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Priority issues in achieving social development in the Arab region

Age structural transitions and sustainable development

Summary

The 2030 Agenda for Sustainable Development puts people at the heart of all development efforts and aspires to leave no one behind. It considers the needs of all age groups: children (boys and girls), young persons, the working-age population and older persons. The distribution of a region's population across those main groups has social and economic implications for societies, particularly in a context of growing challenges and finite resources.

This document reviews the development challenges faced by main age groups in the Arab region and beyond. It then provides an overview of the demographic profiles of member countries of the Economic and Social Commission for Western Asia (ESCWA). It reviews the different age structure types and anticipated changes based on demographic trends and prospects in Arab countries. It also highlights their implications for development policymaking and draws recommendations so that Arab countries may undertake the necessary measures to reap the benefits of the demographic window of opportunity.

CONTENTS

			Paragraphs	Page
Intro	duction	n	1-2	3
Chap	ter			
I.	DEV	ELOPMENT CHALLENGES FACED BY MAIN		
	AGE	C GROUPS IN THE ARAB REGION	3-11	3
	A.	Children	5-6	3
	B.	Youth	7-8	4
	C.	Active working-age adults	9-10	4
		Older persons	11	4
п.	DEN	IOGRAPHIC PROFILES AND PROSPECTS		
		ARAB COUNTRIES	12-68	5
	A.	Bahrain	14-16	5
	B .	Egypt	17-19	5
		Iraq	20-22	6
	_	Jordan	23-26	6
	E.	Kuwait	27-29	6
	F.	Lebanon	30-32	7
	G.	Libya	33-35	7
		Mauritania	36-38	8
	I	Morocco	39-41	8
	J.	Oman	42-44	8
	K.	Qatar	45-47	9
	L.	Saudi Arabia	48-50	9
	М.	The Sudan	51-53	9
	N.	State of Palestine	54-56	10
	0.	Syrian Arab Republic	57-59	10
	P. '	Tunisia	60-62	11
		United Arab Emirates	63-65	11
	-	Yemen	66-68	11
III.	AGE	STRUCTURAL TRANSITIONS IN THE ARAB REGION	69-75	12
IV.	CON	ICLUSIONS AND RECOMMENDATIONS	76-79	13

Introduction

1. The 2030 Agenda for Sustainable Development puts people at the heart of all development efforts and aspires to leave no one behind. It aims to identify and address the needs of all groups of individuals in a society and preserve their rights, so that they may realize their potential as agents of development. The 2030 Agenda builds on the principles of the Programme of Action (PoA) of the International Conference on Population and Development (ICPD). Adopted in 1994, the PoA shifted the focus of population discourse and policies from nominal demographic targets to people's empowerment and human rights. It also underlined the links between population issues and various areas of development, including gender equality, health, education, urbanization, migration and the role of civil society.

2. The age structure of a population and its foreseen changes are crucial and have social and economic implications for societies. This document highlights the challenges faced by the different population age groups in Arab countries and provides an overview of the demographic profiles of member countries of the Economic and Social Commission for Western Asia (ESCWA). It also presents the different age structure types and anticipated changes in that regard, based on demographic trends and prospects in the region. It finally analyses implications for development policymaking and draws policy recommendations accordingly.

I. DEVELOPMENT CHALLENGES FACED BY MAIN AGE GROUPS IN THE ARAB REGION

3. The main age groups of a population are the following:

(a) Children (including adolescents) aged 0 to 14 years: They have specific rights and psychological, physical and social development needs. The extent to which those needs are addressed has determining consequences on their lives and development, and consequently on the whole society;

(b) Youth (including adolescents) aged 15 to 24 years: Moving from childhood dependence to adulthood independence, young people are supposed to complete compulsory education and continue with higher education or find their first job. This transition phase carries significant consequences in terms of creating an enabling environment for them to fulfill their rights, potential and expectations;

(c) Active working-age adults aged 25 to 64 years: The definition of the working-age group differs from that of the active working-age group (aged 15-64 years), as the former includes the large majority of persons engaged in economic activity. Not everyone in the working-age group actually works, and some children under 15 and older persons above 64 may also be economically active;

(d) Older persons aged 65+ years: The definition of old age is often linked to retirement age, and the changes observed in social roles and activities, as well as in mental and physical capacities. With medical advances causing changes in life expectancy, the relevance of the 65 cut-off year is being questioned and subgroups have emerged within that age bracket.

4. Realizing the Sustainable Development Goals (SDGs), particularly those related to good health (Goal 3), quality education (Goal 4) and decent work for all (Goal 8), entails adapting the required services, resources and efforts to the specific needs of the different age groups. Achieving equality for all individuals (Goals 5 and 10) also necessitates age-specific interventions in terms of social protection.

A. CHILDREN

5. The health-care needs of children are mostly related to postnatal care, immunization and nutrition. Lack of adequate care and nutrition generate serious threats to children's survival and abilities to grow and learn. Children also need emotional support, and play and peer interaction are an integral part of their development. Adolescents included in this group go through delicate physiological and psychological transitions during puberty, and are exposed to early marriage, an issue which requires specific policy interventions. Primary

education is crucial in this phase. Governments should thus provide safe and enabling school environments so that children acquire the needed capacities, knowledge and skills.

6. Children in the Arab region face several challenges that put their rights and development at risk. Although gains have been made in education, there are still children not enrolled in any form of schooling. Disease, hunger, lack of access to clean water and sanitation, child labour and violence, particularly against girls, are among the problems that persist in the region. They are intensified in the highly unstable environments of countries witnessing armed conflict, war and massive displacement.

B. YOUTH

7. A well-managed transition from childhood to adulthood paves the way for sustainable human development. Young persons require specific health, education and labour market services to gain independence, form families and keep away from the risk-taking behaviour that they are exposed to in that critical phase of their lives. Sexual and reproductive health, with particular attention to teenage pregnancy, abortion, HIV/AIDS, and family planning are key. Educated and skilled youth have a greater chance of fulfilling their potential and contributing to the development of their societies. The quality and affordability of higher education are very important at this stage.

8. In the Arab region, high illiteracy rates, dropouts from primary education, deterioration of education quality and mismatch between curricula and labour market skill demands are issues of great concern in terms of education and transition to work. The youth unemployment rate is the highest in the world, and female participation in the labour market is still very low. Young people lack knowledge about sexually transmitted diseases. They are almost entirely excluded from participation in parliament and local government in more than half of the Arab countries.

C. ACTIVE WORKING-AGE ADULTS

9. The active working-age group is the pillar that supports the younger and older generations. It is the main contributor to the economy, the one that generates and saves resources and assets. The major problem faced by this group is employment, which is fundamental to the fulfillment of the rights and potential of individuals, and to the development of economies and societies. In the Arab countries, despite some gains in economic growth, progress in reducing unemployment is still very modest, and the regional unemployment rate remains the highest in the world. The labour force participation rate also remains the lowest in the world, mainly due to the extremely low participation of women.

10. Poverty prevails and social security is limited in most Arab countries. Except for some health schemes, most social security schemes lack universality with coverage remaining modest, are contributory, and are linked to formal employment despite the large size of the informal sector. Out-of-pocket expenditure as a percentage of total health expenditure varies considerably from one country to another, but it is relatively high, reaching more than 70 per cent in some countries. Pension schemes often do not cover categories such as self-employment, part-time and agricultural work. Their sustainability is at risk, even without accounting for the ageing factor.

D. OLDER PERSONS

11. The potential of older persons should be unlocked so that they participate actively in society. They should also receive the needed care and services to age in dignity and good health. In the Arab region, the lack of pension schemes leads most older men to continue working beyond the legal retirement age. The situation of older women is even bleaker, as the majority do not work, at least not in the formal sector. Chronic non-communicable diseases are key challenges facing this group. Geriatricians are sorely lacking in the region and home care is only available in a few countries.

II. DEMOGRAPHIC PROFILES AND PROSPECTS OF ARAB COUNTRIES

12. Age structure is a determining factor for policy. In a context of limited resources and competing priorities, examining age structures helps to identify and design the needed interventions, and to structure them over time so as to maximize their impact. During the past four decades, the Arab region has witnessed significant demographic changes. Mortality rates have decreased considerably with medical and technological progress. Life expectancy at birth has improved for both men and women. Fertility has also declined, albeit at a slower rate than mortality, thanks to consistent government efforts. This situation has resulted in a youth bulge and a steady growth of the older persons age group. Furthermore, the region is subject to internal and external migration due to urbanization, conflict, instability, climate change and natural disasters. Labour migration from and to the Arab region is a salient international migration pattern.

13. These changes are occurring at a different pace in the various Arab countries. The demographic profiles and prospects provided below are based on data from the *World Population Prospects: The 2015 Revision* produced by the United Nations Department of Economic and Social Affairs, while data on the distribution of population between urban and rural areas are from the *World Urbanization Prospects: The 2014 Revision*. That explains the discrepancies between a country's total population and its distribution in urban and rural areas. This document does not rely on national data for comparability purposes.

A. BAHRAIN

14. In 2015, Bahrain had a population of 1.377 million. The figure is not expected to increase significantly: by 2050, the population will not have exceeded 1.822 million people. Half of the population is composed of migrant workers coming mainly from South Asia. Their number totaled 729,357 in 2013 (526,814 men and 202,543 women).

15. Life expectancy at birth is projected to increase by 4.77 years, from 76.38 years in 2010-2015 to 81.15 years in 2045-2050, with a remarkably narrow gap between women and men of less than one year. The fertility rate corresponded to replacement level (level of fertility required to sustain the population size over the long term), standing at 2.10 children per woman (cpw) in 2010-2015. It is expected to drop to 1.67 cpw by 2045-2050.

16. In 2015, children (0-14 years) and youth (15-24 years) represented 21.5 and 15.2 per cent of the total population respectively. By 2050, these figures will have declined considerably to 13.5 and 10 per cent respectively. The active working-age group (25-64 years) will still constitute the overwhelming majority despite a small decrease in its proportion, from 60.9 per cent of the total population in 2015 to 59.4 per cent in 2050. The group of older persons (65+ years) will experience a noticeable growth, rising from a small proportion of 2.4 per cent of the total population in 2015 to 6.7 per cent in 2030, then 17.2 per cent in 2050.

B. EGYPT

17. Egypt has the largest population in the region, with 91.5 million people in 2015. It is expected to grow to 117 million by 2030 and 151 million by 2050. Current projections indicate that a rapid urbanization process is taking place: by 2040, more people will be living in urban areas than in rural ones. In 2050, there will be 68.864 million urban residents compared with 52.934 million rural ones.

18. Life expectancy at birth will increase from 70.84 years in 2010-2015 to 76.75 years in 2045-2050, marking a total gain of 5.91 years in longevity. There is, however, a marked difference of 4-5 years between women and men. The fertility rate in Egypt is still high, standing at 3.38 cpw in 2010-2015. It is projected to decrease to 2.38 cpw by 2045-2050.

19. In 2015, children (0-14 years) accounted for 33.1 per cent of the total population of Egypt, and youth (15-24 years) for 17.3 per cent. In 2050, these figures will decline to 25.6 per cent and 15.5 per cent

respectively. The share of the active working-age group (25-64 years) will increase from 44.3 per cent in 2015 to 48.4 per cent in 2050. As a result of evident improvement in life expectancy and declining fertility, the older persons population (65+ years) will double from 5.2 per cent of the population in 2015 to 10.4 per cent in 2050.

C. IRAQ

20. In 2015, Iraq had a population of 36.423 million people. It is projected to increase to an estimated 83.652 million by 2050. Rapid urbanization will continue. In 2015, 24.847 million people resided in urban areas and 10.919 million in rural ones. By 2050, there will be 55.653 million people living in cities and only 15.683 million in rural settings. Human resettlements had also entailed the forced internal displacement of nearly 3.5 million persons by 2014.

21. Life expectancy at birth stood at 69.19 years in 2010-2015. Projections indicate increases over the coming decades, and in 2050 life expectancy at birth will have risen to 74 years, with a marked difference of 4-5 years between women and men. Fertility in Iraq is one of the highest in the region, standing at 4.64 cpw in 2010-2015. It is expected to decline to 3.17 cpw by 2045-2050.

22. Iraq has a young age structure. In 2015, children (0-14 years) alone constituted 41 per cent of the total population, and youth (15-24 years) 19.6 per cent. By 2050, these proportions will have dropped to 33.1 per cent and 18.2 per cent respectively. A noticeable increase in the proportion of the active working-age group (25-64 years) and of older persons (65+ years) is expected to take place: the former will increase from 36.4 per cent in 2015 to 42.9 per cent in 2050, and the latter from 3.1 to 5.9 per cent.

D. JORDAN

23. The population of Jordan is expected to witness fast growth, from 7.595 million people in 2015 to 11.717 million in 2050. The country is also experiencing rapid urbanization and has a stagnant rural population: while the number of urban settlers will rise from 6.435 million in 2015 to 10.283 million in 2050, the rural population will remain static at 1.228 million.

24. Life expectancy at birth is increasing steadily: it will rise from 73.79 years in 2010-2015 to 78.89 years in 2045-2050. The gap of almost three years between the longevity of women and that of men will remain. The fertility rate will continue to decline, from 3.51 cpw in 2010-2015 to 2.18 cpw in 2045-2050.

25. Jordan has a young age structure. Children (0-14 years) accounted for 35.5 per cent of the population in 2015, and young persons (15-24 years) for 19.0 per cent. By 2050, these figures will have dropped to 23.6 per cent and 15.2 per cent respectively. The active working-age population (25-64 years) is expected to grow from 41.7 per cent in 2015 to 49.7 per cent in 2050. Projections also point out to a noticeable increase in the proportion of older persons (65+ years), from 3.8 per cent in 2015 to 11.4 per cent in 2050.

26. Jordan hosts a large number of migrants, currently estimated at 2,925,780 people, of whom over 2 million are Palestinian refugees. Migrants thus constitute almost 40 per cent of the country's total population.

E. KUWAIT

27. In 2015, Kuwait had a population of 3.892 million people. Like in most Gulf countries, labour migrants account for a sizable proportion of that population. In 2013, the total number of migrants, mainly coming from South Asia, amounted to 2,028,053 persons, of whom 1,419,354 were males and 608,699 females. Projections show that Kuwait's population will continue to increase, reaching 5.924 million by 2050, and males will continue to outnumber females due to high labour migration.

28. Life expectancy at birth stood at 74.28 years in 2015 and will increase to 78.32 years in 2050, with a gap of two to three years between women and men. Kuwait is very close to attaining the replacement level with a fertility rate standing at 2.15 cpw in 2010-2015. A continued downward trend is expected to prevail in the coming decades, and fertility will likely reach 1.86 cpw in 2045-2050.

29. There is an overwhelming majority of active working-age persons (25-64 years) in the country's population: they accounted for 62.3 per cent of it in 2015. This proportion will have decreased to 57.5 per cent by 2050. In 2015, children (0-14 years) and youth (15-24 years) accounted respectively for 22.3 per cent and 13.4 per cent of the total population: these figures are projected to have declined to 17.2 and 11.5 per cent respectively by 2050. The older persons group (65+ years) represented the smallest proportion at 2.0 per cent in 2015. By 2050, this figure will have substantially increased to 13.8 per cent.

F. LEBANON

30. In 2015, Lebanon had a population of 5.851 million people, which is not expected to grow beyond 2020. Indeed, projections indicate that the figure will have decreased to 5.610 million by 2050. This downward trend in population growth is associated with a low and declining fertility rate that stood at 2.01 cpw in 2000-2005 and 1.72 cpw in 2010-2015. Projections indicate that fertility will remain at that level until 2045-2050.

31. The country has the highest longevity in the region: life expectancy at birth reached 78.86 years in 2010-2015 and is projected to increase by almost 8 years to stand at 86.55 years in 2050, with an average difference of 2 years between women and men.

32. Due to the combined stagnation in fertility and increase in life expectancy, Lebanon is witnessing the fastest ageing process in the region. Older persons (65+ years), who in 2015 represented 8.1 per cent of the total population, will constitute 16.2 per cent of it by 2030 and 23.3 per cent by 2050. The proportion of children (0-14 years) will drop from 24 per cent in 2015 to 14.3 per cent in 2050, and that of youth (15-24 years) from 19.5 to 11.5 per cent. The proportion of the active working-age population (25-64 years) will increase from 48.4 per cent in 2015 to 50.9 per cent in 2050. In 2014, estimates indicated that Lebanon was host to 1,154,040 refugees.

G. LIBYA

33. Libya had a population of 6.278 million people in 2015. It is expected to reach 8.375 million in 2050. Urbanization is taking place at a fast pace: the number of urban residents will grow from 4.962 million in 2015 to 7.155 million in 2050. In 2013, there were 756,000 migrants in the country, coming mainly from the State of Palestine, Somalia and Iraq.

34. Life expectancy at birth stood at 71.47 years in 2010-2015; it is expected to gain 6 years and reach 76.74 in 2045-2050. The large 5-year gap between women and men is expected to remain until 2050. Fertility rate stood at 1.72 cpw in 2010-2015 and is foreseen to stagnate at this level until 2045-2050.

35. Currently, the population is young, but that is expected to change by 2050. While children (0-14 years) and youth (15-24 years) constituted 29.8 and 15.9 per cent of the total population respectively in 2015, these figures will have dropped to 18.7 and 12.4 per cent respectively by 2050. The proportion of the active working-age group (25-64 years) will increase from 49.7 to 52.8 per cent between 2015 and 2050. Another salient age structural change is expected to take place, with the proportion of the older persons group (65+ years) increasing from 4.5 per cent of the total population in 2015 to 16.1 per cent in 2050, which places Libyan society among the fast ageing ones in the region.

H. MAURITANIA

36. The population of Mauritania is expected to double in size, from 4.068 million in 2015 to 8.049 million in 2050. The country is also undergoing a fast urbanization process, and the number of urban residents is expected to increase noticeably from 2.442 million in 2015 to 5.867 million by 2050.

37. Despite progress achieved over the past decades, life expectancy at birth remains a matter of concern, standing at 62.77 years in 2010-2015. It is projected to reach 67.47 years in 2045-2050, falling short of the target by the ICPD of 70 years. The gap between women and men is of 3-4 years, and is expected to increase instead of decreasing over time. Fertility is very high and plays an instrumental role in shaping Mauritania's population age structure. In 2010-2015, the fertility rate stood at 4.69 cpw, but projections indicate a continued downward trend towards 3.10 cpw by 2050.

38. The country's population is very young: in 2015, children (0-14 years) accounted for 40 per cent and youth (15-24 years) for 19.5 per cent of the total population. Figures are expected to drop to 31 and 18 per cent respectively in 2015. The active working-age group (25-64 years) will expand from 37.3 per cent in 2015 to 44.9 per cent in 2050. Likewise, the proportion of older persons (aged 65+ years) will increase from 3.2 per cent in 2015 to 5.9 per cent in 2050.

I. MOROCCO

39. Morocco's population stood at 34.378 million in 2015; it is expected to increase by nearly 10 million people, reaching 43.696 million in 2050. More people had been living in rural areas until 1990. In 1995, this trend was reversed and urbanization took on a faster pace. In 2015, there were 20.439 million people residing in urban areas compared with 13.516 million in rural settings. By 2050, these figures will have reached 31.721 million and 11.163 million respectively.

40. Morocco has achieved noticeable advances in two central demographic indicators. First, life expectancy at birth, which stood at 73.61 years in 2010-2015, is projected to rise by almost 7 years and reach 80.54 years by 2045-2050. A small gap between women and men not exceeding two years is expected to remain. Secondly, and equally important, is the impressive decline of the fertility rate from 2.56 cpw in 2010-2015 to an expected 2.13 cpw by 2025-2030. Fertility is projected to drop further to 1.88 cpw by 2045-2050.

41. In 2015, the population was dominantly young, and children (0-14 years) and youth (15-24 years) respectively constituted 27.3 and 17.7 per cent of the total population. However, owing to longevity and ongoing declines in fertility, the age structure will undergo significant transformation. By 2050, the proportions of children and youth will have decreased to 18.8 and 12.7 per cent respectively, but, more importantly, there will be a surge in the proportion of older persons (65+ years), from 6.2 per cent in 2015 to 17.3 per cent in 2050. Morocco is thus one of the fast ageing societies in the region, ranking third after Lebanon and Tunisia.

J. OMAN

42. Oman had a population of 4.491 million people in 2015. The figure is expected to increase to 5.844 million in 2050. Migrants account for nearly a quarter of that population: in 2013 their number had reached 1,112,032 people, the majority being males coming from South Asia.

43. Life expectancy at birth is steadily increasing in the country: it is expected to reach 83.70 years in 2045-2050, up from 76.33 years in 2010-2015, thus achieving a gain of over 7 years. The gap between women and men will continue to fluctuate between 1.5-2.5 years until 2050. The fertility rate stood at 2.88 cpw in 2010-2015 and is projected to decline to 1.69 cpw in 2045-2050.

44. The age structure of Oman's population is expected to witness three important changes. First, there will be a noticeable decline in the proportion of children (0-14 years) and youth (15-24 years) to the total

population, from 20.5 and 16.3 per cent in 2015 to 16.1 and 10.5 per cent in 2050, respectively. Secondly, the proportion of older persons (65+ years) will grow twofold from 2015 to 2030, then threefold to 2050—up from only 2.6 per cent in 2015 to 5.7 per cent in 2030, then 17.9 per cent in 2050. Thirdly, while the active working-age population (25-64 years) will continue to account for the majority of the population until 2050, there will be a slow but steady decline of its proportion over the decades, from 60.6 per cent of the total population in 2015 to 55.5 per cent in 2050. Migrant workers will remain the main component of this age cohort.

K. QATAR

45. Qatar had a population of 2.235 million people in 2015. This figure is expected to increase by one million in the coming decades, reaching 3.205 million people in 2050. Migrant workers are expected to continue to account for the biggest proportion of the population: in 2013, their total number was 1,600,955 persons, with 1,267,783 million males and only 333,172 females.

46. Life expectancy at birth was standing at 77.89 years in 2010-2015. It is projected to reach 83.49 years in 2045-2050, marking an overall gain of almost 6 years. Qatar had a low fertility rate of 2.08 cpw in 2015; it is expected to further decrease to 1.65 cpw in 2045-2050.

47. The combination of higher life expectancy at birth and low fertility has yielded a noticeable growth of the proportion of older persons (65+ years) to the total population, up from 1.2 per cent in 2015 to 4.1 per cent in 2030 and 13.8 per cent in 2050. The active working-age group (25-64 years) will continue to represent the overwhelming majority of the population: in 2015, it constituted 68.7 per cent of it and the figure is expected to decrease slightly to 64.4 per cent in 2050. The proportions of children (0-14 years) and youth (15-24 years) will decrease from 15.5 and 14.6 per cent in 2015 to 12.2 and 9.7 per cent in 2050, respectively.

L. SAUDI ARABIA

48. The size of the population of Saudi Arabia had expanded rapidly from 21.392 million people in 2000 to 31.540 million in 2015. This trend is expected to continue over the coming decades, and the population will reach an estimated 46.059 million in 2050. Migrant workers accounted for 9 million in 2013 and were mostly males.

49. The fertility rate stood at 2.85 cpw in 2010-2015. Projections indicate a downward trend towards the replacement level, with the figure reaching 2.10 cpw in 2030-2035, and another drop to 1.84 cpw in 2045-2050. Life expectancy at birth will be exhibiting an upward trend: standing at 74.08 years in 2010-2015, it is expected to rise to 78.75 years in 2050. On average, women are likely to live 2.5 years longer than men.

50. The population of Saudi Arabia is young, but this situation will have changed by 2050. Children (0-14 years) and youth (15-24 years) accounted respectively for 28.6 and 15.6 per cent of the total population in 2015; however, by 2050, these figures will have dropped to 18.7 and 12.5 per cent respectively. The proportion of older persons (65+ years), which constituted merely 2.9 per cent of the total population in 2015, will significantly increase to reach 15.3 per cent in 2050.

M. THE SUDAN

51. The Sudan's population is the second largest in the region, with 40.235 million people in 2015. The figure will nearly double to reach 80.284 million in 2050. Rural residents were over 26.222 million in 2015, and only 13.391 million people resided in urban settings. However, urbanization is progressing: by 2050, the number of persons living in urban areas (38.388 million) will almost be equal to the number of those living in rural settings (38.751 million).

52. The Sudan has made noticeable strides in two key demographic areas. First, life expectancy at birth had marked a gain of almost 10 years from 1980-1985 to 2010-2015. Up from 54.45 years in the 1980s, the figure reached 63.08 years in 2010-2015 and is expected to rise further to 69.98 in 2050. However, there will

still be a 4-year gap between women and men. Secondly, there has been a progressive decline of the fertility rate since 1980-1985, although it remained very high at 4.46 cpw in 2010-2015, it is expected to decline to 2.84 cpw in 2045-2050.

53. The population will remain predominantly young, albeit with an expected significant rise in the proportion of the active working-age population (25-64 years), from 36.2 per cent of the total population in 2015 to 45.8 per cent in 2050. In 2015, children (0-14 years) and youth (15-24 years) accounted for 40.5 and 19.9 per cent of the total population respectively. By 2050, these figures will have dropped to 30.1 and 18 per cent respectively. The proportion of older persons (65+ years) is expected to increase from 3.3 per cent in 2015 to 6.1 per cent in 2050.

N. STATE OF PALESTINE

54. In 2015, the State of Palestine had a population of 4.668 million, expected to witness a substantial increase and reach 9.791 million in 2050. The rural population accounted for nearly a third of the total population in 2015 (1.126 million); however, urbanization is taking place at a fast pace and the number of urban residents is expected to double in the coming decades (from 3.423 million in 2015 to 7.408 million in 2050). In 2013, 3,640,155 Palestinians were living outside their homeland, mainly in Jordan (2,114,224 million), Lebanon (549,341 people) and Libya (280,475).

55. An impressive rise in life expectancy at birth has been achieved, from 72.65 years in 2010-2015 it is expected to reach 78.12 years in 2045-2050, representing a gain of almost 6 years. The 4-year gap between women and men will however remain. Despite continued efforts to control fertility, the rate remains very high, standing at 4.28 cpw in 2010-2015. It is nevertheless projected to decrease to 2.71 cpw in 2045-2050.

56. The population is predominantly young and will continue to remain so until 2050. In 2015, children (0-14 years) and youth (15-24 years) accounted respectively for 40.3 and 21.7 per cent of the total population. By 2050, their proportions will decline to 28.8 and 17.3 per cent respectively. A marked demographic change is anticipated to take place among the active working-age population (25-64 years), the proportion of which will significantly grow from 35.1 per cent in 2015 to 47 per cent in 2050. Likewise, older persons (65+ years), who accounted for only 3.0 per cent of the total population in 2015, are expected to constitute 6.9 per cent of it in 2050.

O. SYRIAN ARAB REPUBLIC

57. Due to the war in the Syrian Arab Republic, the size of the population has fallen from 20.721 million in 2010 to 18.502 million in 2015. Many people have fled the country, and many more have become internally displaced. Current projections however indicate a fast upward trend, driving the population size to increase to 28.647 million in 2030 and 34.902 million in 2050. Despite rapid urbanization, the country will continue to have a large rural population. In 2015, 12.837 million inhabitants lived in urban settings and 9.428 million resided in rural areas.

58. Conflict in the country has also directly affected another key demographic indicator, namely life expectancy at birth, which stood at only 69.51 years in 2010-2015, registering a fall from 74.44 years in 2005-2010. A recovery is however expected, and life expectancy is projected to rise to 72.83 years in 2025-2030, then to 76.86 years in 2045-2050. The gap between women and men is extraordinarily wide and unique in the region: there was a striking 10-year difference in 2010-2015 at the onset of war. This gap will continue to prevail until 2045-2050. Before the conflict, there was already a stagnant 5-year difference in life expectancy at birth between women and men. As for the fertility rate, it continues to show signs of decrease: standing at 3.03 cpw in 2010-2015, it will go down to 1.94 cpw in 2045-2050.

59. The population of the Syrian Arab Republic is predominantly young. In 2015, children (0-14 years) and youth (15-24 years) represented 37.1 and 20 per cent of the total population respectively. A noticeable drop is

anticipated, and the figures will go down to 21.7 and 14.9 per cent respectively in 2050. Other age groups will be expanding, particularly the active working-age population (25-64 years), which accounted for 38.8 per cent of the total population in 2015 and will, by 2050, make up more than half of the population (51.8 per cent). Equally significant is the increase in the proportion of older persons (65+ years), from 4.1 per cent in 2015 to 11.55 per cent in 2050, with the pace of growth expected to pick up after 2025.

P. TUNISIA

60. In 2015, Tunisia had a population of 11.254 million people, expected to reach 13.476 million by 2050. While the number of rural residents will remain almost unchanged between 2015 and 2050, standing at 3.725 million, the rate of urbanization is projected to increase, and the urban population is expected to grow from 7.510 million in 2015 to 10.108 million by 2050.

61. Life expectancy at birth stood at 74.60 years in 2015 and will reach 79.93 years by 2050. Although there is a marked 4-year difference between women and men, this gap will have narrowed down to 2-3 years by 2025-2030. Tunisia has a low fertility rate, standing at 2.16 cpw in 2010-2015, projected to further decline to 1.93 cpw in 2025-2030 and down again to 1.83 cpw in 2045-2050.

62. The combination of low fertility and increase in longevity has accelerated the ageing process. Tunisia has become the second fast ageing country in the region after Lebanon. The proportion of older persons (65+ years) was of 7.6 per cent in 2015, and projections indicate an increase to 12.4 per cent in 2030, then 19.6 per cent in 2050. Children (0-14 years) and youth (15-24 years) respectively represented 23.3 and 15.6 per cent of the population in 2015. By 2050, these proportions will have decreased to 17.4 and 11.6 per cent, respectively. In a similar trend, the active working-age population (25-64 years), which accounted for 53.4 per cent of the total population in 2015, will only represent 51.4 per cent in 2050.

Q. UNITED ARAB EMIRATES

63. In 2015, the United Arab Emirates had a population of 9.157 million people, and projections indicate an increase to 12.789 million by 2050. The striking gap between the male and female populations is attributed to labour migration: in 2013, the total migrant stock in the country was of 7,826,981 persons, of whom 5,850,180 were males and only 1,976,801 females. However, this gap is expected to narrow down starting 2030.

64. Life expectancy at birth will continue to increase. In 2010-2015 it stood at 76.67 years and it is projected to reach 82.75 years by 2050. In 2015, there was only a 2-year gap in the rate between women and men, but by 2025-2030, the difference will have further narrowed to only one year. The fertility rate is also one of the lowest in the region, standing at 1.82 cpw in 2010-2015, and it is expected to decrease further to 1.63 cpw in 2045-2050, which explains the relatively low population growth.

65. The age structure of the population shows an imbalance due to high migrant labour presence. The active working-age group (25-64 years) accounted for 72.2 per cent of the total population in 2015, but the figure is expected to have declined to 63.6 per cent by 2050. Children (0-14 years) and youth (15-24 years) accounted respectively for 13.3 and 12.7 per cent in 2015. By 2050, these figures will have decreased to 11.7 and 8.4 per cent, respectively. The country will also be witnessing another demographic change through the surge in the proportion of older persons (65+ years), from 1.1 per cent in 2015 to 6.3 per cent in 2030 and 16.3 per cent in 2050.

R. YEMEN

66. The size of the population in Yemen is rapidly growing. It is expected to reach 47.170 million people in 2050, up from 26.832 million in 2015. There were 16.698 million people living in rural areas and 8.837 million residing in urban settings in that year. However, as urbanization is excepted to happen at a fast pace, by 2050, there should be 22.976 million urban settlers and 19.520 rural ones.

67. Despite noticeable progress over the past decades, life expectancy at birth remains low in Yemen, standing at 63.51 years in 2010-2015. The figure is expected to increase to 69.20 years in 2045-2050. The gap between women and men is of 2 to 4 years; it will remain fluctuating between 2010-2015 and 2045-2050. Fertility had been the highest in the region, with the rate reaching 8.80 cpw in 1980-1985 and 1985-1990. A downtrend was then registered and the rate stood at 4.35 cpw in 2010-2015. The trend is expected to continue and the rate will fall to near replacement-level at 2.16 cpw in 2045-2050.

68. The population of Yemen is predominantly young, a feature that will continue to prevail at least until 2030. In 2015, children (0-14 years) and youth (15-24 years) represented 40.2 and 22.1 per cent of the total population, respectively. A noticeable decline is however expected to take place, and these proportions will respectively reach 25.3 and 17 per cent in 2050. In contrast, the active working-age group (25-64 years) will be growing, from a proportion of 34.9 per cent in 2015 to 51.8 per cent in 2050. Similarly, between 2015 and 2050, the proportion of older persons (65+ years) is expected to increase from 2.8 to 6.0 per cent.

III. AGE STRUCTURAL TRANSITIONS IN THE ARAB REGION

69. The demographic profiles described in the previous section will eventually lead to a variety of age structures:¹

(a) The very young age structure, in which two thirds or more of the population are aged under 30 years (such as in Egypt, Iraq, Mauritania, the State of Palestine, the Sudan and Yemen);

(b) The youthful age structure, in which, despite the onset of the demographic transition, more than 60 per cent of the population is still aged under 30 years (such as in Jordan and the Syrian Arab Republic);

(c) The transitional age structure, in which 45-60 per cent of the population is aged under 30 years (such as in Bahrain, Kuwait, Qatar, Lebanon, Libya, Morocco, Tunisia, Saudi Arabia and the United Arab Emirates);

(d) The mature age structure, in which less than 45 per cent of the population is under 30 years of age and up to one quarter is above 60 years (such as in Oman).

70. The demographic transition is already occurring in most Arab countries, albeit at various speeds. While some Arab countries have not yet started to transition as their populations structures are still very young ones, others present youthful structures. The demographic transition has been fastest in the United Arab Emirates, where a mature age structure already existed in 2015. It is also fast in countries presenting transitional age structures, and it is expected that many Arab countries will have mature age structures by 2030 (Bahrain, Kuwait, Lebanon, Oman, Qatar and Tunisia), followed by others in 2050 (Libya, Morocco and Saudi Arabia).

71. The fertility rate is one of the main factors driving the observed changes in age structure. It was above 4 in 2010-2015 in countries with a very young age structure. It is expected to decrease over time but will remain above the replacement level of 2.1 in those countries in 2045-2050, expect for Yemen. In 2010-2015, the fertility rate varied between 3 and 4 in the countries having youthful age structures, namely Jordan and the Syrian Arab Republic. The rate is expected to decrease below the replacement level for the Syrian Arab Republic in 2045-2050, and only in 2050-2055 for Jordan. In countries presenting a transitional age structure, such as Bahrain, Kuwait and Tunisia, this rate is equal to or slightly higher than the replacement level. The fertility rate was under the replacement level in 2010-2015 in only two countries with transitional structures, namely Lebanon and Qatar, and in Oman, which has a mature age structure.

72. The proportion of children and young persons is decreasing in all countries, without exception. The proportion of older persons is also growing in all countries at varying rates. A slight increase is expected until 2050 in the countries that currently present a very young age structure (Iraq, Mauritania, the State of Palestine,

¹ Elizabeth Leahy and others, *The Shape of Things to Come: Why Age Structure Matters to a Safer, More Equitable World* (Washington, D.C., Population Action International, 2007).

the Sudan and Yemen). In most other countries, the expected increase is larger, and in some (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates), the proportion of older persons is expected to increase more than sixfold between 2015 and 2050.

73. According to the definition of a 'relatively old' society, in which the proportion of the population aged 65+ years exceeds 8 to 10 per cent,² 3 Arab countries (Lebanon, Morocco and Tunisia) will be considered old in 2030 and 10 additional ones (Bahrain, Egypt, Jordan, Kuwait, Libya, Oman, Qatar, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates) will be considered so in 2050. The difference between countries is mainly in the proportion of the active working-age group. It will start decreasing in 2030 in Bahrain, Kuwait, Lebanon and Qatar. A decrease is currently taking place in Oman and the United Arab Emirates. In the remaining countries, the proportion of the active working-age group is expected to increase until 2050, at varying speeds. Faster growth is observed in countries with a very young structure.

74. This brief comparative analysis of the demographic profiles of ESCWA member countries and their respective current and projected age structures confirms that the demographic transition is occurring in most of them. The region is evidently heading towards a major demographic development: the increase in the proportion of the older persons in the total population. Ageing issues are expected to exacerbate existing developmental challenges, namely those faced by the young population in the region. It is therefore urgent that appropriate efforts are undertaken to ensure full awareness of the competing needs of population groups, in the light of their composition and trajectories. Tomorrow's vulnerabilities and deprivations should be tackled today.

75. Timely and targeted efforts undertaken in the context of the 2002 Madrid International Plan of Action on Ageing and the 2030 Agenda for Sustainable Development can help to mitigate the negative consequences of the foreseen changes and difficulties in Arab societies, and possibly generate opportunities, not only through the realization of the demographic window of opportunity where it is open, but also by empowering future older populations and securing them a dignified life.

IV. CONCLUSIONS AND RECOMMENDATIONS

76. The ageing process is more advanced in some Arab countries than in others, and it is considerably faster than in the developed countries. Arab countries will thus have to adapt much more rapidly to the phenomenon, but starting at much lower levels of development, with fewer resources and weaker (and sometimes lacking) institutional structures. They will have to simultaneously address complex challenges related to all other age groups, in many cases in a context of armed conflict, massive displacement, crises and high instability.

77. The demographic transition witnessed in the Arab region has opened windows of opportunity that might lead to the realization of demographic dividends. Reaping the benefits of the demographic dividend depends on the ability of countries to expand employment opportunities for a large number of workers and to create an environment that allows for the investment of gains generated in physical capital, children's health and education. It also depends on the promotion of savings to prepare for pensions. Unless the Arab countries are well prepared, the increase in the proportion of the old age group in the total population will hinder the realization of the demographic dividend by increasing dependency levels and putting an additional burden on the active working-age group.

78. In the light of the above, two major recommendations can be drawn:

(a) Countries will be well advised to consider population age structures and their foreseen transitions in development policymaking, which would allow them to structure their interventions over time according to available resources. In particular, they should:

² Leonid A. Gavrilov and Patrick Heuveline, "Aging of Population", in *The Encyclopedia of Population*, Paul Demeny and Geoffrey McNicoll, eds. (New York, Macmillan Reference USA, 2003).

- (i) Rethink investment in education to prioritize quality, not only for children and youth, but also continuous learning for the growing working-age group, in order to enhance competencies and skills and increase chances to find and maintain jobs;
- (ii) Adjust the health-care system in terms of infrastructure and workforce, to ensure that service provision meets the changing needs of the population;
- (iii) Increase employment opportunities for the growing active working-age group, and build and maintain social protection floors for all;
- (iv) Mainstream migration in development plans, focusing on employment policies;
- (v) Consider the link between age structure transition and environmental issues, namely between natural resource limitations and pollution and economic growth needed to create employment opportunities.

(b) Countries should also integrate population issues into development planning and prepare for simultaneously responding to the needs of various age groups. For example, it might be useful to facilitate the contribution of older persons to the education sector as volunteers, so that they can invest their potential and enhance their participation in society. Social protection initiatives should be planned in a way that supports the livelihoods of older persons, the education of young persons and the health of women and children. Young persons can for example contribute to public works programmes to secure the income needed during the education phase.

79. Furthermore, it is of utmost importance that Arab countries make efforts to improve the collection, availability and accuracy of internationally comparable data in line with international standards, namely in terms of disaggregation by age, sex, migratory status, geographic location and other relevant characteristics.
