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## **The Arab Human Disaster Report**

### **The Arab World Five Years After: Part 2**

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The second part of this analysis of the Arab Human Disaster examines what has happened to young people, using data from the Arab Human Development Report 2016. It also looks at trends revealed in the UN's Human Development Report 2015, as well providing analysis of health issues in the Eastern Mediterranean based on recently published findings in the medical journal, *The Lancet*.

According to the Arab Human Development Report 2016, two-thirds of the Arab region's population is below thirty years of age, half of it in the 15-29 year age group. There are over one hundred million people in the latter age group. The huge number of young people in the prime of their working life and productive ability could provide a huge potential for advancing economic and social development.

This generation is better educated and more active and connected to the outside world than its predecessors. It also has a greater awareness of its potential opportunities and has higher aspirations for a better future. This potential has to be seen in light of a reality that marginalizes them and limits not only their freedom of expression but also their ability to become productive members of society. As a result, instead of being a massive source of potential for building the future, youth can become a source of destruction.

The wars now destroying Syria, Iraq, Libya, and Yemen are taking place against a background of serious economic and demographic problems in the region. The human development index (a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge, and a decent standard of living) improved more slowly in region since the Arab Spring began in 2010 than it did before. It also improved more slowly than the developing countries and world averages. It seems that the effects of conflict in part of the region outweighed improvements in the more prosperous and stable countries such as the Gulf.

Table 1 shows demographic trends. Although the population growth rate has decelerated, the region experienced much faster growth than in the comparators and this is expected to continue over the coming years, despite the effects of conflict.

**Table 1**  
**Demographic Trends, 2000-2030**

	Population 2015 (millions)	Population 2030 (millions)	Growth 2015-2030 (percent)	Average annual growth rate 2000-2005 (percent)	Average annual growth rate 2010-2015 (percent)
Arab States	373	481	29	2.2	2.0
Developing Countries	5,963	7,092	19	1.4	1.3
World	7,244	8,425	16	1.2	1.1

Source: UN Human Development Report, 2015

Table 2 shows that literacy and educational scores were relatively low. This can be partly explained by the smaller share of national income allocated to education (and also to health) in Arab countries.

**Table 2****Literacy, education and health spending**

	Literacy 15 years+ 2013-2015 (percent)	Population with some secondary education 2005-2013 (percent)	Expenditure on education as percent of GDP 2005-2014	Expenditure on health as percent of GDP 2013
Arab States	78	41.5	4.3	4.1
Developing Countries	80	51.2	4.7	5.6
World	81	59.7	5.0	9.9

Source: UN Human Development Report, 2015

In 2010 the proportion of the Arab population aged 15-24 peaked at 20 percent. The absolute number of young people is expected to grow from 46 million in 2010 to a projected 58 million in 2025. Furthermore, demographic pressures are compounded by rapid urbanization. For the young, jobs are scarce. In 2010, on the eve of the Arab uprisings, total and youth unemployment rates in the Arab world were the highest of any region, at 10 percent and 27 percent respectively. Since then these figures have risen further, to nearly 12 percent and 30 percent. In many Arab countries, the more educated suffered the highest unemployment rates. In Egypt, 34 percent of university graduates were unemployed in 2014, compared with 2 percent of those with less than a primary education.

Armed conflict has destroyed the physical and social structure of the Arab region, causing massive loss of life not only among combatants, but also among civilians. They are paying a huge price, as many fatalities occur away from battle zones. For every person killed directly by armed violence, between 3 and 15 others die indirectly from disease, medical complications, and malnutrition.

These indirect effects of war — the breakdown of the public health system and the diversion of resources away from health care and environmental conservation — have long-term implications. Many more deaths and disabilities have occurred as a result of the spread of infectious diseases and other causes in the wake of wars than as a result of combat, partly because of the breakdown of social norms and political order during and after conflict. The improvement in mortality is slower in post-conflict countries than in non-conflict countries largely because of the direct and indirect deaths that occur even after the conflict has come to an end

Losses in education have a prolonged effect on development that can lead to an intergenerational decline in well-being. Losses in education because of conflict reduce productivity among the generation incurring the loss and this limits economic opportunity among future generations. Additionally, they indirectly expose the country to a higher risk of prolonged conflict through these losses, particularly in the case of civil war. Prior to the current conflict, Syria had a 93.1 percent net enrollment rate in primary education and a 62 percent net enrollment rate in secondary education. By 2013, these rates had fallen to 67 and 44 percent, respectively. Almost two years after the conflict had erupted, over 11 percent of schools in Syria had been damaged or destroyed, and another 9 percent were being used as shelters.

In Iraq illiteracy among youth (15–29 years) has risen to 15 percent among young men and 20 percent among young women. Educational attainment is higher among men for the cohort born in the early 1960s than for all younger groups and has been stagnant among adult women born between the mid-1960s and the 1990s. Net secondary enrollment is 44 percent (and is lower among young women), and gross tertiary enrollment is around 16 percent. Seventy-five percent of the children that are not enrolled in school are girls, and over a fifth of adolescent girls are married. The children of uneducated mothers are three times more likely to be married young than the children whose mothers have secondary education. Urban youth are far more likely to attend secondary school than rural youth, and young women in the top socioeconomic quintile are three times more likely to be literate than young women in the poorest quintile.

In Iraq, sectarian bias exists in the curriculum for religion, and there is no consensus in the development of an educational program for the autonomous Kurdish region. Because of the recent surge in violence and the seizure by the Islamic State (IS) of parts of northern Iraq, regional disparities are likely to increase. Schools in Mosul have followed an IS-determined curriculum that is very different from the national school curriculum.

Migration is a symptom of the exclusion of highly skilled youth from their societies. Long before the Arab uprisings began, the reasons for high emigration rates from Arab countries had been identified: low earnings, slow income growth, patronage-led economies, nepotism, and the lack of political expression. All of these hampered the socio-political engagement of youth, especially those with skills. During the 2000s, Arab countries had among the highest rates of skilled emigration in the world.

Migration is most prevalent among university graduates. In Lebanon, a third of young graduates were willing to leave their country in 2008. In 2010, 62 percent of Jordanian migrants abroad were university graduates. For instance, in Jordan in 2011, unemployment among graduates was 16 percent, compared with the official overall rate of 13 percent. In Morocco, 19 percent of graduates did not have jobs in 2013, compared with 4.5 percent of the population that had not graduated. In Tunisia in 2010, the share of unemployed graduates was nearly double the 13 percent national unemployment rate. By 2013 unemployment among graduates reached 32.6 percent. It is therefore not surprising that among the highly educated in Tunisia, the share of youth aged 15–29 willing to consider emigration rose from 22 percent in 1995 to 76 percent in 2005.

Recent conflicts have had a huge effect on migration patterns. Some countries embroiled in open conflict or threatened by looming violence were always migrant-sending, but political instability accentuated these trends. In 2010, the number of Syrian emigrants living abroad was 415,745 or 1.9 percent of the total resident population, a share that reached nearly 14 percent by mid-2014. Iraq and Libya used to be destinations for huge numbers of migrant workers until the invasion of Iraq in 2003 and the overthrow of the Libyan regime in 2011. Before the Libyan revolution, it was estimated that about 2.5 million foreigners were living in the country. The

country is again receiving flows of sub-Saharan African and Asian migrants, some of whom are attempting to reach Europe from the Libyan coast. As of mid-2014, more than one million Egyptian workers (along with some from Tunisia) were reported to have returned to Libya to work owing to high unemployment in Egypt, but recent battles have forced some to move back to Egypt.

Migration from Arab countries in West Asia has traditionally been towards other Arab countries, while migration from GCC countries and Arab countries in North Africa is mostly to non-Arab countries. Citizens of Arab countries in North Africa migrated in huge numbers to Europe, mainly France, Italy, and Spain; citizens of GCC countries are dispersed between Australia, Europe, and North America. By contrast, refugees from war-torn or politically unstable countries (Iraq, Mauritania, Somalia, and Syria) remain largely confined to neighboring countries: most Mauritians are in Senegal; Somalis have sought refuge in neighboring East African countries. By August 2015, there were more than 630,000 refugees from Syria in Jordan, almost 1.2 million in Lebanon, and 1.8 million in Turkey, with tens of thousands more in Egypt and Iraq.

In October 2016, the medical journal, *The Lancet*, [published a major review](#) of health conditions in the Eastern Mediterranean in the period up to the end of 2013. It warned that the region faced numerous health challenges as a result of previous wars, recent revolutions, subsequent wars, ageing, and population growth. Life expectancy at birth in the region increased from 65 years in 1990 to 71 years in 2013, with an annual increase of about 0.26 years. The situation has, however, resulted in deteriorating health conditions for many countries that are threatening these gains and will have an impact on the region and the world.

There has been a rapid increase in the burden of mental and drug-use disorders in the region. The rising burden of mental health problems has not been met with investment in prevention by most countries in the region, with a few exceptions, such as Lebanon and Qatar. Most countries in the region do not regard mental health as a major challenge and it is not included on the agendas of international agencies and health ministries.

The rapid rise in non-communicable diseases is also alarming. Diabetes has become a heavy burden on many countries, with deaths increasing from 12 to 19 per 100,000 people. These trends irrespective of their cause, will lead to a strain on finances and human resources in a region where they are already scarce.

The spread of communicable diseases in the Eastern Mediterranean region is of concern. The Hajj presents a challenge to health planners. The mass gathering for the Hajj have led to several outbreaks of infectious disease such as meningitis and polio in Saudi Arabia and other countries. The gathering in Iraq for *Ashura*, a day of mass mourning, has the same potential for the spread of disease. In most of these countries, kissing is a normal way of greeting people, and sharing food and large social congregations are common. This behavior has complicated efforts to control Middle East Respiratory Syndrome (MERS) outbreaks in Saudi Arabia and its spread to other countries.

There has been a rise in the burden of disease due to illicit drugs in the region. Unfortunately, the response of many countries to this challenge has been to treat it as a matter of law enforcement, with strict punishment. The region is in need of a comprehensive and socio-culturally appropriate approach to the issue, which includes education, prevention, early identification, and treatment, given that the use of drugs is often stress and conflict related.

Road-traffic injuries are the leading cause of disability in men in high-income countries throughout the region. Few countries in the region have policies and legislation conducive to road safety.

The environment is another challenge. Most countries in the region are facing water shortages due to population pressure, increasing water demand, and natural climate variability. Moreover, climate change has resulted in increased temperatures in the region, and large parts of the Eastern Mediterranean region are projected to be uninhabitable in the next 50 to 80 years. Furthermore, most countries in the region are not food sufficient and are heavily reliant on imports to meet demand.

The victims of war may experience a range of psychological effects, including depression, anxiety disorder, panic disorder, and post-traumatic stress disorder (PTSD), which is the most common clinical diagnosis following exposure to war. The harm that political violence causes to the mental health of youth is well known. The prevalence of depressive disorders in the Middle East and North Africa region is large. In 2010, more than five percent of people in the region suffered from depression, and people lose more than 1.3 percent of their lifetime years to depression. The authors speculate that high levels of conflict in the region are responsible for the prevalence of depressive disorders. Palestine is among the three countries with the highest rates of depression identified in the study.

Conflict has had a significant effect on the burden of disease in the Eastern Mediterranean region but the long-term impact of the unrest is not yet known. The region is losing its health experts, as they leave the region because of unemployment, low wages, or war. These are very worrying trends that will impede economic development in the coming years. As a result, the frustration of young people, which was one of the main factors behind the Arab Spring, is likely to continue, posing a threat to political stability in the region.