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12 Children born underweight

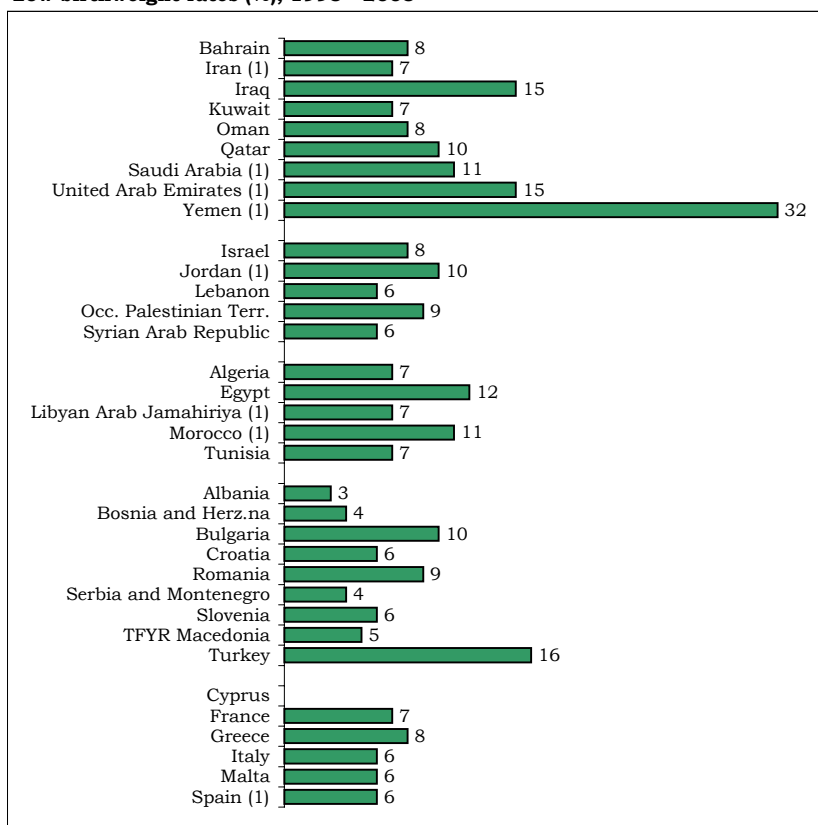
Low-birthweight babies (those weighing less than 2.5 kg) face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and face increased risk of disease later in life. They are also likely to remain malnourished and to have lower IQ and cognitive disabilities leading to school failure and learning difficulties.

Weight at birth is a good indicator not only of the mother's health and nutritional status but also of the newborn's chances for survival, growth, long-term health and psychosocial development.

Many infants in developing countries are not weighed at birth. In the Middle East and North Africa, it is estimated that nearly 82 percent of newborns are not weighed. In other regions, the percentages range from 20 percent to 77 percent. Much of the available data on low birthweight are, therefore, not representative of the general population and are often underestimates. A major effort is needed to improve the quality of data.

Available data suggest that in the majority of countries in the MENA region, low-birthweight rates are around or below 10 percent. But this rate rises to 15 percent in Iraq and the United Arab Emirates, and to a high of 32 percent in Yemen. In southern Europe, low-birthweight rates are around 6 percent, rising to 10 percent in Bulgaria and 16 percent in Turkey.

Low birthweight rates (%), 1998 - 2003



Data refer to the most recent year available during the period specified in the column heading.

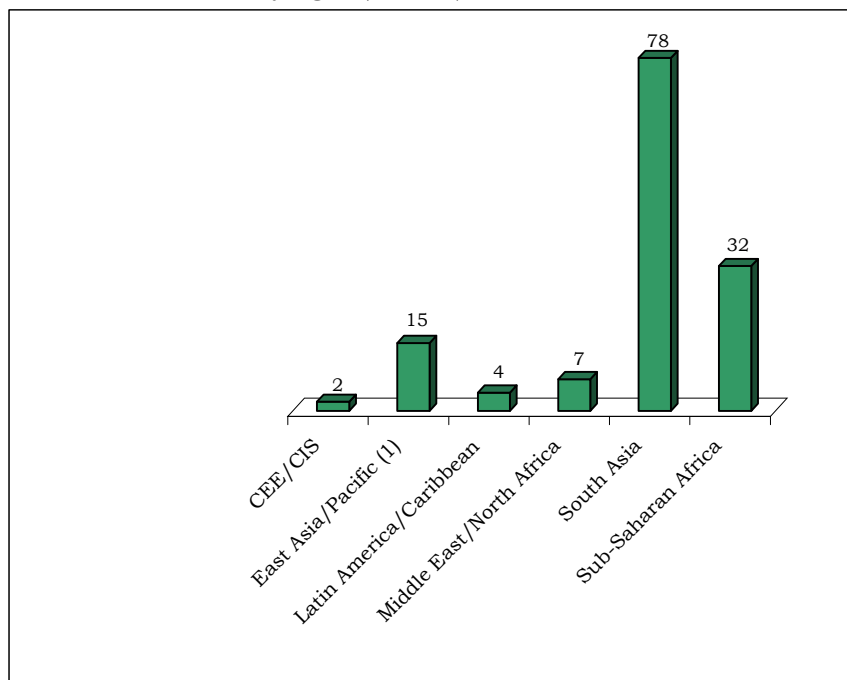
(1) Data refer to years or periods other than those specified in the column heading differ from the standard definition or refer to only part of a country.

Source: *The State of the World's Children*, UNICEF, 2005

13.1 Malnutrition

UNICEF regards malnutrition as a devastating condition that plays a part in more than half of the 11 million deaths of children under five years of age in developing countries. Data on the prevalence of malnutrition suggest that the proportions of underweight children in the Balkan region and the Middle East and North Africa are lower than those found in South Asia and Sub-Saharan Africa. Nevertheless, the data indicate that the number of malnourished children in the Middle East and North Africa is around 7 million in 2000. Malnutrition in the Arabian peninsula and the Gulf region among children under five is still frequent, not only in the low-income countries but also in some of the oil producing nations.

Malnourished children by region (millions), 2000



(1) World Development Report, World Bank, 2004.

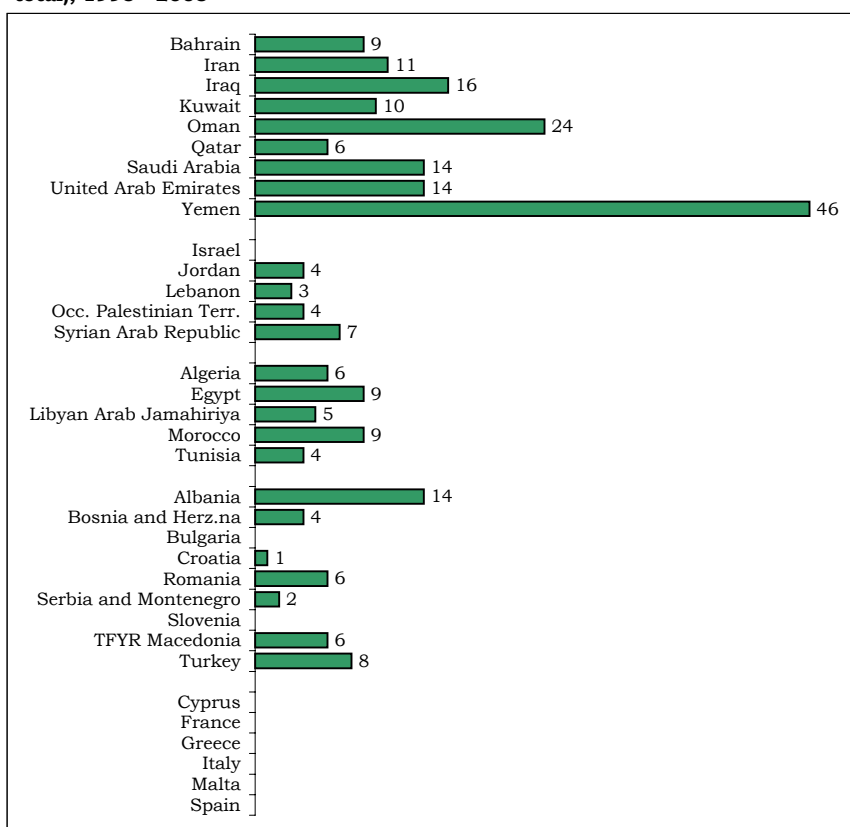
Source: *Meeting the promises of the World Summit for children - 1990 to 2000*

13.2 Malnutrition

Despite the great improvements achieved in the nutritional status of children in the Euro-Mediterranean area in the 1990s, malnutrition still affects a considerable proportion of children under five in some countries in the Balkan region -e.g. Albania (14%), Romania (6%), and TFYR Macedonia (6%), and North Africa, e.g. Morocco (9%). Malnutrition reaches alarming levels in Syria (13%) and throughout the Arabian peninsula. The underweight prevalence rate is around 14% in Saudi Arabia and the United Arab Emirates, 16% in Iraq, rising to a high of 24% in Oman. Yemen continues to suffer from a staggering high level of child malnutrition with close to half of all children under five being underweight.

Malnutrition slows down the process of mental and physical development and can cause blindness as well as imbalances in the immune system with devastating effects in terms of morbidity and mortality. More detailed data on malnutrition are given in table 11.3 which shows prevalence rates of underweight, wasting, and stunting, among children under five years of age, as recorded in the period 1995-2003. Lack of data for the Southwest European countries does not necessarily mean the absence of malnutrition in this region.

Underweight children under five years of age (moderate and severe) (as % of total), 1995 - 2003



Data refer to the most recent year available during the period specified in the column heading.

Source: *The State of the World's Children*, UNICEF, 2005

13.3 Malnutrition

Prevalence rates of underweight, wasting and stunting among children under five years of age (%), 1995 - 2003

Country	Underweight prevalence (severe)	Wasting prevalence (moderate and severe)	Stunting prevalence (moderate and severe)
Bahrain	2	5	10
Iran	2	5	15
Iraq	2	6	22
Kuwait	3	11	24
Oman	4	13	23
Qatar	n.a.	2	8
Saudi Arabia	3	11	20
United Arab Emirates	3	15	17
Yemen	n.a.	12	53
Israel	n.a.	n.a.	n.a.
Jordan	1	2	9
Lebanon	0	3	12
Occ. Palestinian Terr.	1	4	9
Syrian Arab Republic	1	4	18
Algeria	1	3	18
Egypt	1	4	16
Libyan Arab Jamahiriya	1	3	15
Morocco	2	4	24
Tunisia	1	2	12
Albania	4	11	32
Bosnia and Herz. na	1	6	10
Bulgaria	n.a.	n.a.	n.a.
Croatia	n.a.	1	1
Romania (1)	1	3	8
Serbia and Montenegro	n.a.	4	5
Slovenia	n.a.	n.a.	n.a.
TFYR Macedonia	1	4	7
Turkey	1	2	16
Cyprus	n.a.	n.a.	n.a.
France	n.a.	n.a.	n.a.
Greece	n.a.	n.a.	n.a.
Italy	n.a.	n.a.	n.a.
Malta	n.a.	n.a.	n.a.
Spain	n.a.	n.a.	n.a.
Developing countries	8	10	31
Industrialized countries	n.a.	n.a.	n.a.
MENA	2	6	21
World	8	10	31

Data refer to the most recent year available during the period specified in the column heading.

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Source: *The State of the World's Children*, UNICEF, 2005

14 Breastfeeding

Breastfeeding indicators (as % of total), 1995 - 2003

Country	Exclusive Breastfeeding Rate (<6 months)	Timely Complementary Feeding Rate (6-9 months)	Continued Breastfeeding Rate (20-23 months)
Bahrain	13	38	22
Iran	30	72	31
Iraq	n.a.	n.a.	23
Kuwait	66	53	21
Oman	46	n.a.	22
Qatar			
Saudi Arabia	6	24	6
United Arab Emirates	6	n.a.	n.a.
Yemen	n.a.	n.a.	n.a.
Israel	n.a.	n.a.	n.a.
Jordan	11	33	11
Lebanon	n.a.	n.a.	n.a.
Occ. Palestinian Terr. (1)	37	8	10
Syrian Arab Republic	7	34	21
Algeria	n.a.	n.a.	n.a.
Egypt	n.a.	n.a.	n.a.
Libyan Arab Jamahiriya	n.a.	n.a.	n.a.
Morocco	n.a.	n.a.	n.a.
Tunisia (1)	n.a.	n.a.	n.a.
Albania	6	24	6
Bosnia and Herz.zna	n.a.	n.a.	n.a.
Bulgaria	6	n.a.	n.a.
Croatia	23	n.a.	n.a.
Romania (1)	n.a.	n.a.	n.a.
Serbia and Montenegro	11	33	11
Slovenia	n.a.	n.a.	n.a.
TFYR Macedonia	37	8	10
Turkey	7	34	21
Cyprus	n.a.	n.a.	n.a.
France	n.a.	n.a.	n.a.
Greece	n.a.	n.a.	n.a.
Italy	n.a.	n.a.	n.a.
Malta	n.a.	n.a.	n.a.
Spain	n.a.	n.a.	n.a.
Developing countries	n.a.	n.a.	n.a.
Industrialized countries	n.a.	n.a.	n.a.
MENA	n.a.	n.a.	n.a.
World	n.a.	n.a.	n.a.

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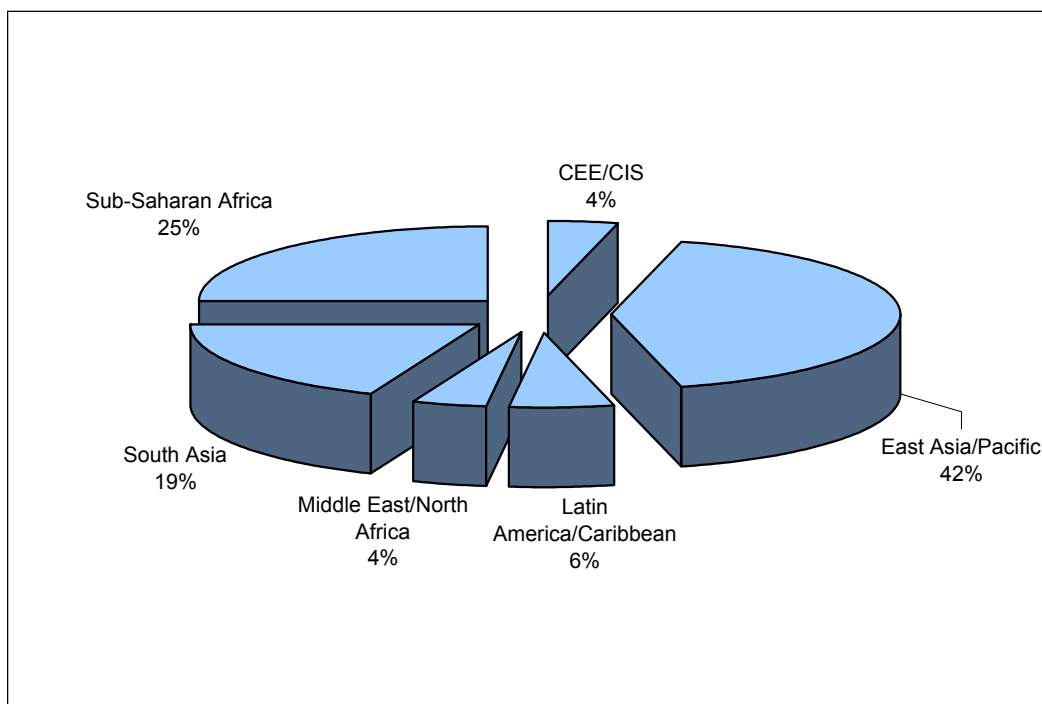
Source: *The State of the World's Children, UNICEF, 2005*

15.1 Drinking water

One of the targets of Goal 7 of the Millennium Development Goals (MDGs) is to "Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation." Global coverage figures from 2002 indicate that, of every 10 people, roughly 5 have a connection to a piped water supply at home; 3 make use of some other sort of improved water supply, such as a protected well or public standpipe; and 2 are unserved, with no choice but to rely on potentially unsafe water from rivers, ponds, unprotected wells or water vendors. Thus, in 2002, 83 per cent of the world's population - around 5.2 billion people - used improved drinking water sources. Increased use of improved water and sanitation has many benefits: a significant reduction in disease, especially diarrhoea; averted health-related costs; and time savings associated with having water and sanitation facilities located closer to home.

There are still over one billion people - or one sixth of the world's population- without access to safe sources of drinking water. This figure includes a high proportion of communities living in rural areas and overcrowded peri-urban settlements in Sub-Saharan Africa and South Asia (25% and 19% of the world total), and especially in East Asia and the Pacific region (42%). People in the Middle East and North Africa without access to safe drinking water account for 4% of the world total.

People without access to safe drinking water by region (as % of total), 2000



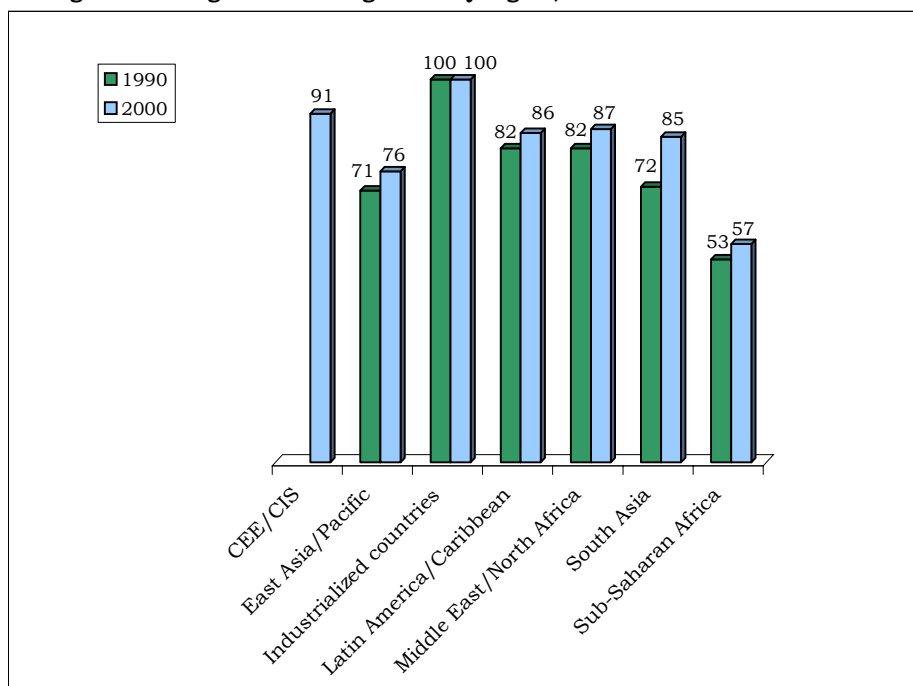
Source: UNICEF, 2001

15.2 Drinking water

Efforts to meet the targets set for 2000 in terms of ensuring sustainable sources of clean water have achieved great results, even though drinking water resources are still scarce especially in Asia and Sub-Saharan Africa.

In the Middle East and North Africa, around 13% of the population are still denied access to adequate water supply, compared to 22% for developing countries.

Change in drinking water coverage rates by region, 1990 - 2000



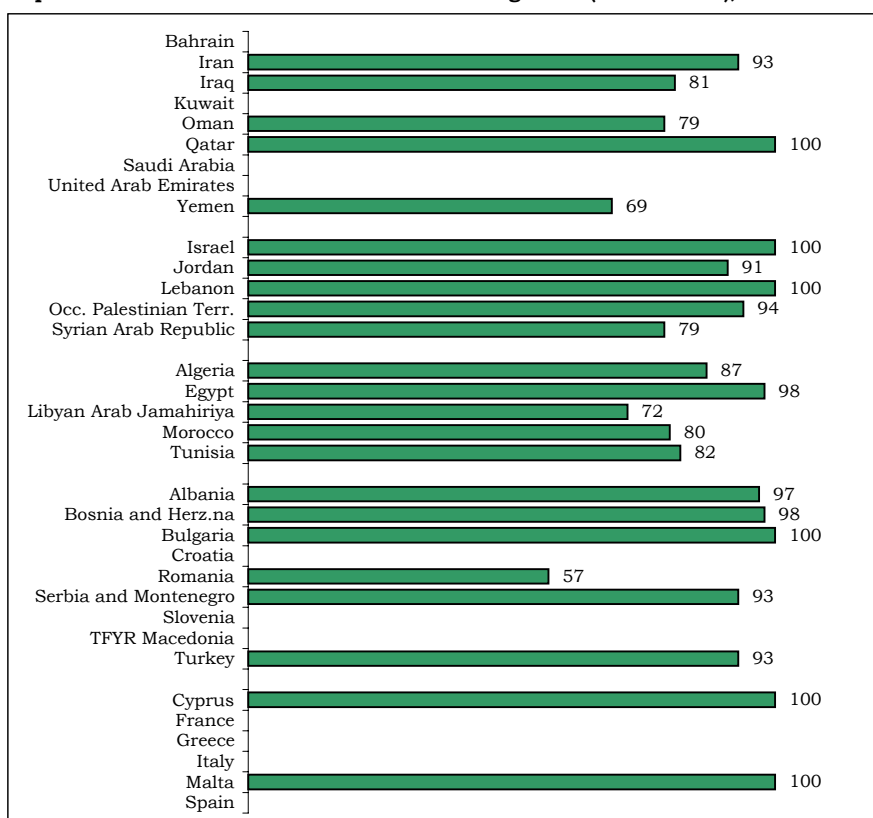
Source: *Meeting the promises of the World Summit for children - 1990 to 2000*

15.3 Drinking water

Access to drinking water has increased considerably in recent years and, in general, no longer appears to constitute a significant problem for most of the European countries on the Mediterranean. Difficulties in the provision of drinking water are still considerable in Romania, however, where only 57% of the population have access to safe sources. In the Middle East and North Africa, around 13% of the population are still denied access to adequate water supply, compared to 22% for developing countries.

Access to safe drinking water is lowest in Yemen (69%) and Libya (72%). Another important feature (shown by figures in table 13.4) is the significant disparity between rural and urban services, and the high proportion of people living in rural areas in several Arab states, who still lack access to adequate water supply.

Population with access to safe sources of drinking water (as % of total), 2002



Source: *The State of the World's Children*, UNICEF, 2005

15.4 Drinking water

Population with access to safe sources of drinking water (as % of total), 2002

Country	Population		
	Total	Urban	Rural
Bahrain	n.a.	100	n.a.
Iran	93	98	83
Iraq	81	97	50
Kuwait	n.a.	n.a.	n.a.
Oman	79	81	72
Qatar	100	100	100
Saudi Arabia	n.a.	97	n.a.
United Arab Emirates	n.a.	n.a.	n.a.
Yemen	69	74	68
Israel	100	100	100
Jordan	91	91	91
Lebanon	100	100	100
Occ. Palestinian Terr.	94	97	86
Syrian Arab Republic	79	94	64
Algeria	87	92	80
Egypt	98	100	97
Libyan Arab Jamahiriya	72	72	68
Morocco	80	99	56
Tunisia	82	94	60
Albania	97	99	95
Bosnia and Herz. na	98	100	96
Bulgaria	100	100	100
Croatia	n.a.	n.a.	n.a.
Romania	57	91	16
Serbia and Montenegro	93	99	86
Slovenia	n.a.	n.a.	n.a.
TFYR Macedonia	n.a.	n.a.	n.a.
Turkey	93	96	87
Cyprus	100	100	100
France (1)	n.a.	100	n.a.
Greece (1)	n.a.	n.a.	n.a.
Italy (1)	n.a.	100	n.a.
Malta	100	100	100
Spain (1)	n.a.	n.a.	n.a.
Developing countries	79	92	70
Developed countries	100	100	100
MENA	87	95	77
World	83	95	72

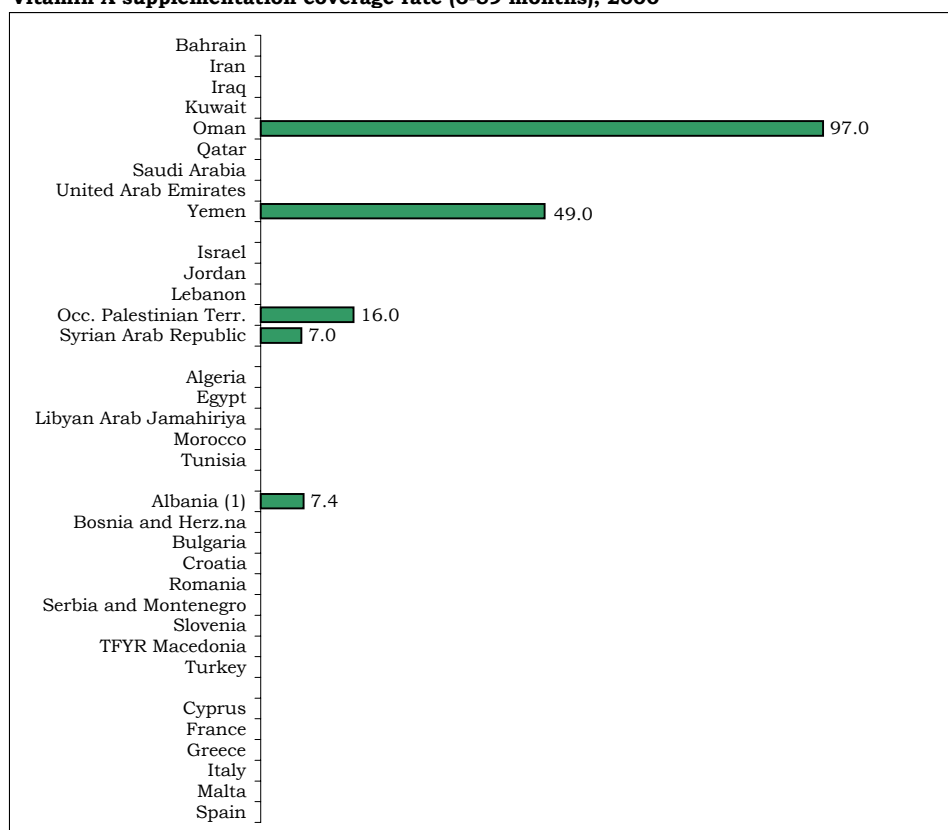
(1) Data refer to proportion of households connected to piped water.

Source: *The State of the World's Children*, UNICEF, 2005

16 Vitamin A supplementation

Vitamin A is essential if the immune system is to function correctly. A deficiency of this element is the root cause of irreversible blindness and can lead to a substantially higher risk of death from illnesses such as measles, malaria and diarrhea. Two doses of vitamin A capsules a year for children under 5 can prevent this deficiency, which UNICEF regards as having caused the death of about 1 million children in the world over the period 1998-2000. For this reason, there has been a considerable increase in efforts to promote the distribution of vitamin A. While it is difficult to obtain accurate national figures for the percentage of children receiving vitamin A, those supplied range from the worrying low levels of 7% and 16% in Syria and Palestine, respectively, to the reassuring 97% in Oman.

Vitamin A supplementation coverage rate (6-59 months), 2000



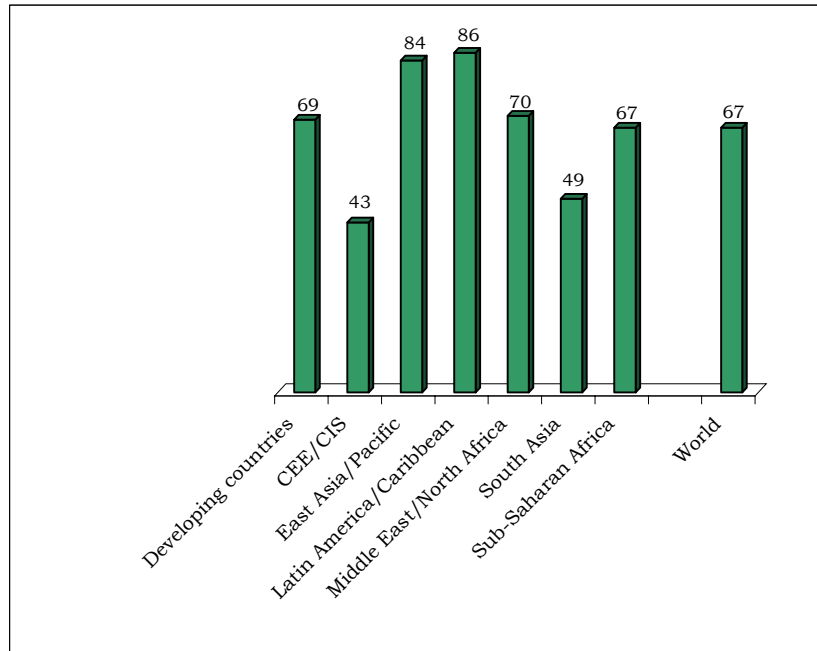
(1) Source: UNICEF, MICS Albania 2002, children aged 6 to 59 months.

Source: UNICEF, 2003

17.1 Consumption of iodized salt

The iodization of salt enables children to consume a sufficient quantity of iodine to prevent physical and mental retardation. Following the massive campaigns launched to eradicate iodine deficiency, it is estimated that over 70% of households in the Middle East and North Africa now consume iodized salt.

Households consuming iodized salt by region (%), 1997 - 2003



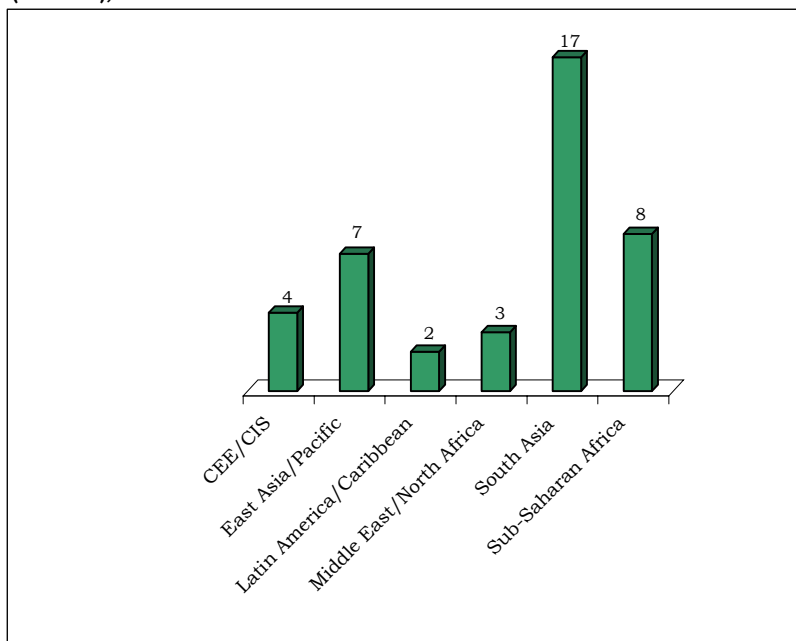
Data refer to the most recent year available during the period specified in the column heading

Source: *The State of the World's Children*, UNICEF, 2005

17.2 Consumption of iodized salt

Despite the impressive progress worldwide to achieve the goal of Universal Salt Iodization, about 41 million children were born in 2001 in households where iodized salt was not consumed, putting them at risk of developing the mental disabilities caused by Iodine Deficiency Disorder (IDD). This figure includes 3 million children born in the Middle East and North Africa, compared to 17 million born in South Asia and 8 million in Sub-Saharan Africa. All the key players — government, the salt industry, scientific groups, civil society, must work together to make sure that every household everywhere is consuming iodized salt.

Number of children born in households where iodized salt was not consumed, (millions), 2000

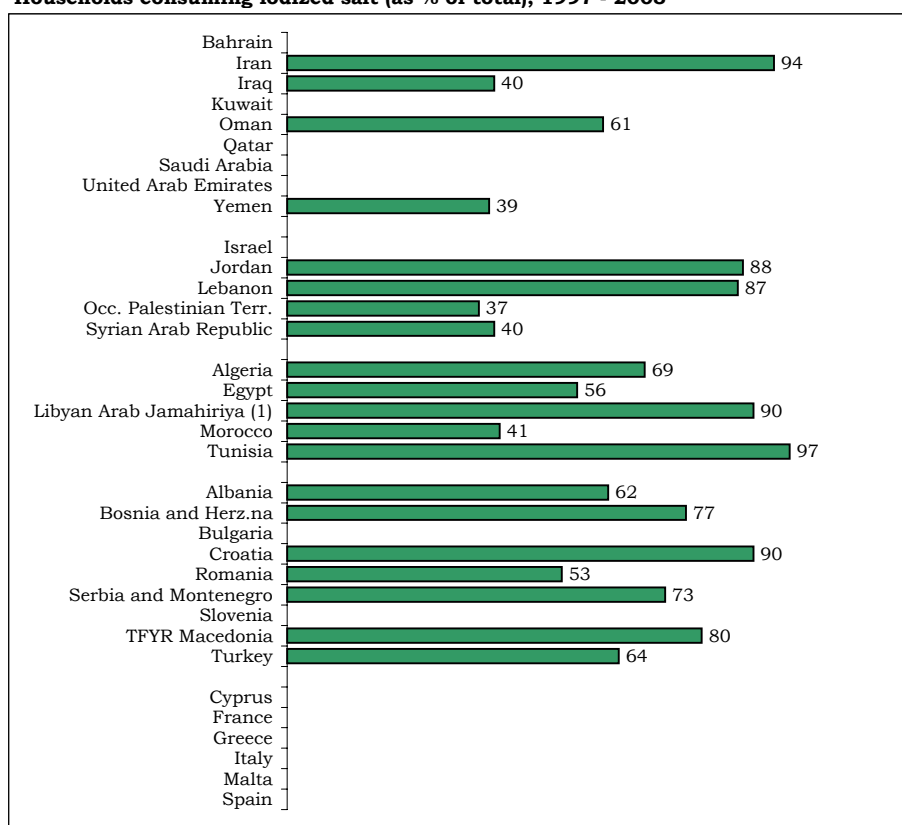


Source: UNICEF, 2001

17.3 Consumption of iodized salt

The consumption of iodized salt plays an important preventive role with respect to mental retardation. Iodine deficiency has severe repercussions on children's learning ability and can cause cretinism. The effects for women include higher risks of stillbirth and miscarriage. The proportion of households consuming iodized salt in developing countries has increased since 1990 from 20% to 67%, thus reducing the risks associated with iodine deficiency and its lifelong consequences. Despite the successes achieved through widespread consumption of iodized salt, there are many countries where this is still restricted to between 50% and 70% of the population, as in the case of Albania and Egypt (56%), Oman (61%), Turkey (64%) and Algeria (69%). The level of consumption of iodized salt is much lower in Palestine, Syria and Yemen (around 40%).

Households consuming iodized salt (as % of total), 1997 - 2003



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