

جهاز التخطيط والإحصاء
Planning and Statistics Authority



اللجنة الدائمة للسكان
Permanent Population Committee



Population

Towards Better Life For Population

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- **Population Policy of the State of Qatar 2017-2022: Axis of the Elderly and Persons with Disabilities .**
- **People with Down Syndrome Dealing Mechanisms in the Light of the Covid-19.**



Sukkan Population

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General Supervisor

I am pleased to present to our valued readers the 49th Issue of Sukkan "Population" Magazine. The first topic in this issue includes a detailed presentation of one of the axes of Qatar Population Policy (2017-2022); i.e. "The Elderly and Persons with Disabilities" that shows the measures and actions taken by Qatar to protect the elderly and people with disabilities from the risk of being infected with Covid-19 and its various repercussions. Such efforts contributed to the preservation of the achievements in this field, which were reflected in State leadership approval of the Cabinet Resolution No. (26) of 2019 on establishing the National Committee for Women, Children, Elderly and Persons with Disabilities Affairs.

The State and civil society institutions have worked to empower the elderly and persons with disabilities, enhance and develop the services provided to them in various fields, meet their growing needs and help them live in comfort and with dignity. Among the most important services is social security and civil society services that provide help and assistance to such segments of the population in many areas, considering them as important achievements in the field of empowering the elderly and persons with disabilities. This illustrates Qatar's progress in achieving SDG 10, which stresses the need to reduce inequalities based on gender, age and disability, and Goal 11 related to "Make cities and human settlements inclusive, safe, resilient and sustainable" that are accessible to all segments of society, especially women, children, the elderly and persons with disabilities.

Since this year's celebration of World Down Syndrome Day coincides with the spread of



Dr. Saleh M. Al-Nabit
Chairman of the Permanent Population Committee

the Covid-19, which has affected all segments of the world's population, the feature article of this issue tackles the definition of Down syndrome, reviews the literature that addressed the topic in light of the pandemic, covers the problem facing people with Down syndrome and those dealing with them, then shows the pioneering practices in dealing with the impacts of the pandemic and its requirements. The article concludes with proposals that would enhance the inclusion of people with Down syndrome during the pandemic and beyond. This shows the State of Qatar's interest in persons with disabilities, based on its inherent values founded on equality and justice for all segments of society, through policies and programs of empowerment, protection and rehabilitation of this social group, as the State of Qatar realizes that reaching a sustainable inclusive society requires full recognition of human diversity that entails understanding the types of disabilities and the mechanisms for dealing with them.

The Population Policy of the State of Qatar:

THE ELDERLY AND PERSONS WITH DISABILITIES Axis



Prepared by Dr. Youssef Brik, the Permanent Population Committee

The measures and actions taken by the State of Qatar played a pivotal role in protecting the elderly and people with disabilities from the risk of being infected with Covid-19 and its various repercussions. Such efforts contributed to the preservation of the achievements in this field, which were reflected in State leadership approval of the Cabinet Resolution No. (26) of 2019 on establishing the National Committee for Women, Children, Elderly and Persons with Disabilities Affairs.

Based upon the foregoing and relying on the latest local and international statistical data, we can review the most important developmental achievements in the field of the elderly and persons with disabilities.

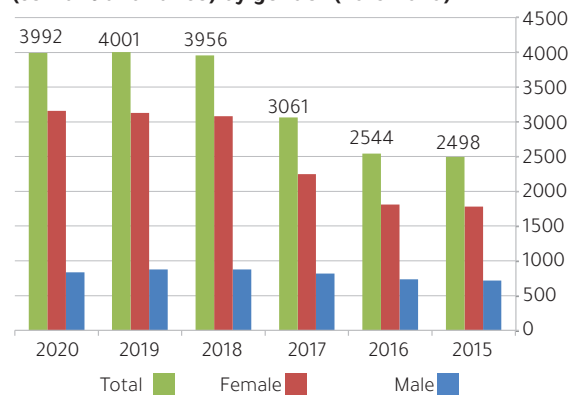
First: Empowering the Elderly:

According to the latest statistics issued by the Planning and Statistics Authority, the life expectancy at birth for Qataris increased from (76.7 years) in 2009 to (81.0 years) in 2019, which means that health services and environmental conditions in Qatar have become nearly as good as those in developed countries. As a result of this development, the number of elderly people in Qatar (aged 65 years and over) rose nine times during nearly a third of a century, as their number was 3,770 in 1986 and reached 32,375 in 2019. As for the Qatari elderly, their number increased about 5 times during the same time period, as their number was 2,707 in 1986 and reached 12,579 in 2019.

With the foregoing in mind, the State and civil society institutions have worked to empower the elderly and improve the services provided to them in various fields, the most important of which are:

- Social Security:** The increasing number of the elderly people in Qatar has prompted the state to place the needs of this growing population group at the forefront priority and to develop services that help them live in comfort and with dignity, based on adherence to the tolerant teachings of Islam and the noble human feelings with which Qataris were raised in their dealings with the elderly. This was behind many related decisions and laws, such as Law No. (38) of 1995 on Social Security, and the decision of the Ministry of Administrative Development, Labor and Social Affairs regarding the payment of QR 1500 per month as servant allowance, from which 3,992 elderly men and women benefited in 2020 as shown in the next figure. Above all, Cabinet Resolution No. (40) of 2019 was recently issued on granting caregiver leave for to care for a parent or relative. Under the decision, a Qatari employee may be granted a leave to care for ailing parent or first-degree relative with illnesses (disability) that require permanent accompaniment.

Elderly people benefited from social security (servant allowance) by gender (2015-2020)



Source: Planning and Statistics Authority, Chapter 10, Civil Society Services 2020

- Civil Society Services:** The services provided to the elderly are not limited to the State only, but also include civil society institutions that provide help and assistance to this important segment of the population in various fields, such as the Center for Empowerment and Care of the Elderly (Ehsan). According to statistics issued by the Planning and Statistics Authority, the number of elderly people who benefited from Ehsan services grew from 913 in 2017 to 1,373 in 2020. The following table shows the type of services that the elderly benefited from during the past year, their nationalities and gender.

The table (1) indicates that the largest number of elderly people (699 men and women) are those who benefited from the home care service, through which health, psychological and social services are provided to the elderly in their homes, as well as educating their families on how to deal with them and ways to take care for them.

Second: Empowering Persons with Disabilities:

According to the latest statistics issued by the Planning and Statistics Authority, the number of centers specializing in caring for persons with disabilities has increased nearly four times within a decade, from 9 centers in 2009 to 35 centers in 2019. At the same time, the number of employees at those centers rose from 928 employees in 2009 to 2,004 in 2019. The abovementioned facts played a key role in the growing demand from persons with disabilities to register in such centers, as their number increased from 5,741 persons in 2009 to 16,745 in 2019, where Qataris constituted about 53% of them last year, as shown in the following table. The previous table indicates that the largest number of elderly people (699 men and women) are those who benefited from the Home Care Services, through which health, psychological and social services are provided to the older people in their homes, as well as educating their families on how to deal with them and ways to care for them.

Table (1): Elderly people benefited from Ehsan Center services by type of service, nationality and gender, 2020

Service Type	Qataris			Non-Qataris			Total		
	M	F	Total	M	F	Total	M	F	Total
Internal care services	5	1	6	7	3	10	12	4	16
Day-care services	9	238	247	42	89	131	51	327	378
Social welfare services	0	0	0	0	0	0	0	0	0
Health care services	0	0	0	0	0	0	0	0	0
Physiotherapy services	42	55	97	53	71	124	95	126	221
Occupational Therapy Services	0	0	0	0	0	0	0	0	0
Home Care Services	147	358	505	80	94	174	227	452	679
Programs and activities service	0	0	0	0	0	0	0	0	0
Mental health Care services 0	0	0	0	0	0	0	0	0	0
Please ask Service	8	23	31	8	21	29	16	44	60
Social Counseling Service	5	2	7	9	3	12	14	5	19
Food education	0	0	0	0	0	0	0	0	0
Total	216	677	893	199	281	480	415	958	1,373

Source: Planning and Statistics Authority, Chapter 10, Civil Society Services 2020

Table (2): Persons registered in centers for people with disabilities by nationality, gender and type of disability, 2019

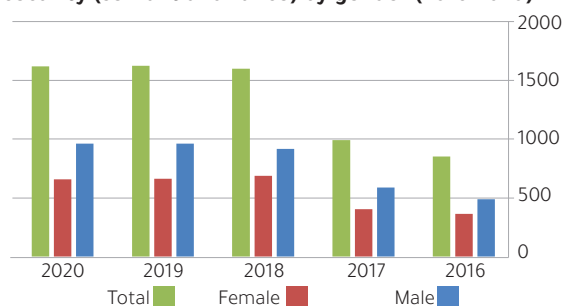
Type of Disability	Qataris			Non-Qataris			Total		
	M	F	Total	M	F	Total	M	F	Total
Physical	1,047	575	1,622	769	301	1,070	1,816	876	2,692
Intellectual	1,089	726	1,815	860	489	1,349	1,949	1,215	3,164
Visual	541	433	974	432	253	685	973	686	1,659
Hearing	328	264	592	503	267	770	831	531	1,362
Speech & Language	344	144	488	237	107	344	581	251	832
Psycho-Social	5	7	12	10	11	21	15	18	33
Multiple Disability	833	621	1,454	870	621	1,491	1,703	1,242	2,945
Developmental	82	42	124	91	45	136	173	87	260
Down Syndrome	244	209	453	282	236	518	526	445	971
Autism	753	184	937	1,062	256	1,318	1,815	440	2,255
Others	145	212	357	198	17	215	343	229	572
Total	5,411	3,417	8,828	5,314	2,603	7,917	10,725	6,020	16,745

Source: Planning and Statistics Authority, Persons with Disabilities, Chapter Nine, 2019.

With the foregoing in mind, the State has worked to empower persons with disability and improve the services provided to them in various fields, the most important of which are:

- ❖ **Social Security:** Law No. (38) of 1995 on Social Security was not limited to the elderly, but also included persons with disabilities. The same is true for the decision of the Ministry of Administrative Development, Labor and Social Affairs on the payment of QRs 1500 per month as servant allowance, from which 1,617 disabled people benefited in 2020 as shown in the following figure.

Persons with Disability benefited from social security (servant allowance) by gender (2016-2020)



Source: Planning and Statistics Authority, Chapter 10, Civil Society Services 2020

Seeking the enhancement of these and other achievements for the elderly and persons with disabilities, the Population Policy of the State of Qatar 2017-2022, in its main goal, called for "Promoting effective participation of the elderly and persons with disabilities in various community activities, enable them to integrate society and continuously improve means of their care."

In order to achieve this goal, the Population Policy developed the following sub-goals:

- ❖ Enable the elderly and persons with disabilities to participate effectively in community activities: This sub-goal has been translated into the following procedures:
 - Establish a database about the experiences of these two categories and enable different agencies to make use of such experiences.
 - Establish occupational rehabilitation and training centers for the elderly.
 - Provide workshops to those who plan to retire in order to prepare them for the next phase and provide support to those of them who are able to work.
 - Engage persons with disabilities in a vocational plan after completion of study, to prepare them for employment, and to create a suitable working environment for them, whether Qataris and expatriates.



- ❖ Develop and improve care services provided to these two categories: This sub-goal has been translated into the following procedures:
 - Prepare buildings for the reception of the elderly and persons with disabilities, taking into account their needs when designing and planning modern cities, public utilities and roads.
 - Work to provide vehicles prepared for the use of the elderly and persons with disability and ensure that they have sufficient parking spaces.
 - Establish and develop specialized geriatric and disability departments.
 - Expand mobile home care services to serve the elderly and persons with disability.

Direct all government and private institutions to provide special windows to facilitate and accelerate the transactions of the elderly and persons with disability.

Increase and develop specialized recreation places and clubs for both categories, taking into account the needs of the females.

In conclusion, we cannot but emphasize once again that the State of Qatar has already made important achievements in the field of empowering the elderly and persons with disabilities, and that it has come a long way in achieving SDG 10, which stresses the need to reduce inequalities based on gender, age and disability, and Goal 11 related to "Make cities and human settlements inclusive, safe, resilient and sustainable" that are accessible to all segments of society, especially women, children, the elderly and persons with disabilities

Feature Article

People with Down Syndrome Coping Mechanisms in the Light of the Covid-19

Fatima Yousef Al-Obaidli
(Planning and Statistics Authority)

Introduction

The State of Qatar pays great attention to persons with disabilities, based on its inherent values founded on equality and justice for all segments of society. This is evident in the policies and programs of empowerment, protection and rehabilitation related to such categories prepared according to a participatory approach that made persons with disabilities pivotal partners in drafting the national development agenda related to them. In addition, this approach addressed their issues from a social-right perspective instead of the typical caring perspective.

The State of Qatar is aware that creating an inclusive sustainable society requires full recognition of human diversity, which in turn entails the importance of understanding the types of disabilities and the mechanisms for dealing with them. Perhaps one of the types of disabilities that still face challenges in order to be fully integrated into the society are people with intellectual disabilities, especially those with Down syndrome. On the international level, the estimated incidence of Down syndrome is between 1 in 1,000 to 1 in 1,100 live births worldwide. Each year, approximately 3,000 to 5,000 children are born with this chromosome disorder. People with Down syndrome receive great attention at the global level, thus UN General Assembly adopted Resolution No. (149/66) in December 2011, which "Decides to designate 21 March as World Down Syndrome Day, to be observed every year beginning in 2012". In order to raise public awareness of Down syndrome, the UN General Assembly invited all Member States, relevant organizations of the United Nations system and other international organizations, as well as civil society, including non-governmental organizations and the private sector, to observe World Down Syndrome Day in an appropriate manner."¹

Today, celebrating this occasion coincides with the spread of Covid-19 pandemic, which cast a shadow over all population groups, including those with Down syndrome. In order to address this topic scientifically, this research study will cover the definition of Down syndrome and will briefly review the contemporary literature that addressed the topic in light of the pandemic. Then, the study will tackle the problem facing people with the syndrome and those dealing with them during the pandemic. Moreover, the leading practices in establishing practical mechanisms to deal with the impacts of the pandemic and its requirements will be presented. The paper will conclude with proposals that will enhance the inclusion of people with Down syndrome during the pandemic and beyond.

Down Syndrome Definition:

The Center for Disease Control and Prevention (CDC) defines Down syndrome as: "A condition in which a person has an extra chromosome. Chromosomes are small "packages" of genes in the body. They determine how a baby's body forms and functions as it grows during pregnancy and after birth. Typically, a baby is born with 46 chromosomes. Babies with Down syndrome have an extra chromosome (47 instead of 46), which results in health problems in the body and the brain². In simpler terms, the condition can be defined as congenital disorder caused by the presence of extra genetic material in the chromosomes that leads to some kind of mental disabilities.

Down Syndrome in Contemporary Literature:

A study conducted by Ilario De Toma & Mara Dierssen in 2021 indicated that people with Down syndrome are at higher risk of SARS-CoV-2 mortality due to severe complications such as pneumonia and immune dysregulation caused by the virus.³ Seeking the evaluation of Down syndrome as a risk factor for death from COVID-19, researchers conducted a cohort study in 2020 on 8.26 million adults (over 19 years). The researchers concluded several results, including: 10-fold increased risk for COVID-19-related death in persons with Down syndrome compared to others.⁴ After sufficient scientific evidence is presented confirming the existence of health complications of Covid-19 for people with Down syndrome, the Center for Disease Control and Prevention on

¹ <https://www.un.org/en/observances/down-syndrome-day>

² What is Down Syndrome? Center for Disease Control and Prevention. Online: <https://www.cdc.gov/ncbddd/birthdefects/downsyndrome.html>

³ De toma, I. and Dierssen, M. (2021) " Network analysis of Down syndrome and SARS-CoV-2 identifies risk and protective factors for COVID-19", Scientific report, (11), p.7, <https://doi.org/10.1038/s41598-021-81451-w>

⁴ Ashley Keran and other, COVID-19 Mortality Risk in Down Syndrome: Results From a Cohort Study Of 8 Million Adult. *Annals of Internal Medicine*, 2020. Online: <https://www.acpjournals.org/doi/full/10.7326/M20-4986?journalCode=aim>

23 December 2020 updated the groups most at risk and included people with Down syndrome within those categories.⁵ The question that arises here is how can the concerned authorities provide people with Down syndrome and those dealing with them with effective mechanisms to deal with the requirements and preventive measures imposed by the pandemic, especially in light of the complications that the virus may cause to them. On the other hand, how can the psychological burden on some families of people with the syndrome be reduced, especially those whose children were registered in specialized centers before the outbreak of the pandemic?

Cases of Down Syndrome in Qatar

The total number of persons with Down syndrome registered at disabled centers reached 971, according to information available in the Statistical Abstract issued by the Planning and Statistics Authority (People with Disabilities Chapter, 2019).⁶ Due to the fact that such people have special needs and requirements in normal life (Pre-COVID-19 pandemic), the problem here is that 971 persons with Down syndrome are registered in centers for people with disabilities that provide an integrated environment and appropriate recreational and educational activities by specialists who are fully familiar with the mechanisms of dealing with them. This requires some families - during the pandemic period - to restructure the life system for their children by providing them with an alternative environment within the limits of their capabilities and the means available to them. This may include bearing financial and psychological burdens for other families.

It is known that Covid-19 circumstances require adherence to preventive instructions, such as wearing medical masks, keeping a safe distance, frequently washing hands, and avoiding touching eyes. Besides, some may be subject to home quarantine. Such measures have become an integral part of the daily practices of community members in order to contain the virus. Adherence to these measures - albeit preventive - have left health and psychological effects on a large number of population segments, especially the most vulnerable groups, in varying proportions. In this context, a study conducted by Cullen, Gulati and Kelly entitled "Mental Health in the Covid-19 Pandemic" revealed that "During any outbreak of an infectious disease, the population's psychological reactions play a critical role in shaping both spread of the disease and the occurrence of emotional distress and social disorder during and after the outbreak."⁷ But the matter becomes more complicated for people with Down syndrome and even their families, if we accept that the nature of their intellectual disability may prevent them from following the precautionary instructions.

Experiences and Best Practices at International Level

It is well-known that providing people with disabilities with reasonable accommodation in times of crisis reflects the full implementation and highest levels of enforcement of the Convention on the Rights of Persons with Disabilities ratified by most countries of the world - including the State of Qatar - as caring for this segment in those times reflects the advancement and progress of the society.

Covering precautionary measures for people with Down syndrome in light of the pandemic means that special mechanisms and measures must be reached to deal with this crisis according to studied criteria on scientific grounds, to ensure that information is communicated to them in a manner appropriate to their needs and comprehension capabilities. Accordingly, the following paragraphs will present the experience of Global Down Syndrome Foundation and Down Syndrome Resource Foundation in this aspect.

The Global Down Syndrome Foundation is US organization dedicated to significantly improving the lives of people with

Down syndrome through Research, Medical care, Education and Advocacy.⁸

The efforts of the aforementioned organization during the pandemic featured the provision of a Q&A guide that answers 31 questions on the mechanisms of dealing with people with Down syndrome during the pandemic. This guide targets all those dealing with people with Down syndrome; including parents, caregivers, physicians, teachers, and physiotherapists.

This guide is continuously updated to keep pace with the variables that the pandemic causes to this category. Furthermore, this guide also provides additional explanations on the guidelines issued by the World Health Organization and the Center for Disease Control and Prevention in a framework that is compatible with the condition of people with Down syndrome. This guide deals with the mechanisms of relieving pressure on people with Down syndrome, given that the pandemic has suddenly changed their lifestyle. Moreover, the guide also identifies a list of studies that have been prepared about the impacts of the pandemic on people with Down syndrome, which makes those dealing with such people aware of all scientific developments regarding them.⁹

On the other hand, Down Syndrome Resources Foundation - located in Canada - seeks to empower individuals with Down syndrome to reach their full potential throughout life by pioneering and providing educational programs and services. The Foundation's vision is a Canada that values and empowers people living with Down syndrome and promotes social and economic inclusion across the lifespan.¹⁰

The most distinguished work of this foundation is the preparation and publication of guidance for people with Down syndrome, whether children, adolescents, and adults. Such guidance includes a simplified explanation about the definition of the Covid-19 pandemic, symptoms of infection, measures of prevention, and how to deal with infection when occurs, while providing figures and illustrations on this regards, as well as providing them with educational guides that ensure their safe and smooth return to schools.

The website provides guidance videos for families of people with Down syndrome on how to deal with them, especially during the lockdown, which may cause psychological burdens on them.¹¹ Finally, despite the efforts made to create an inclusive society in which all categories participate actively, the pandemic today has come up with a different digital world, which requires the concerned authorities to harness their capabilities in order to integrate all population groups without excluding one group at the expense of another.

Guided by best practices, a number of proposals can be made in the forthcoming areas, in order to ensure the inclusion of all persons with intellectual disabilities and make them active in the digital society:

In the field of studies and statistics:

- Including persons with disabilities in the official statistics related to Covid-19 pandemic by type of disability, which may contribute to the preparation of future strategies in a way that takes into account the privacy of each population segment.
- Preparing studies and research on the repercussions of the Covid-19 pandemic on people with intellectual disabilities, including people with Down syndrome.
- Preparing analytical reports on evaluating the measures provided by the authorities to people with different disabilities during the pandemic.

In the field of awareness and education:

- Preparing and publishing educational awareness guides for categories that deal with people with Down syndrome directly,

⁵ People with Certain Medical Condition, Center for Disease Control and prevention. Online: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

⁶ Statistical Abstract, Chapter of Persons with Disability, Planning and Statistics Authority 2019 https://www.psa.gov.qa/en/statistics/Statistical%20Releases/General/StatisticalAbstract/2019/Annual_Statistical_Abstract_2019.pdf

⁷ W. Cullen, G. Gulati and B.D. Kelly, (2020) , "Mental health in the COVID-19 pandemic", An International Journal of Medicine, 113(12), PP 311-312. <http://orcid.org/0000-0002-6113-1384>

⁸ About Global Down Syndrome Foundation, Global Down Syndrome Foundation. Online: <https://www.globaldownsyndrome.org/our-story/>

⁹ To view the guide, you can visit the Foundation's website at the following link: <https://www.globaldownsyndrome.org/our-story>

¹⁰ About us, Down Syndrome Resource Foundation. Online: <https://www.dsrff.org/about-us/>

¹¹ To view the guides and awareness videos, you can visit the Foundation's website via the abovementioned link



provided that these guides include mechanisms of dealing with them in all daily activities.

- Preparing and publishing simplified guides supported by illustrations that address people with Down syndrome, clarifying measures to prevent the virus as well as mechanisms for dealing with potential daily situations during the pandemic. The two abovementioned guides can be provided through smart device applications, to ensure people with intellectual disabilities access to them, as well as allowing those who deal with them to easily access these guides.
- Providing digital platforms that provide awareness training courses for people with intellectual disabilities or those who deal with them in order to educate them on how to deal with

situations that they may be exposed to during the pandemic and in simplified ways.

In the field of initiatives

- Coordinating between government agencies, civil society and the private sector to come up with digital initiatives that guarantee the right of persons with disabilities to access information.
- Coordinating with the concerned authorities to maintain Qatar's rank in the Digital Access Index (DAI) during the pandemic, especially that the State of Qatar has ranked first globally in DAI 2020.

Main Activities of PPC Technical Bureau

PPC Technical Bureau Participates in 43rd Session of Policy and Coordination Committee on Human Reproduction

24-25 March 2021



On 24 - 25 March 2021, the Technical Bureau of the Permanent Population Committee participated in the 43rd session of the Policy and Coordination Committee of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

The World Health Organization has invited the State of Qatar to participate in this meeting as a member of the coordination category during 2021-2023.

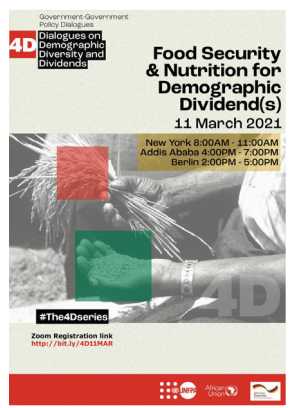
The Special Programme of Research is the main instrument within the United Nations system for research in human reproduction, bringing together policymakers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health. Research conducted by this program also helps lead healthy reproductive lives, by strengthening countries' capacities to provide people with high-quality information and services that enable them to protect their own and their partners' reproductive health.

This meeting aims to review the progress made by the Special Program during the year, discuss future plans, and decide on issues of public policies and strategies, as well as the general financial and administrative aspects of the Special Program.

Participation in the dialogues on: "Food Security and Nutrition for Demographic Dividends"

11 March 2021

The PPC Technical Bureau participated in the Second Government to Government Policy Dialogue on: "Food Security and Nutrition for Demographic Dividends," jointly organized by the African Union and the Government of Germany in cooperation with the United Nations Population Fund on 11 March 2021 via Zoom. The event brought together policy experts from governments, academia, relevant stakeholders from civil society and youth representatives. The dialogues were also organized into six separate sessions with approximately 20 participants, each lasting 1.5 hours. Each subgroup includes 4 to 5 experts who serve as reference persons, briefly sharing research experiences, relevant national experiences and practical implementation, including challenges and opportunities. The sub-groups reviewed a host of questions during the discussion and exchange of experiences on best practices and the discussion on the advantages of different policy approaches. It also concluded with recommendations after the sub-groups submitted a report in a plenary session.



Goal of Dialogue:

- ❖ Reciprocal learning opportunities from best practice examples in selected topics.
- ❖ Short input from technical experts

Suggested working groups:

1. Investment in maternal and newborn nutrition to develop human capital.
2. Ensuring food security for school-age children: why and how?
3. Promotion of gender equality in the context of food security and nutrition.
4. Expansion of decent work in agriculture.
5. Increasing demand for food, climate change and Greening the agricultural sector.
6. Laws, policies and regulations to promote healthy diets.

PPC Technical Bureau Participates in Workshop on Application of Statistical Data Quality Standards, Doha, 29-30 March 2021

The PPC Technical Bureau took part in a workshop on the application of statistical data quality standards organized by the Planning and Statistics Authority remotely on 29 -30 March 2021. Given the great importance of accurate, timely, reliable and consistent statistical data in setting policies and developing strategies in the country, and based on the need to achieve quality in the process of data collection and to ensure a high level of reliability, statistical agencies used to develop and implement plans and programs that focus on quality control and quality assurance during the various stages of work.

From this standpoint, the Planning and Statistics Authority seeks to implement statistical capacity building programs for statistical system components in Qatar, and to identify the needs and capabilities of institutions producing official statistics in order to strengthen the National Statistical System, which is based on quality control and statistical quality assurance, which is not limited to field work and data preparation stage. Rather, it goes beyond that to the stage of data processing through the practices and programs that it operates internationally. Accordingly, the availability of a comprehensive framework for quality control and quality assurance will have a positive impact on ensuring the success of statistical quality control and quality assurance of data.

During the Workshop, the following themes were discussed:

1. Introduction of data quality concept and its importance for official statistics.
2. Review of Qatar Official Statistics Quality Framework.
3. Explanation of self-assessment tools related to Official Statistics Quality Framework.
4. Responding to inquiries related to the application of the standards of Official Statistics Quality Framework.

Studies & Research

United Nations ESCWA. - Realities and Prospects in the Arab Region: Survey of Economic and Social Developments 2019-2020, United Nations Beirut

The Survey of Economic and Social Developments in the Arab Region is an annual flagship publication of the Economic and Social Commission for Western Asia (ESCWA). The publication seeks to contribute to efforts by member States to reform economic institutions and develop and implement policies based on principles of good governance, so as to enable economic planning and policymaking in support of inclusive and sustainable development. The present 2019-2020 edition focuses on analyzing the most recent socioeconomic developments under a set format, with a main reporting period of January 2019 to March 2020. The publication has the following two key objectives: to analyze routinely monitored economic and social variables in the Arab region in a global context, and to address debt sustainability and the macroeconomic implications.

The present report sets out two scenarios: a baseline scenario projecting that the economy will rebound in the first quarter of 2021; and a pessimistic scenario in which the crisis will persist throughout the first quarter of 2021. However, given the considerable advancements in research on COVID-19 vaccines, an economic rebound should be expected no later than the second quarter of 2021. The COVID-19 shock began in the midst of a global economic slowdown. The pandemic resulted in extensive lockdowns that exerted significant pressure on the global economy, which is expected to have contracted by at least 3.2 per cent in 2020. The 2021 recovery is conditioned on the effectiveness of the stimulus packages enacted by Governments in response to the COVID-19 crisis and the speed of business recovery. Advancements in research on COVID-19 vaccines allow for moderate optimism. Consequently, the global gross domestic product (GDP) growth in 2021 is expected to rebound to 4.2 per cent, even in the pessimistic scenario. However, if the packages enacted in 2020 prevent devastating losses for companies, global GDP growth could reach 5.4 per cent in 2021 in the baseline scenario. Inflation in 2021 is conditioned on the influence of unprecedented monetary stimulus measures enacted by Governments worldwide in 2020 to tackle the pandemic-related recession. If they succeed in stimulating demand, inflation should rise. However, oil demand from China, the world's largest crude oil importer, decreased significantly in 2020 owing to massive lockdowns and huge cuts in transport activities. In December 2020, the price of Brent crude oil increased to \$48/barrel, which is still lower than its average for the period 2018-2019. However, following successful vaccination campaigns, global transport demand in 2021 should rise, further elevating oil prices and fueling inflation globally. The global economic slowdown and the pandemic have significantly affected Arab countries. The region's GDP is estimated to have contracted by 3 per cent in 2020 (the baseline scenario) and exports from the region decreased by almost 50 per cent, affected by the decline in oil prices, the closure of European markets, and a reduction in tourism and remittances. Moreover, the global lockdown affected the inflow of investments and official development assistance to Arab oil-importing countries. Such developments led to tremendous pressure on businesses in the region in the absence of government assistance. Consequently, regional GDP growth is expected to reach 2.8 per cent in 2021 in the pessimistic scenario



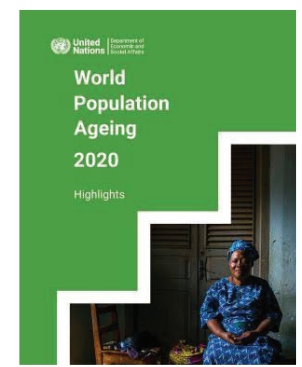
or 3.5 per cent in the baseline scenario.

The pandemic has significantly affected Arab middle-income countries (MICs), with their economy contracting by an estimated 3.4 per cent in 2020 in the baseline scenario and by 4.5 per cent in the pessimistic scenario. These countries were affected by a drop in tourism and a decline in demand for their exports owing to the recession in European countries, one of their main trading partners. Recovery will depend on the success of the stimulus packages of their trading partners, and on whether successful vaccination campaigns will restore confidence and consumption. Lebanon in particular is witnessing exceptional socioeconomic challenges that surfaced in 2019 and were aggravated in 2020 as the economy grappled with twin deficits, high public debt, a default on the repayment of Eurobonds, a large depreciation of the local currency, and a slowdown in economic activity owing to the lockdown. In 2020, the Lebanese economy contracted by an estimated 10.2 per cent, and no functioning government had been established as at December 2020. Arab middle-income countries are expected to achieve 4.1 per cent GDP growth in 2021 in the pessimistic scenario, and 5 per cent in the baseline predicated on a rebound in European demand and successful political and economic reforms. Socioeconomic challenges will also affect migrant workers, refugees and internally displaced persons (IDPs) in the region, particularly women. Travel restrictions and poor working conditions made migrant workers more vulnerable to various risks, including COVID-19 infections. Furthermore, the difficult living conditions of refugees and IDPs have been exacerbated by constrained economic conditions in host communities, which could deteriorate further as deep recessions hit donor countries.

United Nations (Population Division).- World Population Ageing 2020 Highlights, New York, 2020

The world continues to experience an unprecedented and sustained change in the age structure of the global population, driven by increasing levels of life expectancy and decreasing levels of fertility. People are living longer lives, and both the share and the number of older persons in the total population are growing rapidly. Globally, there were 727 million persons aged 65 years or over in 2020. Since women live longer than men, on average, they comprise the majority of older persons, especially at advanced ages.

Over the next three decades, the number of older persons worldwide is projected to more than double, reaching over 1.5 billion in 2050. All regions will see an increase in the size of the older population between 2020 and 2050. Globally, the share of the population aged 65 years or over is expected to increase from 9.3 per cent in 2020 to around 16.0 per cent in 2050. Population ageing is occurring alongside broader social and economic changes taking place throughout the world. Declines in fertility, changes in patterns of marriage, cohabitation and divorce, increased levels of education among younger generations, and continued rural-to-urban and international migration, in tandem with rapid economic development, are reshaping the context in which older persons live, including the size and composition of their households and their living arrangements. In Western European countries and the United States of America, intergenerational co-residence has declined dramatically, and



most older persons now live either in single-person households or in households consisting of a couple only or a couple and their unmarried children. Despite the persistence of traditional family structures and cultural norms that favour multigenerational households, many countries of the less developed regions are experiencing a slow shift in family and household composition towards smaller families and household types. Family structures and household living arrangements can change quickly in response to major events or crises affecting family members and kin relations. For example, multi-generation households re-appeared in the United States of America and in some European countries in response to the economic crisis of 2008, while skip-generation families have become more common in sub-Saharan Africa as a means of caring for millions of children orphaned by the HIV/AIDS pandemic since the 1980s. Throughout the world older women are more likely than older men to live alone. Older women are also more likely to live in skip-generation households or in extended-family households, whereas older men are more likely to live with a spouse only. Further, older men are more likely than older women to live with children under age 20, while older women are slightly more likely than older men to live with older children. These differences are explained to a large extent by the typical age difference between spouses and by the reproductive life spans of women and men. Since husbands are typically older than their wives, and since there is no male equivalent of menopause, men are more likely than women to co-reside with children under age 20 when they reach older ages

Since early 2020, the world has been impacted by the rapid spread of COVID-19, which continues to expand globally. By the end of September 2020, over 33 million cases had been reported worldwide, with nearly 850,000 deaths attributed to the disease. Since COVID-19 is a new disease in humans, and since the pandemic is ongoing, available studies of its impact on older persons remain inconclusive. Nevertheless, a preliminary analysis of COVID-19 mortality rates at older ages has uncovered considerable variation across countries and points toward factors that may explain the observed differences. Among the factors affecting mortality from COVID-19 at older ages, the main determinant is the extent to which countries have been able to control the spread of the virus and mitigate the pandemic. In addition, frailty is a key factor since the risk of death from COVID-19 increases with both age and the presence of co-morbidities such as cardiovascular, pulmonary or kidney disease, as well as cancer and obesity. Living arrangements explain part of the observed international differences in age patterns of COVID-19 mortality, in particular for older persons whose living arrangements affect the risk of contracting COVID-19. In this context, the living arrangements and mechanisms of family support for older persons have become increasingly important for policymakers, especially in countries at advanced stages of population ageing. Understanding the interconnections between the living arrangements of older persons and their health and well-being has particular relevance in light of the pledge made by Governments in the 2030 Agenda for Sustainable Development¹ that no one will be left behind. In practice, this pledge implies that the Sustainable Development Goals (SDGs) must be achieved for all segments of society and at all ages, with a particular focus on the most vulnerable, including older persons.

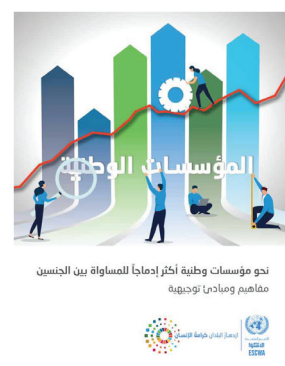
United Nations ESCWA. - Towards More Gender Inclusive National Institutions: Concepts and Guidelines, 2021

According to this report, the concept of Gender equality emphasizes the importance of achieving equality in rights and duties between women and men, by ensuring equal and equitable access to resources, information and services, and participation in decision-making. Equality between the sexes does not mean that men and women are important to achieving their hopes and goals "the same," but rather a sign. The concept of equality is based without discrimination and granting them their rights equally, on taking into account the different needs, interests and attitudes

of both women and men resulting from their different roles and responsibilities. Accordingly, it is understood that women are concerned only, but it includes gender, not limited to women and men, as roles and their distribution are assigned to each of them according to their sex, and this is what constitutes the power relations between them, whether at the societal, family or institutional levels.

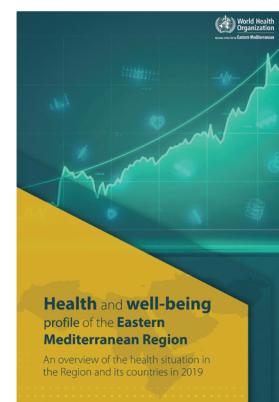
The inequality between women and men requires action through two strategies:

The first strategy calls for the integration of the concept of equality between the two genders in policies and notices the difference between approaches and programs, which is what men and women require in terms of needs, interests and demands. This strategy is also based on taking into account these differences in designing, implementing, monitoring and evaluating policies, systems, institutional procedures, practices, programs and services, in a manner that allows for equal and positive results for each of them Opportunities The second strategy is concerned with empowering women, advancing their rights and promoting gender equality by addressing historical inequalities, and changing the stereotypical and negative perception of society that continues to affect many women in various aspects of their private and public lives. Achieving gender equality requires an approach that highlights the structure of society and the prevailing power relations among its members, how resources are distributed among them, and addresses the root causes of discrimination and inequality between persons, especially between women and men. In addition, the success of efforts aimed at achieving equality requires an approach that addresses discrimination in both policies, institutions, programs and services, bearing in mind that laws, customs, traditions, and different trends in societies that sometimes lead to patriarchal practices that are governed by a system. Sharpening the disparity between male and female citizens. The responsibility for promoting gender equality rests with the state as the guarantor of citizens' rights. Consequently, it must seek, within the framework of its duties towards its citizens, to address what legislation, laws and policies may contain in terms of discrimination against women, and to strengthen the capabilities of institutions to respond to the different requirements of both women and men. This is achieved by taking into account gender equality in policies and integrating it into the administration of institutions of all kinds.



World Health Organization - Health and well-being profile of the Eastern Mediterranean Region: An overview of the health situation in the Region and its countries in 2019, WHO, 2020

The WHO Eastern Mediterranean Region comprises nearly 9% of the world's population. The Region is experiencing protracted humanitarian crises that have led to the forced displacement of millions of people, weakening of health system structures and the reemergence of vaccine-preventable diseases. In five countries, more than 25% of the population are living below the international poverty line. Life expectancy and healthy



life expectancy in the Region are lower than the global averages. In 2016, the average life expectancy and healthy life expectancy in the Region were estimated at 69.1 years and 59.7 years, respectively, compared to 72.0 years and 63.3 years at the global level. WHO uses the universal health coverage service coverage index to measure what proportion of a population has access to essential health services. According to the latest available figures, coverage in the Eastern Mediterranean Region falls well below the global average. Globally, the universal health coverage index has a value of 64 (out of 100), whereas the weighted average for the Region is just 53. There are serious gaps in terms of governance: around half the countries in the Region still need to take the first steps in building governance capacity for universal health coverage, while those countries with policies and strategies in place need to closely monitor their implementation and revise them as necessary. The Region is a low investor in health, accounting for less than 2% of global health expenditure for close to 9% of the world's population in 2015. Furthermore, public health expenditure accounts for a consistently low proportion of current health expenditure - around 50% in the period 2000-2015 - meaning large numbers of people are pushed into high out-of-pocket health spending, often causing financial hardship. Many countries are working to expand service coverage by developing universal health coverage priority benefits packages and strengthening delivery of services through the primary health care system. However, 12 countries in the Region have less than 1 primary health care facility per 10 000 population, including four high-income countries. Similarly, efforts to enhance family practice, improve the quality and safety of health care, and harness the Region's large private sector towards achieving UHC are currently insufficient in most countries. Seventy-five regional core health indicators are reported by countries to WHO annually. Reporting ranges from 76% to 95% in 17 countries, and from 62% to 75% in the remaining five countries. An average increase of 15% in reporting on indicators occurred at the regional level during 2014-2018.

There are serious shortages of health workforce in the Eastern Mediterranean Region. More than half of countries in the Region do not meet the minimum threshold of 44.5 doctors, nurses and midwives per 10 000 population. Seven countries do not have the minimum density of 23 doctors, nurses and midwives per 10 000 population required for delivering basic health interventions. Most low- and middle-income countries of the Region suffer shortages of essential medicines, both in public and private settings. Service delivery and regulatory mechanisms for assistive technology are inadequate or nonexistent in many countries, while access to medical devices is extremely limited in low- and middle-income countries and even some high-income countries. Health-related research output has improved significantly in recent years, but is unevenly distributed and highly dependent on a few countries.

In 2018, 131.7 million people were in need of aid globally, of whom 70.2 million (53.3%) lived in the Region. By the end of 2018, out of 80 million people affected by conflict, war and natural disasters more than 37 million (46%) were from countries of the Region. Nineteen major outbreaks of emerging and epidemic-prone diseases occurred or continued in 12 countries of the Region in 2018, and there were nine graded health emergencies.

UNDP. - Enabling cross borders Data Flow: ASEAN and Beyond. - New York 2021

In the ASEAN region, only a few countries have established mechanisms encouraging cross-border data flow with the purpose of stimulating innovation and economic growth.

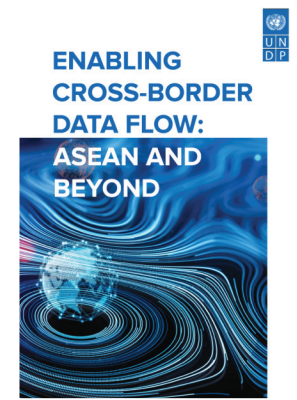
This is likely due to the challenges encountered by some countries in capturing value from data - including lower-levels of data connectivity, issues with foundational digital infrastructure, weaker data collection processes and abilities, limited data or digital literacy that stifles

innovation, and a lack of access to high quality or large datasets. These aspects can also prevent engagement with emerging technology and innovation such as Artificial Intelligence (AI) and data analytics. In addition, although a growing number of countries in the region have laws protecting personal data, often there are limited funds,

tools, abilities and resources to enforce these frameworks. More broadly, international data collaborations or explorations can sometimes be affected by a zero-sum approach to geopolitics. In particular, and as a result of some countries believing that retaining data within their borders creates national opportunities for economic growth based on digitalisation, countries may adopt protectionist approaches to data management, including data localisation. All of these factors risk exacerbating existing digital inequities between countries. They also risk 'locking-out' countries from the benefits of emerging technologies - and from crossborder data flows.

How cross-border data flows are driving digitalisation also increasingly able to produce, store, and analyse data without human intervention. These technological advancements rely on access to and use of high-quality data that often resides in more than one country⁴. Cross-border data is driving and enabling this increased digitalisation, and perhaps even accelerating the production of data. The scale at which data can be collected and processed is driven by access to technology that is increasingly international in scope - including cloud computing. In order to collect more data, and leverage its potential, looking internationally is proving important. All of these developments reaffirm the importance and need to shape new models of data governance, whilst the crucial role of data in driving economic and societal development means that it should not be constrained by national or other geographic borders. This reality demands engagement with the requirements of enabling crossborder data flows. This is a comparatively recent challenge. Cross-border data flow differs from the traditional exchange of goods and other services for a number of reasons: As technological transformation progresses, the collection and processing of data is accelerating. New and emerging technologies such as AI, distributed ledgers, drones, and the Internet of Things (IoT) are also producing, storing, and analysing an unprecedented amount of data. Machine-to-machine products and services are · Suppliers and users do not need to be in the same location. · The trade of data is fluid and frequent, and it is possible to trade the same data repeatedly. · The physical location of data accessed is hard to determine, and hence is difficult to assess what data is 'imported' and what is 'exported'. In fact, the physical location of data may be irrelevant, as ultimately what matters is who has access to and control over the data.

· When data flows across borders, it does not necessarily have to be affiliated with a transaction. Data can be simply 'shared' across borders. For instance, in some cases, a copy of the data is undertaken locally. In others, users access data by connecting to



the servers where the data is stored. • There are different types of data, most notably personal data and non-personal data. While cross-border flow of personal data is a much more regulated space, transferring non-personal data across borders tends to be largely unregulated. That said, there is increasing interest in regulating cross-border personal and nonpersonal data flow. • In practice, when private sector organisations think about cross border data flow, it is difficult for them to segregate personal data and non-personal data as often these data sets are interrelated. These aspects highlight how cross-border data flows may not always fit traditional definitions of trade and reaffirm the need for focused engagement with the emerging and existing realities of cross-border data flows.

The emerging ASEAN approach to cross border data flow Efforts

to drive cross-border data flow must be founded on the local and regional context. In the ASEAN region, this includes leveraging existing networks and processes to drive digital regional integration. ASEAN countries are committed to regional integration in the 'ASEAN Way', a distinctive approach to regional cooperation and governance. This approach is based on a commitment to protect national sovereignty, to non-interference in the domestic matters of fellow countries, to decisions based on consensus building, and to informal guiding relationships between leaders. This method of policymaking takes the form of blueprints, declarations, dialogues and fora, which often do not constitute or create legally binding or enforceable obligations at a regional level. As well as the 'ASEAN Way', countries have also undertaken a policy of 'open regionalism' that has shaped cohesion across the Asia-Pacific region.