country's states in 2008, about 2 million people, or 49 per cent of all migrants, with a small majority (52 per cent) being male compared to female. These movements can be attributed to the civil war, ongoing conflict and search for better job opportunities in large cities. The mass movements of people have had significant impacts on the size, the age-sex structures, and cultural, ethnic and religious profiles of the populations of both the sending and receiving areas. This large scale mobility of people, irrespective of whether it is voluntary or involuntary, has far reaching implications for social, political, economic, national security, and hence for development (Bedri, 2018). The implementation of the country's population policy may be influenced by several factors related to the overall country's dynamics and demographics. These include an imbalanced population distribution, a high urbanization rate, inconsistent economic growth with steady population growth, financial instability and poor recovery from conflict in the medium term. These factors are also aggravated by the ongoing armed conflict and associated displacement, desertification and drought and other global climate change challenges and their negative effects (Bedri, 2018).

**Syria** is another example where the war has strongly affected population movement. The number of refugees exceeds five million, and around 6.1 million were internally displaced in 2017 (UNHCR, 2017). The Higher Relief Committee was established to coordinate relief and humanitarian work at the governmental

and non-governmental levels, as well as the development of the national strategic vision, to identify the roles of the active partners in relief and humanitarian work at all levels, carry out assessments of the implementation of the plans, ensure security and stability in order to allow the return of displaced persons, and to issue periodic reports on the humanitarian situation (Bashour, 2018).

In **Lebanon**, the absence of a state policy to regulate the presence of refugees has allowed Lebanese municipalities to emerge as authoritative local bodies, particularly with respect to areas of refugee settlement. Moreover, as the Lebanese Government was reluctant to set up official refugee camps due to political opposition, informal settlements have started to emerge in an unsystematic manner in the north and in the Bekaa Valley area, to accommodate the ever-growing number of refugees (Mourtada, 2018).



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# Main Achievements Regarding Population Policies

Based on this and similar exercises, the following main achievements on population issues in the Arab world, and specifically in the 10 countries under review, can be highlighted, divided into indicator achievements and policy achievements:

## A. The indicator level:

- Maternal mortality ratios were reduced in all countries, although two countries (Sudan most severely, and Morocco) still have very high rates of maternal deaths.
- Significant increases in access to voluntary family planning and modern methods of contraception since the 1994 Cairo conference have taken place in all 10 countries.
- Actual improvements in some population indicators have occurred in each country.
- All countries have functioning birth and death registration systems, although the extent to which non-national residents are included in these is not clear.
- All countries have adequate data to assess and prepare their demographic profiles, as well as to make concrete population policy decisions, if the capacity exists.
- Regional and international arrangements facilitate governments' work on population issues.
- Many examples of specific capacity-building platforms or research centres that focus on population issues exist in the countries under review.

- Good examples of public participation in population issues exist in each country.

## B. The policy level:

- The commitment to population issues is very high on the policy agenda of the countries under review.
- The commitment to the ICPD and the SDGs has elevated the population issue to one of the top priorities on the agenda of governments and other stakeholders.
- Strategic frameworks exist in each country to serve population issues.
- All countries under review have strong institutional arrangements that can provide the organizational support to strategize on issues of population and development.
- All countries under review have a legal framework that allows continuous work on population issues, starting from their constitutions and specific related laws.
- All countries under review except Saudi Arabia are ready to implement their National Population Strategies.
- Significant legal and policy achievements were also identified in many countries to end violence against women and girls.
- Regional stakeholders such as UNFPA, ESCWA, and others play an important role in supporting the capacities within each country.

# Main Gaps and Challenges Regarding Population Policies

Many Arab countries face significant gaps and challenges related to population, including the 10 countries under review. The main challenges include the following:

- The conflicts affecting the Arab world since the Arab Spring, which began in 2011, have major implications for the population agenda, particularly due to the resulting mass internal and external forced displacements.
- Young people in the countries reviewed are facing a sense of insecurity related to both the political upheaval in the region and the exceptionally high levels of youth unemployment.
- Although the Arab world has witnessed a decrease in mortality and fertility rates, fertility patterns are still a concern in many countries, and have important implications for development, particularly in countries such as Egypt where fertility rates are increasing after decades of decline.
- The major urbanization shift occurring across the Arab world has resulted in a predominantly urban population in the countries under review, with a resulting strain on their infrastructure. While policies exist to reduce the flows to urban areas, the extent of their implementation is not clear.
- The population policy debate is still underdeveloped in most Arab countries.
- Although good improvement has occurred in related sectors of development, such as

universal access to education, primary health care, and employment opportunities, major challenges remain, including deficiencies in the quality of education, and issues related to gender and inequality.

The main gaps identified with regard to population policies in the Arab world are as follows:

- Although the primary implication of the ICPD for population policies was to shift the emphasis from controlling population growth at the macro level to expanding access to reproductive health and to other sectors of development such as education, this strategy appears not to be well-coordinated or properly functioning in Arab countries.
- Continued rapid population growth and even increased fertility in some countries (such as Egypt) complicate the challenges associated with delivering basic services and improving human development.
- The policy implications of major issues such as urbanization and migration are still not being tackled appropriately or sufficiently in policy or programme terms.
- Adequate mechanisms for monitoring and evaluation of population policies are lacking and available information is not always used to inform policies.
- The financial resources to secure policy implementation are not adequate.

- The lack of strategic and comprehensive planning on population issues is striking, and most policy-making is done on an ad hoc basis.
- The issue of ageing in the Arab world has not been given enough consideration at the population level, although it is a real demographic phenomenon in the region; in the few countries where action has been taken, it mainly concerns service provision.
- The policy changes regarding migration are largely abrupt and unplanned, leaving migrants with limited choices and adversely affecting source and host countries.
- Data on migration and internal displacement in most of the countries are not of good quality.
- Coordination is lacking between different bodies working on population issues.
- Implementation of activities and programmes on population is insufficient.
- Countries are rather slow in their planning and implementation; the lack of action capitalizing on the demographic dividend is a good example of this inertia.



# Recommendations

Based on the findings from this review of population policies in the Arab world, the following recommendations are made:

- At the International Conference on Population and Development (ICPD) held in Cairo in 1994, countries agreed to a fundamental change in the approach to population, by putting human rights at the heart of any efforts to improve the quality of lives of all individuals and to achieve sustained economic growth and development. This approach should be the top priority for all countries, and both human rights and women's empowerment need to be central to any population strategy.
- Slower population growth would enable families and governments to invest more in the health and education of each child, creating a virtuous circle with benefits for the economic, social, and environmental dimensions of sustainable development. Countries need a better understanding of the causes of unwanted pregnancy and slow fertility decline or increased fertility, as relevant, and must make all efforts to address them.
- Mainstreaming the SDGs into national and subnational development plans is essential.
- To make progress towards the SDGs, the countries under review need to urgently generate appropriately disaggregated data to identify gaps and inequalities and to develop evidence-based population policies. In particular, there is a need to generate and analyze data from different levels and from multiple sources, to inform policies and to disaggregate the effects of programmes and policies on the population.
- Existing population-based surveys need revision to be better aligned with the SDGs, and should be publicly available to enable research and analysis to produce policy-relevant evidence.
- Capacity-building is necessary to strengthen the level of population data and planning.
- Access to education, health care, security, shelter, and other services for refugees and displaced children, youth and older people need to be expanded urgently, and plans developed for return migration where likely.
- Addressing displacement within national development plans will help to ensure that the needs of displaced populations and host communities are met in an equitable manner.
- Youth strategies should be well-coordinated and comprehensive and should pay particular attention to the most vulnerable groups.
- Reforms to social security for older people are needed, particularly given the growing phenomenon of ageing populations in the region.
- Coordinated efforts on labour laws between countries could be advantageous.
- A review of the legislation and legal frameworks underpinning population policies is needed.
- Legislation to support workers in the informal sector, many of whom are women, young people, and migrants, needs further efforts.
- International technical and financial assistance is necessary to strengthen national capacities with regard to population issues.
- The principles of the Cairo Declaration should guide all countries in their work on population and development.

## Conclusion

It is clear that the Arab region still has unfinished business in terms of meeting the commitments that were agreed upon by consensus in the ICPD Programme of Action.

The Programme of Action and the Agenda 2030 have commonalities; both have sustainable development as their end goal, and both are people-centred and human rights-based. For progress to be made towards both end goals, it must be recognized that many regional challenges are shared challenges. The states of the Arab region are interlinked and interdependent, and an integrated approach is therefore required for achieving sustainable development.

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# Annex 1:

## MENA HPF: Tool to Standardize the Mapping Exercise of Population Policies in the Arab World

Name of the country:	
Name of the consultant:	
Date tool submitted:	

**Part A: Country profile (for the year 2000 and for 2017 or latest available data; please indicate year if not 2017). Please provide sources for all indicators. If there is a discrepancy between sources, please note the sources and any discrepancy. \***

	2000	2017 or indicate year if otherwise
Population size		
GDP per capita		
Human Development Index		
Population aged 10-24 (Total number females; total number males; % of total population for this age group)		
Population aged 0-14 (Total number females; total number males; % of total population for this age group)		
Population aged 24-64 (Total number females; total number males; % of total population for this age group)		
Population aged 65 and more (Total number females; total number males; % of total population for this age group)		
Dependency ratio (defined as the ratio between the economically dependent – young people aged 0 – 14 plus older people 65 or older as the numerator – over the denominator of the working-age population aged 15 - 64)		
Adolescent birth rate (defined as number of births to women aged 15 – 19 per 1000 women in that age group per year)		
Contraceptive prevalence rate (Women 15-49)		
Total fertility rate		
% of population living in urban areas		
No. of non-nationals resident in the country		
Net number of migrants (immigrants – emigrants)*		

\*as in UNFPA State of the World's Population and in the World Development Report report 2017

**Part B: Population policies**

1	Does the government have a national population policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If Yes: please give its name and year of adoption and last modification	
3	Is there a specific government department or agency responsible for planning, implementing, and monitoring population policies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	If Yes: please give its name	
5	Are there other government departments that work on population policies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	If Yes: please name them	
7	Has the government incorporated population trends or questions of population distribution into current national development plans or strategies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	If Yes: please give some details on the mechanisms	
9	What are the coordination mechanisms between bodies working on population and development?	
10	What have been the MAJOR changes in population policies and strategies from 2000 to 2017? Briefly describe them.	

**Part C: Country's environment for population and development agenda**

1	Are there articles in the constitution or laws concerned with population issues in the country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If Yes, please provide the name and summary	
3	What are the regional arrangements for the population and development agenda that the country is committed to? (e.g. level of Arab region; Gulf region etc.)	
4	Does the country have efficient data systems that ensure the required disaggregation of data to inform the analysis of population and development issues? (e.g. by region of the country; by gender; by socio-economic group or other relevant differentiating factor). Please be specific.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	If Yes: please provide some details	
6	Does the country align development issues such as poverty and equity dimensions with population policies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	If Yes: please give some details	
8	What are the global arrangements for population and development agenda that the country officially committed to (ICPD PoA 1994, the Beijing Platform for Action 1995, the Millennium Development Goals (MDGs) 2000, Cairo declaration 2013, the World Summit on Sustainable Development, etc)?	
9	Specifically, has there been a deliberate attempt to align population policies, programs or data collection efforts with the SDGs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	If Yes: please give some details and specific examples	

11	In relation to the SDGs, has the country produced its Agenda/Strategy/ Vision 2030 document?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	If so what are the main issues related to population issues within it?	
13	Does the country have Research and capacity building programs or institutions related to population and development (such as special research centres, Post graduate courses, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	If Yes: please provide some details	
15	Does the country have an efficient vital registration system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	If Yes: please details about the process of birth and death registration	
17	What entity/entities has/have responsibility for over the birth and death registration?	
18	Please provide their name and function here	
19	Is the country committed to conducting vital registration of its entire resident population including non-nationals? Please specify.	
20	Does the government regularly conduct nationally representative population-based surveys on population, health and development issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	If so, what is the frequency of such surveys (e.g. every 5 years or annual etc)?	
22	Please name the main surveys conducted since 2000 that are nationally representative.	
23	Are the data from these nationally representative population-based surveys conducted publically available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24	If not, who has access to the data and how can it be requested?	

#### Part D: Population size and growth

1	Please detail main population trends in the country since 1960 to year of most recent available data (population size; total fertility rate and population growth) in 5 or 10 year periods depending on data availability; see outline of report).	
2	What is the view of the government concerning the current size of the country's population? Detail that level of concern.	
3	What is the view of the government concerning the current size of the country's population growth? Detail that level of concern.	
4	What is the policy of the government concerning the rate of the country's population growth?	
5	Has the government specified any quantitative goals for future rates of population growth?	
6	What are the goals and target dates for achieving them?	
7	In which year was the last census carried out in the country?	
8	What is the frequency of conducting censuses in the country?	
9	What have been the MAJOR changes in population size in the country and when?	
10	What are the main issues of health and mortality that are relevant to population policies and are of stated/official concern to the government	

**Part E: Population ageing**

1	What is the view of the government concerning the ageing of the country's population? Detail that level of concern. Is there any specific stated concern in official documents about population ageing?	
2	How does the government define the elderly population in this country?	
3	Are older people entitled to social security and other benefits? Are there any special benefits for this population?	
4	List any government measures or strategies to address population ageing	

**Part F: Population structure and distribution**

1	Is the government concerned about the age structure of the population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If Yes: please describe in more detail		
3	Is the government concerned about the youth bulge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	If Yes: please describe in more detail		
5	Are there any specific policies or strategies in relation to adolescence/ youth? Please give some details about including the year of such policies/ strategies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Is the government concerned about the spatial distribution of the population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	If Yes: please describe in more details including what was done/planned		
8	Is the government concerned about the rural/urban distribution of the population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	If Yes: please describe in more details including what was done/planned		
10	Has the government articulated statements or policies concerning the Demographic Dividend (DD) in the country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	If Yes: please describe in more details including what was done/planned		
12	Is the government concerned about the population living in informal settlements/slum areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	If Yes: please describe in more details including what was done/planned		
14	Is the government concerned about the internally displaced population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	If Yes: please describe in more detail including what was done/planned		
16	Is the government concerned about environmentally fragile/threatened areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	If Yes: please describe in more detail including what was done/planned		
18	Is the government concerned about vulnerable populations including those with disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	If Yes: please describe in more detail including what was done/planned		
20	Is the government concerned about marginalized populations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21	If Yes: please describe in more detail including what was done/planned		

**Part G: Fertility**

1	Is the government concerned about the present level of fertility in the country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If Yes: please describe in more details	
3	What is the policy of the government about the level of fertility?	
4	Has the government specified any quantitative goals for future fertility levels for the country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	If Yes: please describe in more details	
6	Has the government identified any segments of the populations groups whose fertility level is of particular concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	If Yes: please describe in more details and name those	
8	Is the government concerned about any particular age group as a proportion of the total population (e.g. youth bulge?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	If yes: please describe the concern (if written) in more details and the source of the written statement	
10	Has the government adopted any measures to improve family work/ balance for childbearing and child rearing such as maternity leave, paternity leave, child bonus, flexible working hours, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Name those measures and when they were adopted	
12	Has the government adopted any national strategy for Reproductive Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	If yes please provide the year of the latest strategy.	
134	Is the management of and legal regulation over infertility included in that strategy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
145	If Yes: In what sense?	
16	Are contraceptive methods provided through governmental sources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	If Yes: please describe in more detail	
18	Describe the financial commitment of the government to family planning and reproductive health – if possible as a percentage of budget, or as absolute funds annually or a level of subsidy – whatever is relevant for the country concerned	

**Part H: Immigration**

1	Is the government concerned about the present level of immigration through regular channels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If Yes: please describe in more detail	
3	What is the policy of the government about the level of immigration to the country?	

4	Has the government specified any reasons for such policy for the country?(economy, population diversity, population structure, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	If Yes: please describe in more detail	
6	What are the categories of immigrants admitted through regular channels (permanent settlement, highly skilled migration, certain occupational groups, family reunification, refugees, asylum seekers, students, domestic workers, etc.)?	
7	What are the conditions for immigrants with regular status to become natural citizens? (specify if there is any difference between those born and not born in that country and if there is a length of residence or other type of requirement)	
8	What are the conditions for children born in this country to foreign nationals permitted to acquire citizenship? (e.g. at birth; at majority age etc.)	
9	Does the government permit immigrants to retain their current citizenship upon acquiring the citizenship of this country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	If Yes: please give more details	
11	To what extent is the government concerned about the number of migrants in an irregular situation?	
12	Is the government concerned about the present level of emigration of its citizens from the country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	If yes, does this concern pertain to any particular age group?	
14	What is the policy of the government concerning the present level of emigration of its citizens from the country?	
15	Does the government have a special unit, ministry to deal with matters concerning the Diaspora?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	If Yes, please provide details	
17	What are the policy measures adopted by the government to encourage investment in the country by diaspora (e.g, access to information, Tax exemption, lower tariffs, preferential treatment, etc.)?	
18	Does the government have bilateral or regional agreements with other countries to facilitate circular migration of workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	If Yes, Please give some details	
20	Does the government encourage or facilitate the return of its citizens living abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	If Yes, please give some details	
22	To what extent is, the government concerned about forced migration (Refugees and Internally displaced populations)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23	What are the policy measures adopted by the government to deal with forced migration?	
24	Do migrants and refugees in the country have access to birth registration for children?"	Yes <input type="checkbox"/> No <input type="checkbox"/>
25	Do stateless persons residing in the country have access to legal identity documentation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

END OF TOOL

Version of tool - March 25<sup>th</sup> 2018



