

KINGDOM OF SAUDI ARABIA

MILLENNIUM DEVELOPMENT GOALS

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2005 G



United Nations Development Program



Ministry of Economy and Planning

CONTENTS

	Page
Introduction	5
Overview of Monitoring and Evaluation Environment	8
Overview of Progress Achieved	9
Economic and Social Framework	11
Goal 1: Eradicate Extreme Poverty and Hunger	18
Goal 2: Achieve Universal Primary Education	24
Goal 3: Promote Gender Equality and Empower Women	30
Goal 4: Reduce child mortality	37
Goal 5: Improve Maternal Health	43
Goal 6: Combat HIV/AIDS, Malaria and other Diseases	46
Goal 7: Ensure Environmental Sustainability	51
Goal 8: Develop a Global Partnership for Development	58
References	66

INTRODUCTION

Adoption of the first UN report on human development in 1990 triggered a series of international summits and conferences on various human development issues. Goals were set and partners in development, both domestic international, were urged to work cooperatively to achieve them. The process culminated with the adoption of "The Millennium Declaration" at the millennium summit held by the United Nations (UN) in September 2000 to address issues of peace, security and development. The Declaration was signed by all 189 members of the UN, including the Kingdom of Saudi Arabia.

To help track progress, the UN Secretariat and the specialized agencies of the UN system, as well as representatives of IMF, the World Bank and OECD defined a set of goals that came to be known collectively as the Millennium Development Goals (MDGs); viz.,

- Goal 1: Eradicate extreme poverty and hunger.
- Goal 2: Achieve universal primary education.
- Goal 3: Promote gender equality and empower women.
- Goal 4: Reduce child mortality.
- Goal 5: Improve maternal health.
- Goal 6: Combat HIV/AIDS, malaria and other diseases.
- Goal 7: Ensure environmental sustainability.
- Goal 8: Develop a global partnership for development.

The 8 MDGs, supplemented by 18 targets and 48 indicators designed to measure progress, constitute a blueprint for development. Every five years, the UN Secretary General submits to the UN General Assembly a report on progress towards achieving the MDGs internationally and regionally. At the national level, each country prepares an annual progress report aimed at informing decision-makers and gaining their support. Such reports also serve to encourage participation of economic, social, and political institutions and the media, as well as the general public, in local and national efforts to achieve the MDGs.

The first national report of the Kingdom of Saudi Arabia was prepared in 2002 by the United Nations Development Program, in collaboration with the Ministry of Economy and Planning. The present second national report was prepared by the Ministry of Economy and Planning, in collaboration with the relevant government agencies, the United Nations Development Program and the Economic, Social Commission of West Asia (ESCWA).

The report charts progress made by the Kingdom towards achieving the MDGs at three levels, viz.,

1. Development of an information and legislative environment conducive to achieving the MDGs.
2. Integration of the MDGs into sustainable development, through the development plans in general; the Eighth Development Plan in particular.
3. Persistent efforts to achieve, even surpass, the MDGs ahead of schedule.

The Eighth Development Plan constitutes the cornerstone of the endeavour to achieve the MDGs. Not only does it aim, through clarity of strategic vision and mobilization of human and financial resources, to consolidate work at the three above-mentioned levels, but also seeks to build a true partnership between national and global efforts aimed at creating a world of peace, security and development, within the framework of the MDGs.

Available data on implementation of the MDGs in the Kingdom demonstrate that the set targets for a number of goals have already been reached or even surpassed, while others are expected to be reached well ahead of schedule. Indeed, data cited later in this report show that 9 out of the 11 targets set for the first 7 MDGs have been reached or would be reached by 2015; viz.,

1. Eradicating extreme poverty.
2. Halving the proportion of people who suffer from hunger.
3. Ensuring that children, boys and girls alike, will be able to complete a full course of primary schooling.
4. Eliminating gender disparity in primary and secondary education.
5. Reducing by two thirds the under-five mortality rate.
6. Reducing by three quarters the maternal mortality ratio.
7. Halting and beginning to reverse the spread of AIDS.
8. Halting and beginning to reverse the incidence of malaria and other major diseases.
9. Halving the proportion of people without sustainable access to safe drinking water and sanitation.

However, the report points out that quantitative monitoring of progress towards certain targets is hampered by lack of data, since statistical monitoring mechanisms for some MDGs, such as those related to the environment, are still at an early stage of development. Nonetheless, international endeavour to monitor the MDGs is motivating national efforts aimed at developing such mechanisms, which, in turn, should help remedy shortcomings of future national MDG reports.

OVERVIEW OF MONITORING AND EVALUATION ENVIRONMENT

Target	Ability to Conduct:					Quality of Survey Data
	Data Collection	Statistical Follow-up	Statistical analysis	Incorporating Analysis in Policy	Monitoring / Evaluation	
1. Extreme poverty: Halve by 2015 the proportion of people who suffer from extreme poverty	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	Good <u>Medium ✓</u> Poor
2. Nutrition and food security: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	Good <u>Medium ✓</u> Poor
3. Education: Ensure that all children have access to primary education by 2015	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor
4. Gender equality: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	Good <u>Medium ✓</u> Poor	Good <u>Medium ✓</u> Poor
5. Health and mortality rate: Reduce by two thirds, between 1990 and 2015, the under- five mortality rate	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	<u>Good ✓</u> Medium Poor
6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	Good <u>Medium ✓</u> Poor
7. AIDS Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor
8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor
9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	<u>Good ✓</u> Medium Poor	Good <u>Medium ✓</u> Poor	<u>Good ✓</u> Medium Poor
10. The Environment and Water: Halve by 2015 the proportion of	<u>Good ✓</u> Medium	<u>Good ✓</u> Medium	<u>Good ✓</u> Medium	<u>Good ✓</u> Medium	Good <u>Medium ✓</u>	<u>Good ✓</u> Medium

people without sustainable access to safe drinking water and sanitation	Poor	Poor	Poor	Poor	Poor	Poor
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OVERVIEW OF PROGRESS ACHIEVED

Target	Reaching Target				Current Supporting Environment			
1. Extreme poverty: Halve by 2015 the proportion of people who suffer from extreme poverty	<u>Expected</u> ✓	Probable	Not Expected	ID*	<u>Good</u> ✓	Moderate	Poor but improving	Poor
2. Nutrition and food security: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
3. Education: Ensure that all children have access to primary education by 2015	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
4. Gender equality: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
5. Health and mortality rate: Reduce by two thirds, between 1990 and 2015, the under- five mortality rate	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
7. AIDS Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor

Target	Reaching Target				Current Supporting Environment			
8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor
10. The Environment and Water: Halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation	<u>Expected</u> ✓	Probable	Not Expected	ID	<u>Good</u> ✓	Moderate	Poor but improving	Poor

* ID = Insufficient Data

ECONOMIC AND SOCIAL FRAMEWORK

CURRENT SITUATION

Over the five years covered by the Seventh Development Plan (2000-2004), the Kingdom achieved good economic growth, reflected in improved per capita income and increased work opportunities. As a result of growth of oil and non-oil exports, notable improvement in both the balance of trade and the balance of payments were also achieved.

The Seventh Development Plan emphasised development of human resources, provision of work opportunities, and expansion of citizens' participation in ownership of productive assets, as well as encouraging national and foreign capital to invest in the national economy. Privatization of some public services and facilities was started within the framework of a comprehensive privatization strategy. Attempts were also made to improve efficiency of government agencies, along with improving business and investment environment, in an effort to enhance competitiveness of the national economy; focusing on building an efficient national science and technology base and benefiting from information and communications technology in all fields and activities.

Socio-economic indicators have reflected the positive outcome of these endeavours. The national economy achieved an average annual growth of 3.4%, with per capita income rising to \$11549 in 2004. Moreover, diversification of the base of the national economy increased, with the non-oil sector constituting 73.5% of the total economy in 2004, despite the remarkable growth of the oil sector over the period.

Saudi economy is also being increasingly integrated into the global economy, with the share of foreign trade in goods and services in the GDP reaching 63.3% in 2004. An associated positive development is the improvement of the structure of both exports and imports: the ratio of non-oil commodity exports to total exports increased, while, reflecting improved competitiveness of domestic products and increased dependence on them, the ratio of commodity imports to total imports decreased.

DIRECTIONS OF DEVELOPMENT

In formulating social and economic programs, the Kingdom adopts development planning. Comprehensive five-year plans play two basic complementary roles: directing state institutions and the public sector, and providing guidance to the community and private sectors. The Eighth Development Plan (2005-2009), which has completed its first year, represents the latest stage in a development planning process that extends back to more than three decades. It also constitutes the first stage in the strategic path of the national economy over the coming twenty years. Addressing the major challenges confronting development, the plan formulates policies and programs and specifies the resources required for achieving development goals and objectives. The MDGs are part and parcel of the goals of the underlying strategy that envisions a diversified prosperous economy; an economy that supplies rewarding work opportunities, provides good education and healthcare, achieves sustainable development and preserves national values and heritage.

DEVELOPMENT CHALLENGES

The most significant challenges to development in the Kingdom are:

■ ***Raising Standard of Living and Improving Quality of Life:*** Within a relatively short period of time into the development process, the Kingdom succeeded in increasing income many folds, with per capita income growing at an annual rate of 0.9% over the past three decades. Coupled with similar improvement in human development indicators, this growth has led to the Kingdom being classified, according to the human development index, in the top stratum of middle-income countries. However, promotion to the rank of advanced countries requires doubling per capita GDP and improving other human development indicators. Moreover, it is necessary to ensure that all social sectors enjoy the benefits of development, as well as resolve the issue of poverty as soon as possible.

■ ***Diversification of Economic Base:*** In recognition of the importance of reducing dependence on depletable oil resources, diversification of the economic base has been a principal objective of economic and social

development ever since the start of development planning. Emphasis has, therefore, been placed on enhancing the non-oil sectors of the national economy. Indeed, notable success has been achieved, with the contribution of these sectors to GDP increasing from 51% to 73.5% over the past three decades. Nevertheless, development of the non-oil sectors to enhance high-value-added production and services and raise their contribution to exports remains one of the main development challenges.

■ ***Rationalization of Role of Oil Revenues:*** Oil revenues have been the main engine of development. Moreover, despite expansion and diversification of the economic base, oil revenues are still the main source of state budget revenues that finance investment and operational expenditures. However, oil resources are non-renewable. Optimal utilization of the national capital represented by oil wealth would, therefore, require investing it in renewable assets that contribute to diversifying the economic base and achieving sustainable development; thereby enhancing non-oil public revenues and facilitating transformation of oil revenues into productive assets and human capital.

■ ***Development and Productive Employment of Human Resources:*** Through education and training, human development indicators have shown notable gains in the past two decades. However, demand for labour outstripped national supply in many professions, necessitating recruitment of foreign labour. Suadization of jobs thus remains one of the main development challenges.

Moreover, in recent years, there has also been mismatch between outputs of education and training and the skills and specializations required by development, leading to structural unemployment. This multi-dimensional issue is one the main development challenges.

■ ***Sustainability of Natural Resources:*** Water resources are of vital importance. Currently, the largest share of the water consumed for agricultural, municipal and industrial purposes comes from non-renewable resources. However, whatever water reserves remain, sustainable development calls for full reliance on conventional renewable water resources.

Likewise, conservation of agricultural lands, forests and other environmental resources, along with combating desertification, is a major challenge to sustainable development.

■ ***Balanced Regional Development:*** Due care has been exercised in providing infrastructure and public services to all regions, achieving very high coverage rates. There are, however, disparities in economic activity that have encouraged internal migration from rural to urban areas. The consequent immense increase in city populations and the huge geographic expansion of the cities has put their services and facilities under substantial pressure. Restoring regional balance is, therefore, one of the major challenges to sustainable development, calling for stimulation of economic activity in the least developed regions.

■ ***Competitiveness of National Economy:*** Within a relatively short period, the Kingdom has succeeded in acquiring a distinguished economic status, based on economic advantage in energy and petrochemicals and some other activities. However, this advantage rests upon abundance of both energy and financial resources. Acquisition of new competitive advantages leading to increasing and diversifying exports and, in view of accelerating globalization, to enhancing integration into the global economy, constitutes, therefore, one of the major challenges to development.

SUPPORTING ENVIRONMENT FOR ACHIEVING DEVELOPMENT GOALS

A set of integrated factors supports the development drive of the Kingdom; namely, a solid economic and social base, a good human potential, and many natural advantages and resources. The most significant of these factors are:

■ ***A Successful Development Experience:*** Despite recency of economic and social development, the Kingdom has made notable achievements, reflected in all sustainable development indicators. These achievements have been enhanced by proper setting of economic growth priorities throughout the successive seven development plans. Each such plan was based on current conditions, while ensuring continuity of the development effort and concentrating on human development sectors, such as education, healthcare,

and family care, and on the infrastructure.

■ ***Advanced Infrastructure and Services:*** All regions of the Kingdom are covered by advanced facilities for transportation, electricity, water, sanitation, and a distribution network for oil products, as well as by varied health, education, training and social services.

■ ***A Unique Experience in Developing Comprehensive Growth Centres:*** The Kingdom built two industrial cities at Jubail and Yanbu in record time. The two cities have attained a distinguished status in production of petrochemicals, both regionally and internationally, with the Kingdom currently meeting 5–6% of world demand for petrochemicals.

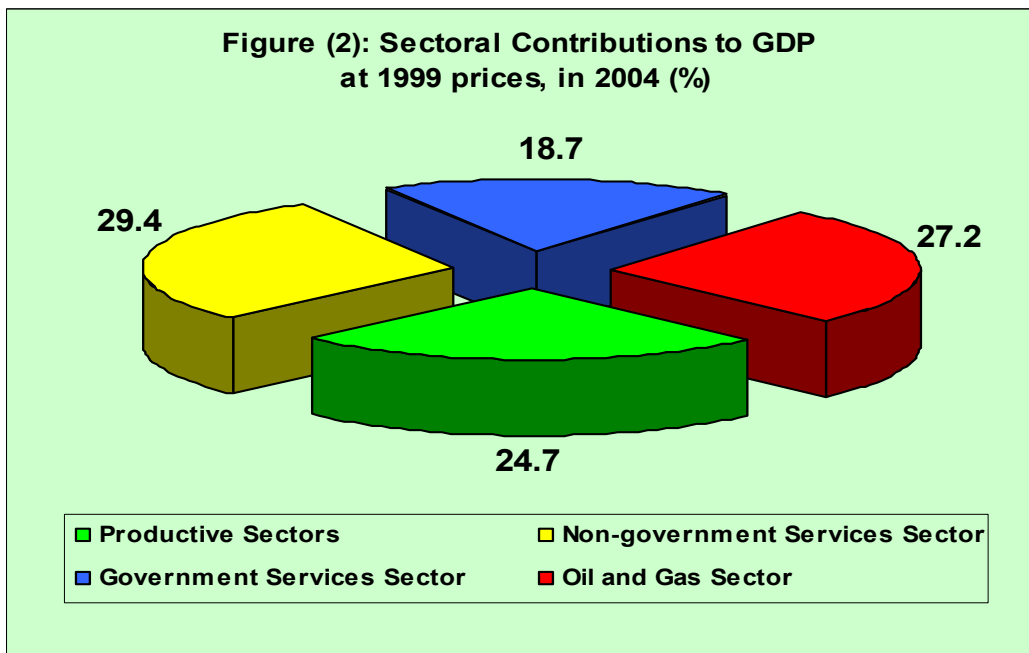
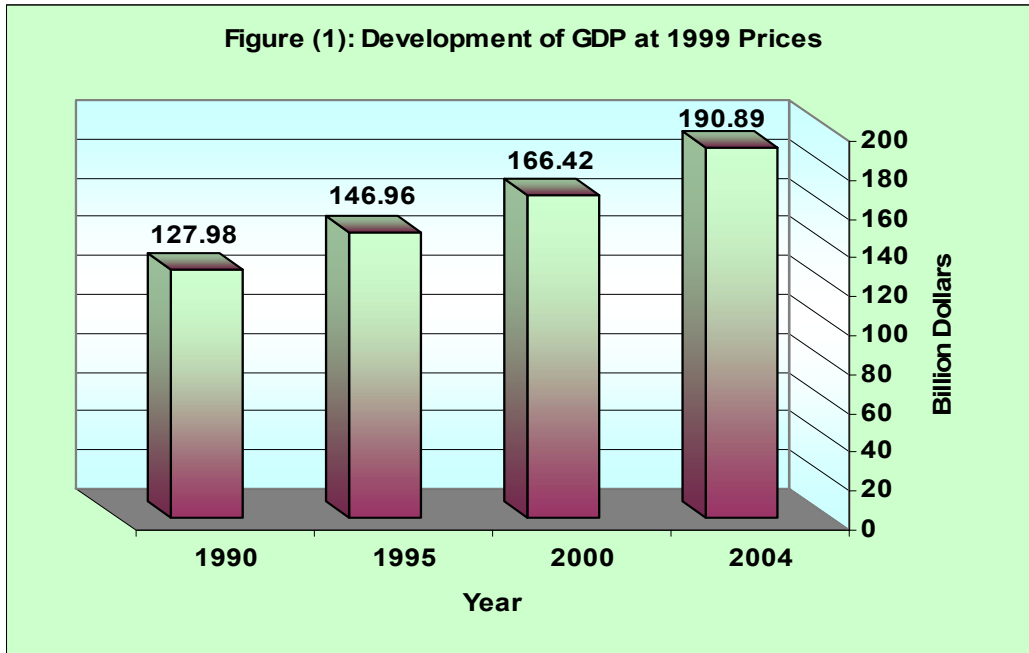
■ ***An Active and Entrepreneurial Private Sector:*** The private sector enjoys a high degree of dynamism, contributing 54.6% of the GDP in 2004 with activities covering all available fields. Financial and administration capabilities of the sector have been enhanced, as it moved from high dependence on government contracts and public expenditure to self-propulsion, becoming a major partner in the development process.

■ ***Abundance of Material Resources:*** The public and private sectors in the Kingdom have both the requisite financial resources for development. Moreover, oil resources and huge reserves are enough to meet the needs of development in the foreseeable future, in addition to many economic factors that attract direct foreign investment.

■ ***The Institutional and Organizational Environment:*** Over the period covered by the Seventh Development Plan, efforts were focused on institutional and administrative development. Several measures were taken to rationalize public administration and enhance its efficiency, and to promote a regulatory environment supportive of economic restructuring and of motivating business and investment.

■ ***Geographical Characteristics of the Kingdom:*** The Kingdom occupies a strategic geographic position. It is situated along Africa's eastern coast and constitutes the gateway of the Mediterranean countries' to Southern and Eastern Asia, as well as to Eastern and South Eastern Africa. Hence, the Kingdom's ports link the three continents of Asia, Africa and Europe. This

unique geographical position provides the Kingdom with great potential in air, sea and land transit services and re-export of commodities and goods.



Box 1: Some strategic Pillars of the Eighth Development Plan (2005–2009)

- To accord concern to women’s issues, promote women’s capabilities, and remove obstacles to participation of women in development.
- To care for needy citizens and address poverty and endeavour to limit it.
- To promote education and training at all levels and give due concern to their outputs.
- To promote public services, improve their quality and availability in line with the increasing actual needs of the population.
- To adopt a population policy that takes into consideration quantitative and qualitative population changes and the geographic distribution of the population, and enhances the relationship between population variables and requirements of sustainable development.
- To adopt integrated management of water resources and maximize their benefits and rationalize their utilization.
- To encourage voluntary and charitable activities in social work, healthcare and education.
- To sustain care for environmental protection, promote environmental regulations, protect and develop wildlife, and conserve natural resources and rationalize their utilization.

Box 2: Selected Targets of the Eighth Development Plan (2005–2009)

- To achieve an annual per capita income growth rate of 2.1%.
- To achieve an average annual GDP growth rate of 4.6%.
- To achieve an average annual growth rate of the non-oil sector of 5.2%.
- To raise the share of the non-oil sector in GDP from 73.5% in 2004 to 75.7% in 2009.
- To achieve an annual growth rate in total capital investment of about 10.7%.
- To increase the ratio of nationals in the labour force from 42.7% in 2004 to 51.5% in 2009.

Table 1: General Indicators (2004)

Indicator	Value
Population (million)	22.53
Population growth rate (%)	2.5 ⁽¹⁾
GDP (billion US dollars)	191 ⁽²⁾
GDP per capita (US dollars/year)	11631 ⁽²⁾
Life expectancy (years)	73.58
Literacy rate (% of 15-year olds and above)	77.9

Fertility rate (average births per woman)	4.8
Ratio of foreign debt to GDP (%)	0.0
Ratio of investment to GDP (%)	20.5 ⁽²⁾
Ratio of volume of trade to GDP (%)	63.3 ⁽²⁾

⁽¹⁾ Saudis only.

⁽²⁾ Tentative Figures.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

TARGET 1:

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Target Indicators	1990	1995	2000	2004
Ratio of families living under extreme poverty (%)*	–	–	–	1.63
Poverty gap	–	–	–	–
Share of poorest quintile in national consumption (%)	–	–	–	–

* On average, a Saudi family consists of 7.7 members.

TARGET 2:

Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Target Indicators	1990	1995	2000	2003	2009*
Prevalence of underweight children under five years of age (%)	–	–	14	5	3
Proportion of population below minimum level of dietary energy consumption (%)	4	3	2.6	–	–

* Targeted by the Eighth Development Plan (2005–2009).

CURRENT SITUATION

Poverty reduction is a central aim of economic and social development.

Poverty, however, is not limited to material deprivation, but has many other dimensions such as hunger, lack of shelter, inability to secure medical treatment, lack of access to education and schooling, illiteracy, and unemployment. Hence, combating poverty and its ramifications takes many forms that cut across sectors and approaches. Nevertheless, unemployment remains the major cause. Wide availability of educational, health, and social security services in all parts of the Kingdom to all targeted and needy groups has confined poverty to small pockets. However, citing the fact that poverty is limited is not meant to detract from the importance of combating it; but merely to put in perspective.

■ ***Social Care Services:*** A wide range of social and economic support has been provided to the poor and needy through programs run by the Ministry of Social Affairs and by community organisations. Care and support services take two forms: in-kind, and material assistance and regular payments; and direct services provided by care centres. These services are:

First: Income support to poor families provided by the state through financial assistance and social security payments, with social security payments increasing over 1993–2003, at an average annual rate of 1.7% to reach around \$680 million in 2004, and expenditure on assistance growing at an annual rate of 4.5% annually to amount to \$127 million in 2003.

Second: Care and support services provided by the state through a number of institutions and programmes:

- Services to the disabled; 10,243 beneficiaries in 2004.
- Services to Orphans services; 2,038 beneficiaries in 2004.
- Services to the elderly; 636 beneficiaries in 2004.
- Care and observation services to juvenile delinquents; 11,988 beneficiaries in 2004.
- Local community development services; 144,299 beneficiaries in 2004.
- Non-institutional care services, including programs such as the foster family program, the in-family assistance to paralytic children program, and the assistance to the disabled program;

98,168 beneficiaries in 2004.

Through about 310 community organisation, the community sector plays a major role in providing care services and social support to the poor and needy. Programs cover several social solidarity fields, including education and training, childcare, healthcare, care for the elderly and the disabled, charity housing, and housing improvement.

■ ***Strategy for Addressing Poverty:*** Efforts aimed at eradicating poverty are placed with a comprehensive national strategy that provides for establishing a database through surveys assessing various poverty indicators in order to determine poverty levels, the ratio of poverty, and the most affected social groups and geographic regions. The strategy also provides for identification of causes of poverty and the programs and policies required for radical, lasting resolution.

Along with strategy formulation, important steps have been taken, such as establishing a fund for poverty alleviation, with the state contributing the largest share of capital, in addition to contributions by individuals and the private sector. The fund aims at helping the poor help themselves by providing work opportunities, and supporting the concept of the productive family through soft-term loans to help establish small enterprises. The state has also increased budget allocations for social care and increased the budgets of specialized support funds.

■ ***Poverty Indicators:*** The extreme poverty line in the Kingdom (food insufficiency) was estimated at about 2 dollars a day per person. Families living in extreme poverty constituted 1.63% of a total of around 35 thousand families. The average size of the Saudi family was 7.7 persons in 2004.

TOWARDS ACHIEVING THE GOAL

The Kingdom of Saudi Arabia plans to eradicate extreme poverty during the period of the Eighth Development Plan (2005–2009), expecting thus to achieve the targets specified under the First Millennium Goal.

CHALLENGES

The principal challenge to eradicating poverty stems from its multi-dimensionality, for it intersects with most aspects of economic and social development, with progress towards that goal requiring parallel progress towards other development goals at both the macro and the sectoral levels. Therefore, increasing income in general and especially of low-income groups, attaining balanced development, creating work opportunities for all Saudis along with the requisite education and training of manpower, eradication of illiteracy, provision of healthcare and social care and public services, all constitute inputs for a lasting, radical resolution of the issue of poverty. The objectives, investments and programs of the Eighth Development Plan address these challenges in an attempt to achieve sustainable development, improve quality of life of the citizens, and expand the range of opportunities open to them.

However, international experience demonstrates that certain social groups remain at risk no matter how advanced society may be. It is, thus, important to create an efficient social safety network capable of not only of curbing and combating poverty, but also of preventing its incidence.

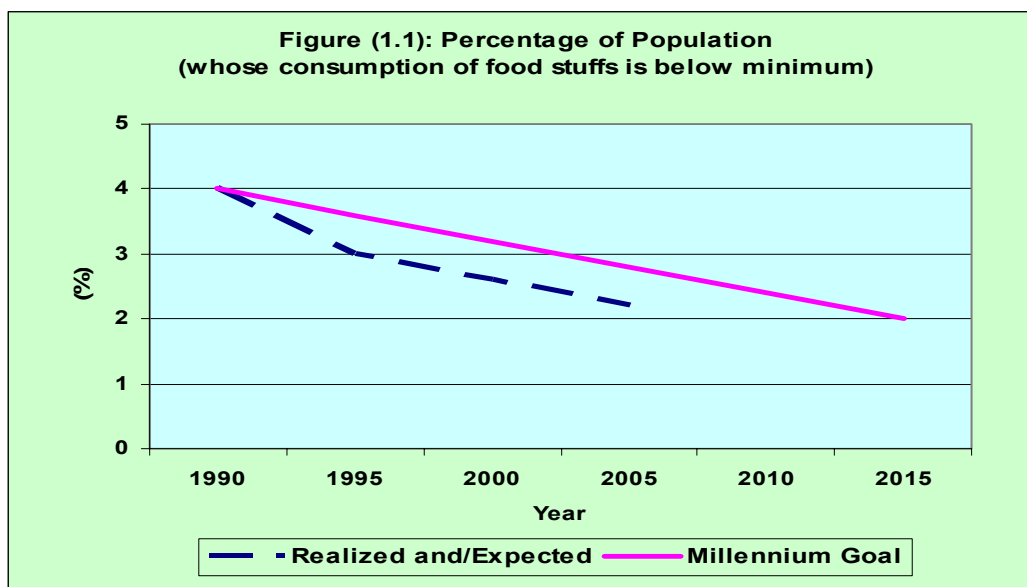
SUPPORTIVE ENVIRONMENT

The development planning process adopted by the Kingdom provides a framework for studying, analysing and evaluating all factors affecting living conditions. Furthermore, the Eighth Development Plan is a cogent program for economic and social development, giving high priority to issues relevant to poverty reduction, such as unemployment, balanced development, and provision of services and social care. The plan would, therefore, enhance efficiency of policies and improve the conditions for attaining standard-of-living objectives in general and poverty reduction in particular.

Moreover, availability of financial resources enables the Kingdom to act quickly and decisively to alleviate poverty through social security measures, giving more time to lasting, radical solutions to come to fruition.

Lastly, the Kingdom enjoys advanced institutional and organizational capabilities. Noteworthy in particular are community organisations that

provide support and care to the needy throughout the country, playing an essential role complementary to that of relevant state institutions.



Box 1.1: Some Features of the National Strategy for Combating Poverty

A. Fundamentals of the Strategy:

- To provide the poor with opportunities to establish and enhance their material and human assets, through providing work opportunities, credit, education, training and health services.
- To enhance the ability of the poor to participate efficiently in economic activities.
- To improve the living standards of the poor through enhancing their ability to face health, natural and economic risks.

B. Themes of the Policies of the Strategy:

1. Macroeconomy: policies aimed at accelerating economic growth and distributing its benefits equitably among the regions and social groups.
2. Economic empowerment of the poor: policies aimed at making the poor own means of production and raising their productive capabilities, as well as improving work opportunities open to them.
3. Public services: policies aimed at improving health, education and municipal services.
4. Social protection: policies aimed at increasing effectiveness of the social security network, and enhancing the role of benevolent and voluntary organisations in poverty alleviation.

5. Family property: policies and programs aimed at solving housing problems and providing adequate housing for the needy.

Box 1.2: Overview of Current Situation

Will the goal be achieved by 2015?

✓Expected Probable Not possible Insufficient Data

Supportive environment

✓Good Moderate Poor but
Improving Poor

Box 1.3: Selected Targets from the Eighth Development Plan Relevant to the Goal (2005-2009)

- To increase Saudi per capita income by 2.2% annually.
- To eradicate extreme poverty during the period covered by the Plan.
- To raise enrolment in primary schooling to 100%.
- To review coordination mechanisms among agencies concerned with family care, with a view to developing them and raising their efficiency.
- To prepare annual surveys to evaluate effectiveness of the social safety net.

Box 1.4: Monitoring and Evaluation Environment

Factor	Evaluation		
Data collection capabilities	<u>✓Good</u>	Medium	Poor
Quality of survey data	Good	<u>✓Medium</u>	Poor
Statistical follow-up capabilities	<u>✓Good</u>	Medium	Poor
Statistical analysis capabilities	<u>✓Good</u>	Medium	Poor
Ability to incorporate results of analysis into policies and resource planning	<u>✓Good</u>	Medium	Poor
Monitoring and evaluation mechanisms	Good	<u>✓Medium</u>	Poor

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

TARGET 3:

Ensure that, by 2015, all children, boys and girls alike, will be able to complete a full course of primary schooling.

Target Indicators	1990	1995	2001	2003	2004
1. Net enrolment ratio in primary education (%)	84.5	89.8	95.6	96.7	97.3
2. Proportion of pupils starting grade 1 who reach grade 5 (%)	74.5	82.0	91.0	94.0	95.5
3. Literacy rate of 15–24 year olds (%)	85.9	90.9	96.6	97.9	98.6

CURRENT SITUATION

Education is the main pillar of economic and social development and the most important factor of its sustainability, for human welfare in a developed society, which is the ultimate aim of development, cannot be attained without educated, productive citizens and individual commitment to human values and ideals. Providing access to educational services and enabling citizens to derive full benefits from them is, therefore, one of the landmarks on the road to development, as well as being a central element in eradicating poverty, since education expands the scope of options and skills necessary for creating a productive citizen.

The Kingdom paid special attention to the education sector and endeavoured to provide education to all citizens, with expenditure on education amounting to 9.5% of GDP in 2002. As a result, adult literacy (15-year olds and above) reached 77.9% and youth literacy (15-24 year-olds) 98.6% in 2004; a development that benefited both sexes, with the ratio of literate females to literate males among the youth reaching 96:100.

Primary schooling is crucial, since it determines, to a great extent, the future course of pupils, both male and female. The number of pupils enrolled in primary education was about 2.3 million in 2003, in 12880 schools covering all parts of the Kingdom. In the same year, the number of new enrollees in primary education was about 407 thousand pupils. Over the period 2000–2003, average annual growth rates of enrollees and new enrollees were 0.9% and 1.8 % respectively. It is worth noting that the public sector is the principal provider of educational services, with a share in 2003 of the total number of enrollees in primary education of 93.3% and of enrollees in all educational levels of 92.5%.

Proportion of pupils starting grade 1 who reached grade 5 was 95.5% in 2004, which indicates notable progress over the past ten years. Moreover, net enrolment in primary education reached 97.3%. This remarkable achievement ten full years prior to 2015 indicates that the Kingdom will certainly be able to meet the goal of ensuring that all children, boys and girls alike, will be able to complete a full course of primary schooling.

Working for attaining universal enrolment in primary education and increasing enrolment rate in all other levels of education, a number of measures have been taken and policies adopted, not only to guarantee education for all (high enrolment rates), but also to improve and maintain quality of education. Among such measures and policies are the following:

- Enforcing mandatory primary education, as per a decision taken in 2004.
- Establishing kindergartens throughout the country and intensifying family awareness and guidance programs aimed at impressing upon the population the importance of pre-school education.
- Invigorating mechanisms for involvement of parents in monitoring children's activities, as well as school and teaching staff performance.
- Early identification of children with special needs and provision of appropriate teaching and rehabilitation.
- Addressing economic and social conditions that impede enrolment of children from low-income groups. It is worth noting, however, that all education is provided free of charge.
- Intensifying programs, in both educational curricula and society at

large, aimed at raising awareness of the importance of educational attainment.

Through these and other measures, the Kingdom aims to raise the rate of enrolment in the primary schooling, for both boys and girls, to 100% over the period covered by the Eighth Development Plan (2005–2009).

CHALLENGES

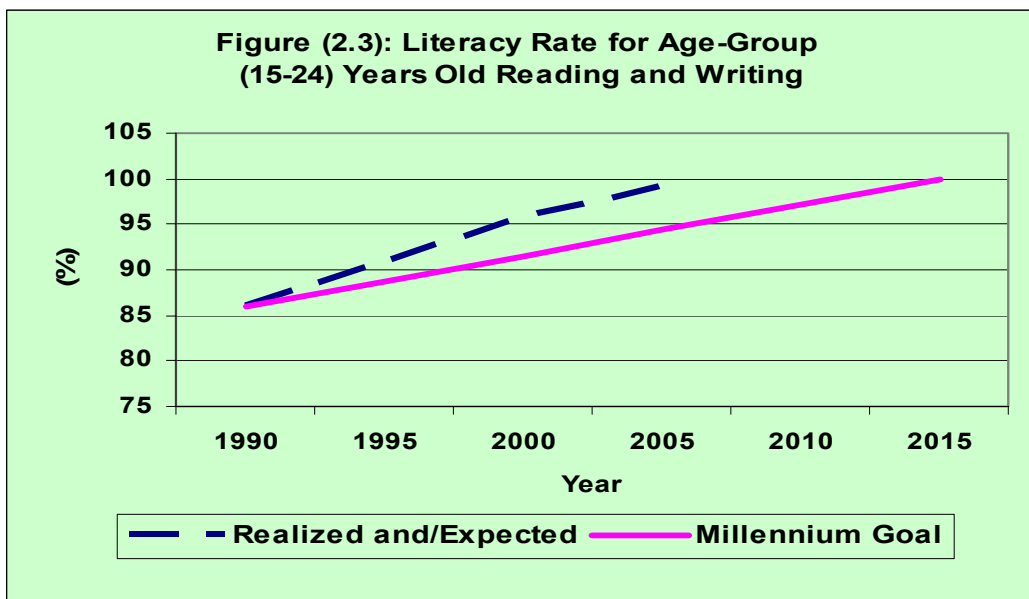
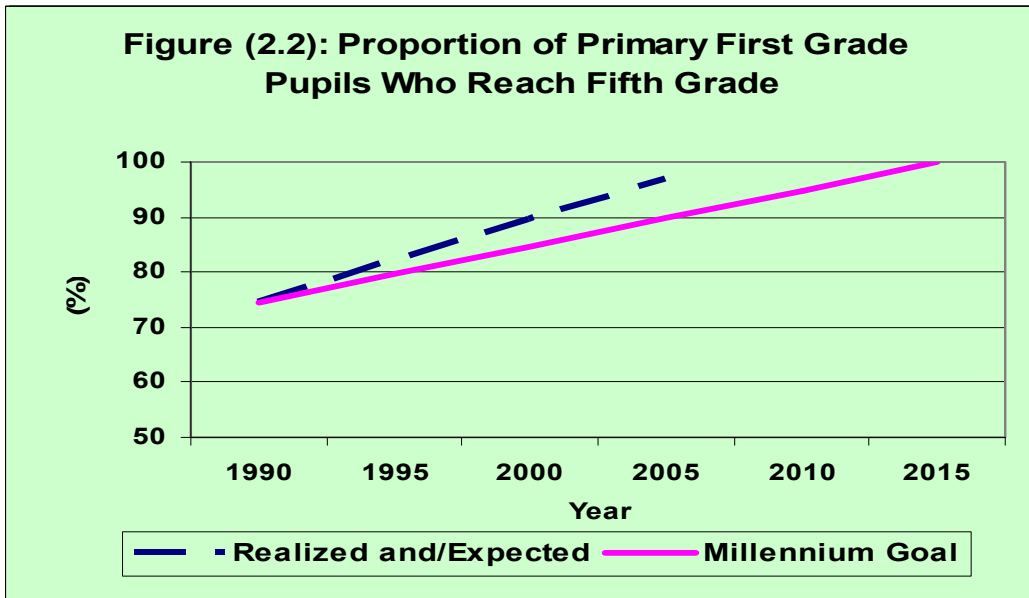
Full enforcement of mandatory primary education requires increases in numbers of new enrollees that correspond to the growth rates of the relevant age group. Attaining this target requires enormous capacity enhancements, from schools to classrooms to qualified teachers to other education inputs. This, in turn, calls for broader participation of the community sector in providing educational services at all levels, with government and community organisations joining forces within an effective, integrated framework.

Pre-school education is vital in enhancing primary-school enrolment and lowering dropout rates. Provision of kindergartens with independent facilities throughout the Kingdom, constitutes a significant challenge, since the number of enrollees is expected to double over the period of the Eighth Development Plan.

SUPPORTIVE ENVIRONMENT

In recent years, the Kingdom took several measures aimed at promoting public education and increasing its efficiency. Such measures enhance chances of increasing enrolment rates at all levels, particularly in primary schooling. In addition to enforcing compulsory primary education and establishing pre-schooling as a separate level, the most significant measures included entrusting all supervision of education to the Ministry of Education as from 2003. Previously, several government and semi-governmental agencies were involved in such supervision. Moreover, the Presidency of Girls Education was incorporated into the Ministry in 2002. In total, these measures expand the state's capacity for effective implementation of educational strategy and policy.

Furthermore, increasing awareness of the importance of the role the community sector may play in education at all levels will contribute to achieving the desired goal, not only through educational services provided by this sector, but also by its participation in evaluating and developing public education, as well as participation in formulating educational policies and programs.



Box 2.1: Overview of Current Situation

Will the goal be achieved by 2015?

✓Expected Probable Not possible Insufficient Data

Supportive environment

✓Good Moderate Poor but
Improving Poor

Box 2.2: Selected Targets from the Eighth Development Plan Relevant to the Goal

- Achieving 100% enrolment in primary schooling.
- Setting up an integrated system of incentives to encourage private-sector participation in public education.
- Studying possibility of encouraging foreign direct investment in the public education sector.
- Reducing dropout rates to 1% at all education levels.
- Forming a national committee to support the family.
- Devising a social orientation plan and commencing its implementation.

Box 2.3: Monitoring and Evaluation Environment

Factor	Evaluation		
Data collection capabilities	<u>✓Good</u>	Medium	Poor
Quality of survey data	<u>✓Good</u>	Medium	Poor
Statistical follow-up capabilities	<u>✓Good</u>	Medium	Poor
Statistical analysis capabilities	<u>✓Good</u>	Medium	Poor
Capability to incorporate results of analysis into policies	<u>✓Good</u>	Medium	Poor

and resources planning

Monitoring and evaluation mechanisms

✓Good

Medium

Poor

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

TARGET 4:

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Target Indicators	1990	1995	2001	2002	2003	2004
1. Ratio of girls to boys in primary, secondary and tertiary education	85.1	90.3	105.0	98.1	100.0	100.0
2. Ratio of literate women to men, 15–24 years old	73.7	83.8	94.8	95.8	96.7	97.7
3. Share of women in wage employment in the non-agricultural sector	17.9	16.1	14.2	16.5	16.5	16.7

CURRENT SITUATION

The chapter on women and human development of the Kingdom's 2003 report on human development detailed progress in the status of women in education, employment and health.

Despite the relatively late start of girls' education, rates of enrolment of girls at all educational levels have increased sharply. The average annual rate of increase of total female enrolment was 8% over the 1975–2002 period, compared to about 4.2% for boys. Thus the gap in gender enrolment was closed at the secondary and university levels in 2002 and at the primary level in 2003.

However, a more appropriate measure is the net enrolment rate, which is the ratio of those enrolled at a particular level to the total number of individuals in the corresponding age group. Between 2001 and 2004, the net enrolment rate of boys in the primary level increased from 93.6% to 94.3%, compared to an increase from 91.5% to 93.0% for girls. Similarly, at the intermediate and secondary levels, net enrolment rates for boys increased from 60.0% to

64.9%, compared to an increase from 59.5% to 65.0% for girls, while at the university level, corresponding increases were from 17.5% to 18.1% for boys and from 28.0% to 33.2% for girls. These rates demonstrate success in both promoting parity between boys and girls in education, and covering appropriate age-groups. Bridging the gap between boys and girls in enrolment at all educational levels empowers females, equipping them with the education and skills needed in modern society and preparing them to participate with males in the labour market on a fair, equitable basis.

Moreover, empowering women educationally has been accompanied by progress in enabling them to benefit from available health services, leading to tangible improvement in general health, with declining incidence rates of certain diseases and total eradication of others. As a result, life expectancy increased in 2004 to 74.75 years for females and 72.47 years for males.

Entry of women into the labour market was both late and slow in the early stages of development. The rate of their participation in the labour market was as low as 5.4% until the end of 1992. However, continued development, particularly in education, had a positive impact. As a consequence, the rate of participation of women in the labour market increased to 10.3% in 2004 and is expected to reach 14.8% in 2009. These still low rates are typical of Arab societies, where participation of women is the lowest in the world and where intensive efforts are required to provide work opportunities to women. It is worth noting in this regard that work opportunities for women are concentrated in education.

Women participation in the labour force is influenced by the level of educational attainment. Most working women hold high school certificates or higher. Moreover, most are young (25–34 years) due to recent entry of women into the labour market.

Marriage does not appear to be a major obstacle. Data show that 69% of working Saudi women aged 15 years or more are married, compared to about 77% for males.

Saudi women play an important role in investment and business administration in various economic activities. The number of women-owned registered commercial enterprises is over 22.5 thousand, which amounts to

around 4.7% of businesses registered at the chambers of commerce and industry. These comprise both small and medium-size enterprises, with about 80% engaged in wholesale and retail trade, and trade in food stuffs, ready-made clothes and textiles.

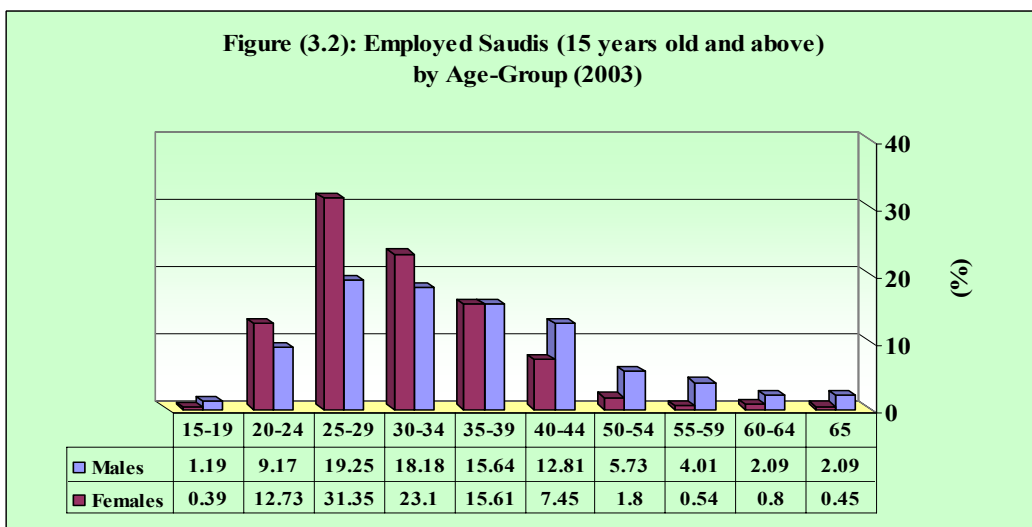
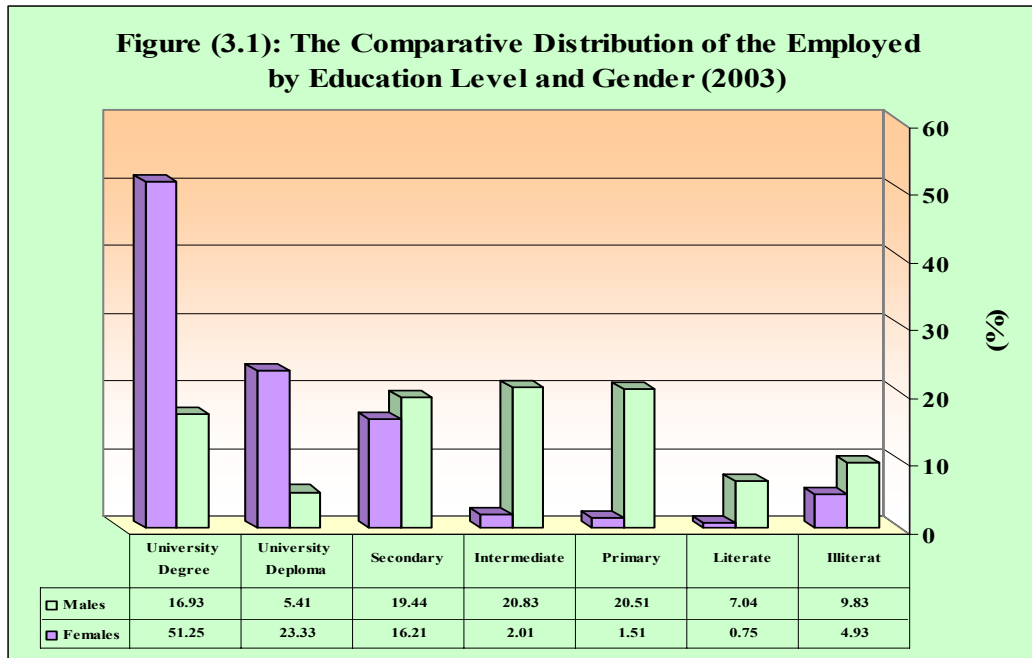


Table 5.1: Women-owned Commercially Registered Enterprises by Type of Activity

Activity	Number	%
Wholesale and Retail Trade	737	47.1
Trade in Food Stuffs	266	17.0
Trade in Ready-made Clothes	239	15.3
Import-Export	79	5.0
Building Materials, Sanitary Items and Electrical Appliances	96	6.1
Sewing Workshops Employing women	63	4.0
Restaurants and Fast Food	34	2.2
Furniture trade	51	3.3
Total	1565	100

FUTURE DIRECTIONS

One of the major concerns of the Eighth Development Plan is to promote improvements in the situation of women, enabling them to participate in economic and social development. The plan adopts a broader reference framework, based on a holistic perspective on promoting advancement of women. The second strategic pillar of the Plan emphasises care for women issues, promotion of their capacities, and removal of obstacles to their participation in development activities. Moreover, various chapters of the Plan include objectives and policies that address issues relevant to the development of women in various areas such as education, health, social care, and manpower.

Action by the state has not been limited to strategic objectives and policies, but has also directly addressed developing implementation mechanisms for expanding and deepening participation of women in economic activity. In an effort to increase and diversify work opportunities for women, the Council of Minister, endorsed in 2004 a package of measures designed to effect a qualitative change in the patterns and scope of women's participation in economic activity.

Box 2.4: Summary of Measures Approved by the Council of Ministers on 31/5/2004 to Enhance Women's Economic Activity

- Development of Plans and Mechanisms: including devising a cogent national plan for developing the female work force. The Plan calls for determining within one year the actual demand for female labour in various fields. It requires the Human Resources Development Fund to pay particular attention to training and employment of women and explore the possibility of prolonging maternity leave.
- Development of Coordination Mechanisms: including formation of a committee of women to coordinate with relevant agencies efforts to encourage the private sector to provide training and work opportunities for Saudi women.
- Promotion of Women's Participation in Economic Activity: including facilitating granting licenses to practice economic activities, establishing within cities industrial zones for women, and providing women with tele-work opportunities.
- Promotion of Women's Participation in Government: including requiring government agencies to establish within one year women-only work sections and units.

CHALLENGES

■ ***Female Illiteracy***: The demographic survey, carried out in 2000 by the Public Bureau of statistics, put the Saudi-female illiteracy rate (10 year-olds and above) at 28.6%, compared to 11.1% for males.

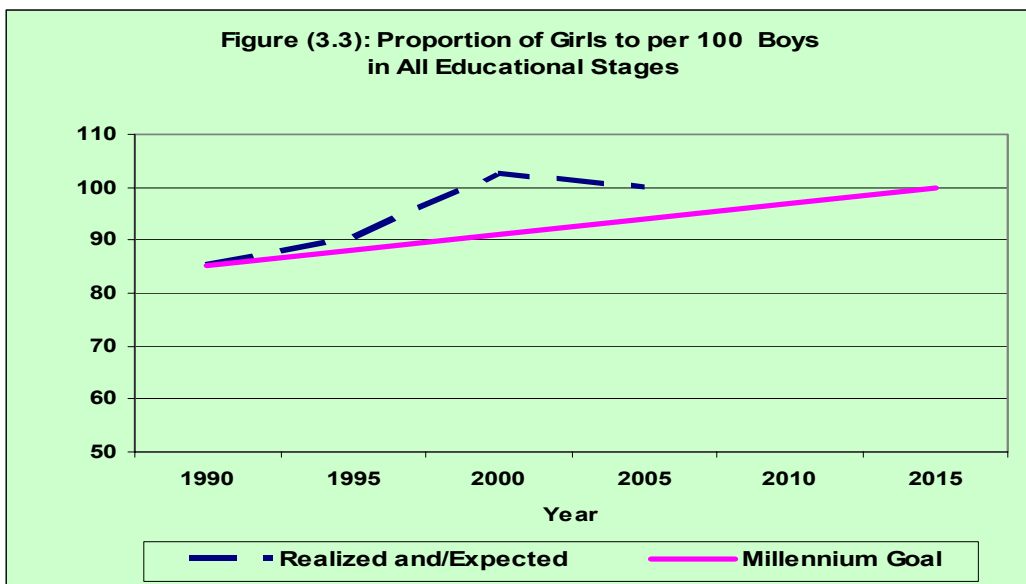
Along with various state and private-sector run adult literacy programs, enforcement of mandatory primary education is expected to contribute radically to solving this problem.

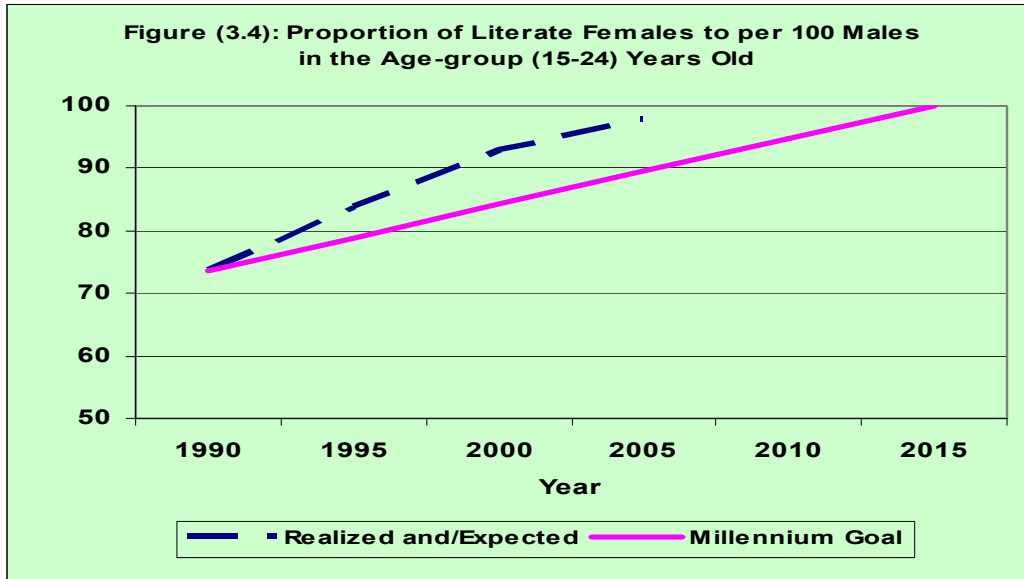
■ ***Female Educational Specialisation***: Specialisation starts at secondary school, with choice then often determining future career, since specialising in arts and humanities precludes enrolment in scientific and applied disciplines at university and college. In 2002, 61% of all female secondary-school graduates had specialised in arts and humanities. Similarly, 86% of higher-education female graduates had specialised in education and humanities. However, the labour market for these specialisms had already become tight. There is, therefore, a pressing need for better alignment between labour market demands and modern economy needs on one hand, and female

educational specialisms on the other.

SUPPORTIVE ENVIRONMENT

Socio-economic development programs reflect full support by the Kingdom's political leadership to the promotion and empowerment of women. Moreover, the adopted comprehensive approach covering education, health, employment and family issues enhances chances of success of the relevant policies and mechanisms. The measures approved by the Council of Ministers in 2004 to enhance women's economic activity (see Box 2.4) should play a large part.





Box 3.1: An Overview of the Present Condition

Will the goal be achieved by 2015?

✓Expected Probable Not possible Insufficient Data

Supportive environment

Good ✓Moderate Poor but Improving Poor

Box 3.2: Selected Targets and Policies from the Eighth Development Plan Relevant to the Goal

- To attain an enrolment rate of 100% in primary education.
- To increase participation of Saudi women in the national labour force from 10.3% to 14.2% by the end of the Plan.
- To raise participation in the national labour force of tertiary-education (post secondary) female graduates from 82.8% to 88.8% by the end of the Plan.
- To study regulations to determine amendments needed to promote participation of women in economic activity.
- To take specific measures to combat female unemployment.

- To support the role of women in development and enhance this role through educational curricula.

Box 3.3: Monitoring and Evaluation Environment

Factor	Evaluation		
Data collection capabilities	<u>✓Good</u>	Medium	Poor
Quality of survey data	Good	<u>✓Medium</u>	Poor
Statistical follow-up capabilities	<u>✓Good</u>	Medium	Poor
Statistical analysis capabilities	<u>✓Good</u>	Medium	Poor
Capability to incorporate results of analysis into policies and resources planning	Good	<u>✓Medium</u>	Poor
Monitoring and evaluation mechanisms	Good	<u>✓Medium</u>	Poor

GOAL 4: REDUCE CHILD MORTALITY

TARGET 5:

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Target Indicators	1990	1995	2001	2002	2003	2009
1. Under-five mortality rate (per thousand)	44.0	34.0	29.0	28.0	22.0	12.0 *
2. Infant mortality rate (per thousand live births)	34.0	27.0	24.0	23.0	19.1	10.0 *
3. Proportion of 1 year-old children immunized against measles (%)	90.0	94.4	94.0	97.0	96.3	98.0 *

* *Expected.*

CURRENT SITUATION

Over the past two decades, health services achieved remarkable progress, reflected in all health indicators, including those pertaining to childcare. Between 1990 and 2003, the under-five mortality rate declined by 50% to 22 per thousand. Similarly, the infant mortality rate was reduced by 47% to 19.1 per thousand. Likewise, proportion of 1 year-old children immunized against measles increased from 90% in 1990 to 96.3% in 2003. These figures not only demonstrate considerable progress in reducing child mortality, they also show that the Kingdom is well on its way to achieving Goal 4 ahead of schedule, i.e., before 2015.

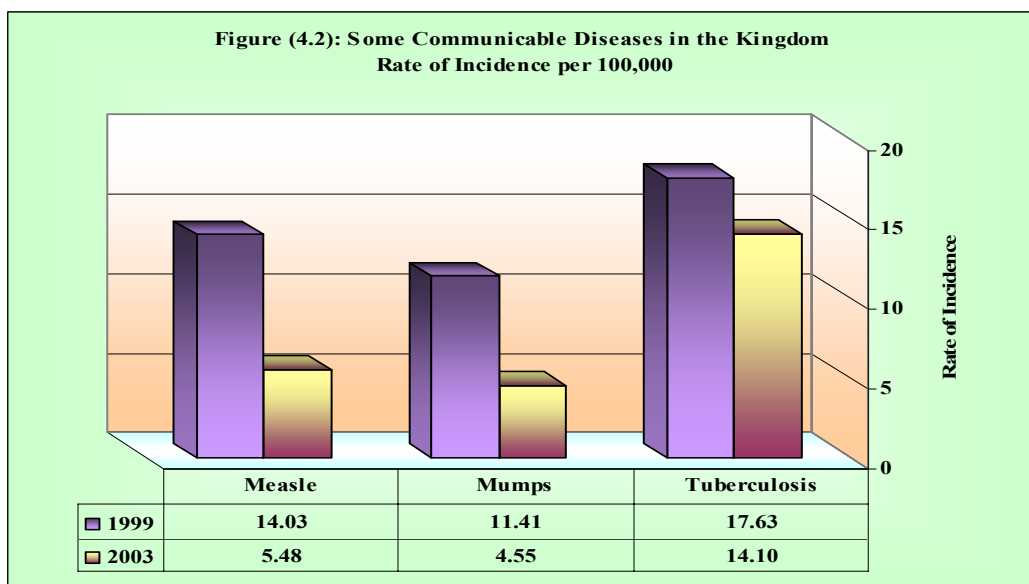
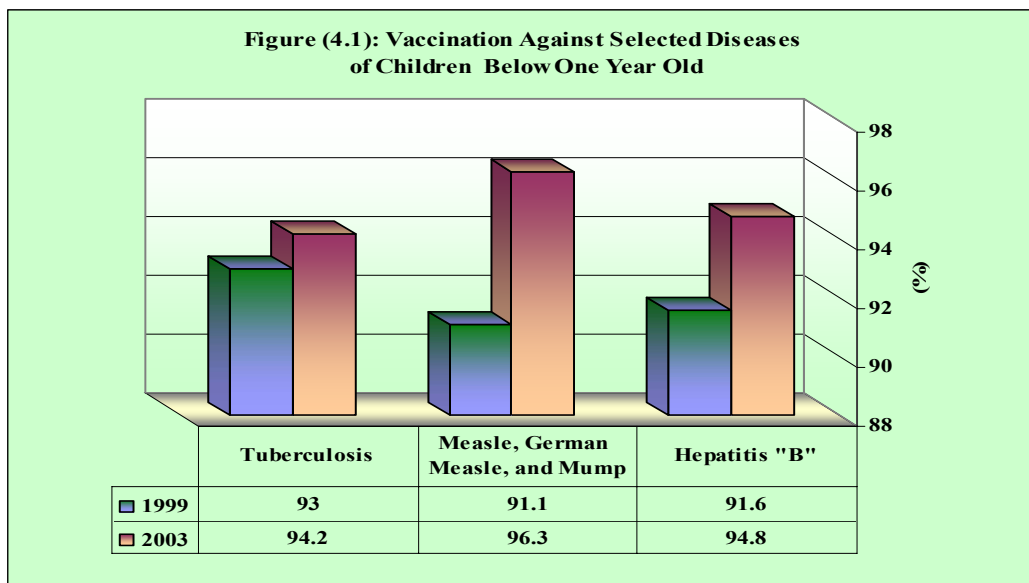
Provision of adequate child and mother healthcare everywhere in the Kingdom and vaccination of children against communicable diseases have led to remarkable results. Rate of immunization by the triple vaccine against diphtheria, whooping cough and tetanus reached 95.2%, vaccination of mothers against tetanus went up to 85%, and vaccination of children against polio, tuberculosis, and hepatitis B reached 95.2%, 94.2% and 94.8% respectively. Vaccination of one year-olds against measles, mumps and rubella reached 96.3%. As result, rate of incidence per 100,000 population slumped in 2003 to zero for polio, 14.1 for tuberculosis, 5.48 for measles, 1.45 for rubella, and 4.55 for mumps.

■ **Health Services:** Health services are provided through a wide network of healthcare facilities, including 345 hospitals with a total of 49172 beds, as of 2003. In the same year, the number of doctors rose to 33,340 and the number of the nursing staff to 72,505. The number of medical centres providing primary healthcare was 1848, in addition to 990 private-sector dispensaries and 1025 clinics. For each 1000 of the population, there were 2.2 beds, 1.6 doctors, and 3.1 nurses.

■ **Organization of Health Services:** The Ministry of Health is the principal healthcare agency, providing preventive, curative and rehabilitative healthcare. In 2003, its share of hospital beds was 59% and of doctors 48%. Universities also provide health services through university hospitals, in addition to contributions by the Saudi Red Crescent, the healthcare services of the military and other government agencies. The share of government agencies (other than the Ministry of Health) was 21% of hospital beds and 25.5% of doctors, with the share of the private sector amounting to 20% and 26.5% respectively.

Over recent years, the Kingdom took important steps to promote health services. Notable among these is instituting in 2002 the Kingdom's health security system, aimed at providing comprehensive healthcare to all citizens. The Health Services Board and the Cooperative Health Services Board were established as part of this system; the latter entrusted with applying the health security system to all foreign residents in the first phase and to all citizens subsequently.

In another development related to health and nutritional care, the Public Authority for Food and Drugs was established in 2003, with responsibility for maintaining safety and effectiveness of food stuffs, and biological and chemical substances, in addition to formulating a clear food-and-drugs policy.



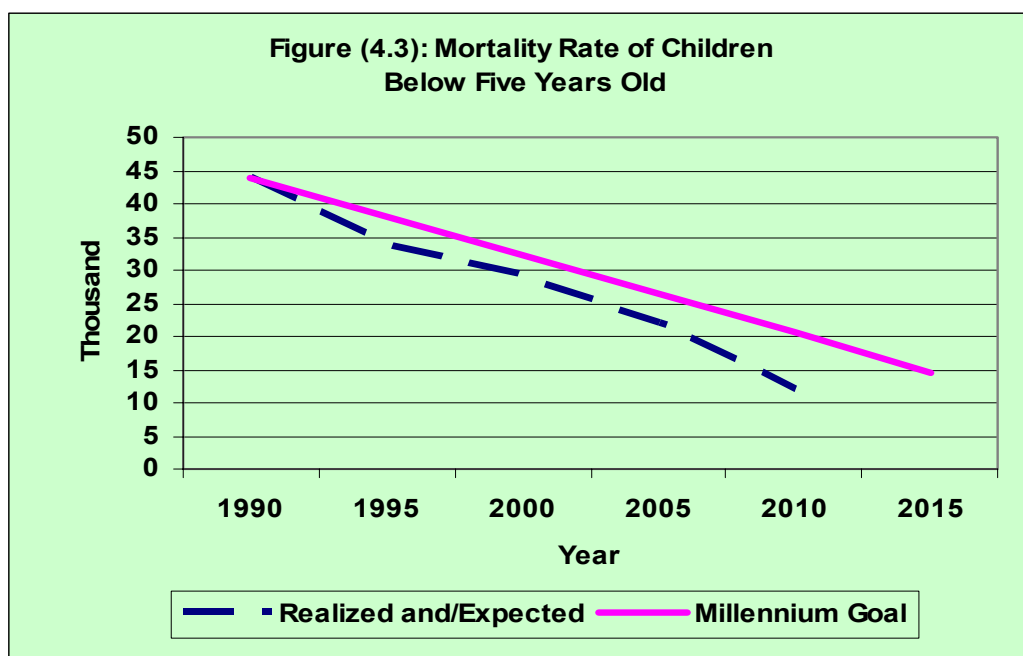
FUTURE DIRECTIONS

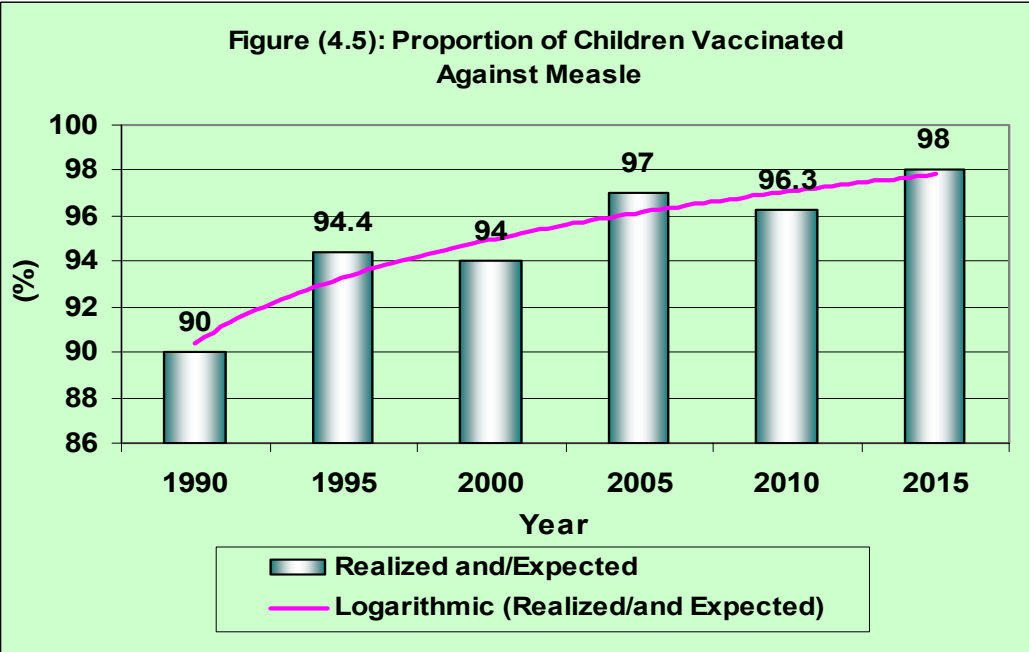
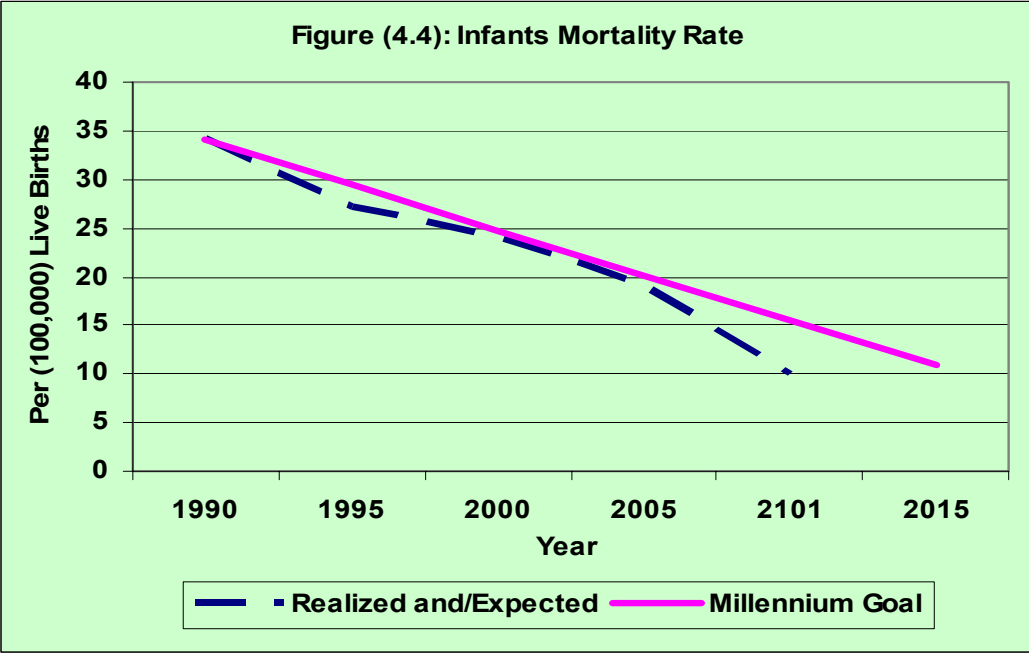
Demand for healthcare services is steadily rising due to several factors; most significant among which are the relatively high rate of population growth and society's increasing awareness of the importance of healthcare in general and preventive care in particular. Attention over the coming period will, therefore, be focused on full implementation of the cooperative health security system.

Administrative and organizational structures will be also be developed to effect decentralization, giving local agencies the authority deemed necessary for efficient operation. Moreover, government health providers will become independent cost centres subject to evaluation and accountability according to appropriate performance measures. As progress in implementing the cooperative health security system is achieved, the role of the private sector in providing health services will be enhanced, with the state ensuring effectiveness of health services and their coverage of all social groups throughout the Kingdom.

CHALLENGES

The vast area of the Kingdom and the wide differences in population density constitute a challenge to efforts aimed at narrowing disparities in the quality and efficiency of health services and ensuring comprehensive coverage. Primary health centres, particularly in rural areas, will play a crucial role in providing basic health services, principally mother and child care, health education, and preventive health services. Since rural areas are not as attractive to the private sector as urban centres, it is envisaged that the former will remain dependent to a large extent on governmental health services.





Box 4.1: Overview of Current Situation

Will the goal be achieved by 2015?

✓Expected Probable Not possible Insufficient Data

Supportive environment

✓Good Moderate Poor but
Improving Poor

Box 4.2: Selected Targets and Policies from the Eighth Development Plan Relevant to the Goal

- To increase, by the end of 2009, vaccination of children against polio to 95%, tuberculosis to 98%, measles to 98%, hepatitis B to 98%.
- To reduce, by the end of 2009, the rate of incidence per 100,000 population of tuberculosis to 8, measles to 1.2, hepatitis to 15.
- To reduce infant mortality to 10 per 1000 live births by 2009.
- To form a national commission for family support.

Box 4.3: Monitoring and Evaluation Environment

Factor	Evaluation		
Data collection capabilities	Good	<u>✓Medium</u>	Poor
Quality of survey data	Good	<u>✓Medium</u>	Poor
Statistical follow-up capabilities	Good	<u>✓Medium</u>	Poor
Statistical analysis capabilities	<u>✓Good</u>	Medium	Poor
Capability to incorporate results of analysis into policies and resources planning	<u>✓Good</u>	Medium	Poor
Monitoring and evaluation mechanisms	Good	<u>✓Medium</u>	Poor

GOAL 5: IMPROVE MATERNAL HEALTH

TARGET 6:

Reduce the Maternal Mortality Rate by three Quarters between 1990 and 2015.

Target Indicators	1990	1995	2000	2003
Maternal mortality (per 100,000 live births)	—	—	23	14
Births attended by skilled health personnel (%)	88	91.4	94.5	96

CURRENT SITUATION

Quantitative and qualitative development of health services over recent years has led to tangible improvement in maternal healthcare indicators. The ratio of pregnant women receiving maternal healthcare increased from about 87% in 1999 to 96% in 2003. Moreover, proportion of births attended by skilled health professionals increased from 90% to 96% over the same period and maternal mortality per 100,000 live births amounted to about 14 in 2002.

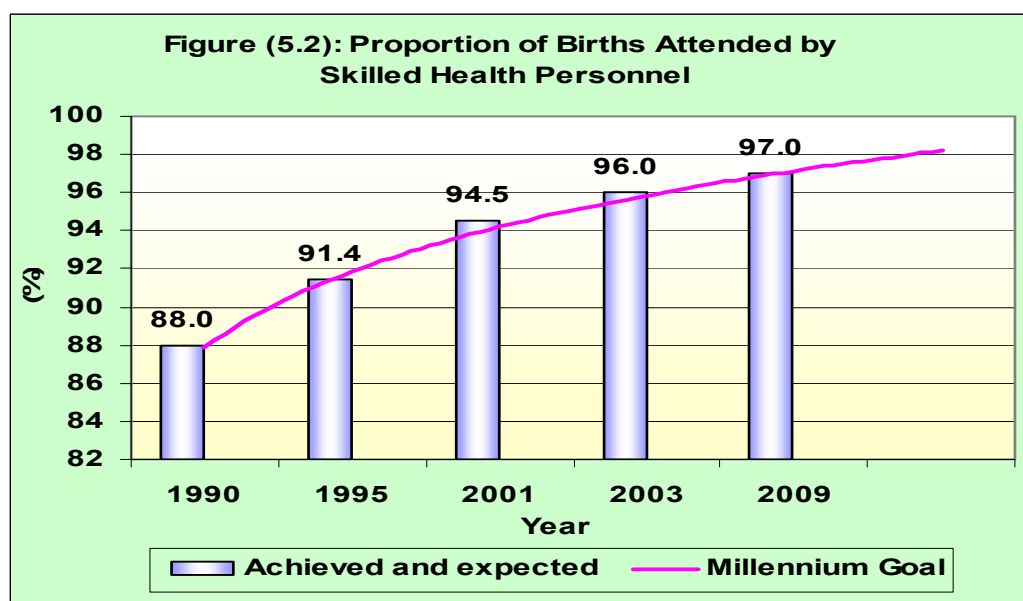
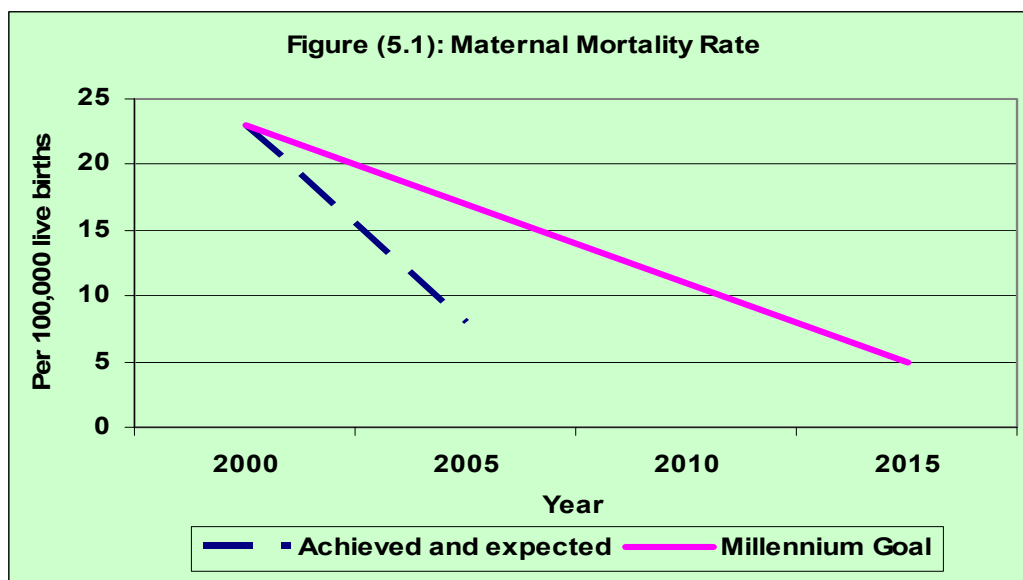
With the healthcare programs currently under implementation, which were reviewed in the previous chapter of this report, the Kingdom is expected to achieve this Goal. Reduction of maternal mortality will result from the envisaged comprehensive provision of basic of health services, including maternal care, health education and other preventive health services, particularly in rural areas.

FUTURE DIRECTIONS

It is envisaged that healthcare programs will continue to be enhanced to provide efficient prenatal, natal and postnatal healthcare, ensuring that all births are attended by skilled health professionals and continuing to support programs of immunizing pregnant women against tetanus.

CHALLENGES

Continuing high population growth rates and the consequent increase in demand for basic healthcare services, including maternal and child care, make continued expansion of facilities and programs to provide access to services by all population groups an imperative necessity.



Box 5.1: Overview of Current Situation

Will the goal be achieved by 2015?

✓Expected Probable Not possible Insufficient Data

Supportive environment

✓Good Moderate Poor but
Improving Poor

Box 5.2: Selected Targets and Policies from the Eighth Development Plan Relevant to the Goal (2005-2009)

- To increase ratio of births attended by skilled health professionals to 97% by 2009.
- To increase ratio of the pregnant women receiving healthcare by skilled health professionals to 98%.
- To increase ratio of immunization of mothers against tetanus to 90% by 2009.
- To add 1550 primary healthcare centres; 300 new and the rest established to replace leased premises.

Box 5.3: Monitoring and Evaluation Environment

Factor	Evaluation		
Data collection capabilities	<u>✓Good</u>	Medium	Poor
Quality of survey data	Good	<u>✓Medium</u>	Poor
Statistical follow-up capabilities	Good	<u>✓Medium</u>	Poor
Statistical analysis capabilities	<u>✓Good</u>	Medium	Poor
Capability to incorporate results of analysis into policies and resources planning	<u>✓Good</u>	Medium	Poor
Monitoring and evaluation mechanisms	Good	<u>✓Medium</u>	Poor

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

TARGET 7:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Goal Indicators	1990	1995	2000	2005
HIV prevalence among pregnant women aged 15–24 years	zero	zero	zero	zero
Rate of use of contraceptive by women aged 15–49 years (%)	–	–	20.8	–
Number of AIDS Orphans	zero	zero	zero	zero

TARGET 8:

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Goal Indicators	1990	1995	2000	2003	2005
Prevalence of malaria and associated death rates (per 100,000 population) :					
• Incidence	99	–	32	1	–
• Deaths	zero	–	zero	zero	–
Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (%)	–	–	–	–	–
Prevalence of tuberculosis and associated death rates (per 100,000 population):					
• Incidence	–	16.7 *	–	14.1	–
• Deaths	–	–	–	–	–
Proportion of tuberculosis cases detected and cured under DOTS (%)	–	49.5*	–	72.7	85

* 1999.

CURRENT SITUATION

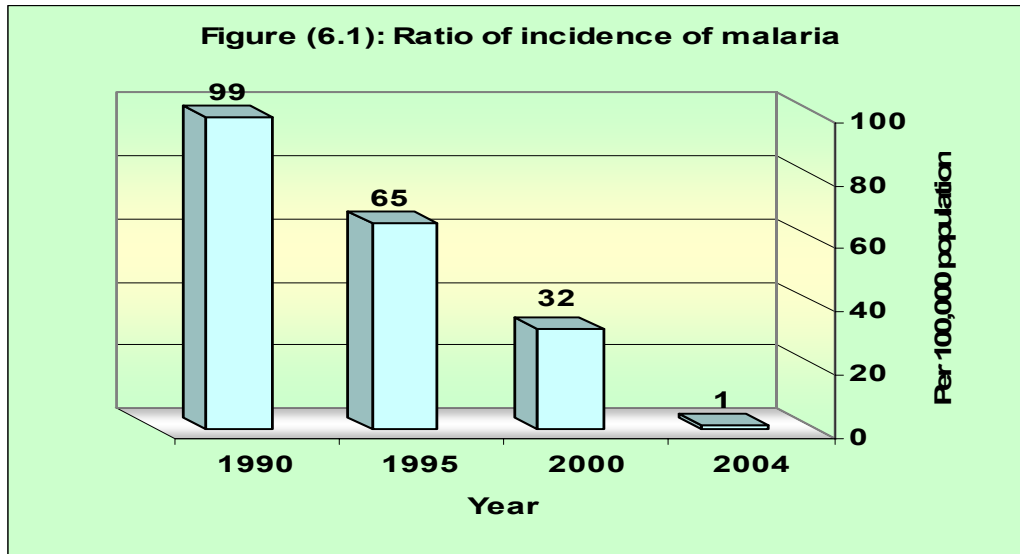
■ **Combating HIV/AIDS:** Efforts made to combat HIV/AIDS have succeeded in controlling it and reducing its spread, despite the large number of expatriates. Reported cases numbered 262 in 2004, with an increase of 10% over 2003 (238 cases). Over the period 1984–2004, the cumulative number of cases reported among Saudis was 2005. No pregnant women were affected, nor are there any AIDS orphans.

Almost full control of the spread of HIV/AIDS notwithstanding, the government diligently applies preventive measures, since there is in the country a large number of foreign workers recruited from many countries. The national program to combat of HIV/AIDS comprises the following:

- Health education and awareness, through varied information programs designed to disseminate information about the disease, how it spreads, and how it can be prevented.
- A preventive control system that includes regularly surveying groups at risk, ensuring safety of transfused blood and performing medical tests on expatriate workers to ensure that they are not carriers before issuing residency and work permits.
- A national record of reported cases, with the aim of providing follow up and taking appropriate preventive and curative measures.

There are three specialized centres for the treatment of AIDS, on each in Riyadh, Jeddah and Dammam.

■ **Control of Malaria:** Incidence of malaria decreased substantially from 99 cases per 100,000 population in 1990 to 32 in 2000 and only one in 2003. The Kingdom is expected to be free of malaria by 2010.



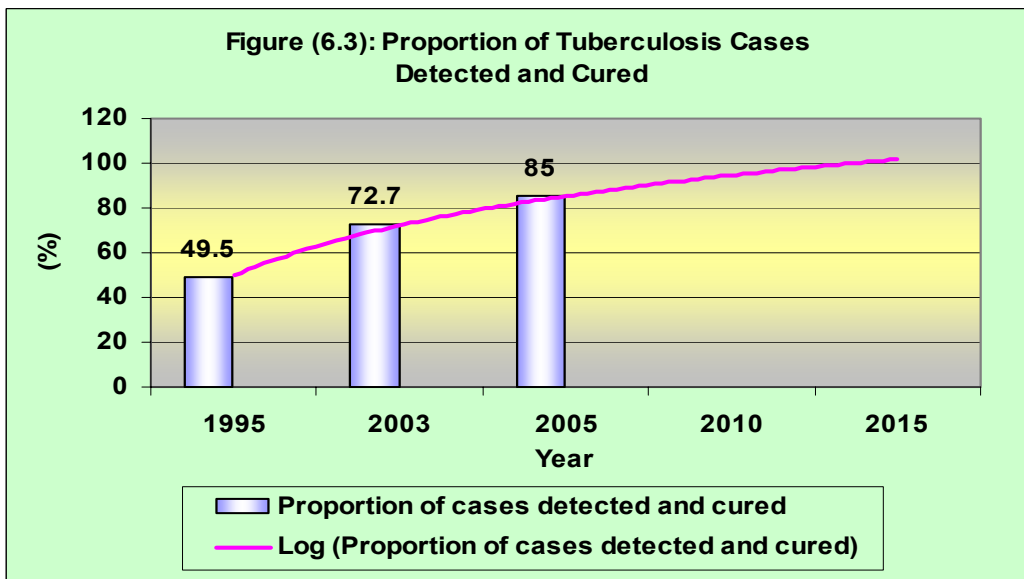
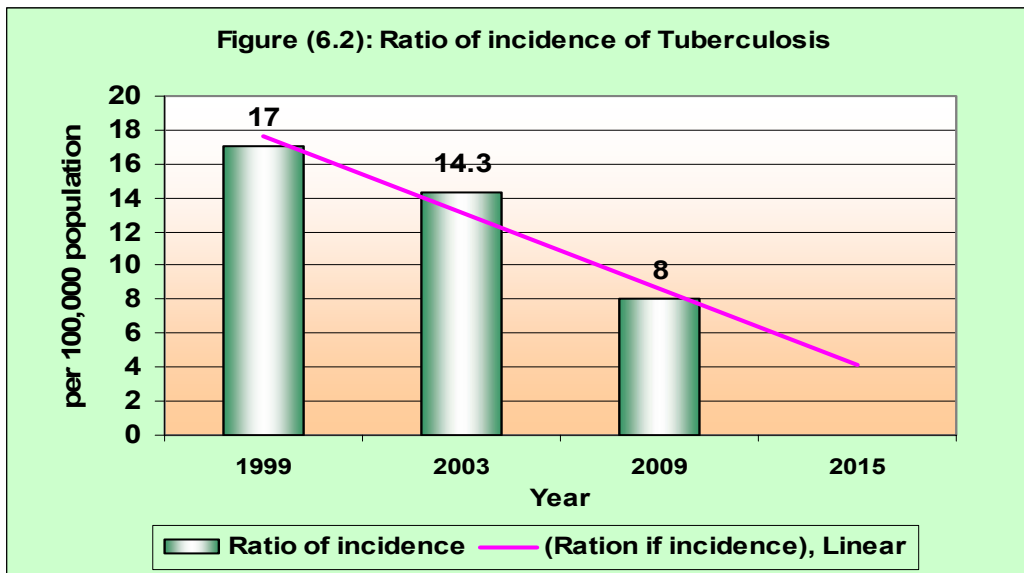
The Kingdom's Malaria Control Strategy is based on the following basic pillars:

- Prompt diagnosis and early treatment of the cases that display symptoms of malaria, as well as effective preventive measures to halt spread of the disease.
- Continuous and comprehensive control of malaria-carrying mosquitoes, through spraying houses and lands, and drying out wet lands and swamps where mosquitoes breed.
- Launching awareness campaigns to enhance community participation in control and prevention.
- Establishing an efficient monitoring network, particularly in susceptible areas.

■ **Tuberculosis Control:** The Kingdom is currently implementing a national tuberculosis control program aimed at eradicating the disease through adoption of DOTS (internationally recommended TB control strategy). Implementation of DOTS commenced in 1998 and was extended to all regions in 2000.

The target of the control program is to decrease incidence to one case per 100,000 population. It has already achieved remarkable success with incidence falling from 17 cases per 100,000 population in 1999 to 14.1 in

2003 and the rate of cure increasing from 49.5% to 72.7% over the same period.



FUTURE DIRECTIONS

The fight against communicable diseases will continue unabated, using both curative and preventive means. The Eighth Development Plan envisages linking widespread health centres to public hospitals to enhance the technical

capabilities of the centres and improve early detection and effective cure.

Moreover, work is under way to develop a comprehensive information network linking all facilities, health centres and related public and private agencies to improve the health database in general and the communicable diseases database in particular.

CHALLENGES

In addition to a substantial number of foreign workers, the Kingdom receives more than one and a half million Hajj performers during the Hajj season and three and a half million Omrah performers. Social and religious values, as well as some other factors reviewed earlier, limit the spread of HIV/AIDS. Yet, spread of other communicable diseases remains possible, which calls for constant vigilance and persistent preparedness.

Box 6.1: Overview of Current Situation			
Will the goal be achieved by 2015?			
<u>✓Expected</u>	Probable	Not possible	Insufficient Data
Supportive environment			
<u>✓Good</u>	Moderate	Poor but Improving	Poor

Box 6.2: Monitoring and Evaluation Environment			
Factor	Evaluation		
Data collection capacities	<u>✓Good</u>	Medium	Poor
Quality of survey data	<u>✓Good</u>	Medium	Poor
Statistical follow-up capacities	<u>✓Good</u>	Medium	Poor
Statistical analysis capacities	<u>✓Good</u>	Medium	Poor
Capability to incorporate the results of analysis	<u>✓Good</u>	Medium	Poor

into the policies and resources planning

Monitoring and evaluation mechanisms

✓Good

Medium

Poor

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 9:

Integrate principles of sustainable development into country policies and programmes and reverse loss of environmental resources

Goal Indicators	1990	1995	2000	2005
Proportion of land area covered by forests (%)	1.2	1.2	1.2	1.2
Ratio of area protected to maintain biological diversity to surface area (%)	2.2	2.8	3.7	4.2
Energy use (kg oil equivalent) per dollar of GDP (PPP-adjusted)	2.3	2.4	2.5	2.6*

* Data for 2002.

TARGET 10:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation.

Goal Indicators	1990	1995	2000	2005
Proportion of population with sustainable access to safe drinking water, urban and rural (%)	93.9	95.0	95.0	95.5
Proportion of population with access to adequate sanitation (%)	100.0	100.0	100.0	100.0
Proportion of households with access to secure tenure	—	—	—	—

CURRENT SITUATION

Protection of the environment and promotion of relevant regulations and systems within the context of sustainable development is one of the principal objectives of economic development in the Kingdom. The Eighth Development Plan emphasises protection of the environment from pollution

and conservation and development of wildlife, as well as conservation of natural resources and rationalisation of their utilization.

■ **Natural Environment:** Over the past few years, there have been several important developments, foremost amongst which was promulgation of the general environment code and associated regulations. The Kingdom has subscribed to the “21st Century Agenda” and joined the UN Framework Convention on climatic change by endorsing the Kyoto protocol at the beginning of 2005. It had already joined the UN Convention on Biological Diversity and the UN Convention on Desertification Control, and implemented the Basel Convention on the Control of Transboundary Movements of Hazardous Waste, as well as the Vienna Ozone Convention and the Montreal Ozone Protocol.

The Kingdom has adopted a National Health and Environment Strategy, a National Environment Strategy, a National Strategy and Action Program on Desertification Control, a National Biological Diversity Program, a National Forests Strategy and a National Plan for Management of Coastal Zones. Also, in the context of the conservation and rational utilization of water resources, the Waste Water Reclamation and Reuse System was adopted and studies are also being updated in preparation for a National Water Plan.

Over the past five years, two of the largest protected zones, Harrah Alharrah in the Jouf region and Al-Khunfa in the Tabouk region, have been demarcated. Establishment of a new protected zone in Jabal Shada in the Baha region was also announced. This increases the total number of protected zones to 16, with a total area of 84 square Kilometres, or 4.2% of the Kingdom’s area.

■ **Energy Utilization:** Energy is consumed in the Kingdom in the form of crude oil, petroleum derivatives and natural gas. Since domestic prices are stable, consumption rates are determined by economic growth. Over the 1999–2003 period, the average annual growth rate of consumption was 4.2%, with total energy consumption increasing from 1878 thousand barrels to 2213 thousand barrels of oil equivalent per day. Average annual growth rates of the three main categories of energy consumption were: 5.9% for refined products, -13.4% for combusted crude oil, and 6.8% for natural gas.

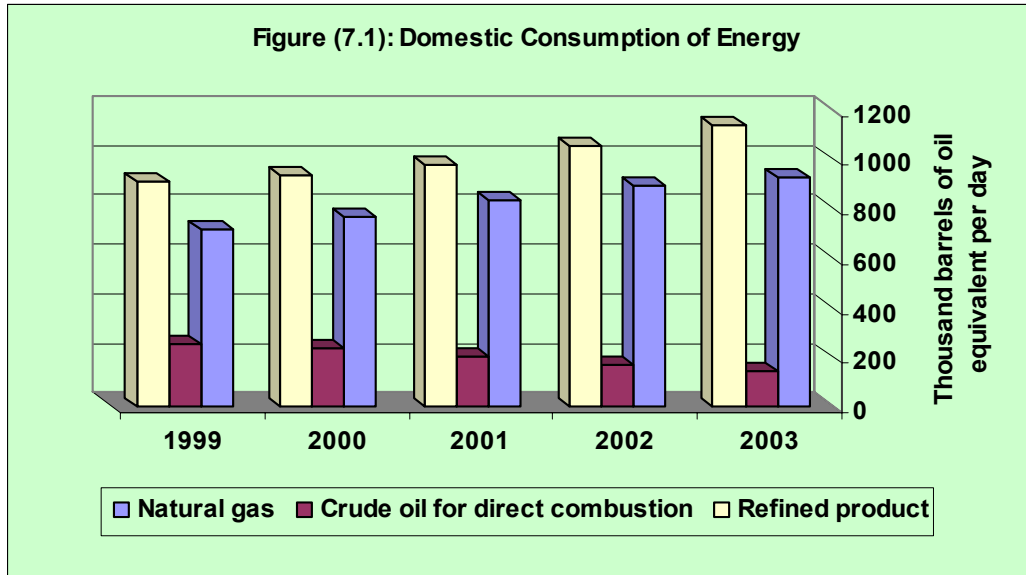
Energy-intensive basic industries play a major role in the national economy. Nevertheless, the energy intensity index, measured by the ratio of PPP-adjusted GDP to total primary energy consumption shows a slight relative increase only.

Available data on levels of carbon dioxide pollution indicate that in most Saudi cities and regions they are within the permissible limits, i.e. less than 0.007 parts per million. The relatively high level of concentration of sulphur in petroleum products, including furnace fuels, is the main source of emissions of this gas. The Eighth Development Plan addresses this issue.

**Table 7.1: Domestic Consumption of Primary Energy
(Thousand Barrels of Oil Equivalent per Day)**

Item	Consumption					Average Annual Growth Rate (%) 1999–2003	Share of Total (%)	
	1999	2000	2001	2002	2003		1999	2003
A. Total liquid oils:	1160.9	1179.3	1185.1	1220.3	1282.2	2.5	61.8	57.9
• Combusted crude oil	252.4	239.7	203.1	166.6	141.7	-13.4	13.4	6.4
• Refined products	908.5	939.6	982.0	1053.7	1140.5	5.9	48.4	51.5
B. Natural Gas (fuel)	716.7	770.6	835.8	895.9	930.9	6.8	38.2	42.1
Total energy	1877.5	1949.9	2020.9	2116.2	2213.1	4.2	100.0	100.0

Source: Ministry of Oil and Mineral Resources.



■ **Quality of Life:** The proportion of population with sustainable access to safe drinking water is 95% and the proportion of population with access to sanitation is 100%. Per capita water consumption is estimated at about 230 litres per day, which is relatively high by international standard levels, which range between 150 and 200 litres per day. Consumption of water is influenced by many factors; mainly population growth, climate, income level, and relatively weak incentives for rational consumption.

In 2004, the total number of housing units was around 4 million, about 75% of which were constructed by the private sector and the remainder through state finance.

FUTURE DIRECTIONS

The National Environmental Strategy is based on commitment to sustainable development, as well as to aligning all economic and social activities with conservation of natural resources and rational use of non-renewable resources; particularly water. Consumption of water for all purposes will be confined to renewable sources and efforts will also be made to control desertification, develop crops suitable for arid lands, and develop economically feasible renewable sources of water for agriculture and forestry. In addition, efforts to control emission of industrial pollutants and vehicles emissions and develop appropriate technological solutions for elimination of

greenhouse gases will continue.

Plans are in hand to study feasibility of constructing a dual domestic water-sanitation network for drinking water and for greywater to be used for sanitary and other purposes. The Eighth Development Plan envisages increasing coverage of the sanitation network, as well as increasing the rate of treatment and re-use of reclaimed waste water to 40%, and decreasing water network losses from about 29% at present to about 20% by the end of the period.

A comprehensive housing strategy is being formulated. Housing needs of all social groups will be identified accurately, as will the mechanisms required to support the needy. Policies and mechanisms to enhance private sector participation in housing, to diversify and increase the efficiency of funding channels, and to promote involvement of local and regional authorities in all housing activities will be put in place. The Eighth Development Plan envisages construction of one million housing units to fully meet expected demand.

CHALLENGES

National strategies, already in place and those in preparation, provide a clear vision and specific targets for environmental sustainability. However, sectoral, spatial and time factors require challenging administrative and technical capacities, as well as coordination among various government and private agencies.

Water, sanitation and housing services are being amply provided in both rural and urban areas. Success in increasing coverage of such services, improving their quality and ensuring their continuity requires proper implementation of adopted strategies and control of random expansion of residential, commercial and industrial areas. Balanced regional development would thus ensue, limiting internal migration to urban areas and relieving pressure on municipal services.

Figure (7.2): Ratio of Area Protected to Maintain Biological Diversify

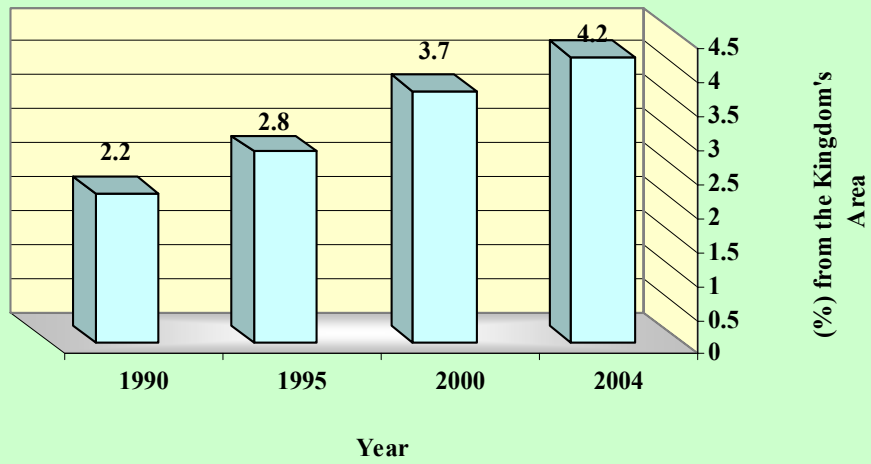


Figure (7.3): Energy use

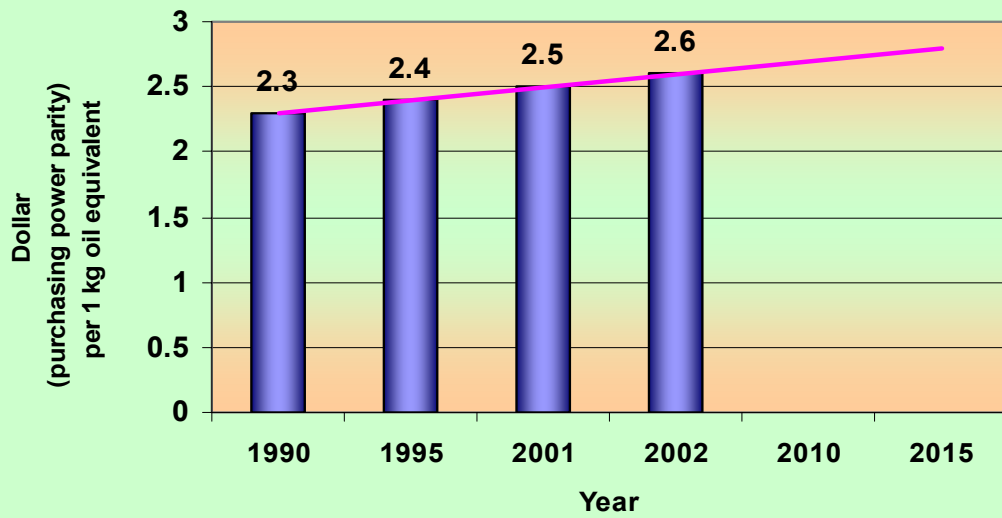
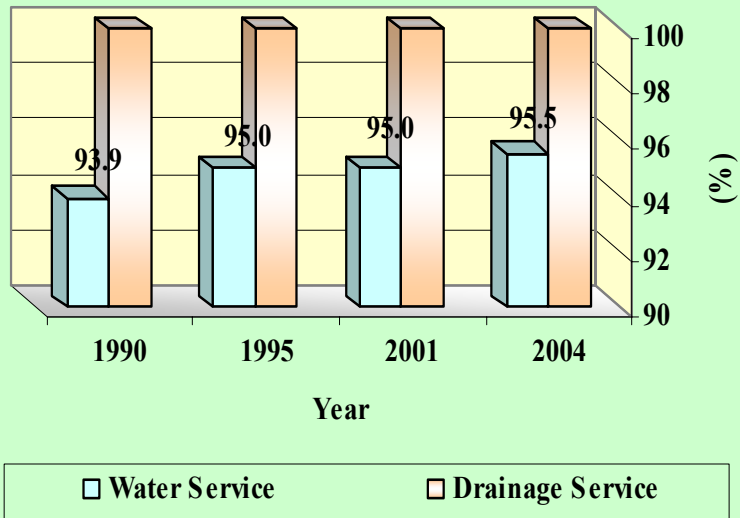


Figure (7.4): Proportion of Population with Sustainable Access to Safe Water Sources and Drainage Services



Box 7.1: Overview of Current Situation

Will the goal be achieved by 2015?

✓Expected Probable Not possible Insufficient Data

Supportive environment

✓Good Moderate Poor but Improving Poor

Box 7.2: Selected Targets and Policies from the Eighth Development Plan Relevant to the Goal (2005-2009)

- To enforce preparation of an “Environmental Impact Study” as a precondition for granting licenses to factories and other facilities.
- To encourage formation of community organisations for environmental protection.
- To include “environmental awareness” in the curricula of all education levels.
- To construct 350,000 residential water supply links and 600,000 wastewater links.
- To issue the National Water Plan.
- To increase allocations for desalination technology R&D to 4% of total allocations for desalination.
- To provide housing to low-income groups.
- To diversify governmental and non-governmental housing finance.

Box 7.3: Monitoring and Evaluation Environment

Factor	Evaluation		
Data collection capacities	<u>✓Good</u>	Medium	Poor
Quality of survey data	<u>✓Good</u>	Medium	Poor
Statistical follow-up capacities	<u>✓Good</u>	Medium	Poor
Statistical analysis capacities	<u>✓Good</u>	Medium	Poor
Capability to incorporate the results of analysis into the policies and resources planning	Good	<u>✓Medium</u>	Poor
Monitoring and evaluation mechanisms	Good	<u>✓Medium</u>	Poor

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

INTRODUCTION

The Kingdom of Saudi Arabia is a major partner in international development. Foreign aid is an intrinsic element of the country’s foreign

policy and the country is a major donor, with aid provided by it to the developing countries estimated to have totalled more than \$83.7 billion over 1973–2004.

Ratio of foreign aid to GDP was estimated at 5.8% in 1976 and has averaged about 4% of GDP over the past decade. Ninety five (95) developing countries in Asia, Africa and other regions have benefited. The Kingdom provides aid through different channels; mainly, the Saudi Fund for Development, which acts as the official channel for economic and social development aid. In addition, the Kingdom contributes to multilateral international development funds such as the World Bank, the Islamic Development Bank, and the OPEC Fund for International Development.

Foreign aid offered by the Kingdom has various forms, including soft loans, grants, relief aid, and debt cancellation. More than \$6 billion of poor-country debt have been cancelled.

FOREIGN AID CHANNELS

The Kingdom provides aid to developing countries through various channels:

■ ***Saudi Fund for Development:*** The Fund, which was established in 1974 to participate in financing development projects through granting loans to developing countries, is a legal entity with an autonomous financial status. The Board of Directors comprises six members and is chaired by the Finance Minister. The Fund commenced its activity with a capital of S.R. 10 billion (\$2.7 billion), which has since been increased thrice to reach S.R. 31 billion (\$8.3 billion). The Fund provides soft loans irrespective of geographical location and concentrates on financing priority development projects, particularly in poorer countries.

■ ***Regional and International Development Institutions:*** The Kingdom contributes to many Arab, regional and international development institutions (see Table 8.1). It is a founding member of the World Bank and the IMF, enjoys voting powers in both institutions, and is represented by an executive director in each. It is also a member of the Multilateral Investment Guarantee Agency (MIGA), itself a member of the World Bank Group. MIGA is

entrusted with channelling foreign direct investment to developing countries through offering risk guarantees to investors and lenders and providing technical assistance to enable such countries to attract and retain foreign investment.

Saudi Arabia is the largest contributor to the capital of the Islamic Bank for Development (27.3%), which provided more than \$2.2 billion for financing projects in a number of developing countries. The Kingdom is also a major contributor (30%) to the OPEC Fund for International Development, which was established in 1976 by member countries as a development finance institution. The Fund gives special priority to helping poor countries pursue economic and social development. Since it was established, the Fund provided loans to 96 countries, including 46 in Africa, 27 in Asia, 21 in Latin America and the Caribbean and 2 in Europe. It is also noteworthy that the Kingdom is among the largest contributors to the Arab Gulf Program for the support of UN development organizations.

■ **Sectoral Government Agencies:** The Kingdom provides aid through specialized government agencies, such as medical aid by the Ministry of Health, food aid by the Ministry of Agriculture and university scholarships by the Ministry of higher Education.

■ **Saudi Arabia Red Crescent Society:** This society is the official channel for providing emergency and humanitarian aid to the countries affected by disasters and crises.

■ **Organized Charity Activities:** These include aid raised and offered under government supervision through ad hoc committees in response to specific events, such as natural disasters, and humanitarian crises due to armed conflict and starvation.

**Table 8.1: Saudi Arabia's Contributions to Arab, Regional and International Development Institutions
2003**

			(\$Million)
Institutions	Capital	Kingdom's Contribution	Kingdom's Contribution as share of capital (%)

Arab Monetary Fund	1292.9	191.7	14.8
Arab Fund for Economic and Social Development	2151.3	516.1	24.0
The Arab Bank for Economic and Social Development in Africa	1500.0	366.9	24.5
The Arab Investment Guarantee Corporation	88.7	12.8	14.4
The Islamic Development Bank	10611.4	2899.9	27.3
The OPEC Fund for International Development	3439.4	1033.3	30.0
World Bank	189567.0	5403.8	2.9
IMF	299951.1	9849.6	3.3
International Development Association (IDA)	118857.8	2208.2	1.9
International Finance Corporation (IFC)	2360.2	30.1	1.3
International Fund for Agricultural Development (IFAD)	2849.9	379.8	13.3
International Investment Guarantee Agency	1771.7	59.8	3.4
African Development Bank	29732.7	57.3	0.2
African Development Fund*	*	266.3	1.6**

* *The African Development Fund has no capital. It depends on grants by donor countries.*

** *Kingdom's contribution in paid up grants.*

Source: Saudi Fund for Development, Annual Report 1423/24 (2003), Page 68.

FORMS OF FOREIGN AID

Saudi foreign aid is provided in the following forms:

- ***Soft loans:*** The Kingdom gives soft loans to developing countries to be repaid over 20 years, with a grace period of 5 years. These loans could be either bilateral or from within multilateral agreements.
- ***Grants:*** These could be in cash or in kind, with eligibility determined on a case by case basis.
- ***Humanitarian Relief and Assistance:*** This kind of aid is provided in response to emergencies resulting from disasters, starvation and armed conflict.
- ***Educational Fellowships:*** The Kingdom provides a number of scholarships to qualified students in developing countries to study in Saudi Universities.

HUMANITARIAN ASSISTANCE

The Kingdom is one of the biggest providers of relief aid. In 2004, emergency relief was extended to flood-stricken people in Bangladesh, and tents, food and medical supplies were provided to the population of the Darfour region in Western Sudan. Assistance was also provided to earthquake victims in Morocco and the city of Bam in Iran and financial aid given to Yemen to support its efforts to remove landmines in Aden governorate.

Saudi Arabia co-chairs the committee supervising reconstruction of Afghanistan along with the USA, the EU and Japan.

In 2003, Saudi Arabia pledged \$1billion for the reconstruction of Iraq, in addition to the continuous humanitarian assistance provided to the Iraqi people in the form of food, medical supplies and equipment. The Kingdom also established a field hospital in Baghdad. Moreover, it established 10 water purification plants, and air lifted patients to Saudi hospitals to receive specialist treatment. The Kingdom has also declared its readiness to forgive a significant portion of Iraqi debt to Saudi Arabia.

ECONOMIC AND SOCIAL DEVELOPMENT AID

This section reviews bilateral and multilateral economic and social aid provided by the Kingdom in 2004 and total aid over the 1975–2004 period, along with the sectoral distribution of aid.

■ **Bilateral Aid:** In 2004, 12 bilateral loan agreements were concluded, through the Saudi Fund for Development, with 10 developing countries (7 in Africa and 3 in Asia) with a total value of \$191.1 million to contribute to financing 12 development projects. The social infrastructure sector was given priority with 72.9% of total loans. 56.16% of total loans went to health and education, 16.74% to water and sanitation, 11.05% to transport and communications, 5.58% to agriculture and 10.46% to other sectors; see Table 8.2.

■ **Multilateral Aid:** The Kingdom participated in financing 4 major projects in Jordan, Yemen, Ghana and Mauritania; see Table 8.3.

■ **Total Aid Over 1975–2004:** Saudi Arabia is the largest donor of development aid to developing countries in terms of ratio of aid to GDP.

The number of soft loan agreements concluded by the Saudi Fund for Development over 1975–2004 was 379 for funding 369 development projects and development programs, with a value of \$6.62 billion. 68 developing countries benefited from this aid; 39 in Africa, 24 in Asia and 5 in other regions.

Jointly financed loans (multilateral aid) accounted for 64.74% of total financing, or \$4.3 billion. The number of concluded multilateral agreements stood at 241.

■ **Sectoral Distribution of Aid:** Saudi foreign aid targeted large investment projects with a long cost recovery horizon, which, for that reason, are not attractive to investors. The transport and communications sector received the highest share at 32.3%, followed by the energy sector at 20.1%, the social infrastructure sector at 19.9 %, the agricultural sector at 18.4, the industry and mining sector at 7% and other sectors at 2.4%.

Table 8.4 shows the sectoral and geographical distribution of Saudi foreign aid.

Table 8.2: Sectoral Distribution of Economic and Social Development Loans in 2004

Sector	No. of Projects	(%) of Total Loans
1. Social infrastructure:	8	72.90
• Health and Education	7	56.16
• Water and Sanitation	1	16.74
2. Transport and Telecommunications	2	11.05
3. Agriculture	1	5.58
4. Other Sectors	1	10.46
Total	12	100

Source: Saudi Fund for Development, 2004 report.

Table 8.3: Multilateral Aid in 2004

Country	Project Title	Total Cost \$million	Kingdom's contribution (%)	Other Partners
Mauritania	Provision of Nouakchott city with potable water from Senegal River.	220	14.5	<ul style="list-style-type: none"> • Arab Fund for Economic and social development • Kuwait Fund for Arab Economic Development • African Development Bank • Islamic Development Fund
Ghana	Tigh Karashi – Manfi Road	87.1	12	<ul style="list-style-type: none"> • African Development Bank • Arab Bank for Economic Development in Africa
Jordan	Expansion of Al-Bashir Government Hospital	100	26.7	World Bank
Yemen	Social Development Fund	400	5	<ul style="list-style-type: none"> • World Bank. • Arab Fund for economic and social Development. • OPEC Fund.

Source: Ibid.

**Table 8.4: Sectoral Distribution of the
Cumulative Loans by Saudi Fund for Developmental**

(SR. Million)*

Sector	Africa		Asia		Other Regions		Total		% of Total
	Number of Projects and Programs	Amount	Number of Projects and Programs	Amount	Number of Projects and Programs	Amount	Number of Projects and Programs	Amount	
1. Transport and Communications		,		,		,		,	,
a) Transport		,		,		,		,	,
Roads		,		,		,		,	,
Rails		,		,	—	—		,	,
Sea Ports		,		,		,		,	,
Airports		,		,	—	—		,	,
b) Communications		,		,	—	—		,	,
2. Agriculture		,		,	—	,		,	,
3. Energy		,		,		,		,	,
4. Social infrastructure		,		,		,		,	,
a) Water and Sanitation		,		,		,		,	,
b) Education		,		,	—	,		,	,
c) Health		,		,	—	,		,	,
d) Housing and Urban Development		,		,	—	—		,	,
5. Industry and Mining		,		,	—	—		,	,
6. Other Sectors		,		,		,		,	,
Total		,		,		,		,	,

* *One Dollar = 3.75 SR.*

Source: Ibid.

Box 8.1: International Cooperation and Development Objectives of the Eighth Development Plan

- To contribute to international socio-economic and civilizational progress.
- To support cooperation and integration both regionally and globally in the interest of socio-economic development and maintenance of international security and peace.
- To provide aid and assistance to those in need, in line with available resources and in the context of the Kingdom's humanitarian values and heritage.

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