Other social issues

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An overview

		INDICATOR	Prevalence of moderate or severe food insecurity in the population *(%)*	Diabetes prevalence *(% of population ages 20 to 79)*	Prevalence of current tobacco use *(% of adults)*	Gross intake ratio to the last grade of lower secondary general education, both sexes *(%)*	Individuals using the Internet *(% of population)*	Fixed broadband subscriptions *(per 100 people)*	Human Development Index *(min=0, max=1)*	Inequality-adjusted Human Development Index *(min=0, max=1)*
		Year	2023	2024	2025	2022	2023	2023	2023	2023
EUROPEAN UNION	PRT	Portugal	11,9	10,5	25,8	102,1	85,8	44,1	0,89	0,80
	ESP	Spain	6,5	9,7	27,8	90,9	95,5	37,2	0,92	0,82
	FRA	France	8,4	6,5	34,6	100,2	86,8	48,7	0,92	0,84
	ITA	Italy	1,7	7,7	22,1	95,9	87,0	31,8	0,92	0,82
	SVN	Slovenia	8,2	7,0	19,5	94,4	90,4	31,9	0,93	0,88
	HRV	Croatia	6,0	10,5	37,6	101,6	83,2	28,5	0,89	0,83
	GRC	Greece	6,6	8,0	30,6	95,2	85,0	43,9	0,91	0,82
	MLT	Malta	9,2	10,0	23,9	98,5	92,1	44,3	0,92	0,84
	CYP	Cyprus	1,4	10,0	35,0	104,5	91,2	38,7	0,91	0,84
WESTERN BALKANS	SRB	Serbia	9,5	10,5	39,0	95,3	85,4	31,3	0,83	0,77
	XKX	Kosovo	..	..	..	..	..	..	..	..
	BIH	Bosnia and Herzegovina	9,9	10,3	35,2	90,4	83,4	28,5	0,80	0,69
	MNE	Montenegro	10,4	10,7	31,5	98,8	89,8	32,0	0,86	0,77
	MKD	North Macedonia	15,2	7,4	..	93,0	87,2	29,2	0,82	0,72
	ALB	Albania	33,0	10,6	20,7	97,1	83,1	22,5	0,81	0,70
MIDDLE EAST	TUR	Turkey	..	16,5	30,2	92,4	86,0	22,5	0,85	0,71
	SYR	Syria	..	19,0	..	44,5	..	6,9	0,56	..
	LBN	Lebanon	42,4	12,3	34,1	56,0	83,5	..	0,75	..
	JOR	Jordan	..	20,5	36,3	90,0	92,5	7,0	0,75	0,64
	ISR	Israel	9,2	10,1	19,2	93,7	87,0	29,4	0,92	0,81
	PSE	Palestine	27,0	15,5	..	92,9	86,6	8,4	0,67	0,54
NORTH AFRICA	EGY	Egypt	30,8	22,4	25.8	83,1	72,7	10,9	0,75	0,58
	LBY	Libya	35,1	15,8	..	..	88,5	..	0,72	..
	TUN	Tunisia	25,4	16,0	19,5	..	72,4	14,1	0,75	0,60
	DZA	Algeria	17,6	17,5	21,1	74,7	76,9	12,0	0,76	0,60
	MAR	Morocco	..	11,9	12,2	70,3	91,0	7,0	0,71	0,52

(..) Data not available.

Source: FAO, International Diabetes Federation, WHO, UNESCO and estimates based on UNESCO data for Egypt, International Telecommunication Union (ITU), World Bank Development Indicators on ITU data, United Nations Development Programme.

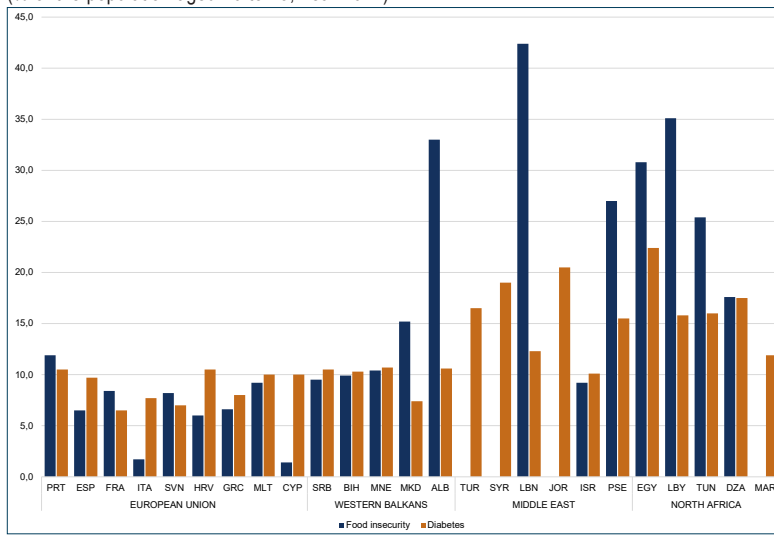
Some highlighted topics

The analysis of social indicators in the Mediterranean basin plays a crucial role in understanding the dynamics and challenges that characterize this area of great socioeconomic and health complexity, marked by profound cultural, climatic, demographic, and political diversity. The availability of timely indicators with adequate territorial coverage in the Mediterranean area does not yet allow for an in-depth analysis of some important social issues; however, it does at least allow for the exploration of various relevant aspects such as health, education, poverty, and social integration, offering useful insights for assessing emerging trends and critical issues.

Health. The spread of factors related to economic well-being and therefore to food insecurity or the spread of specific diseases such as diabetes significantly reflect the living conditions of populations living in the Mediterranean area, influencing overall health and quality of life outcomes. Food insecurity, defined as the lack of constant access to nutritious and safe food, is a phenomenon that manifests itself in different ways and intensities, determined by factors such as political instability, economic inequalities, and environmental crises. Data from 2023 show alarming rates of moderate or severe food insecurity in several countries in the non-European Mediterranean area. The most critical situation is in Lebanon, where 42.4% of the population lives in moderate or severe food insecurity, followed by Libya with 35.1%. Other countries in the region with high vulnerability are Egypt, Palestine, and Tunisia, where the percentage of the population facing moderate or severe food insecurity exceeds 25%, more than a quarter of the population of each country. The phenomenon is not only concentrated in the most vulnerable areas of North Africa and the Middle East but also in the wider Western Balkans region. In this area, Albania stands out with a very high percentage of 33%, indicating a structural criticality that places it in a higher vulnerability bracket than many other countries in the same macro-area and in the European Union, which instead record values below 15%. In particular, except for Portugal (11.9%), all countries in this macro-area have an incidence of less than 10%, with more favourable values for Cyprus (1.4%) and Italy (1.7%).

Diabetes is one of the fastest growing chronic diseases, with incidence varying significantly among Mediterranean countries. This condition, closely linked to sedentary lifestyles and poor diets, often increases in incidence alongside rising food insecurity. The interaction between food insecurity and diabetes highlights how socio-economic vulnerability can increase the risk of developing metabolic diseases. Understanding these correlations is essential for designing policy interventions aimed at improving the living conditions and health of Mediterranean populations. Analysis of the incidence of this disease in the adult and working-age population, specifically in the 20-79 age group,

Fig. 1. Moderate or severe food insecurity in the population (% population, Year 2023) and diabetes (% of the population aged 20 to 79, Year 2024).



Source: FAO; International Diabetes Federation.

for the year 2024, reveals significant patterns and territorial disparities. In some countries in the Middle East and Mediterranean Africa, we find a marked incidence. In fact, particularly high concentrations are observed in Egypt (22.4%), Jordan (20.5%), Syria (19%), Algeria (17.5%), and Turkey (16.5%). Outside the most critical cases, most Mediterranean countries have incidence levels generally below 11%, with limited variability within the different macro-regions considered. In fact, in the European Union, the maximum and minimum values are 10.5% for Portugal and Croatia and 6.5% for France, respectively; in the Western Balkans, 10.7% in Montenegro and 7.4% in North Macedonia; in the Middle East and North Africa, most countries show an incidence range between 10% (Israel) and 16% (Tunisia).

Another lifestyle-related health indicator is smoking, which is one of the main risk factors for many chronic diseases and deaths from noncommunicable diseases (NCDs), significantly affecting public health. The prevalence of smoking varies considerably between countries, highlighting differences related to historical, cultural, social, and political factors. In 2025, data collected on populations aged 15 and over show higher tobacco consumption in some countries of the former Yugoslavia, such as Serbia (39%), Croatia (37.6%), and Bosnia and Herzegovina (35.2%), where smoking rates exceed one-third of the population. There are multiple causes for this, but in these

areas, there is certainly a historical and cultural legacy linked to the influence of the communist period, when smoking was widely tolerated and prevalent and anti-smoking policies were almost non-existent. Among European countries, Cyprus and France stand out with rates above 30%, indicating a significant prevalence of smoking even in more developed contexts with different prevention policies. In other European contexts, percentages are generally lower, around 20%, as in the case of Slovenia and Albania. In Italy, the implementation of effective tobacco control policies that have been in place for many years and greater health education have contributed to reducing the indicator over time, from 26.1% in 2000 to 22.1% today. In the Middle East and North Africa (MENA) macro-regions, Lebanon and Jordan have smoking rates above 30%, partly due to the strong cultural roots of smoking, which is seen as a social ritual (hookah). Israel, Tunisia, and Algeria, on the other hand, have rates similar to those in Europe, also around 20%, while the lowest rate is found in Morocco, with a prevalence of 12.2%. In these North African countries, the rate is characterized by high gender variability (see chapter "Other Gender Issues"). In summary, tobacco consumption is influenced by various factors, including socio-cultural characteristics linked to gender differences and the prevention and public health policies adopted.

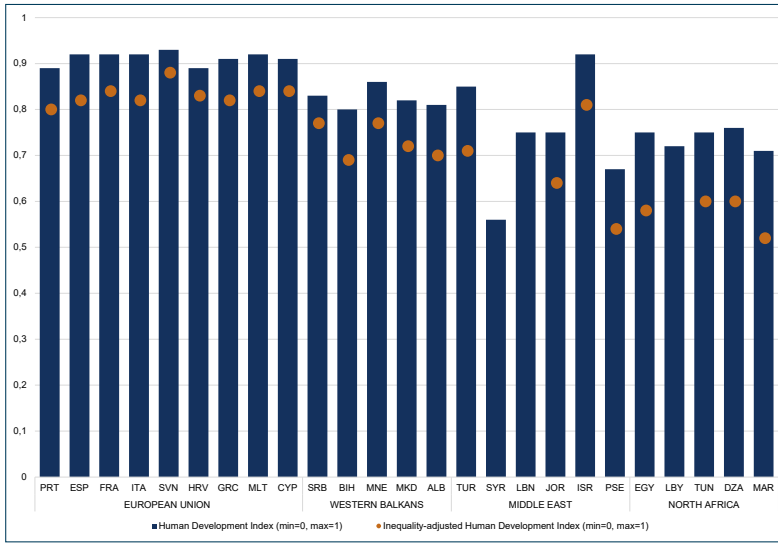
School enrolment and digitization. The school enrolment indicator is defined here as the percentage of individuals admitted to the last grade of lower secondary education, calculated in relation to the population of typical age for entry into that grade, generally 14 years old. This indicator serves as a proxy for the achievement of a basic level of education and highlights differences in education systems and lower secondary education completion rates between different macro-regions. In the Mediterranean countries of the EU, the basic schooling indicator is very high, reaching around 95%. However, a lower value is recorded for Spain (90.9%). In the Western Balkans, too, the 95% threshold is exceeded in several countries. In particular, Serbia, Montenegro, and Albania record percentages that indicate a good level of basic schooling. The Middle East region presents a more heterogeneous picture. Countries such as Turkey, Israel, and Palestine achieve an incidence of over 90% for admission to the last grade of lower secondary education. However, other countries show a more marked delay, with Syria having the lowest figure in the entire Mediterranean area, at 44.5%. In North Africa, the highest rate of basic schooling is observed in Egypt, with 83.1%. Morocco also lags significantly behind, at 70.3%.

One of the key findings in the analysis of Internet penetration is its relatively high homogeneity across the Mediterranean macro-regions. This means that, despite significant differences in digital infrastructure, a substantial proportion of the population uses the Internet. Variations in usage are less marked than for other indicators, such as basic schooling, suggesting that

Internet adoption is influenced by a variety of factors, such as digital culture, digital literacy, device availability, and accessibility of online services. In the European Union, the range is from the highest value in Spain (95.5%) to the lowest in Croatia (83.2%), in the Western Balkans from Montenegro (89.8%) to Albania (83.1%), in the Middle East from Jordan (92.5%) to Lebanon (83.5%), and in North Africa from Morocco (91%) to Tunisia (72.4%). The level of development of digital infrastructure directly influences the spread of fixed broadband subscriptions, highlighting clear gaps between macro-regions. The European Union has a relatively high penetration rate, but with significant differences between individual member countries. France has the highest rate among the countries considered, with 48.7% of subscriptions. The lowest rates for the other Mediterranean EU countries are around 30% (e.g., Croatia 28.5%, Italy 31.8%, Slovenia 31.9%).
In the Western Balkans, broadband is less widespread than in the EU, with access rates ranging from 20% to 30%. In the remaining Middle Eastern and North African countries, the gap is significant, with the exception of Israel (29.4%) and Turkey (22.5%). In Syria, Jordan, and Morocco, the rate stands at around 7%.

Human development. The Human Development Index (HDI), adopted by the UN in 1993, is a composite measure designed to assess the level of well-being and progress of a society by synthesizing various dimensions such as health, education, and income. The HDI has the explicit aim of shifting the focus of economic development from GDP to people-centered development policies. To calculate the index, three key indicators are selected: life expectancy at birth, education, and per capita income, and their https://www.undp.org is calculated. The index is normalized by assigning values from 0 to 1, where 0 represents the least favourable condition and 1 the most favourable.
Over time, several variants of the HDI have been developed, some of which also incorporate information on equality and gender, culminating in the introduction of the Inequality-Adjusted Human Development Index (IHDI, see chapter “Other gender issues”). The IHDI is a measure derived from the HDI that stands out for its ability to take into account internal disparities within each country. The gap between the HDI and the IHDI is a crucial indicator for understanding how inclusive human development growth has been or, conversely, how concentrated it has been in specific segments of the population or regions. Countries with a low gap between HDI and IHDI generally have a more equitable distribution of resources and development benefits. Conversely, countries with greater internal inequality show wider gaps, even when the HDI is relatively high. Data updated to 2023 show clear territorial segmentation. European Union member countries score high on both the Human Development Index (HDI) and the Inequality-adjusted Human Development Index (IHDI). Slovenia

Fig. 1. Human Development Index and Human Development Index adjusted for inequality. Year 2023 (min = 0; max= 1).



Source: United Nations Development Programme (UNDP).

ranks at the top with a score of 0.93 on the Human Development Index, followed by Spain, France, Italy, and Malta, each with a score of 0.92. Among non-EU countries, Israel stands out with a similar level of 0.92. In the Western Balkans, the range goes from a maximum of 0.86 in Montenegro to a minimum of 0.80 in Bosnia and Herzegovina. In the Middle East, Turkey stands out positively, with a value of 0.86. Non-European countries outside the European area have values between 0.71 and 0.76, with Syria (0.56) and Palestine (0.67) showing particularly low values, partly due to conflicts. There are significant differences in the gap between HDI and IHDI. The gap ranges from a minimum of 0.05-0.06 points in Slovenia, Croatia, and Serbia to a maximum of more than 0.15 points in North African countries. This indicates that, despite similar levels of development, internal inequality can vary considerably between countries.