



Social Protection Reform in Arab Countries

2019



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Social Protection Reform in Arab Countries

2019



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LIST OF ABBREVIATIONS

ACAPS	Autorité de Contrôle des Assurances et de la Prévoyance Sociale	Morocco
AMGI	Assistance Médicale Gratuite I	Tunisia
AMGII	Assistance Médicale Gratuite II	Tunisia
AMO	Assurance Maladie Obligatoire	Morocco
ANAM	Agence Nationale de l'Assurance Maladie	Morocco
CIP	Civil Insurance Programme	Jordan
CMAM	Caisse Marocaine de l'Assurance Maladie	Morocco
CMR	Caisse Marocain de Retraites	Morocco
CNAM	Caisse Nationale d'Assurance Maladie	Tunisia
CNRPS	Caisse National de Retraite et de Prévoyance Sociale	Tunisia
CNSS	Caisse Nationale de Sécurité Sociale	Morocco
CNSS	Caisse Nationale de Sécurité Sociale	Tunisia
GDP	Gross domestic product	
GHI	Government Health Insurance	State of Palestine
IFPRI	International Food Policy Research Institute	
IHSES	Iraq Household Socio-Economic Survey	Iraq
ILO	International Labour Organization	
JLMPS	Jordan Labour Market Panel Survey	Jordan
LPG	Liquefied petroleum gas	
NAF	National Aid Fund	Jordan
NSSF	National Social Security Fund	Lebanon

NPTP	National Poverty Targeting Programme	Lebanon
NUR	National Unified Registry	Jordan
OOP	Out-of-pocket	
PCRD	Programme de Chantiers Régionaux de Développement	Tunisia
PMT	Proxy means testing	
PNCTP	Palestinian National Cash Transfer Programme	State of Palestine
PSSC	Palestinian Social Security Corporation	State of Palestine
RAMED	Régime d'Assistance Médicale aux Économiquement Démunis	Morocco
RCAR	Régime Collectif d'Allocation de Retraite	Morocco
RMS	Royal Medical Services	Jordan
RNP	Régistre National de la Population	Morocco
RSU	Registre Social Unique	Morocco
SSC	Social Security Corporation	Jordan
SNPS	Stratégie Nationale de Protection Sociale	Mauritania
UGTT	Union Générale des Travailleurs Tunisiens	Tunisia
UNR	Unified National Registry	Egypt
UTICA	Union Tunisienne de l'Industrie, du Commerce et de l'Artisanat	Tunisia
VAT	Value-added tax	
WFP	World Food Programme	
WHO	World Health Organization	

GLOSSARY

Cash transfers

Sums of money provided regularly or occasionally to beneficiary households or individuals. Usually targeted (though they can in theory be provided to everyone without discrimination). Sometimes conditional.

Conditional cash transfer

Cash transfers requiring that the recipient (individual or household) fulfil one or several conditions (sometimes called co-responsibilities), such as ensuring that the household's children attend school.

Contributory social protection

Includes social insurance and health insurance. Eligibility is based on payment of contributions by the employee and/or the employer. Contributory social protection programmes are in principle fully financed by contributions, but in practice are often subsidised by Governments.

Formal employment

Defined for the purpose of the present report as employment entailing coverage of contributory social protection. Formal workers are thus workers who pay contributions to a social and/or health insurance scheme (and/or whose employer does so on their behalf).

Health insurance

Contributory social protection mechanism to ensure access to health care. Health insurance is often conceptualized as a component of social insurance but, for the purpose of the present report, a distinction between the two is made (see below under social insurance).

Informal employment.

Defined for the purpose of the present report as employment not entailing coverage of contributory social protection. Informal workers are thus workers who do not pay contributions to a social and/or health insurance scheme (and whose employers do not do so on their behalf).

Non-contributory social protection

Includes social assistance and health care provided on a non-contributory basis (free of charge to everyone or through targeted non-contributory health-care provision), usually financed by general government revenue. Eligibility for non-contributory social protection is based on citizenship/residency, socioeconomic status, location, or other factors depending on whether (and how) it is targeted.

Social assistance

Non-contributory social protection to ensure income security. Includes cash transfers and subsidies.

Social insurance

Defined for the purpose of the present report as contributory social protection mechanisms to ensure income security. It includes old-age pensions, disability benefits, unemployment benefits, maternity benefits, and survivors' benefits. It should be noted that other definitions of social insurance often incorporate health insurance. The present report distinguishes between social and health insurance to facilitate discussion on the effects of providing them jointly or separately.

Social protection

Defined for the purpose of the present report as "all measures providing benefits in cash or in kind to guarantee income security and access to health care."⁰¹

Subsidies

Government subsidization of selected products, including energy (e.g. petrol, diesel and electricity) or food, such that these are sold less expensively than on a free market. Subsidies are usually universal, meaning that all consumers can buy the subsidized products, but they can also be targeted.

Targeting

Provision of non-contributory social protection (e.g. cash transfers, health care or subsidies) to specific groups rather than to everyone. Targeting can entail limiting provision to those living in a specific area or region (geographical targeting), to those who are part of a specific demographic group, such as widows or persons with disabilities (categorical targeting), or to those deemed poor (direct or indirect poverty targeting). Non-contributory social protection programmes often use a combination of targeting methodologies.

Universalism

For the purpose of the present report, universally provided non-contributory social protection is understood as the opposite of targeted non-contributory social protection. Therefore, universally provided subsidies, cash-transfers or health care services are those that are offered to everyone (rich and poor alike). It should be noted that the term 'universalism' is assigned disparate meanings by different actors in varied contexts. For instance, a social protection system can be considered universal when everyone who needs social protection is able to access it, regardless of whether this is achieved by contributory or non-contributory mechanisms and of whether the latter are targeted or not.

Executive summary



Social protection is a human right. As the 2030 Agenda for Sustainable Development affirms, it is also essential for attaining sustainable development. Social protection is a fundamental part of the broader social policy agenda and must be linked to other social policies, including the labour market, education, local and rural development and communal services, as well as to fiscal policy.

In the Arab region, social protection systems have for many years suffered from a number of severe shortcomings. Contributory social and health insurance regimes tend to be undermined by low coverage, a high degree of fragmentation and financial unsustainability. Non-contributory social protection has for a long time predominantly consisted of universal subsidies, whereas other forms of social assistance have been marginal. Overall, a lack of coherence and coordination has undermined the effectiveness and efficiency of social protection systems.

The present report illustrates the considerable reforms underway in the region to overcome those problems. Throughout, it considers social protection reform from a 'systems perspective', addressing, for example, the prevalence of pluralistic financing arrangements which in practice often blur the traditional distinction between contributory and non-contributory mechanisms.

CH. 1

The first chapter covers contributory mechanisms, namely social and health insurance. Governments are challenged by the need to simultaneously achieve two potentially contradictory objectives. On the one hand, they need to improve the sustainability of social and health insurance funds to limit subsidization from general government budgets. On the other hand, they need to broaden coverage of these funds, especially to informal workers and low-income groups to better protect them from the impact of lifecycle risks. The chapter lays out the various approaches Governments in the region are adopting while pursuing these objectives. These include establishing new specific schemes for particular groups, bundling pension and health insurance, subsidizing contributions on a targeted basis, and implementing ‘parametric reforms’ such as raising the retirement age. As some of these reforms tend to be politically sensitive, Governments frequently choose to implement them gradually over longer periods of time. Parametric reforms are often combined with efforts to harmonize or even merge separate schemes.

CH. 2

The second chapter considers non-contributory social protection, namely social assistance and non-contributory health-care services. In the overall context of reducing or abolishing blanket subsidies, Governments seek to transit to more targeted assistance through cash transfers and/or health-care provision. This firstly requires a national consensus on the characteristics of poverty or need, which should prompt public social assistance. The chapter sets out mechanisms for the selection of beneficiaries, currently employed in Arab countries, which include various targeting methodologies based either on income or on a set of proxy indicators. A second set of challenges discussed in the chapter relate to ensuring the adequacy of targeting methodologies in view of a volatile economic environment, the adequacy of the value of cash-transfers, and the quality of services provided. Governments are challenged by the need to pursue the twin objectives of simultaneously increasing the scope and the quality of public social assistance and services, especially for women, children and persons with disabilities, to alleviate poverty and increase human capital.

CH. 3

The third chapter focuses on social protection information management systems. Beneficiary databases and integrated registries are key instruments to connect the social insurance, health care and social assistance components and to merge them into a consolidated social protection system. The chapter sets out how countries construct their information infrastructure that covers the spectrum of current beneficiaries (sometimes of several parallel programmes) as well as vulnerable populations at large, and which can connect different social programmes providing, for example, food subsidies or health care. These databases can also connect to social insurance funds, tax registries and vital statistics. Major challenges include enabling data-sharing between ministries and other actors, ensuring that data records are complete and regularly updated, and safeguarding citizens' integrity. Electronic registries have many potential advantages, including providing citizens with a social identity, reducing administrative costs over the longer term, and the possibility of quickly scaling up programmes in case of economic, social or environmental shocks. However, there are also a number of risks. For instance, if a household is not registered in the social registry, it could be excluded from the whole spectrum of non-contributory programmes.

CH. 4

The fourth chapter discusses governance aspects of social protection systems and reforms processes. The complexity of integrated social protection systems requires smart governance mechanisms that ensure coordination and collaboration between ministries and other actors, but also facilitate smooth operations. In addition, the effectiveness of social protection systems decisively depends on the population's trust in their fairness and reliability. Arab countries have established various national dialogue processes, designed to facilitate broader understanding, feedback and consensus, but also to facilitate the creation of fiscal space for social protection. Stakeholders at the local level play an increasingly important role in the implementation of social protection programmes, especially to ensure smooth connection to, for example, urban and rural development policies.

CH. 5

The fifth chapter looks at social protection reforms from a political economy perspective. By laying out the stylized potential effects of ongoing reforms of the social insurance and social assistance components, the chapter examines implicit or explicit incentives generated by the design and interaction of these components, and possible responses by beneficiaries and the population at large, especially by the middle classes. It underlines the necessity of carefully managing the interface between social insurance and social assistance. Notably, the importance of interface management increases with the degree to which countries succeed in closing the coverage gap called the 'missing middle'. The present report tentatively suggests that one way of preventing such an effect could be ensuring that there is a gradual change rather than a clear break between contributory and non-contributory mechanisms.

The final chapter underlines the overall constraints in which current reforms are taking place, the importance of technical details that shape the redistributive capacity of social protection systems, and the importance of local government. Moving forward, Governments are called upon to appreciate the technical as well as the broader policy aspects of social protection reforms.

“Everyone, as a member of society, has the right to social security.”

Universal Declaration of Human Rights, 1948

Social protection systems, their design and their scope are shaping social cohesion, social justice, the structure of the labour market, the prevention and alleviation of poverty, and resilience to economic shock in any given society. Effective social protection is essential for achieving the Sustainable Development Goals (SDGs) and thereby fulfilling the promise of the 2030 Agenda for Sustainable Development to leave no one behind. Moreover, social protection is a fundamental human right.

The quality and comprehensiveness of social protection systems influence people’s trust in their Government and in its ability to ensure their protection from the impact of disease, old age, work injury or disability, support them through lifecycle events such as maternity, and assist them in their efforts and aspirations for a good life. Especially in countries emerging from violent conflict, comprehensive social protection can promote mutual trust and social cohesion, which is especially relevant for some Arab countries.

Although the importance of social protection is globally recognized, there is no blueprint for how it ought to be provided. The 2030 Agenda, Recommendation No. 202 of the International Labour Organization concerning national floors of social protection, and the recent inter-agency call for universal social protection⁰² all emphasize the need for countries to shape their social protection systems in accordance with their specific circumstances.

To ensure the right to social protection for every member of society, Arab Governments are substantially reforming their social protection landscape. An integrated ‘systems approach’ to social protection is emerging in several

countries, aimed at ensuring better coherence across the different core components such as social insurance, health-care services and social assistance, and at strengthening their connection to the wider social policy landscape such as labour market policy, education, and economic and fiscal policy.

The 'systems approach' in Arab countries is reflected in the following dimensions: an increasing confluence and mixture of different funding sources; the establishment of universal social registries and management information systems, and comprehensive governance structures and national dialogue processes.

Some of the main challenges facing Arab countries are to provide protection to poor and vulnerable populations, and to people in the 'missing middle'. The latter segment comprises mainly informal workers, who are often employed in small and micro enterprises or in the so-called liberal professions (lawyers, doctors, individual contractors). These people in the 'missing middle' tend to not participate in social insurance funds, and are also not eligible for targeted social assistance such as cash transfers. As Arab countries move forward in covering the poor, they must broaden their view to include the informal sector so as to ensure that social protection reaches everyone in society.

The present report highlights the different approaches by Arab Governments to include all people in social protection systems. These reforms also contribute to the increasing convergence towards an integrated systems approach to social protection.

Confluence of various sources of social protection financing

While the present report is structured according to the traditional separation between contributory social insurance funds (including old-age pension funds, health insurance, disability, maternity and sick leave) and non-contributory programmes (including cash transfers, subsidies, public provision of services), it also outlines the increasing mix of funding sources. This mix appears, for example, in the form of extension of contributory insurance funds (pensions and health care) to vulnerable groups on a subsidized basis, funded from general government revenues.

Emergence of integrated information systems

In Arab countries, integrated social protection information systems have emerged as a key vehicle to overcome fragmentation of different small-scale programmes and to facilitate integrated service delivery. Despite considerable set-up costs, such information systems can also increase cost effectiveness by harmonizing administrative procedures, reducing fragmentation, and simplifying the application process, for example. They are also important tools for ensuring better analysis and monitoring of the effectiveness of government interventions.

Challenges include ensuring sufficient flexibility of complex systems to adjust to the highly fluctuating nature of vulnerability, poverty and potential shocks originating from the economy, environmental conditions, disasters or conflict. In parallel, data protection policies should ensure the privacy of personal information stored in those systems.

Comprehensive governance structures and national dialogues

Social protection systems reflect national choices on income redistribution, social cohesion, and the tolerance of inequality in a given society. Arab countries approach the need for national consensus in different ways. Tunisia has embarked on a broader national dialogue process involving social partners. Mauritania has conducted stakeholder consultations involving civil society groups and potential beneficiaries. Challenges include identifying representative participants for such dialogues beyond the tripartite system of government, employers and trade unions, so as to include representatives of self-employed and informal workers. In addition, countries have established interministerial committees (Morocco) or social justice councils (Egypt) to ensure integrated management across line ministries, local authorities and other actors.

Political economy of reforms

Social choices and the design of social protection systems are also shaped by the political economy of reforms, which is discussed in the last chapter of the present report. Social protection reform requires strong leadership, and a strong bureaucracy that can implement and manage the reform process and the increasing complexity of social protection systems. Such leadership includes reaching agreement on the financing mix for social protection and on the mobilization of adequate revenues, including taxes.

Challenges also entail the management of the interface between contributory social insurance and subsidized or non-contributory programmes. The integrated 'systems approach' to social protection must ensure that incentives established by the different components work in harmony. For example, incentives for the improvement and extension of subsidized and non-contributory programmes, such as subsidized social and health insurance for certain income groups, should not encourage people to exit from the formal sector. The compatibility of incentives in social protection systems critically impacts the level and type of redistribution and social cohesion in society.

One pervasive concern for most Arab countries lies in the coverage gap for workers in the informal economy, which is largely understudied in the region and very diverse. Given that informal work, for the purpose of the present report, is defined as ‘workers who do not participate in social insurance as contributors or beneficiaries’, this group of people can range from poor day labourers to micro family enterprises or even some well-established members of the liberal professions, such as doctors, lawyers or engineers. Current policies to extend social (pension and health) insurance coverage to vulnerable people on a subsidized or non-contributory basis entail increasing labour market formalization. At the same time, this approach tends to relax the previously rigid connection between formal employment and social insurance coverage. Simultaneously, the emergence of integrated social registries also implies a sort of formalization—not of the economy, but of workers in the economy by providing them with an official social identity.

Additional dimensions

To keep the present report concise, some difficult choices had to be made. One of the areas not covered by the report is social protection for internally displaced persons, migrants and refugees, which is highly pertinent in several Arab countries. The ambition is to discuss those challenges in a future report.

Moreover, the present report does not discuss in detail the contribution of civil society organizations and the private sector to social protection systems, as this topic is the subject of an earlier ESCWA report.⁰³ It also does not elaborate on other social services, such as education or active labour market programmes, which need to connect to social protection systems to ensure broader impact.⁰⁴

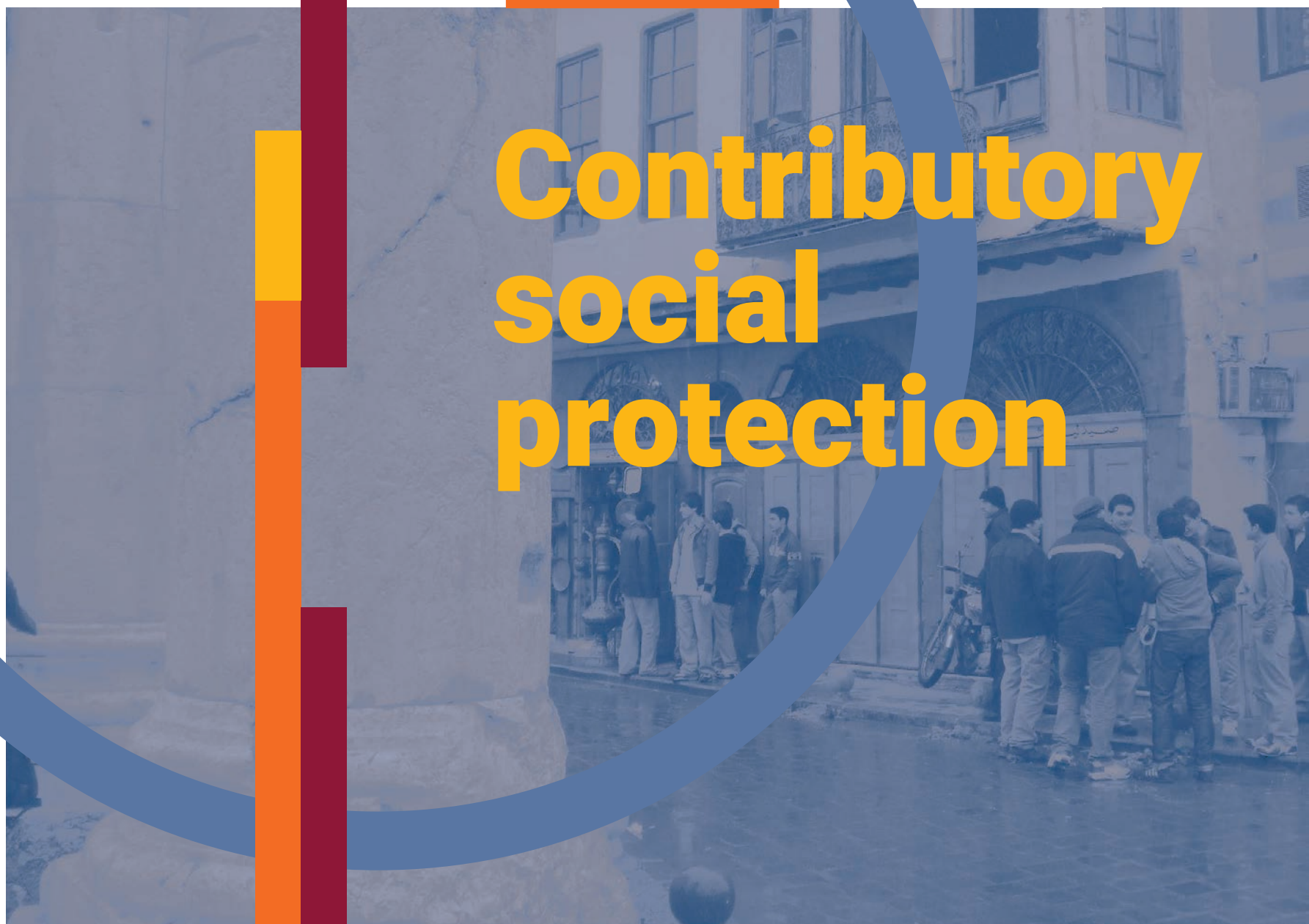
Gender dimensions of social protection programmes are included in the present report to the extent enabled by information from individual programmes, such as a gender-neutral financing of maternity leave in Jordan, the extension of health insurance coverage to female-headed households in Egypt, or a case management system in the State of Palestine that raises awareness of violence against women. Some specific gender-related challenges require further investigation, such as low social insurance coverage (related to lower female participation in the formal labour market), gender-based differences in the benefit formula of social insurance, and gender-specific needs.

Methodology

Given that social protection systems are evolving rapidly in Arab countries, the present report provides an overview of the current landscape. It attempts to capture the most recent developments through comprehensive background research of various materials, including information presented by Governments, research institutions and the media in the form of reports, articles and statistics. On this basis, and informed by questionnaires distributed to Arab Governments, a regional workshop on social protection systems was held in February 2019. Representatives of Governments, academia and international organizations, including the World Bank, the International Labour Organization (ILO) and the World Health Organisation (WHO), presented their reform projects in the areas of social insurance, social assistance, health care, information systems and governance. A draft report was circulated to peer reviewers and presented to an expert group meeting comprising representatives of Governments, ILO, WHO, the World Food Programme (WFP) and academia. In addition, peer reviewers from the American University of Cairo, the American University of Beirut, ILO, the United Nations Development Programme, WFP and Development Pathways, among others, provided further comments and suggestions.

1


Contributory social protection



05 For a clarification of how social insurance and other terms have been defined for the purpose of the present report, see the glossary.

06 For instance, health-care systems in Gulf countries are largely based on universal provision (Loewe, 2013, p. 149).

07 Furthermore, some benefits provided through social insurance schemes, notably family benefits, may be 'flat'—they are provided on the same level to everyone covered by the scheme regardless of their earnings.



Social insurance schemes⁰⁵ exist in all Arab countries. Coverage, however, is often limited since a high proportion of work takes place in the informal economy. Most social insurance schemes in the region include old-age pensions, disability benefits and survivors' benefits.

Some countries also provide family, maternity and unemployment benefits. Health insurance plays a large role in most countries, although some Governments also provide health care free of charge (or at the price of a user fee) financed by general public revenue.⁰⁶ The degree of integration between social and health insurance schemes also varies. In certain contexts, health insurance is an integral part of the social insurance package; however, in other cases, social and health insurance are operated by different actors without any information-sharing or coordination. Given this variety, the discussion on health-care coverage is presented in this chapter and other parts of the report.

In general, social insurance contributions amount to a fixed percentage of the contributor's earnings, shared between employers and employees. Benefits are generally calculated on the basis of years of contribution and the level of income during all or some of those years. This means that workers on high salaries or wages are, in principle, entitled to higher social insurance benefits, although the correlation between earnings and benefits is often tempered by the existence of 'floors' (which can mean, for instance, that the old-age pension, regardless of previous earnings, is never lower than the minimum wage) and 'ceilings' (which can mean, for example, that contributions are paid only on earnings up to a certain level).⁰⁷ Health insurance is also based on the principle of individual contributions, but it provides a benefit—in the form of access to health care—based on need rather than on the level of prior contributions.

It is important to appreciate the differing logics of social and health insurance, and to understand the possible effect the two may have upon each other. Overall, workers might often be more incentivised to contribute to health insurance than to social insurance, since the potential advantages of the former are more apparent. Old age (one of the main risks covered by most social insurance schemes) may seem distant, whereas illness requiring medical care could occur any day. At the same time, workers who are covered by health insurance but not by social insurance do not in principle have any incentive to declare their entire incomes since the level of contributions will not affect their benefits. Ideally, by combining social and health insurance, Governments may be able to bring about a system that maximises both uptake and income declaration. At the same time, the risk of 'bundling' social and health insurance is that workers, especially if their incomes are very low, decline to formalize their status so as to avoid social insurance contributions, even though they would otherwise have been willing to sign up for health insurance.⁰⁸

⁰⁸ See, for instance, the discussion in Gatti and others, 2014, pp. 291-292.

1.1

Extension of social and health insurance

- 09** In contrast, Morocco in 1981 extended its social insurance scheme to agricultural employees rather than setting up a new separate scheme for this group (law No. 26.79 of 24 December 1980).
- 10** Chaabane, 2003, p. 15; Destremau, 2005, p. 4.
- 11** According to Chaabane (2003, p. 27), social insurance coverage among private sector workers legally covered by social insurance (in other words, excluding those for whom no scheme was available at the time) increased from 48.3 per cent in 1989 to 78.7 per cent in 1999, and among non-agricultural private sector employees from 73.2 per cent to 97.2 per cent. The same source estimates that legal coverage in 1999 stood at 83.47 per cent. It should be noted that the methodologies used for estimating the total employed population are susceptible to change over time, which complicates long-term comparisons of social insurance enrolment rates.

Tunisia has a long history of successfully increasing social insurance coverage, and its past experiences may provide valuable insights for other Arab countries undertaking similar reforms. Rather than seeking to incorporate uncovered workers in existing schemes, the Tunisian strategy has largely consisted of instituting new ones. A specific scheme for agricultural workers was established in 1981, complemented by an ‘enhanced’ scheme for such workers in 1989. Two separate schemes for self-employed workers in agricultural and non-agricultural sectors were created in 1982; though in 1995, they were merged into a unified scheme covering both sectors.⁰⁹ A scheme for Tunisians working abroad was set up in 1989. In 2002, the social insurance landscape was complemented with a scheme for uncovered groups on low revenues, as well as one for artists, creators and intellectuals. As a result, the Caisse Nationale de Sécurité Sociale (CNSS), covering the private sector, now consists of no less than seven different schemes. Public sector workers, meanwhile, are covered by a separate fund, the Caisse Nationale de Retraite et de Prévoyance Sociale (CNRPS). Figure 1 depicts the basic contributory social protection components in Tunisia.

These reforms, in combination with a variety of supplementary measures including workplace controls and joint efforts by the authorities and professional organizations to encourage uptake,¹⁰ caused social insurance coverage in the country to rise steadily in the 1980s and 1990s.¹¹ Critically, the creation of

FIG. 1

Basic contributory social protection mechanisms in Tunisia

Source: Prepared by ESCWA.



Note: Figure 1 provides an overview of the basic social and health insurance mechanisms in Tunisia to complement the discussion in the present chapter. It does not exhaustively portray every component of the contributory social protection system, nor does it fully reveal the complexity of each institution and scheme. Omitted

features include the three 'tracks' between which households covered by CNAM can choose. For an overview of these, see, for instance, Centre de Recherches et d'Etudes Sociales, 2014b.

multiple schemes has made it possible to adapt each one to meet the preferences and contributory capacities of the specific group it targets. Consequently, some of the schemes provide less comprehensive benefit packages but, on the other hand, have lower contribution rates. For instance, when the scheme for agricultural employees was established, the contribution rates (4.4 per cent and 2.05 per cent for employers and employees, respectively) were set much lower

than those of the regime for non-agricultural employees (17.5 per cent and 6.25 per cent), whilst the rates of enhanced schemes for agricultural workers were set at a level in between (10 per cent and 5 per cent).¹² The scheme for agricultural employees, unlike the one for non-agricultural employees, provides neither family nor survivors' benefits, whereas the enhanced scheme for agricultural workers provides family but not survivors' benefits.¹³

In 2004, Tunisia adopted a law establishing a new health insurance regime, the Caisse Nationale d'Assurance Maladie (CNAM).¹⁴ Enrolment is mandatory, and contributions are collected together with contributions to social insurance schemes (in other words, social insurance and health insurance are 'bundled'). An effect of the reform has been that public and private sector workers are now covered on the same basis. This has been particularly favourable to the latter group, whose previous health insurance regime excluded chronic illnesses and did not allow access to privately provided care.¹⁵ As shown in figure 2, the number of private sector workers enrolled with CNSS has since risen very sharply from 1,162,446 in 2002, meaning that 54 per cent of all such workers were covered, to 2,362,839 in 2017, lifting the coverage rate to 81 per cent.¹⁶ Other factors have also contributed to this development,¹⁷ but it is likely that the establishment of CNAM has played a large role in raising workers' incentive to formalize their status.

Notably, Tunisia has also made efforts to ensure coverage of workers employed indirectly by the State. This is a frequently overlooked aspect, since public sector workers are often assumed to be covered by social insurance almost by definition—though whether that is in fact the case depends a great deal upon the definition of 'public sector worker'.¹⁸ Following the 2011 popular uprisings, an agreement between the Government and the Tunisian General Labour Union (Union Générale Tunisienne du Travail, UGTT) called for an end to the outsourcing of cleaning and gardening jobs in the public sector to private contractors, a practice affecting more than 30,000 workers of whom a majority laboured on an informal basis. As a result, such workers are now recruited directly by the State, meaning that they enjoy social insurance coverage.¹⁹ Similar efforts in the country aim to ensure that workers employed by cash-for-work schemes (see chapter 2) be granted decent terms of employment and social insurance coverage.²⁰

¹² See law No. 60-30 of 14 December 1960, article 41; decree No. 74-499 of 27 April 1974, article 9; law No. 81-6 of 12 February 1981, article 18; decree No. 81-224 of 24 February 1981, article 1.

¹³ For an overview, see International Labour Organization, 2011, p. 74.

¹⁴ The establishment of CNAM, on behalf of which CNSS collects contributions, has to an extent equalized the contribution rates for different schemes, although differences remain considerable. Employers and employees in the agricultural sector now pay 7.72 per cent and 4.57 per cent, respectively, whereas the corresponding rates in the non-agricultural sector are 16.57 per cent and 9.18 per cent (law No. 2004-71; decree No. 2007-1406; see also Paie Tunisie, 2018).

¹⁵ Ismail, 2016.

¹⁶ Other sources, using other definitions, data and/or methodology, report different rates of coverage, but tend to overwhelmingly confirm the leading role of Tunisia relative to other countries in the region. For instance, the ILO World Social Protection Report suggests that 61 per cent of labour force participants in Tunisia actively contribute to a pension scheme, compared with 53.6 per cent in Egypt, 51.5 per cent in Jordan, 50.1 per cent in Saudi Arabia, 45.2 per cent in Iraq, 41 per cent in Algeria and 30.2 per cent in Morocco (International Labour Organization, 2017a, pp. 356, 358).

¹⁷ International Labour Organization, 2011, p. 82.

¹⁸ A World Bank paper measuring informality in seven Arab countries found that the level of informality among workers in the domain 'public administration and services' varied between 6 per cent in Jordan and 18.5 per cent in Morocco. Among wage workers employed in public enterprises, the informality rate ranged from 1.1 per cent in Jordan to 24.4 per cent in Morocco (Angel-Urdinola and Tanabe, 2012, p. 40).

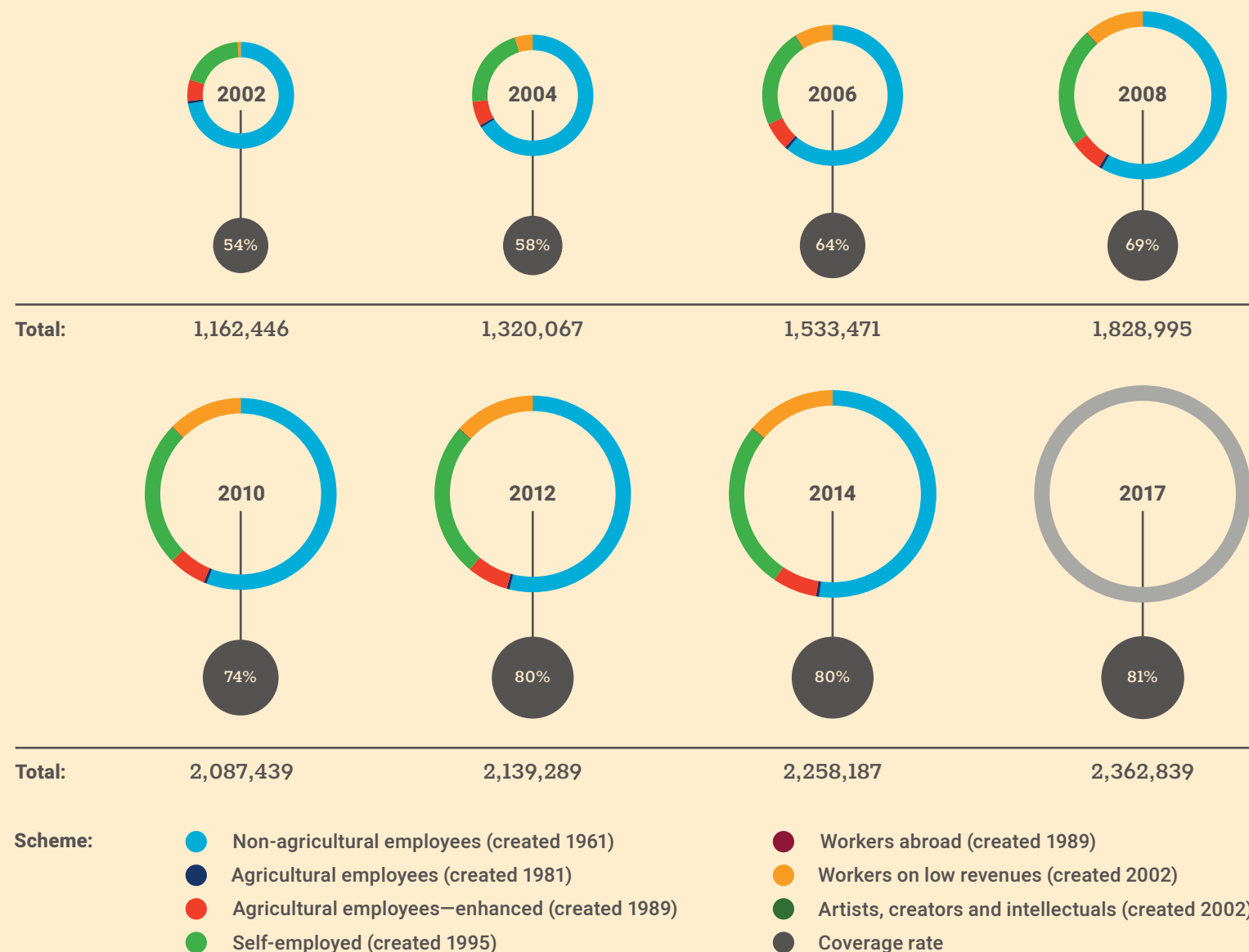
¹⁹ Centre de Recherches et d'Etudes Sociales, 2016, p. 14; Tunisia, Presidency of the Government, 2011.

²⁰ Marzouk, 2018.

FIG. 2

Private sector social insurance enrolment, total numbers disaggregated by scheme and coverage rate

Sources: Caisse Nationale de Sécurité Sociale [Tunisia], undated-c, pp. III, 1, 360; Caisse Nationale de Sécurité Sociale [Tunisia], undated-b, pp. 26-30; Maddouri, 2019.



Note: Disaggregation by scheme is not available for 2017. The sources diverge slightly on certain numbers—in these cases, the latest source has been used.

Similarly to Tunisia, Morocco in 2002 adopted legislation creating a unified mandatory health insurance regime, Assurance Maladie Obligatoire (AMO). The law mandates the Caisse Marocaine de l'Assurance Maladie (CMAM) to administer AMO on behalf of public sector workers, and CNSS to do so on behalf of private sector workers.²¹ CNSS thereby administers social and health insurance for workers in the private sector, as shown in figure 3. For public sector workers, two basic social insurance schemes exist—the Caisse Marocain de Retraites (CMR) for fixed employees and the Régime Collectif d'Allocation de Retraite (RCAR) for irregular employees and employees of public agencies—but only one health insurance regime. Whereas the law establishing AMO lays down the basic types of care covered by the regime, the contribution rates and co-payments differ for workers depending on whether they are covered by CMAM or by CNSS. AMO is thereby different from CNAM in Tunisia, since the latter does not distinguish between public and private sector workers in the same manner.²²

Since 2005, when implementation of AMO started, the proportion of private sector employees affiliated to CNSS has increased steadily from 43 per cent in 2005 to 66 per cent in 2010, and then to 82 per cent in 2016.²³ Whilst the roll-out of AMO probably in large part explains this increase, CNSS has during this period taken a variety of additional measures to enforce, encourage and facilitate enrolment. Between 2009 and 2017, more than half a million informal workers were regularized consequent to workplace inspections.²⁴ In 2012, the number of such inspections peaked at 3,156, and the number of regularisations at 95,976.²⁵ Meanwhile, technological innovations have made it easier to register and pay contributions. For instance, the proportion of enterprises using the electronic portal DAMANCOM to declare salary payments to CNSS increased from 35 per cent in 2011 to 62 per cent in 2017.²⁶ In 2014, CNSS launched a smartphone application named My CNSS, which notably allows employees to monitor whether their employers are paying their social insurance contributions. By 2017, this application had been downloaded over 4.4 million times.²⁷

Other measures to stimulate enrolment include the granting in 2008 of family allocations to agricultural employees, who were previously excluded from this benefit.²⁸ Whereas workers in the agricultural sector as of 2010 made up 6 per cent of contributors to CNSS, this proportion had increased to 10 per cent by 2016,²⁹ which indicates that the availability of family benefits might have incentivized such workers to enrol.

As mentioned above, having in place multiple social insurance schemes risks reducing mobility on the labour market if workers fear that by changing sector of employment, and thereby social insurance scheme, they would risk losing the years of contributions to their present scheme. To overcome this problem, Tunisia and Morocco have devised systems whereby pension eligibility is calculated on the basis of the total vesting period—in other words, on the number of years during which workers have contributed to any scheme. This means

²¹ Morocco, law No. 65-00 of 3 October 2002; Conseil Economique, Social et Environnemental, 2018, p. 78. Originally, AMO for public sector workers was administered by the Caisse Nationale des Organismes de Prévoyance Sociale, but this institution was replaced by CMAM in 2019 (Morocco, decree law No. 2-18-781 of 10 October 2018).

²² Morocco, decree No. 2-05-736 of 18 July 2005; Morocco, decree No. 2-05-737 of 18 July 2005.

²³ Caisse Nationale de Sécurité Sociale [Morocco], undated-a, p. 5, Caisse Nationale de Sécurité Sociale [Morocco], undated-g, p. 19.

²⁴ Caisse Nationale de Sécurité Sociale [Morocco], undated-a, p.27; Caisse Nationale de Sécurité Sociale [Morocco], undated-b, p.28; Caisse Nationale de Sécurité Sociale [Morocco], undated-c, p.32; Caisse Nationale de Sécurité Sociale [Morocco], undated-d, p.30; Caisse Nationale de Sécurité Sociale [Morocco], undated-e, p.28; Caisse Nationale de Sécurité Sociale [Morocco], undated-f, p.28; Caisse Nationale de Sécurité Sociale [Morocco], undated-g, p.32; Caisse Nationale de Sécurité Sociale [Morocco], undated-h, p.16.

²⁵ Caisse Nationale de Sécurité Sociale [Morocco], undated-c, p.32.

²⁶ Caisse Nationale de Sécurité Sociale [Morocco], undated-b, p.25; Caisse Nationale de Sécurité Sociale [Morocco], undated-h, p.26.

²⁷ Caisse Nationale de Sécurité Sociale [Morocco], undated-h, p.11.

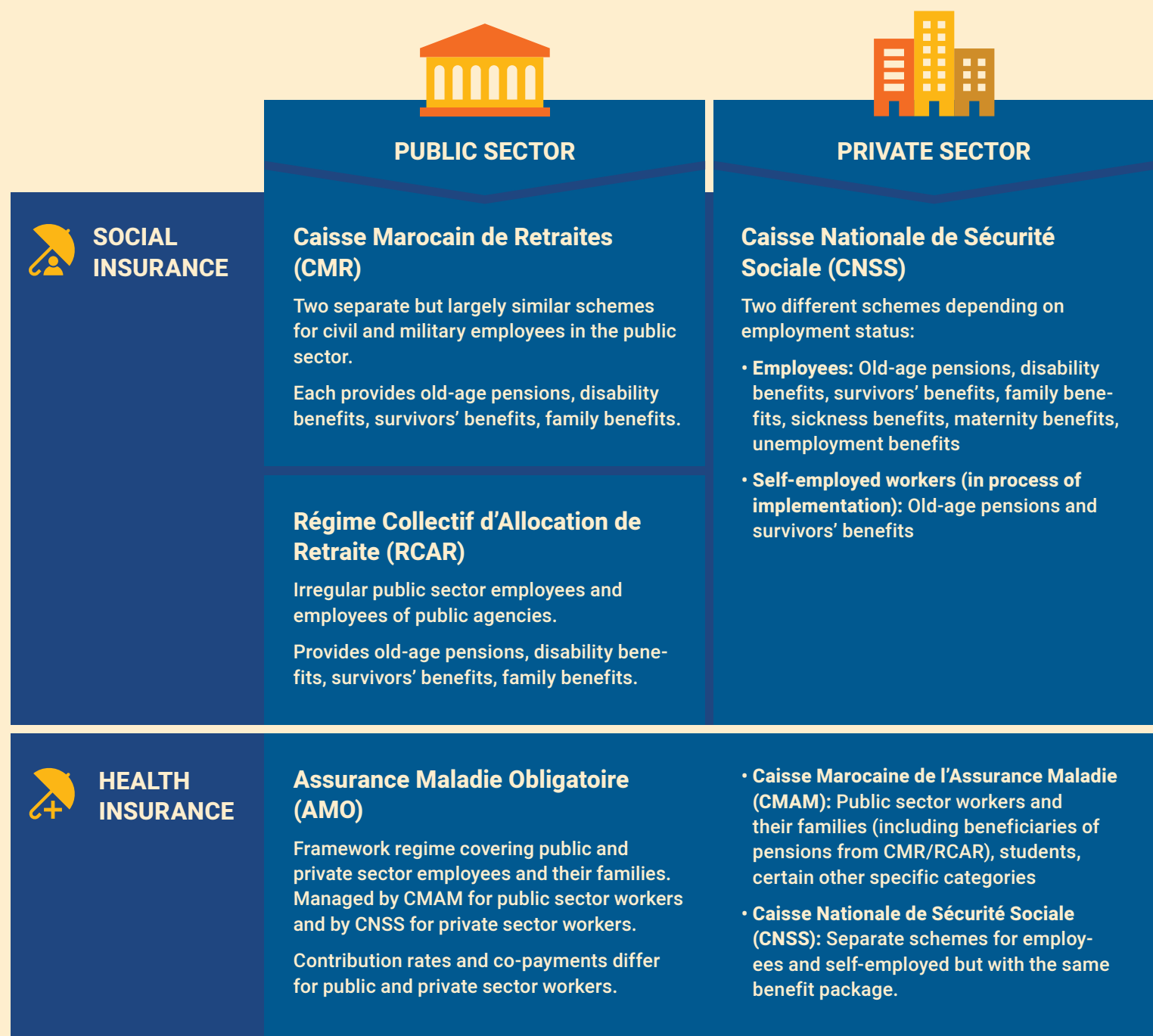
²⁸ Morocco, decree No. 2.08.357 of 9 July 2008; World Bank, 2015a, p. 12.

²⁹ Caisse Nationale de Sécurité Sociale [Morocco], undated-a, p.21.

FIG. 3

Basic contributory social protection mechanisms in Morocco

Source: Prepared by ESCWA.



Note: Figure 3 provides an overview of the basic social and health insurance mechanisms in Morocco to complement the discussion in the present chapter. It does not exhaustively portray every component of the contributory social protection system, nor does it fully reveal the complexity of each institution and scheme. Omitted

features include complementary social insurance regimes that exist for private and public sector workers. For a more thorough account, see, for instance, Conseil Economique, Social et Environnemental, 2018.

that workers who have spent half their career contributing to one scheme and the other half to another will obtain half a pension from each scheme, and thus do not lose out.³⁰

However, whereas this seemingly resolves the problem, experience from Morocco suggests that it does not necessarily do so in practice. Despite the adoption in 1993 of a law intended to ensure coordination between CMR, RCAR and CNSS, persons contributing to more than one scheme during their career have in many cases not received the full benefits to which they should have been entitled. This has been attributed to contributors' lack of awareness of their rights, and to considerable bureaucratic hurdles. Therefore, in 2017, CMR, RCAR and CNSS signed an agreement permitting these bodies to access each other's data registries. This should facilitate the automatization of the coordination process. Thereby the burden of ensuring that information is shared between the social insurance regimes should no longer fall upon contributors.³¹

In Lebanon, coverage of the National Social Security Fund (NSSF) has, since its creation in 1963, gradually been extended to additional groups.³² Similarly to Tunisia and other countries, contribution rates and benefit packages vary considerably for different categories. Presently, a reform is underway to extend NSSF coverage to sailors. Another reform project aims to make the provision of NSSF health insurance gender neutral, such that women's coverage will include their husbands and not merely the other way around.³³

In 2010, Jordan adopted a new social security law that, among other things, complemented the social insurance package with unemployment and maternity benefits. One specific objective of this reform was to increase labour market participation and social insurance enrolment among women. Importantly, maternity benefits are entirely financed by a gender-neutral contribution increase, meaning that there is no economic disincentive for employers to hire women.³⁴ According to data from the Jordanian Social Security Corporation (SSC), overall social insurance enrolment among Jordanians rose considerably after the reform from 777,330 in 2010 to 1,122,843 in 2017. Meanwhile, the number of covered female workers went up from 204,776 to 313,573.³⁵ Thus the proportion of women among the insured workforce increased only marginally (from 26.3 to 27.9 per cent), which makes it difficult to gauge the reform's gender-specific impact. Notably, estimations based on the Jordan Labour Market Panel Surveys (JLMPS) of 2010 and 2016 suggest that social insurance coverage increased rather modestly from 60 per cent to 63 per cent overall, from 57 per cent to 59 per cent among men, and from 75 per cent to 78 per cent among women.³⁶

In the State of Palestine, a social insurance scheme for private sector employees, the first of its kind in the country, was created in 2016 following extensive deliberations and negotiations between stakeholders, including civil society groups. ILO has predicted that the new scheme will cover 336,440 workers by 2030, but implementation has been put on hold following public opposition.³⁷

³⁰ Tunisia, law No. 81-6 of 12 February 1981, article 85; Tunisia, law No. 2003-8 of 21 January; Centre de Recherches et d'Études Sociales, 2014a, pp. 1-2; Morocco, law No. 1-93-29 of 10 September 1993.

³¹ Caisse Nationale de Sécurité Sociale [Morocco], 2017; Medias24, 2017.

³² Unlike other social insurance regimes in the region, NSSF does not provide monthly old-age pensions, but only an end-of-service indemnity.

³³ A step in this direction was taken in 2002, when women's insurance was extended to include their children (Lebanon, law No. 483 of 12 December 2002).

³⁴ International Labour Organization and United Nations Development Programme, 2012, p. 89.

³⁵ Social Security Corporation, undated-a, p. 54; Social Security Corporation, undated-b, p. 47.

³⁶ Alhawarin and Selwaness, 2018, p. 12. During this period, the total number of persons in employment increased, but not enough to explain the apparent discrepancy between the number from SSC and estimations based on JLMPS. According to data from the Jordanian Department of Statistics, the number of Jordanians in employment increased from around 1,234,100 in the fourth quarter of 2010 to around 1,456,200 in the fourth quarter of 2017.

³⁷ International Labour Organization, undated-b.

1.2

Extending insurance to self-employed workers

38 Valverde and others, 2013, pp. 1-2.

39 Decree No. 4885 of 18 February 1982; decree No. 4886 of 18 February 1982.

40 Abou Nassif, 2019.

41 The majority of taxi drivers registered with NSSF (those who possess a taxi licence) pay a fixed contribution corresponding to 19.5 per cent of the minimum wage (National Social Security Fund, undated).

In the context of reducing informality, a major challenge lies in extending social and health insurance to self-employed workers. This category is highly diverse, encompassing unskilled day labourers and street vendors, whose revenues are often very low and unpredictable, as well as the so-called liberal professions. Since self-employed workers, unlike employees, do not have employers who can pay a part of the contributions to social and health insurance regimes, different mechanisms and parameters usually need to be established. Furthermore, self-employed workers are by nature more dispersed and mobile than employees. For this reason, attempts to enforce enrolment among them through measures such as workplace inspections are rarely effective.³⁸

Several Arab countries have already made attempts to include self-employed workers in the formal economy, with mixed success. In 1982, Lebanon took a step in this direction by extending NSSF coverage to newspaper sellers (health and maternity insurance only) and to taxi drivers (health and maternity insurance as well as end-of-service indemnities and family benefits).³⁹ Enrolment among taxi-drivers has been substantive, to the extent that they constitute 9 per cent of NSSF participants. Meanwhile, newspaper sellers constitute only a negligible proportion of NSSF participants.⁴⁰ Notably, contribution payments for this group are set at a relatively low fixed level, which may encourage some to register as taxi drivers largely in order to obtain NSSF coverage.⁴¹

As mentioned above, Tunisia in 1982 set up two social insurance schemes for self-employed workers which were merged into a single scheme in 1995. This unified scheme grants the same benefits as the one for employees in the private sector.⁴² However, self-employed workers, unlike employees, do not pay contributions calculated as a percentage of their actual monthly earnings. Instead, they are assigned to one of 10 fixed income categories based on their profession (in the case of non-agricultural self-employees), the size of the land lot they cultivate (in the case of agricultural self-employees) or their number of employees (in the case of employers). Those who wish can register for a higher income group than the one corresponding to their professional status, though registering for a lower one requires special justification.⁴³ For each income category, a fixed standard salary is calculated by multiplying the value of the legal minimum wage with a coefficient varying between 1 (for income category 1) and 18 (for income category 10).⁴⁴ Workers' contributions amount to 11 per cent of the fixed standard salary of their income group.

The two social insurance schemes for self-employed workers prior to 1995 functioned in a similar way, with the difference that workers could freely choose between a number of income categories.⁴⁵ A result of this arrangement was that incomes were largely underreported, since workers tended to opt for the lowest income category.⁴⁶ It appears from this experience that although contributory social insurance schemes do in theory provide an incentive for workers to declare their full revenues (since higher revenues today entail higher benefits tomorrow), this does not necessarily work in practice. Whilst the regulation of the 1995 scheme might in part have remedied this problem, no less than 84 per cent of self-employed workers contributing to the scheme in 2013 were classified in the lowest income category.

In addition, Tunisia in 2002 set up a residuary social insurance scheme for workers on low incomes, providing old-age pensions as well as disability and survivors' benefits.⁴⁷ Unlike other social insurance schemes in the country, this one caters to employees (including domestic workers) and self-employed workers alike. Contributions are fixed at a low level, amounting to 7.5 per cent of two-thirds of the minimum wage. They are paid in full by self-employed workers, whereas employees pay 2.5 per cent and their employer pay 5 per cent. The scheme has proven especially attractive to independent small farmers, who in 2013 made up more than half of those covered, although they need to pay the entire contribution themselves.⁴⁸ However, reaching out to other categories has proven more challenging. Notably, social insurance coverage among workers in the fishing sector has remained low.⁴⁹ A special regime for this group is therefore being planned.⁵⁰

In Oman, a social insurance scheme for self-employed workers, comprising old-age, disability and survivors' benefits, was established by royal decree in 2013. As illustrated in figure 4, the Omani scheme sets a contribution of 20 per

⁴² Tunisia, decree No. 95-1166 of 3 July 1995, article 16.

⁴³ Tunisia, Decision by the Ministry of Social Affairs of 7 July 1995 relating to the classification of self-employed workers in the agricultural and non-agricultural sectors, article 3.

⁴⁴ Agricultural or non-agricultural minimum wage, depending on sector.

⁴⁵ Tunisia, decree No. 82-1360 of 21 November 1982; Tunisia, decree No. 82-1359 of 21 November 1982; Tunisia, decree No. 89-1611 of 10 October 1989.

⁴⁶ Chaabane, 2003, p. 15.

⁴⁷ Tunisia, law No. 2002-32 of 12 March.

⁴⁸ Caisse Nationale de Sécurité Sociale [Tunisia], undated-a, p. 258.

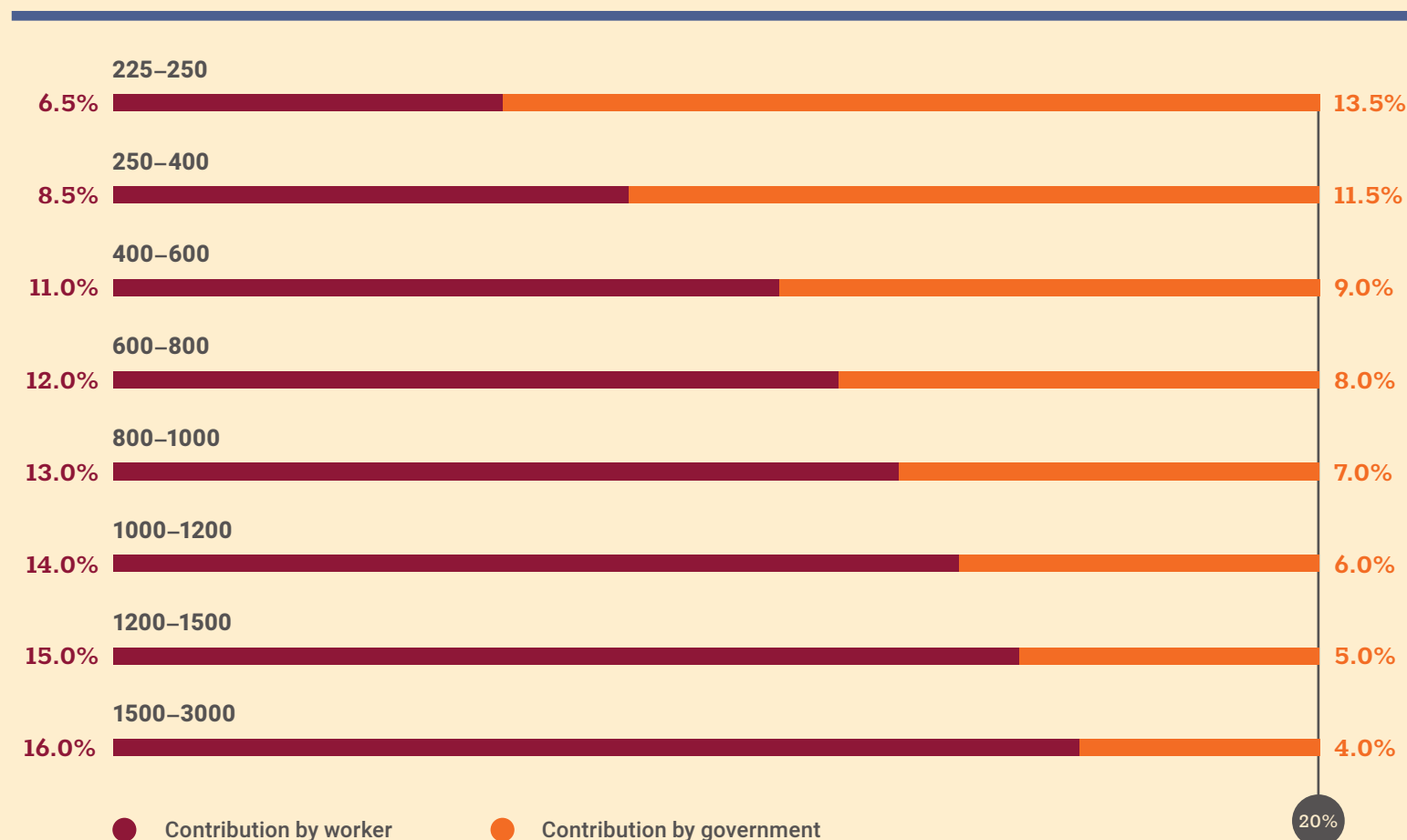
⁴⁹ Chaabane, 2003, pp. 18-19; Marzouk, 2016; Centre de Recherches et d'Etudes Sociales, 2016, pp. 30-31. Furthermore, a specific scheme for artisans, creators and intellectuals was set up in 2002. However, in 2016, only 228 persons were covered by this scheme. Caisse Nationale de Sécurité Sociale [Tunisia], undated-c.

⁵⁰ Chaabane, 2019.

FIG. 4

Contribution (percentage of revenue) per income group (Omani rials per month) in the social insurance scheme for self-employed workers in Oman

Source: Oman, Royal Decree 44/2013 (25 September).



cent for all self-employed workers, but with varying degrees of government subsidization depending on income level. For the lowest of the eight income groups (earning 225-250 Omani rials per month), the Government pays 13.5 per cent and the insured 6.5 per cent, whereas for the highest income group (earning 1500-3000 Omani rials per month) the Government and the insured pay 4 per cent and 16 per cent, respectively.⁵¹

Uptake of the scheme has been substantive: as of 2017, 9,810 self-employed Omani workers (4,138 women and 5,672 men) had enrolled.⁵² The last census in the country was undertaken in 2010, but assuming that the number of self-employed workers has grown proportionately with the total working age

⁵¹ Oman, royal decree No. 44/2013.

⁵² Public Authority for Social Insurance, 2018, p. 101.

population, the social insurance coverage rate among this group would have reached 28.5 per cent in 2017. Notably, 52.5 per cent of self-employed women but only 21.4 per cent of men would be covered, according to this projection.⁵³

It seems probable that government subsidization of contributions in the Omani scheme has played a large role in stimulating uptake. Enrolment among self-employed workers has also been incentivized by making it mandatory for obtaining loans and benefits provided by other institutions.⁵⁴ Similarly to Tunisia, however, the overwhelming majority of self-employed workers in Oman contributing to the scheme do so on the basis of very low incomes. In 2016, 76 per cent (87.5 per cent of women and 67.5 per cent of men) declared for the lowest of the eight income categories (225-250 Omani rials).⁵⁵ It is not clear whether this means that the scheme is particularly attractive to self-employed workers on low revenues, or that those who enrol tend to under-declare their earnings.

In Morocco, a health insurance scheme for self-employed workers, the first of its kind in the country, was legally established in June 2017. This scheme is part of AMO and grants self-employed workers the same level of health coverage as employees.⁵⁶ A social insurance scheme for the self-employed, providing old-age pensions and survivors' benefits, was created in December 2017.⁵⁷ In practice, these two schemes constitute a single integrated social and health insurance regime for the self-employed. Enrolment is mandatory, though self-employed workers with very low revenues can choose to opt out of the social insurance component,⁵⁸ a recognition of the fact that bundling social and health insurance may deter uptake among the poorest. Estimates show that workers legally covered by the regime together with their dependents make up around 11 million persons, corresponding to 30 per cent of the Moroccan population.⁵⁹

A fixed monthly income is determined for each group of independent workers (for instance, doctors, farmers or drivers). Health insurance contributions correspond to 6.37 per cent of this fixed income, and social insurance contributions to a minimum of 10 per cent (although, as in the Tunisian scheme, workers have the option to contribute more).⁶⁰ The total contribution therefore amounts to 16.37 per cent of the fixed income. Social insurance contributions are calculated as points. The pension value is calculated based on the number of points a worker has accumulated upon retiring.⁶¹ An advantage of this type of system is that it allows for a high degree of flexibility between sectors, and does not punish workers (often women) whose careers are particularly uneven.⁶²

The legal framework establishing the Moroccan social and health insurance regime for independent workers lays down a number of means and mechanisms to promote and enforce uptake. Industrial and professional chambers, associations and the like will be required to inform CNSS about persons eligible for the pension and health care schemes, and penalized if they neglect to do

⁵³ Calculation based on Oman, National Centre for Statistics and Information, 2018, p. 82, and employment data from the 2010 census (ESCWA, undated).

⁵⁴ Al Tamimi, 2018.

⁵⁵ Among employees, for comparison, only 30.6 per cent declared belonging to the lowest income category -325-400 Omani rials (Public Authority for Social Insurance, 2018, pp. 95, 101).

⁵⁶ Morocco, law No. 98-15 of 23 June 2017, article 2 Decree No. 2-05-737 of 18 July 2005, article 2, sets the CNSS reimbursement rate to 70 per cent of the national tariff.

⁵⁷ Morocco, law No. 99-15 of 5 December 2017.

⁵⁸ Defined as those earning less than 1.5 times the minimum wage (Morocco, decree No. 2.18.625 of 13 September 2018, article 1).

⁵⁹ Gattioui, 2018.

⁶⁰ Retirees contribute 4.52 per cent of their income to continue benefiting from health coverage (Morocco, decree No. 2.18.623 of 13 September 2018, articles 2 and 3; decree No. 2.18.625 of 13 September 2018, article 2).

⁶¹ Morocco, law No. 99-15, chapter 5.

⁶² The introduction of a similar system on a broad scale, covering self-employed and employed workers, is being discussed in France (Mazur, 2019).

so.⁶³ These organizations will also be obliged to request proof of enrolment in the social and health regime before granting a person authorization to exercise a trade.⁶⁴ Individuals who do not enrol or who do not pay their contributions in time will be subject to sanctions.⁶⁵

The pension and health insurance schemes will be implemented gradually and in concert with each other.⁶⁶ Consultations are being held with the representatives of different professional groups to agree on the details, notably at which level to set the fixed income. The first such consultation, which began in November 2018, is being held with representatives of self-employed medical doctors.⁶⁷ Although this is a relatively well-organized profession, identifying representatives of less organized groups of self-employed workers will be more challenging. Consequently, it is foreseen that implementing the scheme for such workers will take longer.⁶⁸

In 2008, Jordan extended social insurance coverage to self-employed workers by allowing them to join the standard scheme for employees, rather than establishing a separate scheme. The scheme has also been open for employers since 2015. Those belonging to either of these two categories pay the full value of the contribution (21.75 per cent), which is otherwise shared by the employee (14.25 per cent) and the employer (7.5 per cent). This relatively high contribution rate may explain why SSC initially struggled to extend coverage to self-employed workers.⁶⁹ Estimates based on JLMPS indicate that coverage in 2016 reached 5 per cent among the self-employed and 16 per cent among employers. The main features of the Jordanian contributory social protection landscape are laid out in figure 5.

⁶³ Morocco, law No. 98-15 of 23 June 2017, articles 10 and 33.

⁶⁴ Morocco, law No. 98-15 of 23 June 2017, article 30.

⁶⁵ Morocco, law No. 98-15 of 23 June 2017, articles 27 and 31; law No. 99-15 of 5 December 2017, articles 17 and 52.

⁶⁶ Law No. 99-15 of 5 December 2017, article 54.

⁶⁷ Gharabaoui, 2018; Masmoudi, 2018.



⁶⁸ Amrani, 2018.

⁶⁹ Jordan Times, 2016.

FIG. 5

Basic contributory social protection mechanisms in Jordan

Source: Prepared by ESCWA.

 SOCIAL INSURANCE	Special schemes for civil servants and militaries (being phased out).	Social Security Corporation (SSC) Single scheme covering the public and private sectors, employees and the self-employed. Provides old-age pensions, employment injury benefits, survivors' benefits, disability benefits, maternity benefits and unemployment benefits.
 HEALTH INSURANCE	Royal Medical Services (RMS) Members of military and their families.	Civil Insurance Programme (CIP) Public and private sector employees and their families, various groups (e.g. persons over 60) benefiting on a non-contributory basis.

Note: Figure 5 provides an accessible overview of basic social and health insurance mechanisms in Jordan to complement the discussion in the present chapter. It

does not exhaustively portray every component of the contributory social protection system, nor does it fully reveal the complexity of each institution and scheme.

1.3

Extension of health insurance to selected groups

As mentioned in the introduction to the present report, social protection systems are increasingly characterized by pluralistic financing arrangements, which often blur the distinction between contributory and non-contributory mechanisms. This phenomenon is particularly salient in the field of health care. Whereas the logic of social insurance schemes requires that those who are covered pay income-based contributions, since these determine the level of pensions and other benefits, health insurance schemes can more easily allow coverage on the basis of a fixed contribution or even without any contributions, since the benefits of health insurance schemes are mainly based on need rather than on (previous) income. Extending coverage on such a basis allows Governments to rapidly expand the number of individuals or households covered by health insurance schemes. However, it also means that Governments must find new sources of funding.

The present section considers regional experiences in providing selected groups with free or heavily subsidized coverage of regular health insurance schemes—that is to say, health insurance schemes that are otherwise contributory. Chapter 2 discusses non-contributory health-care provision schemes, which have much in common with poverty-targeted social assistance programmes.

Since the adoption in 2004 of its present civil health insurance law,⁷⁰ the Jordanian Government has progressively expanded coverage of its Civil Insurance Programme (CIP) to older persons, starting with those aged over 80 and then moving on to those aged over 70. In December 2017, it was decided that everyone over 60 should also be covered, a measure projected to benefit around 135,000 persons.⁷¹ Free coverage is also provided to other categories of the population, including to beneficiaries of the National Aid Fund (NAF), to children under six, and to persons with disabilities. In 2018, individuals enjoying free coverage by virtue of belonging to one of those categories constituted 55 per cent of the 3,048,282 persons covered by CIP.⁷² Between 2005 and 2010, out-of-pocket spending as proportion of total health spending sank from 40 per cent to 22 per cent, although it had risen to 25 per cent in 2015.⁷³

Similarly, in the Sudan, subsidized coverage of the National Health Insurance programme has been extended to persons with disabilities, the poor and older persons.⁷⁴ Since 2015, Morocco has allowed students free AMO coverage (administered by CMAM).⁷⁵ However, enrolment has so far been limited, an outcome largely attributed to a lack of knowledge about the measure among students. An awareness-raising campaign is therefore underway.⁷⁶ The Government is also seeking to simplify the registration procedure.⁷⁷

In Egypt, the Government in 1992 extended health insurance to all school children on the basis of a symbolic fixed contribution. As shown in figure 6, the proportion of Egyptians covered by health insurance increased from 10 per cent in 1990 to 37 per cent in 1995. In the following years, health insurance was extended to children under the age of five and to female-headed households on a similar basis. Coverage continued to steadily increase, reaching 45 per cent in 2000, 51 per cent in 2004, and 58 per cent in 2015. However, whereas these numbers seem encouraging, it is striking that out-of-pocket spending as a percentage of total health expenditure has risen from 56 per cent in 1990 to 62 per cent in 2015, indicating that health insurance does not necessarily translate into access to adequate health care. A survey undertaken in Egypt shows that although 80 per cent of households have at least one member covered by public health insurance, only 25 per cent of households benefit from the public insurance owing to low quality of services and excessive red tape.⁷⁸

Recognizing the limits of previous attempts to ensure health-care coverage, the Egyptian Government has developed an ambitious long-term plan to reform the national health system, adopted by parliament in 2017.⁷⁹ This law establishes a new universal health insurance system, to be rolled out in phases over a 15-year period. The role of the Health Insurance Organization, which operates the Egyptian health insurance regime, is now to purchase care on behalf of the insured (from public and private providers) rather than to provide the services itself. To ensure the quality of health care provided through the scheme, the Supervision and Accreditation Authority has been established.⁸⁰ Contributions

⁷⁰ Jordan, law No. 83 of 1 July 2004.

⁷¹ Jordan Times, 2017; Ammon, 2017.

⁷² Mohammed Rasoul Tarawneh, High Health Council, email to authors on 14 February 2019.

⁷³ World Health Organization, 2019, p. 44.

⁷⁴ United Nations Committee on the Rights of Persons with Disabilities, 2015, pp. 19-20; World Bank and others, undated, p. 2.

⁷⁵ Morocco, law No. 116-12 of 14 August 2015.

⁷⁶ Badrane, 2018a; Aujourd'hui le Maroc, 2018.

⁷⁷ Le Matin, 2018.

⁷⁸ Rashad and Sharaf, 2015, p. 2.

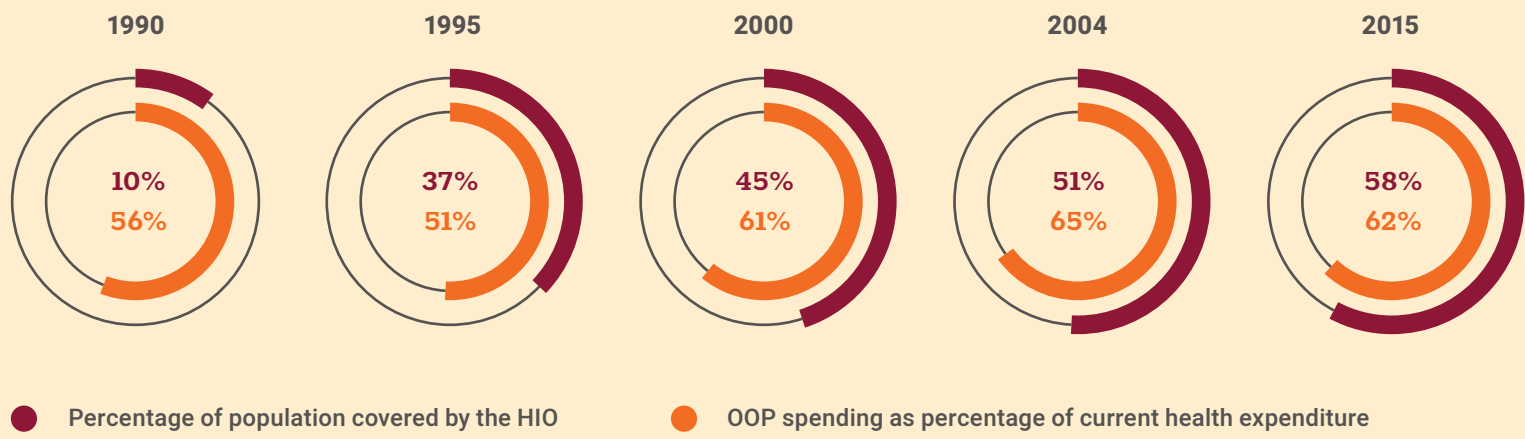
⁷⁹ Egypt, law No. 2 of 11 January 2018.

⁸⁰ Farid, 2019.

FIG. 6

Evolution of coverage by the Health Insurance Organization (HIO) and OOP spending in Egypt

Sources: World Health Organization, 2006, pp. 29, 33; World Health Organisation, undated; Abbas and others, 2016, p. A291.



Note: Value for 2000 OOP spending from World Health Organization, 2006. World Health Organization, undated, reports 62 per cent.

to the new scheme will be based on income, though the poorest will be exempt from paying.⁸¹ Instead, the State will subsidize the scheme by versing a contribution to the value of 5 per cent of the minimum wage for each member of a poor household.⁸² To ensure enrolment, including among informal workers, proof of contribution payments will be required to obtain a new passport or driving license, or to enrol children in school.⁸³

During the second intifada, the Palestinian Government extended free coverage of the Government Health Insurance (GHI) scheme to all unemployed persons and their households. Consequently, the number of households covered by health insurance increased from 204,350 in 2000 to 343,318 in 2001.⁸⁴ In 2007, it was decreed that all households in the Gaza Strip should be exempt from paying contributions, meaning that coverage in the area has since stood at 100 per cent.⁸⁵ The health insurance contributions of households benefitting from social assistance and those of imprisoned persons are paid, respectively, by the Ministry of Social Development and the Commission of Detainees and Ex-Detainees Affairs.⁸⁶ The number of social assistance beneficiaries in the West Bank benefitting from health insurance on this basis increased from

⁸¹ Egypt, law No. 2 of 11 January 2018, article 40.

⁸² Egypt, law No. 2 of 11 January 2018, table 4.

⁸³ Gad, 2017.

⁸⁴ World Bank, 2007, p. 151.

⁸⁵ Palestine, Ministry of Health, 2018, p. 75.

⁸⁶ World Bank, 2015b, pp. 70-71.

10,942 in 2008 (12.4 per cent of all insured households)⁸⁷ to 31,727 in 2016 (14.8 per cent of insured households),⁸⁸ and then to 41,198 in 2017 (14.7 per cent of insured households).⁸⁹ The number of prisoner's households covered by subsidised health insurance increased from zero in 2009 to 17,882 in 2017 (6.4 per cent of all insured households).⁹⁰

In terms of coverage, these reforms appear to have worked well, since the proportion of Palestinian households covered by GHI increased from 48.6 per cent (197,809 households) in 1997⁹¹ to 66.2 per cent (615,456 households) in 2017.⁹² Out-of-pocket spending decreased from 40 per cent of total health expenditure in 2000 to 34 per cent in 2005.⁹³ However, it has since risen again, and reached 45.5 per cent in 2016.⁹⁴

⁸⁷ Palestine, Ministry of Health, 2008.

⁸⁸ Palestine, Ministry of Health, 2017, pp. 78-79.

⁸⁹ Palestine, Ministry of Health, 2018, p. 76.

⁹⁰ Palestine, Ministry of Health, 2010, p. 137; Palestine, Ministry of Health, 2018, p. 76.

⁹¹ Calculation based on World Bank, 2007, p. 151, and the total number of households according to the 1997 census (Palestine, Palestinian Central Bureau of Statistics, 2018, p. 67).

⁹² The number of covered households in the West Bank plus the total number of private households in Gaza. Based on Palestine, Ministry of Health, 2018, p. 76; and Palestine, Palestinian Central Bureau of Statistics, 2018, p. 67.

⁹³ World Health Organization, 2019, p. 66.

⁹⁴ Palestine, Palestinian Central Bureau of Statistics and Ministry of Health, 2018, p. 39.

1.4

Financial stability and adequacy

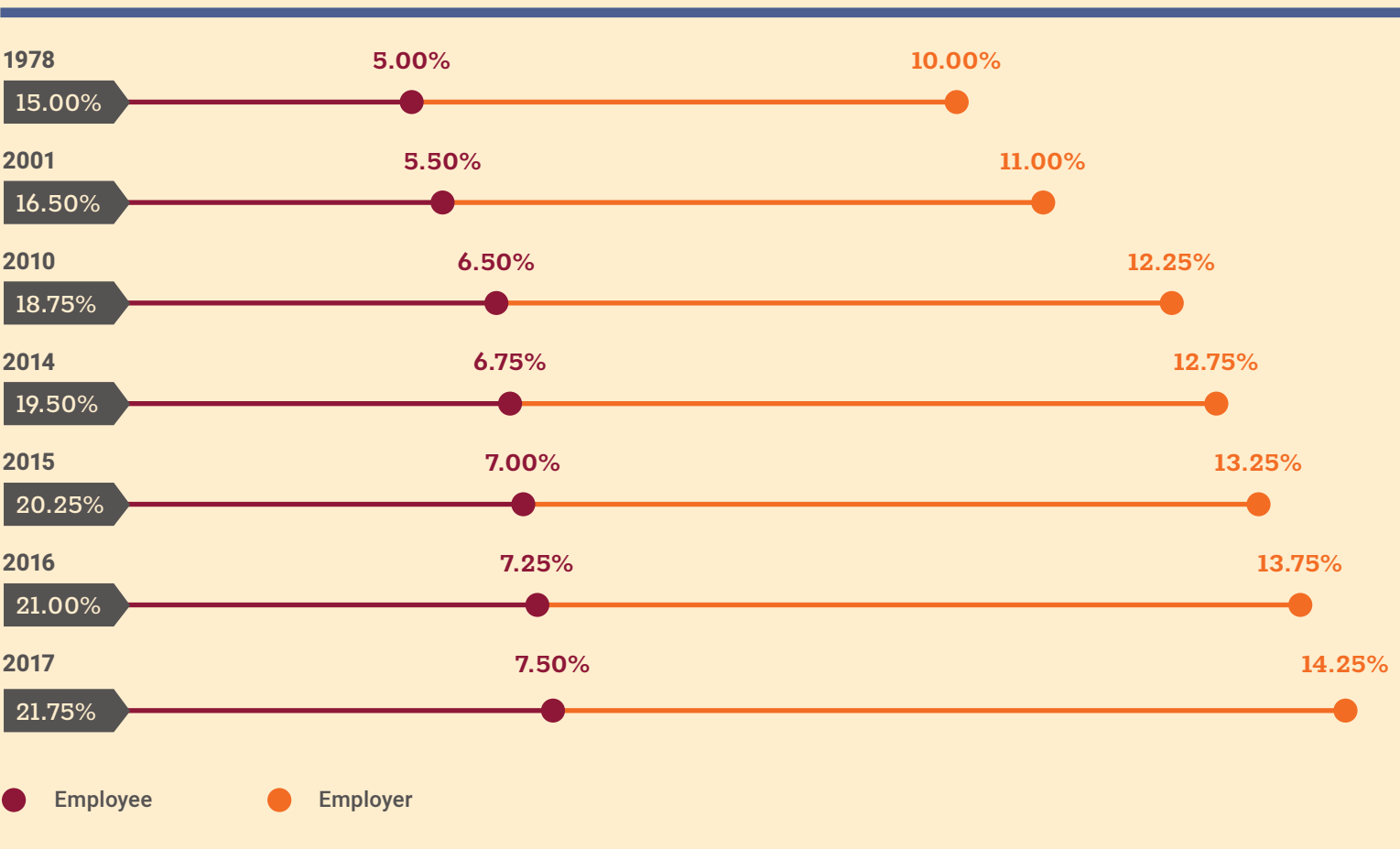
To ensure the sustainability of social insurance schemes, some countries have undertaken, or are planning to undertake, parametric reforms. This means modifying the parameters of the schemes, including contribution rates, the retirement age, or the way benefits are calculated. Parametric reforms often go hand in hand with efforts to unify pension schemes and thereby overcome the problems associated with fragmentation. Harmonizing the parameters of private and public sector schemes can also reduce the attraction of public sector employment, which in many Arab countries is deemed to have undesirable effects on labour markets (notably the tendency among young people to remain in the informal economy and ‘que’ for public sector employment rather than take up work in the formal private economy).

Such measures are difficult to undertake, both for administrative and political reasons. Workers enrolled in social insurance schemes tend to view parametric reforms as a breach of the social contract, which is why such changes are often ‘phased in’. This means that the new parameters apply to new entrants, but not to workers who are already enrolled (or who have been enrolled for a specific number of years). Such gradual implementation of reforms, however, has a considerable disadvantage: the intended effect—financial consolidation—materializes more slowly.

FIG. 7

Social insurance contribution rates, Jordan

Sources: Jordan, Provisional Law 30 (1 July 1978), Articles 24 and 40; Jordan, Law 19 (1 May 2001), Articles 24 and 40; Jordan, Temporary Law no 7 (1 April 2010), Articles 24, 42, 48, and 59; Jordan, Law 1 (29 January 2014), Articles 24, 42, 48, and 59.



In 1995, Jordan closed its costly civil service social insurance scheme for entry, directing new registrants to a social insurance scheme for private sector employees (figure 5). In 2003, the same was done with the social insurance scheme for the military.⁹⁵ Figure 7 also shows that Jordan has gradually raised contribution rates to make the social insurance scheme more financially viable, though the increases have also served to finance the unemployment and maternity insurance provisions introduced in 2010.

Since 2006, the State of Palestine has been phasing out three of the four social insurance schemes for public sector workers, leaving only one. Although the parameters are largely similar, the remaining unified scheme sets a lower incremental replacement rate⁹⁶ (2 per cent) than the other ones (2.5 per cent).⁹⁷ In Iraq, legislation enabling social insurance schemes for public and private sector

⁹⁵ International Monetary Fund, 2004, pp. 112-113.

⁹⁶ The incremental replacement is multiplied by the years of employment to derive the value of the pension. Consequently, the higher the incremental replacement rate, the higher the pension.

⁹⁷ World Bank, 2016, pp. 66-69.

workers to be merged, which will entail less generous parameters for public sector workers, has been adopted by the council of ministers and is awaiting parliamentary approval.⁹⁸

When the Omani social insurance scheme for private sector employees was set up in 1992, employers' and employees' respective monthly contributions amounted to 9 per cent and 5 per cent of the latter's salary. As in Jordan, these rates have gradually increased: following the latest parametric reform in 2014, they now amount to 11.5 per cent and 7 per cent, respectively. Furthermore, the benefit calculation formula was modified in 2005 so that pensions are now based on the average wage over the last five years, rather than the last two years.⁹⁹

In Morocco, a project to undertake parametric reforms for the public sector scheme was adopted by the chamber of representatives on 28 June 2016, raising the retirement age from 60 to 63 years and increasing contributions. Similarly to Oman, the basis on which pensions are calculated will change from the last salary of the career to the average salary over the last eight years. Furthermore, the minimum vesting period will be raised from 15 to 21 years for women, and from 18 to 24 years for men.¹⁰⁰ In April 2019, the Tunisian parliament, following lengthy negotiations between the social partners, adopted a law that raises the retirement age for public sector employees from 60 to 62.¹⁰¹ A similar reform applying to the scheme for private sector employees is underway.¹⁰² In Egypt, the cabinet has approved a draft unified pensions law which, if adopted by parliament, will entail amongst other things that the retirement age be gradually raised from 60 to 65 between 2032 and 2040.¹⁰³

The effects of reforms on the finances of social insurance regimes are often complex and not easily predictable. Undertaking parametric reforms to reduce the generosity of schemes can have an opposite effect to the one intended if it makes schemes less attractive to workers, causing enrolment (and thereby the base of contributors) to decline. Inversely, certain measures to increase uptake can reduce the financial sustainability of schemes. For instance, the social insurance regimes created in Tunisia in 1981 and 1982 included special transitory provisions allowing older workers joining the schemes more generous provisions. This may have enhanced enrolment among this group, who would otherwise have struggled to accumulate the requisite number of vesting years before reaching retirement age, but at the same time provisions of this sort are likely to come at a financial cost.

Providing free health insurance or on a subsidized basis to a considerable portion of the population, as described in the previous section, naturally affects the balance between revenues and expenditures. In the State of Palestine, as free coverage has gradually been extended to an increasing number of households, the proportion of GHI revenues within the Ministry of Health's overall budget has decreased from 39.7 per cent in 1997¹⁰⁴ to 15.5 per cent in 2017.¹⁰⁵

⁹⁸ World Bank, 2018a, p. 10.

⁹⁹ Oman, law No. 72/91 of 2 July 1991, articles 20, 31; Oman, royal decree No. 61-2013 of 31 October.

¹⁰⁰ Morocco, Ministry of Economy and Finance, undated-a, p. 121.

¹⁰¹ HuffPost Maghreb, 2019.

¹⁰² Bentamansourt, 2019.

¹⁰³ Ali, 2019a; Ali, 2019b.

¹⁰⁴ World Bank, 2007, p. 151.

¹⁰⁵ Palestine, Ministry of Health, 2018, pp. 273-274. The Ministry of Health manages GHI, collecting contributions and co-payments (World Health Organization, 2019, p. 64-65).

In Jordan, the share of CIP funding emanating from households sank from 74.7 per cent in 2007 to 43.1 per cent in 2013, while the share of funds coming from the Ministry of Finance rose from 10.1 per cent to 49.2 per cent.¹⁰⁶

Therefore, to be effective, health insurance provision on a non-contributory basis requires that Governments find fiscal space to pay for the added cost. The risk otherwise is that they can no longer provide adequate care to the insured, forcing those who have the means to opt for private sector alternatives. Notably, the fast decline of OOP spending in Jordan between 2005 and 2010, as the health-care scheme was rolled out, saw general government health expenditure rise from 4.6 per cent to 5.4 per cent of GDP, from 12 per cent to 18 per cent of general government expenditure, and from 52 per cent to 67 per cent of current health expenditure.¹⁰⁷ It has since regressed, partly substituted by increased foreign aid consequent to the refugee crisis. On the contrary, in Egypt, government health expenditure has steadily diminished, which may in large part explain why OOP spending increased despite the extension of health insurance coverage to school children and other groups.¹⁰⁸ However, the new constitution, adopted in 2014, commits the State to allocating at least 3 per cent of GDP to health-care spending.¹⁰⁹

Bundling social and health insurance can be beneficial from a financial perspective, if the level of enrolment and contributions increases. However, recent regional experience shows that it can also force the health sector to effectively take over the deficits accumulated by social insurance regimes. In Tunisia, the 2004 introduction of mandatory health insurance made CNSS and CNRPS responsible for collecting contributions from private and public sector workers, respectively, on behalf of CNAM. However, CNSS and CNRPS have not transferred all collected health insurance contributions to CNAM as intended. They have therefore effectively passed on their own deficits to the health insurance regime: CNAM, in turn, has been unable to pay its debts to health-care providers and to the Pharmacie Centrale de Tunisie, which has the monopoly on drug imports. This has negatively affected the supply of drugs and the quality of care.¹¹⁰ To remedy the situation, a 2017 law relieved CNRPS of the mandate to collect health insurance contributions from public sector employees, instead allowing CNAM to do so itself.¹¹¹

¹⁰⁶ Jordan, High Health Council, 2009, p. 63; Jordan, High Health Council, 2016, p. 19.

¹⁰⁷ World Health Organization, 2019, p. 44.

¹⁰⁸ Between 2000 and 2015, government general health expenditure declined from 6 per cent to 4 per cent as a proportion of general government expenditure, from 1.8 per cent to 1.3 per cent as a proportion of GDP, and from 35 per cent to 30 per cent as proportion of current health expenditure (World Health Organization, 2019, p. 32).

¹⁰⁹ Egypt, Constitution of the Arab Republic of Egypt of 18 January 2014, article 18.

¹¹⁰ Business News, 2018; Blaise, 2018.

¹¹¹ Tunisia, law No. 2017-47 of 15 June.

SUMMARY

The present chapter covered contributory mechanisms, namely social and health insurance. Governments are challenged by the need to simultaneously achieve two potentially contradictory objectives. On the one hand, they need to improve the sustainability of social and health insurance funds so as to limit subsidization from general government budgets. On the other, they need to broaden coverage of these funds, especially to informal workers and low-income groups to better protect them from the impact of lifecycle risks. The chapter laid out the various approaches Arab Governments undertake while pursuing these objectives, including establishing new specific schemes for particular groups, bundling pension and health insurance, subsidizing contributions on a targeted basis, and conducting parametric reforms such as increasing the retirement age. As some of these reforms tend to be politically sensitive, Governments frequently choose to implement them gradually over longer periods of time. Parametric reforms are often combined with undertakings to harmonize or to merge separate schemes.



2




**Non-
contributory
social
protection**



112 International Monetary Fund, 2015a, p. 30; International Monetary Fund, 2019, p. 23. It should be noted that this occurred not only as a result of subsidy reductions, but also owing to falling energy prices on the global market.

113 International Monetary Fund, 2015b, p. 36; International Monetary Fund, 2018, p. 30.

114 ESCWA, 2017a.



In the Arab region, social assistance has for a long time overwhelmingly consisted of general subsidies, particularly on energy products. However, over the last few years, countries have taken decisive steps towards changing this.

In Egypt, for example, expenditure on energy subsidies corresponded to 6.8 per cent of GDP in 2012/2013, but it declined to a projected 2.1 per cent by 2018/2019.¹¹² In Mauritania, spending on energy subsidies sank from an estimated 2.3 per cent of GDP in 2012 to a projected 0.4 per cent in 2019.¹¹³ Although subsidies, especially on energy, are expensive and often mostly benefit the rich, abolishing them can have a detrimental impact on poor and middle-class households. Therefore, Governments usually seek to reduce subsidies gradually, and often preserve subsidies on certain products that are particularly important to the poor, such as liquefied petroleum gas.¹¹⁴

Whereas universal subsidies are being cut, other forms of social assistance, notably cash transfers, have become more prominent in the region. These programmes are typically poverty targeted and sometimes conditional. The increased prominence of cash-transfer programmes is illustrated in figure 8, which shows how a number of Arab countries have either established new large-scale cash-transfer programmes or enlarged the scope of existing ones.

In 2008, Morocco began piloting Tayssir, a conditional cash-transfer programme focused on enhancing school enrolment among children. As shown in figure 8, the number of families benefitting from the programme increased from 47,052 in 2008 to 526,689 in 2015/2016, and is projected to reach 1,300,000 by 2018/2019. Furthermore, in 2014, Morocco established DAAM, a cash-transfer programme for widows with children, which in 2018 had

FIG. 8

Number of cash transfer beneficiaries (households)

Sources: Egypt: Egypt, Ministry of Social Solidarity, 2019. Iraq: US Agency for International Development, 2009; Iraq, Ministry of Social Affairs, undated. Jordan: Jordan, National Aid Fund, undated; Jordan, National Aid Fund, 2018. Mauritania: Agence Nationale Tadamoun, undated-a; Alliance Sahel, undated. Morocco, Tayssir: Ministry of National Education, undated, p. 16; Morocco, Ministry of Economy and Finance, undated-e, p. 17. Morocco, DAAM: Morocco, Ministry of Economy and Finance, undated-f, p. 89; Morocco, Ministry of Economy and Finance, undated-g, p. 49; Morocco, Ministry of Economy and Finance, undated-g, p. 47. Palestine: Palestine Economic Policy Research Institute, 2017, p. 67; Sawalha, 2019. Saudi Arabia: The New Arab, 2017; Ashraq Al-Awsat, 2019. Tunisia: Centre de Recherches et d'Etudes Sociales, 2017, p. 19; Dkhil, 2019.

Egypt: Takaful & Karama (Est. 2015) 2016 ■ 510,000 2017 ■ 2,280,000 2019 ■ 1,990,000	Iraq: Iraq Social Safety Net (Est. 2005) 2009 ■ 673,000 2014 ■ 884,371 2018 ■ 1,108,412	Jordan: National Aid Fund (Est. 1986) 2009 ■ 91,064 2018 ■ 111,113 2021* ■ 177,000
Mauritania: Tekavoul (Est. 2016) 2019 ■ 30,512 2021* ■ 100,000	Morocco: Tayssir (Est. 2008) 2008/9 ■ 47,052 2015/6 ■ 526,689 2018/9* ■ 1,300,000	Morocco: DAAM (Est. 2014) 2016 ■ 56,600 2017 ■ 72,662 2018 ■ 87,984
State of Palestine: PNCTP (Est. 2010) 2010 ■ 67,842 2012 ■ 99,283 2018 ■ 110,000	Saudi Arabia: Citizen Account (Est. 2017) 2017 ■ 3,000,000 2019 ■ 3,700,000	Tunisia: PNAFN/AMGI (Est. 1986) 1987 ■ 78,000 2010 ■ 118,309 2018 ■ 285,000

* projected

Note: The projected number of Tayssir beneficiaries 2018/2019 is calculated based on the projected number of benefitting students (2.1 million), and assumes that the

average number of children registered in Tayssir per beneficiary family remains the same as in 2015/2016.

benefitted at least 87,984 households. In Mauritania, the programme Tekavoul, which commenced in 2016, in 2019 counted 30,512 beneficiary households, and aims to cover the 100,000 poorest ones by 2021.

In Iraq, a cash-transfer programme called the Iraq Social Safety Net was set up in 2005. The number of families covered rose from 673,000 in 2009 to 934,000 in 2016, and then to 1,100,000 in 2017. The Palestinian National Cash Transfer Programme (PNCTP) was created in 2010 through a merger of two previously existing cash-transfer programmes. A total of 110,000 families were covered by PNCTP in 2018, up from 99,283 in 2012 and from 67,842 in 2010.

Egypt has a longstanding social pensions scheme providing cash benefits on a categorical basis.¹¹⁵ Rather than seeking to reform this programme, deemed inadequate and suffering from various dysfunctionalities, Egypt has opted to create a new programme called Takaful and Karama, inaugurated in 2015. The Takaful component of this programme targets households with children, and the Karama component benefits poor older persons and persons with disabilities. As of February 2019, Takaful and Karama covered around 1,990,000 households. Of these, almost 90 per cent benefitted from Takaful and the remaining part from Karama.

NAF in Jordan and the Programme National d'Aide aux Familles Nécessiteuses (PNAFN) in Tunisia were created more than 30 years ago to compensate the poor for the effects of structural economic reforms undertaken at the time. Although this distinguishes NAF and PNAFN from other cash-transfer programmes in the region, which have been established more recently, Jordan and Tunisia strongly conform to the general trend of redirecting social assistance expenditure towards targeted cash transfers. In both countries, the number of beneficiaries has increased steadily over the decades, though this development has been particularly nuanced in the last few years. In 1987, NAF counted around 8,000 beneficiary-households only. Over the next 15 years, this number grew to reach some 66,000 in 2002.¹¹⁶ As shown in figure 8, it subsequently rose to 91,064 in 2009, and then to 111,113 in 2018. Presently, NAF is undergoing an expansion, and it is predicted that 177,000 households will be covered by 2021. PNAFN reached 78,000 beneficiary-households in 1987, and 118,309 in 2010. Over the next eight years, the number more than doubled, hitting 285,000 by 2018.

Whereas cash-transfer programmes are usually associated with developing countries, where a large proportion of the population work in the informal economy, they can also be rolled out in countries with relatively high GDP per capita. This is shown by the experience of Saudi Arabia, where a programme called Citizen Account was implemented in late 2017 to accompany the economic reforms necessitated by the declining price of oil. This scheme is very wide in scope, covering more than half of the Saudi population (excluding non-nationals). As of February 2019, when the fifteenth cash transfer instalment was paid out, the Citizen Account had no less than 3.7 million beneficiary households.¹¹⁷

As mentioned in the previous chapter, whereas some countries have allowed selected categories of the population to be covered for free or on a subsidized basis by health insurance schemes already in place (differently put, to be covered by contributory health insurance schemes without paying contributions), other countries have opted to establish specific non-contributory health-care schemes for the poor and vulnerable. These schemes share many characteristics with cash-transfer programmes, notably the reliance on targeting to identify beneficiaries.

¹¹⁵ Sholkamy, 2015.

¹¹⁶ International Monetary Fund, 2004, p. 111.

¹¹⁷ Asharq Al-Awsat, 2019.

Tunisia has a non-contributory health provision regime consisting of the Assistance Médicale Gratuite I (AMGI) that targets poor households and provides free access to care at public hospitals, and the Assistance Médicale Gratuite II (AMGII) that targets vulnerable households and provides health coverage at a heavily subsidised basis. AMGI coverage is granted to all families receiving cash transfers from PNAFN. Meanwhile, no less than 622,000 households in 2018 benefitted from AMGII.¹¹⁸ In Morocco, the 2002 law creating AMO also mandated that a special non-contributory health provision regime, the Régime d'Assistance Médicale aux Économiquement Démunis (RAMED), be established for the poor and vulnerable. RAMED has been operational in parts of the country since 2008, and in the whole country since 2012.¹¹⁹ It covered 11,866,735 beneficiaries in January 2018.¹²⁰ Similarly to AMGI/AMGII in Tunisia, RAMED provides free health coverage to households deemed poor, whereas households considered vulnerable must pay a small contribution. The latter group, however, make up only around a tenth of RAMED beneficiaries. In Lebanon, households benefiting from the National Poverty Targeting Program (NPTP), launched in 2011, can access public and private health care at a heavily reduced cost, with the Ministry of Health paying 90 per cent of hospital tariffs.¹²¹

Several Arab countries are also implementing so called cash-for-work (or 'workfare') programmes. The idea is for the poor to be offered the opportunity to work, usually in labour-intensive activities, in exchange for cash benefits. Supposedly, these activities endow participants with skills and work experience, and improve the infrastructure of impoverished, often rural, beneficiary communities. In addition, programmes of this type normally do not require elaborate targeting mechanisms, the idea being that only the poor, owing to the arduous nature of the labour activities and the relatively low remuneration, will be interested in participating—a concept known as 'self-targeting'.

However, it may be argued that cash-for-work programmes should not be considered social assistance, but rather a form of public employment. This would entail that those partaking are in fact workers rather than social assistance beneficiaries, and that the remuneration are wages rather than benefits. Seen from this perspective, it may be problematic that the level of benefits (or wages) is often deliberately set as low as possible to deter the non-poor from applying. Another potential drawback of cash-for-work programmes is that the nature of the work tends to exclude women and persons with disabilities.¹²²

Tunisia has for many years operated several cash-for-work programmes.¹²³ One of these, le Programme de Chantiers Régionaux de Développement (PCRD), operated by the Ministry of Development, Investment and International Cooperation, provided some 1.2 million days of work to 72,000 persons between 2011 and 2015.¹²⁴ In 2017, 56,296 workers were engaged in the programme.¹²⁵ As mentioned above, efforts are being made in Tunisia to provide social insurance coverage to those employed through cash-for-work schemes,

¹¹⁸ Dkhil, 2019.

¹¹⁹ Morocco, law No. 65-00 of 3 October 2002, section III.

¹²⁰ Zerrou, 2018.

¹²¹ National Poverty Targeting Programme in addition to subsidized health care, pays school inscription fees. The poorest NPTP beneficiaries also have access to food subsidies financed by WFP.

¹²² Hanlon and others, 2010, pp. 116-117.

¹²³ OECD, 2015, p. 134.

¹²⁴ United Nations Human Rights Council, 2017, p. 18.

¹²⁵ Tunisia, Ministry of Development, Investment and International Cooperation, 2017.

which illustrates that the distinction between such schemes and public employment is not clear-cut. As at 2018, social insurance coverage had reportedly been extended to 9,000 PCRD workers,¹²⁶ while other cash-for-work projects have been transformed into ‘real’ public sector employment.¹²⁷

Iraq, as part of its overarching social assistance reform project, is planning to implement a cash-for-work programme projected to benefit 150,000 households by 2021. An interesting feature of this programme is its explicit ambition to ensure the inclusion of women. To enable the realization of this objective, work opportunities will be devised in a manner that facilitates women’s participation: for instance, by identifying simple projects located closer to homes, and providing childcare facilities at project sites. Suggested labour activities suitable for women include handicrafts such as sewing and embroidery, producing homemade food to be sold in local markets or that could be provided as meals to members of the programme, or managing child day-care centres.¹²⁸

From a gender perspective, programme features of this sort may pose a dilemma. On the one hand, it could be argued that they serve to legitimize and reinforce a gender-based division of labour and that they, by effectively segregating female participants, enable women’s inclusion only in a partial sense. On the other, without ‘gender-sensitive’ measures of this sort, it is probable that women’s participation in the programme would be extremely limited.

Lastly, it is worth looking at how the present reforms affect food subsidies. Although not nearly as financially burdensome as energy subsidies, these have for many years constituted an important component of the regional social protection landscape. Furthermore, food subsidies are generally less regressive than energy subsidies, which means that reducing them is likely to particularly affect households on modest incomes. Attempts to do so have historically proven politically explosive, often triggering so-called ‘bread riots’.

In recent years, Egypt has taken a different approach to food subsidies than to energy subsidies. Its objective has been to alter the nature of food subsidization to reduce over consumption and second-hand trading of subsidized products on the black market, rather than to eliminate it altogether. Specifically, bread subsidies have been integrated with subsidies on other food items, distributed by means of a ‘smartcard’, so that beneficiaries can to a greater extent choose the quantity they wish to buy of each product.¹²⁹ Public spending on food subsidies, unlike on energy subsidies, has not decreased dramatically: from 1.9 per cent of GDP in 2012/2013 to a projected 1.6 per cent in 2018/2019.¹³⁰ Meanwhile, the number of beneficiaries has increased to the extent that the vast majority of Egypt’s population now benefits from the food subsidy system. Reacting to this development, the Government announced in 2019 that measures would be taken to exclude the wealthiest beneficiaries.¹³¹

¹²⁶ Webdo, 2018.

¹²⁷ OECD, 2015, p. 134.

¹²⁸ World Bank, 2018c, pp. 61-62.

¹²⁹ Abdalla and Al-Shawarby, 2017.

¹³⁰ International Monetary Fund, 2015a, p. 30; International Monetary Fund, 2019, p. 23.

¹³¹ Awadalla, 2019.

2.1

Targeting

Non-contributory social protection can be targeted to a specific demographic group of people, such as older persons or persons with disabilities (categorical targeting), to people living in specific areas (geographical targeting), and/or to people living under the poverty line (direct or indirect poverty targeting). Direct poverty targeting is based directly on people's earnings or assets. However, in a context of high informality, it is more realistic to use some form of indirect poverty targeting. This means taking into account one or several factors that are assumed to correlate with poverty.

Proxy means testing (PMT) is a form of indirect poverty targeting that uses a 'formula' of proxy poverty indicators. Based on these indicators, the 'poverty score' of a household is calculated, determining whether it should be eligible for non-contributory social protection and, in some cases, the level of the benefit. Additional forms of targeting include community targeting, whereby the members of a community are invited to partake in the beneficiary selection process, and self-targeting, meaning that the programme is devised to discourage those outside the target group from applying. The implementation of targeted programmes is often accompanied by information campaigns and outreach activities to ensure that potential beneficiaries are aware of the benefits for which they may be eligible, as well as of how and where to apply. Measures like these are sometimes considered part of the wider targeting effort.

The distinction between different types of targeting is fluid in practice. Notably, if poverty is strongly concentrated in certain areas or demographic groups, categorical and geographic targeting can function as forms of indirect poverty targeting. Programmes often use more than one type of targeting at the same time; for instance, by targeting women in rural areas (categorical and geographical targeting) or poor households with children of school age (poverty and categorical targeting).

Although universal provision in the Arab region is undoubtedly being replaced with more targeted measures, it should be recognized that the difference between universalism and targeting is not always clear. Notably, geographical and categorical targeting methods are universal in the sense that they do not differentiate between rich and poor citizens within the targeted geographic areas or demographic groups. Social assistance programmes targeting broad categories, such as households with children or older persons, without considering other factors, such as income, are often classified as universal rather than as targeted. Universal subsidies, as mentioned above, can be indirectly targeted when applied to products consumed primarily by the poor. Poverty targeting can be more or less universal depending on whether it seeks to exclude everyone except the poorest (narrow targeting) or rather to include everyone except the richest (broad targeting).

While targeting is primarily associated with cash-transfer programmes, it is also used for other purposes, notably to determine eligibility for non-contributory health-care provision schemes. This is most obvious in the case of specific schemes such as RAMED in Morocco, but some form of targeting must also be undertaken when certain groups are granted free coverage of contributory health insurance schemes. When such coverage is automatically extended to beneficiaries of social assistance programmes, as is the case in Jordan, Lebanon and the State of Palestine, the targeting mechanisms used by those programmes do de facto play a dual role, as they serve to determine eligibility for social assistance and for free health insurance coverage.

Targeted non-contributory social protection is not a novelty in the Arab region. Some countries, as described above, have had cash transfer programmes in place for years, indeed for decades. However, the targeting of these programmes has been subjected to much critique for being ineffective, generating plenty of ‘inclusion errors’ as well as ‘exclusion errors’. Therefore, in addition to scaling up cash-transfer programmes or creating new ones, Governments are changing the way they target beneficiaries. Specifically, there is a clear shift from categorical targeting to PMT.

Iraq is perhaps the most striking example of this trend. Until recently, the cash-transfer programme Iraq Social Safety Net used pure categorical targeting, distributing benefits to, for instance, the unemployed, persons with disabilities, widows, orphans and married students, regardless of their poverty status.

The 2012 Iraq Household Socio-Economic Survey (IHSES) indicated that only about 20 per cent of beneficiary households were actually poor.¹³² Rectifying this situation has therefore been a major objective of the Iraqi Government, as reflected in the social protection law adopted in 2014 which emphasizes that only households living below the poverty line should receive social assistance.¹³³

To realize this objective, a PMT formula was developed on the basis of IHSES to replace categorical targeting. It includes indicators relating to the head of household, including age, sex, educational attainment, marital status, employment status, and economic activity and sector; the characteristics of other household members, including the number of children, adults and older persons, as well as enrolment in education and dependency ratio; the household residence, including tenancy, number of rooms, sanitation, and connection to the public water network; material possessions; and geographic location, notably whether the household is in an urban or rural area.¹³⁴ By means of more than 1,500 social workers, the Ministry of Social Affairs then undertook a revaluation of current beneficiaries. Many of these were consequently excluded from the programme, but the overall number of beneficiaries, as shown in figure 9, has nevertheless risen due to the inclusion of new households identified using the PMT formula.¹³⁵ The proportion of female-headed households has declined from more than half to less than two-fifths of total beneficiary households, since many widowed or divorced women who had been deemed eligible under the categorical targeting system were now found ineligible.¹³⁶

In the State of Palestine, cash transfers used to be targeted in large part on a categorical basis; for example, to persons with disabilities and older persons.¹³⁷ This reportedly entailed a lot of 'leakage': a 2001 World Bank publication, citing data from 1998, reported that only 41 per cent of social assistance recipients in the country were actually poor.¹³⁸ Other reports published during the following decade raised similar concerns.¹³⁹ However, since the establishment in 2010 of PNCTP, which uses PMT, the State of Palestine has regularly been put forth as a model example of effective targeting. An evaluation of the programme undertaken in 2012-2013 suggested that more than 80 per cent of beneficiaries came from the poorest quintile.¹⁴⁰

Households wishing to benefit from PNCTP apply at the district offices of the Ministry of Social Development. They are subsequently visited by a social worker who verifies their living conditions and, based on these observations, 'scores' the household for each of the 31 variables included in the PMT formula. Notably, this formula was modified in 2011 following concerns about vulnerable households being excluded after the change from categorical targeting to PMT. This has made the formula more sensitive to whether the household includes any person with a disability.¹⁴¹ The programme also contains an element of community-based targeting, with so-called regional social protection committees partaking in the evaluation of applicants.¹⁴²

¹³² Al Doori, 2019.

¹³³ Iraq, law No. 11 of 24 March 2014, article 6.

¹³⁴ Al Doori, 2019.

¹³⁵ Al Doori, 2019.

¹³⁶ Qusay Al Doori, Ministry of Planning/Central Statistical Organization, email to authors on 27 June 2019.

¹³⁷ Jones and Shaheen, 2012, pp. 19-20.

¹³⁸ World Bank, 2001, p. vi.

¹³⁹ For instance, a World Bank report using data from 2009 (preceding the implementation of PNCTP) stated that around 70 per cent of benefits paid by the Ministry of Social Development go to the non-poor (World Bank, 2011, p. 117).

¹⁴⁰ Perezniето and others, 2014, p. 14.

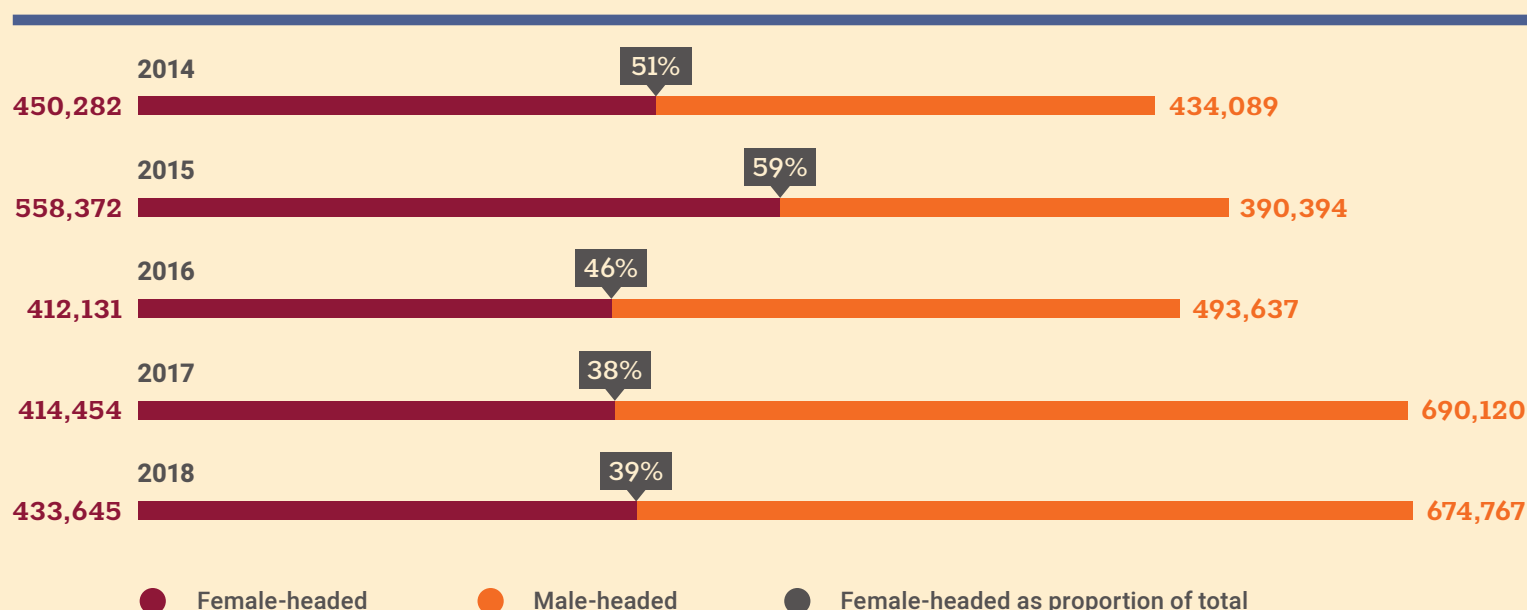
¹⁴¹ Jones and Shaheen, 2012, p. 33.

¹⁴² Jones and others, 2016, p. 1220; Saad and Saidi, 2016, p. 10.

FIG. 9

Number of female-headed and male-headed beneficiary households of the Iraq Social Safety Net

Source: Iraq, Ministry of Social Affairs, undated, p. 7.



However, though PNCTP is seen as well-targeted, a qualitative evaluation undertaken in 2012 showed that Palestinian citizens often perceive the criteria as obscure. They also complained that assets were given more weight than income, and questioned the impartiality of the regional social protection committees.¹⁴³ Moreover, the study showed that staff at the Ministry of Social Development had also not fully understood the nature of, or the justification for, the new targeting methodology, and therefore struggled to explain it to others.¹⁴⁴ A major re-evaluation of PNCTP beneficiaries' living conditions was carried out in 2015, leading to the benefits being lowered for 15,000 households and raised for 28,000 others.¹⁴⁵ The Palestinian Government intends to revise the PMT formula in accordance with a more multidimensional conception of poverty.¹⁴⁶ This project coincides with the establishment of a social registry, discussed in the following chapter.

Takaful and Karama in Egypt uses both poverty targeting and categorical targeting, the beneficiary groups being poor households with children in the case of Takaful, and poor older persons and persons with disabilities in the case of Karama. Originally, the programme also used geographical targeting, as it was rolled out first in the poorest governorates, but it now covers the

¹⁴³ Jones and others, 2016, pp. 1212-1218, 1220.

¹⁴⁴ Jones and others, 2016, pp. 1217-1218.

¹⁴⁵ Saad and Saidi, 2016, p. 9.

¹⁴⁶ World Bank, 2017, p. 22.

entire country. The poverty targeting process consists of two stages. Firstly, it is verified that the applicant household does not meet any of the ‘exclusion criteria’—specifically, that it does not receive remittances from abroad; owns a car or more than one feddan of land; or includes somebody who works in the public sector, receives a public sector pension or has a private sector job with social insurance. If the household does not meet any of these exclusion criteria, it proceeds to the PMT stage.¹⁴⁷

A recent evaluation of the programme indicated that 45 per cent of those benefitting from Takaful belonged to the poorest quintile.¹⁴⁸ This is considerably lower than the 80 per cent reportedly attained by PNCTP, though it must be stressed that comparing the results of targeting evaluations is problematic since they may have been undertaken on the basis of different methodologies and data. The Takaful evaluation also indicated that 22 per cent of beneficiaries belonged to the second poorest quintile, 16 per cent to the middle one, whereas 12 and 5 per cent came, respectively, from the second richest and the richest quintiles. Furthermore, the evaluation projected what the income distribution among beneficiaries would have looked like if all households had applied—in other words, if there had been no element of self-targeting. This is interesting since it isolates the effectiveness of the poverty targeting. In this hypothetical scenario, as shown in figure 10, only 35 per cent of beneficiaries would have come from the poorest quintile, and as many as 11 per cent from the richest one.

The strong impact of self-targeting is illustrated from another perspective in figure 11. It shows that although the percentage of households benefitting from Takaful is vastly higher in the poorest quintile (20 per cent) than in the richest (2 per cent), the difference is considerably smaller in terms of the percentage of applying households that were accepted as beneficiaries (the so-called acceptance rate—41 per cent and 13 per cent, respectively, for the poorest and richest quintiles). This is because although half of all households in the poorest quintile applied to the programme, only 17 per cent of households in the richest quintile did so. Figure 11 also shows that as many as 82 per cent of households overall, and 85 per cent in the poorest quintile, reported having heard of Takaful, which suggests that the outreach and communication effort of the programme has been quite effective.

Similarly to Palestine, households in Egypt indicated that they found the PMT formula obscure. Moreover, there were strong objections to the targeting criteria, notably to the fact that households with a formal sector job (and thus social insurance) were deemed ineligible. Some also raised concerns about the targeting process being corrupt.¹⁴⁹ Furthermore, perceptions of Takaful’s unfairness occasionally caused tensions between beneficiaries and non-beneficiaries.¹⁵⁰

¹⁴⁷ Breisinger and others, 2018, p. 84. Since the exclusion factors consist partly of poverty proxies (land or car ownership), they constitute a form of PMT.

¹⁴⁸ The evaluation, undertaken by the International Food Policy Research Institute (IFPRI), focused more on Takaful than Karama.

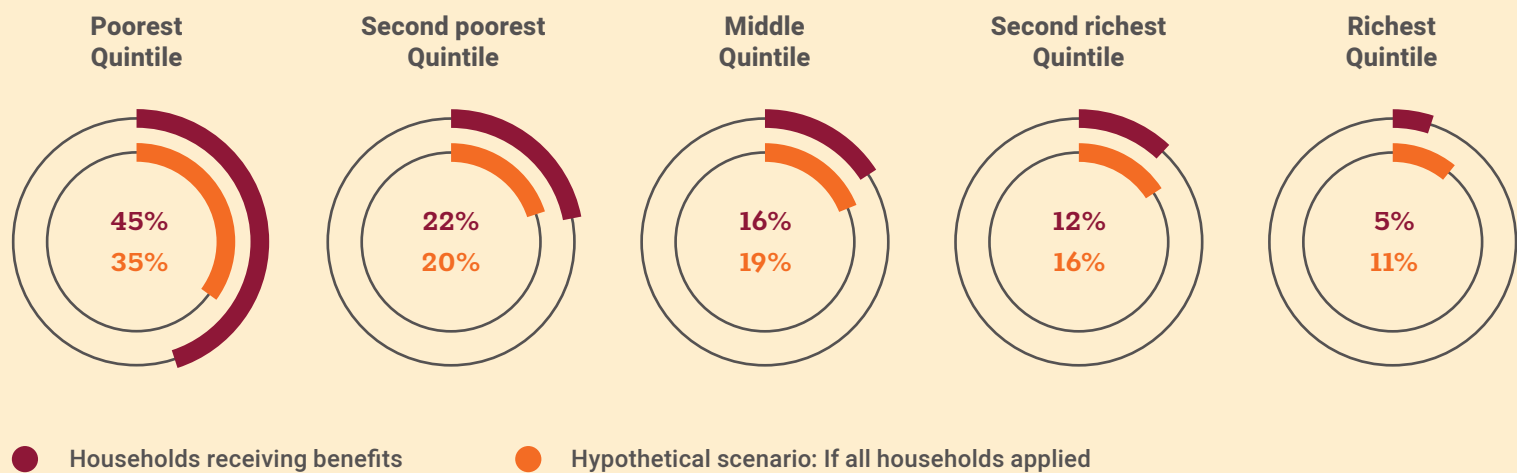
¹⁴⁹ Eldidi and others, 2018, pp. 37, 40–41.

¹⁵⁰ Eldidi and others, 2018, pp. 37.

FIG. 10

Income distribution among Takaful beneficiaries in Egypt

Source: Breisinger and others, 2018, pp. 83-84.



NPTP in Lebanon uses a targeting procedure similar to those described above: prospective beneficiaries submit their application at one of the 240 social development centres, and are subsequently visited by a social worker who carries out the programme’s PMT and verifies the household’s eligibility.¹⁵¹ In June 2019, NAF in Jordan launched a new complementary assistance programme aimed at covering 25,000 poor households. Whereas other NAF programmes largely rely on categorical targeting, the new one uses a PMT formula consisting of 57 indicators.¹⁵²

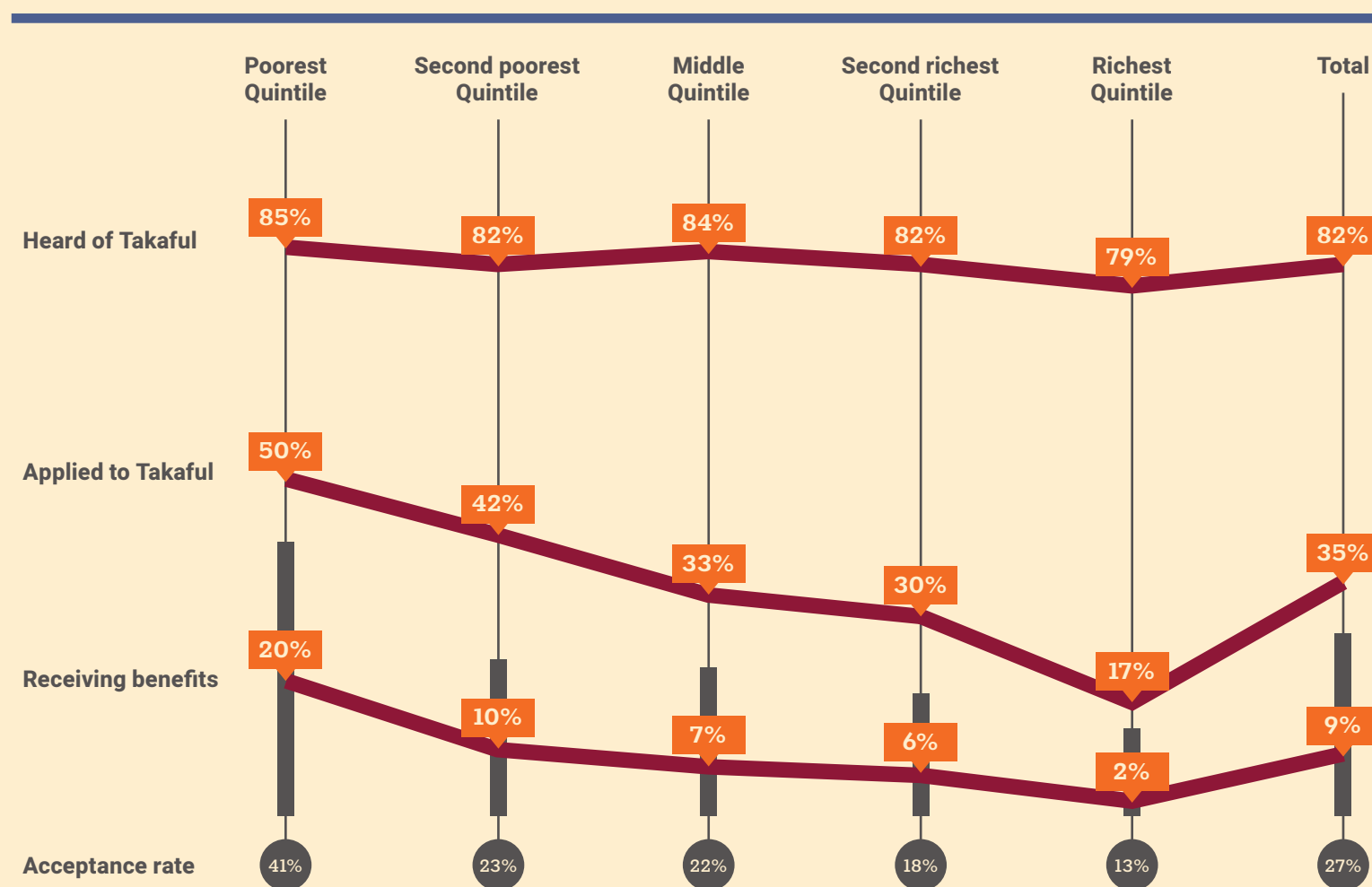
Beneficiaries of PNAFN and the non-contributory health provision programme (AMGI/AMGII) in Tunisia have until recently been selected through a process combining direct and indirect poverty targeting: the adjusted annual revenue of a household is calculated using a formula that considers both the household’s declared revenue and certain additional factors (such as the number of household members, and whether they include persons with disabilities). This targeting methodology has been criticized for being obscure and arbitrary,¹⁵³ so reforming it has been a longstanding objective of the Tunisian Government. In January 2019, the national parliament adopted a law setting up a new framework programme called Amen Social, which incorporates PNAFN and the non-contributory health provision programme. The law explicitly states that beneficiaries of Amen Social should be selected on the basis of a multidimensional conception of poverty, taking into account health, education, housing, access to public services and living conditions, in addition to income.¹⁵⁴ To enable this, a dedicated Database of Families in Need and with Limited Revenue is being developed.

¹⁵¹ Kukrety and Al Jamal, 2016, p. 19.
¹⁵² National Aid Fund, 2019.
¹⁵³ ESCWA, 2018, p. 43.
¹⁵⁴ Tunisia, organic law No. 10 of 30 January 2019, article 2.

FIG. 11

Households' relationship to Takaful per income group in Egypt

Source: Breisinger, and others, 2018, pp. 82-84.



In Morocco, the Tayssir programme previously used categorical targeting, whereas RAMED beneficiaries were targeted by a combination of direct poverty targeting and PMT in urban areas, and by a combination of PMT and community targeting in rural areas. However, carrying out direct targeting in urban areas has proven challenging because of difficulties in verifying applicants' income. Adding to this, the PMT formula has been criticized on the grounds that it is detached from reality and out of date since, for instance, being connected to the electricity grid or owning a telephone are no longer relevant poverty proxies.¹⁵⁵ Notably though, the element of community targeting used in rural areas, which allows the local permanent commissions to revise the classification of households generated by the PMT process, has been shown to effectively correct some exclusion errors.¹⁵⁶

¹⁵⁵ Observatoire National du Développement Humain, 2017, p. 24.

¹⁵⁶ Observatoire National du Développement Humain, 2017, p. 25.

Morocco plans to start using an improved unified PMT formula for Tayssir and RAMED, as well as for DAAM. In line with the regional trend, this reform goes together with an ambitious project to set up a social registry. In Mauritania, such a registry has already been established, and is used to identify beneficiaries of the Tekavoul programme.

Since Gulf Cooperation Council countries have relatively formalized economies and well-developed informational infrastructures, they can rely on direct poverty targeting to a higher extent than other countries. In Saudi Arabia, eligibility for the Citizen Account programme is determined on the basis of income level and family size. This information is supplied electronically by applicants and verified by the Government.

An arguable disadvantage of poverty-targeted cash benefits or health insurance is that carrying out the targeting process is often costly, meaning that resources that could have been channelled directly to beneficiaries are diverted to, for instance, pay the wages of social workers undertaking household visits. However, estimating the real price of poverty targeting is highly complex, especially in the short term, given that the initial set-up cost tends to be higher than the subsequent day-to-day operational cost. The establishment of targeting infrastructure may also have positive spill-over effects whose value cannot be easily quantified.

Another drawback of targeting is that it implies an arduous and potentially discouraging application procedure. Evaluations of social assistance programmes have found that beneficiaries and potential beneficiaries often consider this to be a major problem. This negative aspect of targeted social assistance seems particularly critical in view of the fact that the poor, especially women, are disproportionately unlikely to be literate and to have the necessary official documentation such as ID-cards or birth certificates for their children. An arguable advantage, however, is that a cumbersome and time-consuming application process has the potential to enhance the self-targeting element, since non-poor individuals and households may be deterred from applying.

2.2

Adequacy of benefits

As shown above, non-contributory social protection programmes in the region are rapidly expanding. However, considering the adequacy of these programmes is as important as measuring their scope. Whether cash-transfer schemes effectively alleviate or prevent poverty and vulnerability is in large part contingent upon the size of the benefits. Furthermore, just as is the case with contributory health-insurance schemes, being covered by a non-contributory scheme is of little value if it does not allow access to adequate health care in practice.

Comparing the value of cash transfers distributed by different programmes in various countries is difficult. One approach is to measure the value as a percentage of the national minimum wage. However, it should be stressed that this method is highly imperfect. Minimum wages are set at different levels in different countries (in relation, for instance, to the average income), and not always regularly adjusted to compensate for inflation. When the level of informality is high, minimum wages tend to be largely theoretical, since they can be enforced only in the formal economy. Furthermore, many programmes provide benefits of different value to different households based on, for example, their size and composition. This further complicates comparisons, since the value of the average transfer is not always known.

In addition to the available budget of a social assistance programme and the number of households it seeks to cover, numerous factors may influence policymakers when setting cash-transfer levels. For example, the more generous the benefits, the more tempted non-poor households will be to apply. This limits the possibility to rely on self-targeting. A longstanding concern among critics of social assistance has also been that generous benefits may reduce the incentive of the poor to work. However, in the Arab region, as in most developing countries,¹⁵⁷ the level of cash transfers is usually set so low that it would unlikely allow beneficiaries to retreat from the labour market altogether. It is possible, however, that poverty-targeted social assistance programmes, as well as targeted non-contributory health-care provision schemes, in some cases incentivize work in the informal economy at the expense of the formal one.¹⁵⁸

Families counting many members usually receive higher benefits. This is natural considering that such families consume more food, pay more medical bills, and so on. However, there is often a fear on the part of policymakers that increasing the benefit in line with the size of the household encourages the poor to have as many children as possible, given that they will then be ‘rewarded’ with higher cash transfers.¹⁵⁹ For that reason, social assistance programmes usually allow only a maximum number of children or household members to be counted. A problematic aspect of this is obviously that large families, who usually include many children, are given benefits that cover only a small part of their needs.

In Iraq, the value of cash transfers more than doubled when the Iraq Social Safety Net programme was reformed in 2016.¹⁶⁰ It now varies between 100,000 and 225,000 Iraqi dinars per month, tantamount to between 29 per cent and 64 per cent of the minimum wage (350,000 Iraqi dinars), depending on the size of the household and on whether it is headed by a man or a woman, as shown in figure 12. The latter factor notably makes a considerable difference: a household comprising three people headed by a woman receives a benefit 33 per cent higher than a household of equal size headed by a man.

In Egypt, inflation has soared over the last five years. Consequently, the real value of cash benefits has dropped as prices have increased, eroding the purchasing power of beneficiaries. In June 2017, the authorities raised the level of Takaful and Karama benefits, but not enough to compensate for inflation, which reached record highs that year. Since the increase, Karama beneficiaries are given a monthly benefit corresponding to 450 Egyptian pounds per household member, capped at three individuals. This entails a maximum benefit of 1,350 Egyptian pounds, equal to 67.5 per cent of the public sector minimum wage.¹⁶¹

Households benefitting from Takaful receive a basic benefit of 325 Egyptian pounds, and an additional 60 Egyptian pounds for each child under the age of six, 80 Egyptian pounds for each child in preparatory school, 100 Egyptian pounds for each child in elementary school, and 140 Egyptian pounds for each

¹⁵⁷ OECD, 2011, p. 127.

¹⁵⁸ For a discussion, see for instance Merrien and others, 2005, pp. 65-71.

¹⁵⁹ Merrien and others, 2005, p. 67.

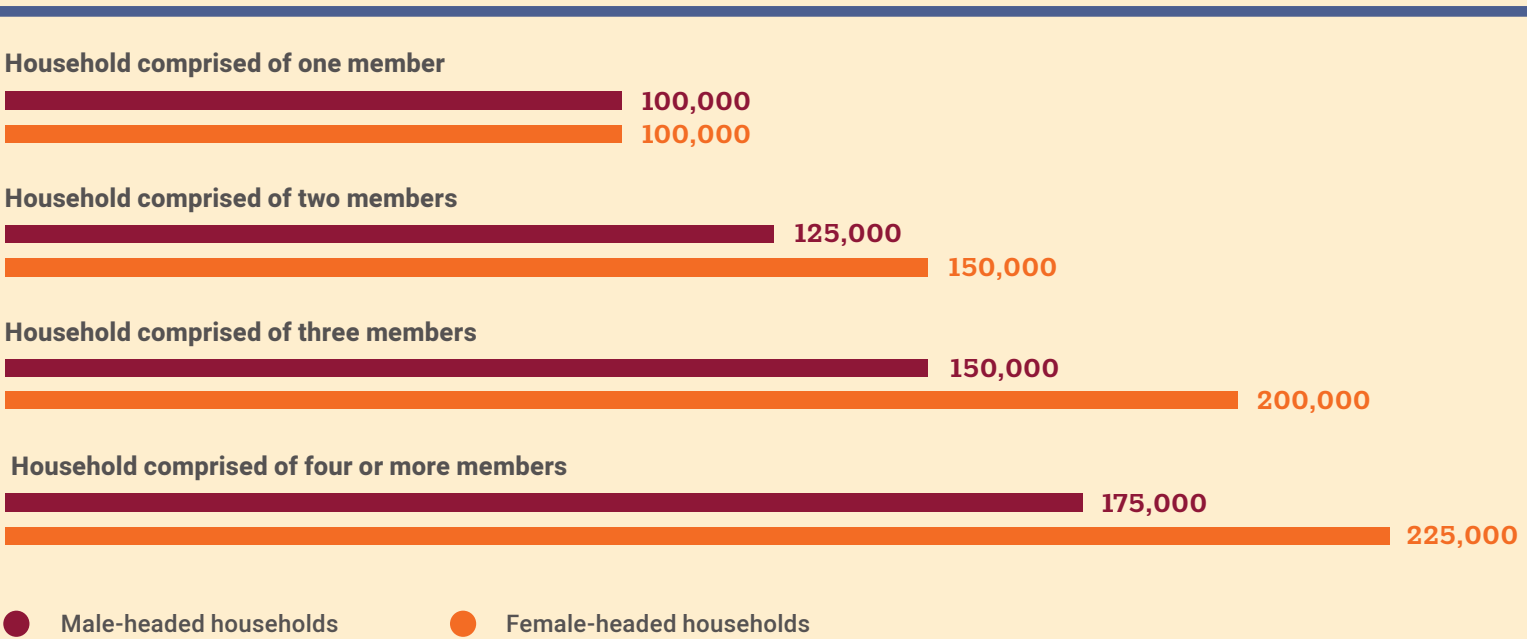
¹⁶⁰ World Bank, 2018a, p. 10.

¹⁶¹ Ahmed, 2018.

FIG. 12

Value of Social Safety Net benefits in Iraq (Iraqi dinars)

Source: Iraq, Ministry of Social Affairs, undated, p. 7.



child in high school. When the programme was established, a maximum of three children could be included in the calculation of a family’s total benefit.¹⁶² Since 2019, however, the limit has been lowered to two children, meaning that a family can receive at maximum 605 Egyptian pounds, which represents 30 per cent of the public sector minimum wage. This modification has in part been undertaken to enable the extension of Takaful and Karama to as many families as possible, but also to discourage poor families from having numerous children.¹⁶³ Notably, the adjustment has coincided with the rolling out of a family planning campaign called ‘Two are enough’, targeting female Takaful beneficiaries.¹⁶⁴

Tayssir, unlike Takaful, does not provide any basic benefit. Instead, the value of the cash transfer is based solely on the number of children and their level of education. The weighting of education levels in the benefit calculation is very similar to Egypt: a household receives 60 Moroccan dirhams for each child in the first or second year of primary education, 80 Moroccan dirhams for each child in the third or fourth year, and 100 Moroccan dirhams for each child in the fifth or sixth year. In addition, 140 Moroccan dirhams is provided for each child in college. The benefit is capped at three children, meaning that the theoretical maximum benefit reaches 420 Moroccan dirhams—23 per cent of the agricultural minimum wage. However, the average benefit received per family and

¹⁶² Ahmed, 2018.
¹⁶³ Egypt, State Information Service, 2018.
¹⁶⁴ Ahram Online, 2018.

month is reportedly no higher than around 150 Moroccan dirhams (8 per cent of the agricultural minimum wage).¹⁶⁵ Furthermore, a shortage of funding has led to massive delays in the disbursement of Tayssir transfers.¹⁶⁶

The DAAM programme is considerably more generous, providing widows with 350 Moroccan dirhams per month and per child. Like Tayssir, DAAM includes up to three children in the benefit calculation, meaning that the benefit ranges between 350 and 1,050 Moroccan dirhams (between 19 per cent and 58 per cent of the agricultural minimum wage).¹⁶⁷

The value of the PNAFN transfer in Tunisia is relatively unaffected by factors such as household size, composition or poverty level. It consists of a base benefit of 180 Tunisian dinars, augmented by a top-up of 10 Tunisian dinars for each child of school age, capped at three children, and by 20 Tunisian dinars for each child with a disability. When PNAFN was first implemented in 1987, the transfer amounted to 7.7 Tunisian dinars, corresponding to 7 per cent of the minimum wage at the time. Over the years, however, as figure 13 shows, the value of the PNAFN benefit has increased at a faster pace than the minimum wage, meaning that the relative difference between the two has diminished. Presently, the transfer (without including the top-up) equals 45 per cent of the minimum wage. As discussed in the concluding chapter, there may be reasons to think that this development has impacted negatively upon the affiliation to contributory social protection schemes.

In the State of Palestine, the value of the PNCTP benefit corresponds to 50 per cent of the beneficiary household's poverty gap, as calculated by the PMT formula, meaning that the transfer by design is insufficient to lift households out of poverty. As noted above, however, families covered by PNCTP also have access to other benefits, including free health-insurance coverage, which may indirectly serve to bridge the poverty gap. The Tekavoul programme in Mauritania is unique in that it provides a benefit which is entirely uniform for all beneficiary households, regardless of the number of children or other factors. This benefit amounts to 15,000 Mauritanian ouguiyas every third month, which represents 17 per cent of the minimum wage.¹⁶⁸

Regarding the adequacy of non-contributory health-provision schemes, RAMED in Morocco and AMGI/AMGII in Tunisia provide access to public health services. It has recently been highlighted that RAMED, owing to a lack of funding, struggles to guarantee access to health care in practice. The expansion of the programme has reportedly resulted in an overburdening of public hospitals, resulting in those who have the means resorting to private alternatives. Apparently, some 40 per cent of beneficiaries have not found it worthwhile to renew their RAMED cards.¹⁶⁹ Out-of-pocket spending in Morocco as a proportion of total current health expenditure was only slightly lower in 2015 (53 per cent) than in 2010 (56 per cent), despite the rollout of RAMED in the intervening years.¹⁷⁰

¹⁶⁵ Conseil Economique, Social et Environnemental, 2018, p. 53.

¹⁶⁶ Nazih, 2018.

¹⁶⁷ Morocco, Inspection Générale des Finances, 2018, p. 23.

¹⁶⁸ M'Haimid, 2019; Mauritania, 2011.

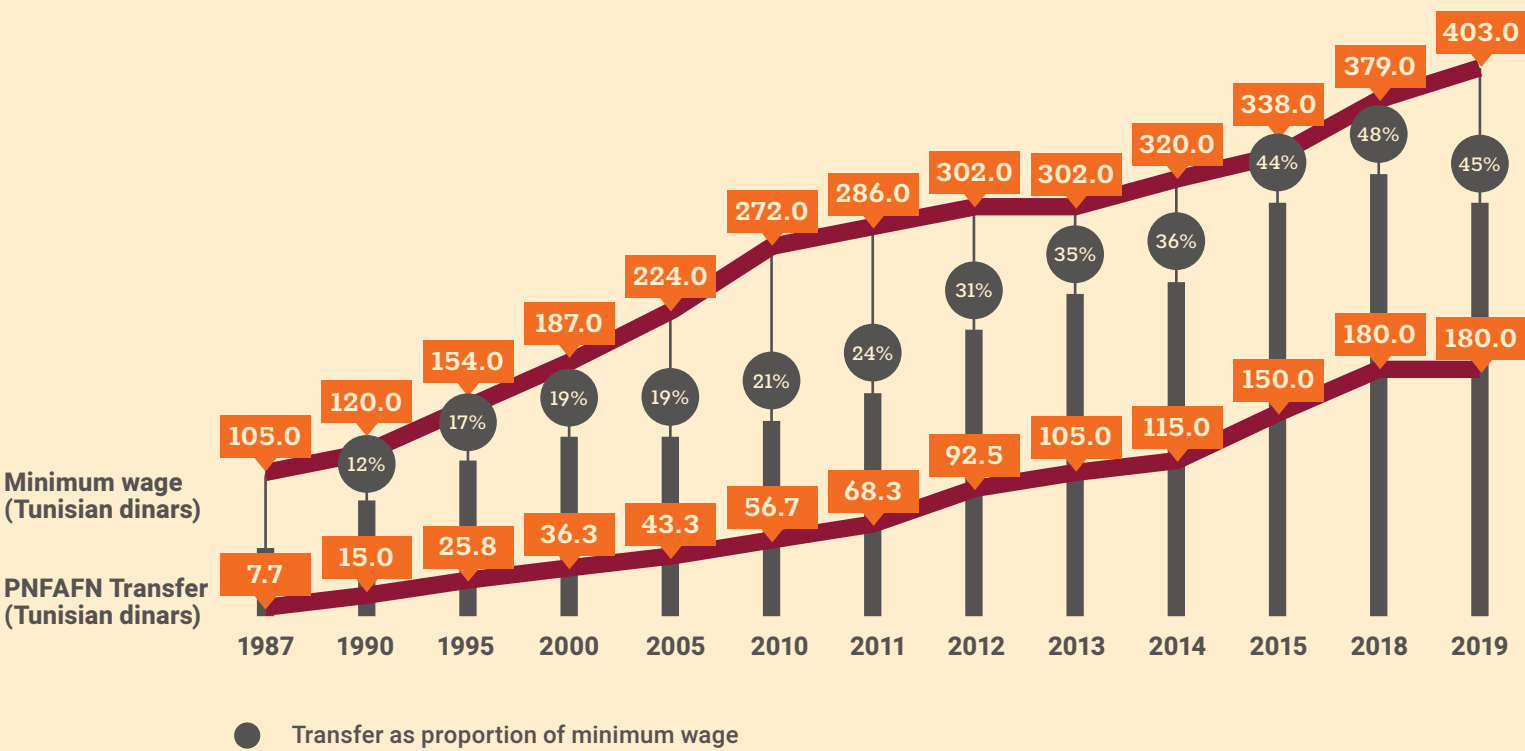
¹⁶⁹ Observatoire National du Développement Humain, 2017, p. 31.

¹⁷⁰ World Health Organization, 2019, p. 62.

FIG. 13

Evolution of PNAFN transfer and minimum wage in Tunisia

Sources: Central Bank of Tunisia, undated-a, p. 89; Central Bank of Tunisia, undated-b, p. 82; Central Bank of Tunisia, undated-c, p. 107; Central Bank of Tunisia, undated-d, p. 107; Central Bank of Tunisia, undated-e, p. 37; Central Bank of Tunisia, 2017, p. 41; Tunisia, Governmental Decree 2018-672 (7 August); Tunisia, Presidency of the Government, 2019; Centre de Recherches et d'Etudes Sociales, 2017, pp. 121-122; Dkhil, 2019.



Note: The comparison between the PNAFN benefit value and the minimum wage is modeled on the one made by Centre de Recherches et d'Etudes Sociales, 2017,

pp. 121-122. Here, however, the minimum wage values have been revised based on data from the Tunisian Central Bank, and values have been added for 2018 and 2019.

2.3

Breaking the poverty cycle and empowering women?

Social assistance has always raised questions about the risk of beneficiaries becoming 'dependent' on support, which could perpetuate rather than end their social and economic exclusion. Whether well-founded or not, misgivings of this sort can make the provision of assistance politically sensitive. In recent decades, an objective of policymakers in developed and developing countries has been to devise social assistance measures that not only aid the poor in the short term, but that also serve to 'break the poverty cycle'.

Conditional cash-transfer programmes have become a prominent feature of social protection landscapes across the world. The basic idea of these programmes, which are particularly associated with Latin American countries such as Brazil and Mexico, is that beneficiaries must fulfil certain conditions to receive the grants. These conditions are often related to ensuring that the households' children attend school. A strong argument in favour of conditions is that they promote 'human capital investment' and thereby break the intergenerational transmission of poverty: if children born in poor households grow up to be healthier and better educated than their parents, they will be more able to improve their situation. However, some object that the real problem behind low utilization among the poor of social services is that such services tend to be either inaccessible or low quality. It is therefore important to consider whether the implementation of conditional cash-transfer programmes is accompanied by measures to enhance service provision, and is well connected to the broader landscape of public social policies.

Several cash-transfer programmes in the Arab region are or will be conditional. School attendance is required of families benefitting from the Tayssir programme in Morocco (which demands that primary school children do not absent themselves from class more than four times per month, and six times for college students), and by Takaful in Egypt (demanding an attendance rate of at least 80 per cent). Takaful also has conditions concerning health check-ups for pregnant women and children. However, the Takaful conditionalities are not yet enforced in practice. Iraq is in the process of piloting a cash-transfer programme with conditions relating to education and health.¹⁷¹ This programme is intended to complement the Iraq Social Safety Net described above.

The Tekavoul programme in Mauritania will eventually have conditionalities pertaining to school attendance, mothers' and children's utilization of health-care services, and participation in so-called social promotion sessions. However, the first two conditionalities will be enforced only in the medium term, once the supply of services has increased. As for the social promotion sessions, these are held four times a year at the community level on matters related to good parenting, nutrition, health, child development and resilience. At the end of each social promotion session, the beneficiaries in attendance are asked to choose between one of three 'family objectives' relating to the session's topic. Every household is then expected to pursue this objective during the following three months. The subsequent session begins with a discussion on the objectives set last time and whether they have been met.¹⁷²

Failure to attend a social promotion session does not result in immediate eviction from Tekavoul. After the first absence, an attempt is made to clarify the reason behind this—for instance, whether it is due to a serious illness in the family. However, if a household misses two consecutive sessions without valid justification, the transfer is suspended.¹⁷³

Assessing the effect of conditionalities is challenging, especially in the short term. Interestingly, an impact evaluation of the Tayssir programme found that requiring cash-transfer recipients to attend school was not more effective than simply encouraging them to do so.¹⁷⁴

Furthermore, measures have been put in place to facilitate integration of beneficiaries in the labour market. Cash-for-work schemes are intended to have such an effect. In Egypt, the Ministry of Social Solidarity launched the programme Forsa in 2017, which complements Takaful and Karama by providing job opportunities to beneficiaries and to rejected applicants. The programme's goals include creating 30,000 job opportunities in upper Egypt and helping 20,000 young persons enhance their human capital through apprenticeships and similar initiatives. It serves as an example of how social assistance interventions may be linked to labour market policies.¹⁷⁵

¹⁷¹ Al Doori, 2019.

¹⁷² Agence Nationale Tadamoun, undated-b, pp. 10-11.

¹⁷³ Agence Nationale Tadamoun, undated-b, p. 12.

¹⁷⁴ ESCWA, 2017b, p. 24.

¹⁷⁵ Egypt, Ministry of Social Solidarity, undated; Mansi, 2018.

Another type of measure aimed at helping beneficiary households break out of the poverty cycle and 'graduate' from social assistance programmes is 'case management'. This approach, which is often associated with the Chilean programme Chile Solidario, entails that beneficiaries are not merely given a cash transfer that may or may not be conditional, but that the social assistance programme, usually through the medium of a social worker, takes an active role in identifying the specific factors that keep the household stuck in poverty and tries to find solutions. This type of engagement can also potentially assist in overcoming other problems, such as intrahousehold violence.

In many Arab countries, the implementation and expansion of cash transfer programmes has made it necessary to hire and train a large number of social workers who visit households to verify their living conditions and fill out the PMT formula. However, the enormous amount of time spent by social workers on these tasks often prevents them from performing 'real' social work. In the State of Palestine, for instance, where social workers hired by this Ministry of Social Development need to have at least a bachelor's degree in a relevant field (such as sociology), many of them feel that their role has been reduced to entering data with little opportunity to offer professional perspectives on the vulnerability and welfare of a household, based on real observation and years of experience.¹⁷⁶

To rectify this situation, one key objective of the ongoing reforms in the State of Palestine is to move towards a case-management model, and thereby restore the professional status of social workers. Their tasks will include, for instance, providing psycho-social support, identifying opportunities and actions by households to move out of poverty and vulnerability, and raising awareness of violence against women and girls.¹⁷⁷

In addition to case-management, cash-transfer programmes frequently include a number of features intended to further women's empowerment. In particular, women rather than men are often designated as recipients of the benefits, since this supposedly enhances the power of women within their households. It is also sometimes suggested that mothers are more disposed than fathers to spend money in a 'child-friendly' manner. In Mauritania, for instance, mothers are the designated cash transfer recipients in Tekavoul beneficiary households. Furthermore, the obligation to attend the social promotion sessions apply primarily to mothers.¹⁷⁸

Arguably, provisions like these raise questions similar to those mentioned above in relation to gender-specific features of cash-for-work programmes. On the one hand, distributing cash to mothers may strengthen their position within the family, and serve as recognition of the work they undertake. On the other, it may also reinforce the prevailing norm according to which mothers are the ones who should be primarily responsible for raising children and performing household tasks. Requiring that mothers ensure fulfilment of programme conditionalities may also add to their already onerous workload.¹⁷⁹

¹⁷⁶ ESCWA, 2015, p. 6-7; see also World Bank, 2017, pp. 46-47; Jones and Shaheen, 2012, p. 38.

¹⁷⁷ Sawalha, 2019; World Bank, 2017, pp. 17-19.

¹⁷⁸ Mohamedou M'Haimid, Agence Nationale Tadamon, email to authors on 17 July 2019.

¹⁷⁹ For a discussion based on experiences in Latin America, see Ceballos and Lautier, 2013, pp. 231-232.

Whether cash transfers actually serve to empower women is extremely difficult to establish. The few qualitative studies evaluating such effects in the Arab region have indicated different outcomes.¹⁸⁰ Notably, the recent impact evaluation of the Takaful and Karama programme paints an ambiguous picture, in large part because of difficulties in conceptualizing and measuring power.¹⁸¹

¹⁸⁰ ESCWA, 2017b, pp. 15-16, 25, 32-34.


¹⁸¹ Breisinger and others, 2018, pp. 54-56; ElDidi and others, 2018, pp. 24-32.

SUMMARY

The present chapter discussed non-contributory social protection, namely social assistance and non-contributory health-care services. In the overall context of reducing or abolishing blanket subsidies, Governments seek to transit to more targeted assistance through cash transfers and/or health-care provision. This firstly requires a national consensus about the characteristics of poverty or individual needs that trigger government social assistance as part of broader social policies and other social solidarity mechanisms. The chapter laid out the mechanisms for the selection of beneficiaries that are currently used in Arab countries, which include various targeting methodologies based either on income or on a set of proxy indicators. A second set of challenges discussed in the chapter relate to ensuring adequacy of targeting methodologies in view of a volatile economic environment, adequacy of the value of cash transfers, and the quality of the services provided. Governments are challenged by the need to pursue the twin objectives of simultaneously increasing the scope and the quality of public social assistance and services, while ensuring the inclusion of women, children and persons with disabilities, in particular, to alleviate poverty and increase human capital.

3

Registries and information systems



An important part of the ongoing social protection reforms in the Arab region consists of establishing integrated information management systems. These have two main features: integrated beneficiary registries and social registries. Whereas a normal beneficiary registry contains data on beneficiaries of one specific social protection programme, an integrated beneficiary registry comprises data on beneficiaries of two or several programmes.

A social registry contains data on potential beneficiaries of non-contributory social protection programmes, including on their socioeconomic characteristics. A social registry can be used to target beneficiaries of more than one programme.

The potential advantages of reforms like these are many. Integration of beneficiary registries makes it easier to know whether individuals or households benefit from more than one social protection programme at the same time. Since they include data on potential beneficiaries, social registries allow non-contributory programmes to be scaled up rapidly when economic circumstances deteriorate. When several programmes use the same social registry to target beneficiaries, there is no need for each of these programmes to carry out its own expensive and time-consuming targeting procedure. A 'single window' social registry makes it possible to apply for several programmes at once, stimulating uptake among those who may be reluctant to go through a frequently arduous application process separately for each programme, or who may not be aware of all the programmes available or how to apply.

Figure 14 illustrates how an integrated information management system can work in practice. Firstly, the applications of potential beneficiaries are processed through the single-window registration procedure, which typically involves gathering the type of data related to social characteristics that is used for PMT. This data is then stored in the social registry, which may also contain information from the integrated beneficiary registry (to know which households already benefit from one or more non-contributory social protection programmes), as well as from other administrative databases. The data in the social registry is used to select beneficiaries for different non-contributory social protection programmes. All information on which households benefit from what programmes is stored in the integrated beneficiary registry.

It should be stressed that this is merely an illustration of how registries of this sort can be used—their exact nature and the interconnections between them differ from one context to another. The distinction between beneficiary and social registries is often fluid in practice. Social registries are frequently established on the basis of existing beneficiary registries, and the beneficiary registry of one programme can function as the social registry of another. The relationship between the social registry and the programmes drawing upon it to select beneficiaries can also differ considerably. For instance, eligibility determination may be carried out by administrators of the social registry, who then forward a list of beneficiaries to the programme implementors. Alternatively, the programme implementors may select beneficiaries on the basis of the data in the social registry and, possibly, of other factors as well. This all depends upon the extent to which the registry administrators and programme implementors are separated from each other, and on their respective level of autonomy.

In addition, information exchange with other administrative databases and registries can vary in terms of scope, depth and frequency. Data from, for instance, the tax registry or registries of non-contributory social protection programmes can be transmitted to the social registry automatically (push notification) or upon request from the social registry implementors (pull-only).¹⁸² The flow of data can also go in the other direction.

Reforms to bring about integrated management systems tend to be costly and highly complex, requiring great commitment, coordination and trust between actors, who for various reasons may be reluctant to share their data. Furthermore, such reforms often necessitate further efforts to improve the overall informational infrastructure. Synchronising registries is only possible if the different agencies and ministries operating them harmonize their treatment of data, typically by ensuring that they all use a common unique identifier (often called a foundational ID), such as a national personal number, rather than each of them using its own programme specific identifier (a functional ID).¹⁸³ In other words, the registries need to ‘speak the same language’.

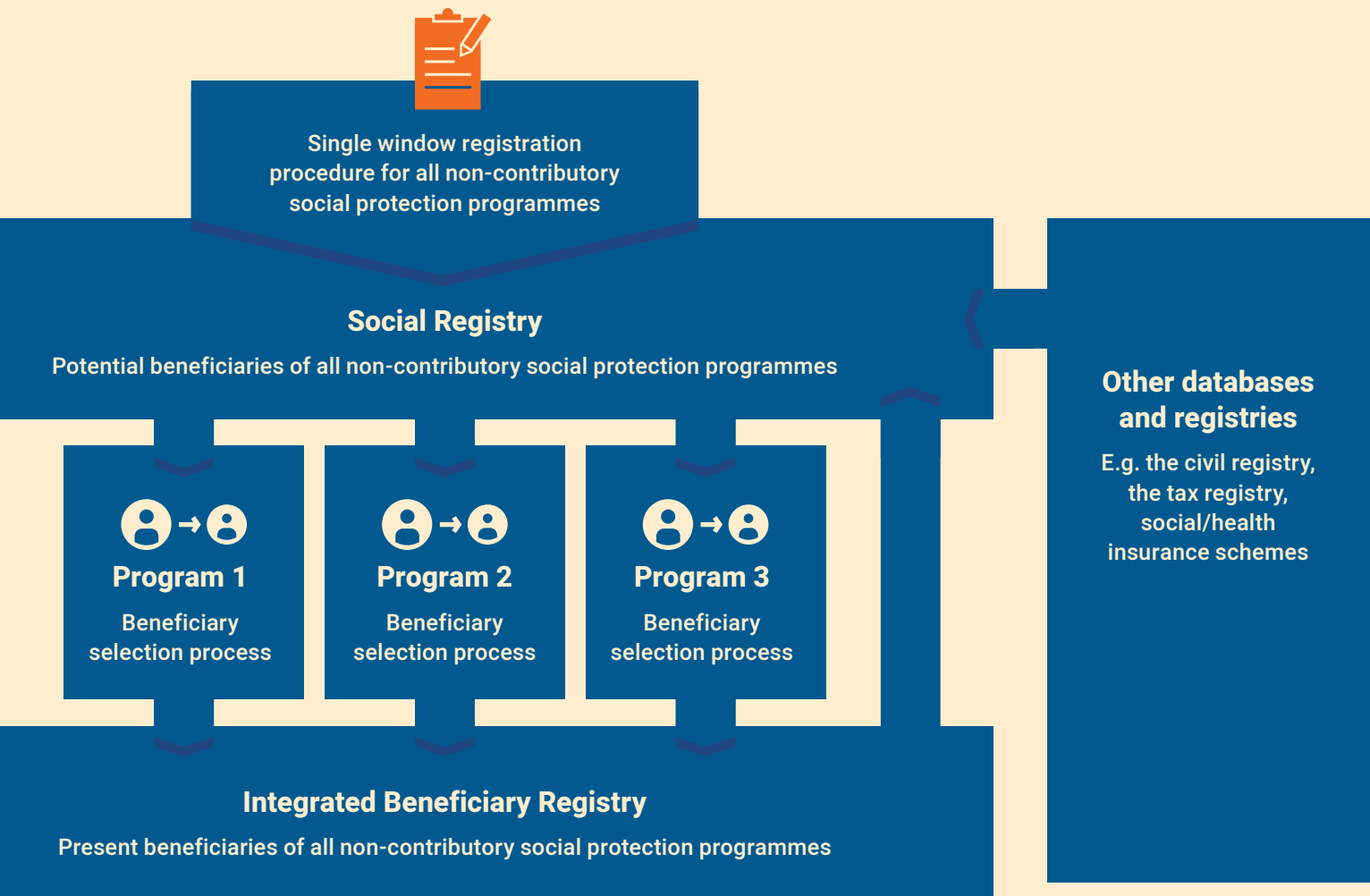
¹⁸² Barca, 2017, pp. 44-45; World Bank, undated-a.

¹⁸³ World Bank, undated-a.

FIG. 14

Hypothetical example of an integrated social protection information system

Source: Prepared by ESCWA, based on Leite and others, 2017, p. 23; Barca, 2017, pp. 14, 19; Chirchir and Farooq, 2016, p. 2.



The relationship between social protection reforms and these wider efforts is symbiotic. For instance, constructing a social registry requires individuals to have unique identifiers on the basis of which they can be registered, but it can at the same time constitute an opportunity for Governments to ensure that citizens have such identifiers. Thus, the establishment of integrated information management can be seen as an investment that may generate positive externalities of various sorts, within and beyond the realm of social protection.

There are nevertheless many perils associated with reforms of this type. The misuse of data might endanger citizens' privacy or safety. Whereas a shared social registry can allow those who register to apply for multiple programmes, the downside is that those who do not register may be excluded from all programmes. Critically, the risks inherent to poverty-targeting (discussed in the previous chapter) could be amplified by the utilization of a social registry. If the PMT formula does not sufficiently take into account the vulnerabilities of a certain group, if the proxies lose their relevance as poverty indicators, or if households' conditions change, the undesirable effects (inclusion and exclusion errors) will not be limited to one programme, but will spread 'across the board'.¹⁸⁴

The extent to which these risks apply in practice largely depends on how and how often the social registry data are collected and updated. If this is done on the basis of the 'census approach', households in a certain area (a country or a region) are approached by the implementers of the registry rather than the other way around. A considerable advantage of this is that it reduces the risk of households being excluded. However, this method is often expensive and time-consuming to implement. Furthermore, the data will become obsolete if the collection process is not repeated regularly. The 'on-demand application approach' means that households are added to the registry—or that their data in the registry is updated—upon their own demand. Applying to the social registry is thus similar to applying to a specific non-contributory programme. Disadvantages of this approach include that some households may not be aware of the database's existence or how to apply to it, and that beneficiaries are unlikely to request that their data be updated when their situation improves.

In the State of Palestine, the beneficiary registry of PNCTP has for several years been used by actors other than the Ministry of Social Development, including UNRWA and WFP, to target beneficiaries.¹⁸⁵ It has also facilitated the provision of additional benefits, including free GHI coverage. The intention now is to broaden the scope of the registry to make it an integrated social and beneficiary registry, as well as to establish clear regulations and common guidelines for its utilization.¹⁸⁶ Potential PNCTP beneficiaries will thus be included in the register, as will households benefiting from other programmes.¹⁸⁷ It is expected that 150,000 families will have been visited by social workers from the Ministry of Social Development and enrolled in the registry by 2023.¹⁸⁸

In Tunisia, the implementation of Amen Social entails setting up the Database of Families in Need and with Limited Revenue. Its establishment begins with the re-evaluation of present PNAFN and AMGI/AMGII beneficiaries, and of those excluded from these programmes, using the newly elaborated targeting formula based on multidimensional poverty. To overcome the issue of different social protection authorities and registries using different (functional) identifiers,¹⁸⁹ Tunisia is also seeking to ensure that everyone involved in the social protection system (whether the contributory or non-contributory part) has a social identifier.

¹⁸⁴ For an article illuminating the problematic aspects of social registries, see Kidd, 2017.

¹⁸⁵ Public Administration International and Atos Consulting, 2015, p. 62.

¹⁸⁶ Notably, one source states that the present beneficiary register allows the Ministry of Social Development to link CTP programme beneficiaries to other available programmes, without having the proper legal framework and memorandums of understanding in place (World Bank, 2017, pp. 44-46).

¹⁸⁷ World Bank, 2017, p. 17.

¹⁸⁸ World Bank, 2017, p. 46.

¹⁸⁹ Abid and Amouri 2018.

Such identifiers had previously been limited to the contributory regimes (CNSS, CNRPS and CNAM), but they are now being extended to beneficiaries of non-contributory programmes. This will allow different administrations to share data and thus avoid duplication and inclusion errors. As illustrated in figure 15, Tunisia is also implementing a unique citizen identifier, which will cover all citizens and be used for data exchange beyond the social protection system.¹⁹⁰

Since 2017, Mauritania has been implementing a social registry that will cover 200,000 households by 2020.¹⁹¹ It is foreseen that about half of the households in the registry, those classified as extremely poor, will be beneficiaries of the Tekavoul programme, whereas the other half will be potential Tekavoul beneficiaries (for instance, if the programme is scaled up consequent to a crisis) and/or beneficiaries of other programmes that also use the registry. Households in Mauritania are targeted for inclusion in the social registry through a two-step process. Firstly, community members are asked to identify households likely to qualify. Secondly, those households are localized and their poverty status verified by means of PMT.¹⁹² Households which consider that they have been erroneously excluded from the social registry can appeal.¹⁹³

The lists of eligible beneficiaries for the Tekavoul programme are extracted from the Social Registry by a special unit called the Cellule de la Protection Sociale, which administers the registry, and passed on to the Agence Nationale Tadamoun, which implements Tekavoul. Thus, determining who should benefit from the cash-transfer programme is beyond the remit of the implementing agency. This arrangement is deliberately set up to ensure the integrity of the Tekavoul implementation procedure.¹⁹⁴ A new Tekavoul recertification round will be undertaken every fifth year in each locality.¹⁹⁵

In Jordan, the Ministry of Planning and International Cooperation is presently implementing a National Unified Registry (NUR), which will function as a social registry used primarily for targeting NAF beneficiaries. The original intention was that NUR would be operational by the end of 2018, but the completion date has been put forward a year.¹⁹⁶ Meanwhile, the Jordanian Government has implemented a new National ID card system. The idea is that these cards, 3 million of which had been distributed by 2018, will eventually be used to store data on social protection entitlements, such as health insurance coverage.¹⁹⁷

Morocco, as mentioned in the first chapter, has taken measures to enable the sharing of data between social insurance regimes to ensure that workers who contributed to two or more schemes receive the full benefits to which they are entitled. In the sphere of non-contributory social protection, Morocco, over the last 10 years, has greatly expanded the number of persons benefitting from programmes such as Tayssir, DAAM and RAMED. However, the fragmentation of the social protection landscape and a lack of information sharing between programmes are a major problem. At the same time, the lack of a unified ID system greatly complicates data sharing and harmonization.¹⁹⁸

¹⁹⁰ Najet Dkhil, Ministry of Social Affairs, Tunisia, email to authors on 15 January 2019.

¹⁹¹ Alliance Sahel, undated.

¹⁹² Cellule de la Protection Sociale, undated.

¹⁹³ Mohamedou M'Haimid, Agence Nationale Tadamoun, email to authors on 17 July 2019.

¹⁹⁴ Agence Nationale Tadamoun, undated-b, p. 32.

¹⁹⁵ Agence Nationale Tadamoun, undated-b, p. 32.

¹⁹⁶ World Bank, undated-b.

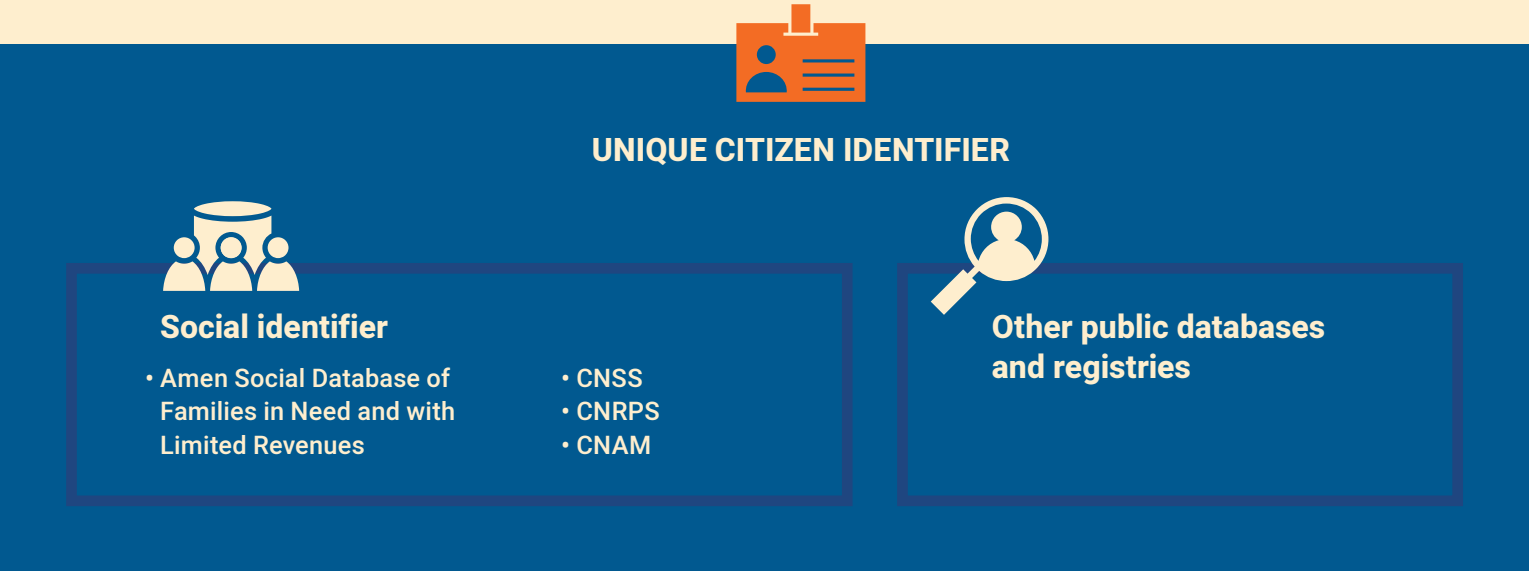
¹⁹⁷ Gemalto, 2018; Jordan, undated.

¹⁹⁸ Morocco, Inspection Générale des Finances, 2018.

FIG. 15

Area of utilisation of the social identifier and the unique citizen identifier in Tunisia

Source: Prepared by ESCWA.



Seeking to remedy this situation, Morocco is presently implementing a social registry, named Registre Social Unique (RSU), which will function as a single-window application portal for Tayssir, DAAM and RAMED. Households will be able to register in RSU and to update their data on an on-demand basis. Intentionally submitting false information will be punishable by a fine of 2,000-5,000 Moroccan dirhams.¹⁹⁹ The agency operating RSU will provide programme implementors with lists of eligible beneficiaries, based on the eligibility requirements of the specific programmes and upon the request of implementors.²⁰⁰ This means that although households will be able to register or update their data at any time, they will start receiving benefits only when a social assistance programme implementor requests new beneficiary lists from RSU.

To enable RSU, a new population registry, Régistre National de la Population (RNP), is also being established. Unlike RSU, RNP will include information that is not susceptible to frequent change, such as name, nationality, and date and place of birth. RNP will also contain iris recognition scans for everyone over the age of five.²⁰¹ The foundational ID numbers provided through RNP will be the basis for registering potential beneficiaries in RSU.²⁰² Enrolment in RNP and RSU is scheduled to commence by November 2019 in the prefecture of

¹⁹⁹ Lahrache, 2019.
²⁰⁰ Medias24, 2018.
²⁰¹ Badrane, 2019.
²⁰² Morocco, Inspection Générale des Finances, 2018, p. 2.

Rabat-Salé-Kénitra, and extended to the entire country by 2024. The implementation will be preceded by a preparatory phase in which the systems and procedures of programmes planning to use RSU will be harmonized.²⁰³

In Egypt, applicants to the Takaful and Karama programme, including those who are not deemed eligible or who previously benefitted from the programme but for some reason have been excluded, are registered in the programme's registry, which thus functions as a combined beneficiary and social registry. As at September 2018, it contained data on 4,243,998 households, of which 2,247,018 (42.9 per cent) were beneficiaries.²⁰⁴

Egypt is also establishing a Unified National Registry (UNR). This will be based on the Family Smart Card (food subsidy) beneficiary registry, which covers around 70 per cent of the Egyptian population. UNR will largely function as a form of integrated beneficiary and social registry, into which data will be fed automatically from the Takaful and Karama registry and the beneficiary registries for social and contributory pensions.²⁰⁵ However, UNR will also contain data from other sources, such as the Ministry of Education.²⁰⁶ Its primary function will be to facilitate data exchange between programmes, which will be able to more effectively verify applicants' eligibility. However, it may in the future assume the role of a single window social registry, meaning that households would be able to register directly for UNR and thereby apply for a range of social protection programmes.²⁰⁷

²⁰³ Medias24, 2018.

²⁰⁴ Notably, this number differs quite considerably from the findings of the IFPRI evaluation, which sets the acceptance rate of Takaful at 27 per cent. That would suggest a larger proportion of non-beneficiaries in the registry. One possible explanation could be that the IFPRI evaluation uses a narrower definition of beneficiary (those reporting receiving transfers in the past three months) or a broader definition of applicants (those who tried to apply to the programme) than the Ministry of Social Solidarity (Breisinger and others, 2018, p. 81). The latter seems likely since, according to the impact study, a significant number of non-beneficiaries had applied once or twice but had never been informed of their application status, much less their acceptance or rejection. They were either told by their local Ministry of Social Solidarity office that someone would call them or that they needed to reapply, or had yet to receive any news whatsoever (ElDidi and others, 2018, p. 41). A number of households may thus have applied, or tried to apply, but without (yet) having been registered by the Ministry of Social Solidarity.

²⁰⁵ The social pension scheme is gradually being abolished and replaced with Karama.

²⁰⁶ Leite and others, 2017, p. 45.

²⁰⁷ Leite and others, 2017, pp. 44-45.

SUMMARY

The present chapter discussed social protection information management systems. Beneficiary databases and integrated registries are key instruments for connecting the social insurance, health care and social assistance components and to merge them into a consolidated social protection system.


The chapter laid out how countries construct their information infrastructure which covers the spectrum of current beneficiaries (sometimes of several parallel programmes) and of the vulnerable population at large, and which can connect to other social programmes providing, for example, food subsidies or health care. These databases can also connect to social insurance funds, tax registries and vital statistics. The main challenges include enabling data sharing between ministries and other actors, ensuring that data records are complete and regularly updated, and safeguarding citizens' integrity. Electronic registries have many potential advantages, including providing citizens with a social identity, reducing administrative costs over the longer term, and the possibility to quickly scale up programmes in case

of economic, social or environmental shocks. However, there are also a number of perils. For instance, if a household is not registered in the social registry, it may run the risk of being excluded from the whole spectrum of non-contributory programmes.

4

Governance





Ensuring the coherence of social protection systems requires ongoing collaboration and coordination, both horizontally (between actors on the same level, such as different ministries) and vertically (between the central government and local authorities, for instance). This becomes increasingly important as more comprehensive and elaborate social protection programmes are rolled out.

A good example of this are conditional cash-transfer programmes, which often require the involvement of the ministry of social affairs, the ministry of finance (to ensure the availability and effective disbursement of benefits), the ministries of education and/or health (depending on the type of conditions), and local authorities.

When a social protection system consists of numerous interdependent components and requires the cooperation and coordination of multiple actors, it risks becoming inflexible. A major challenge is therefore to create governance mechanisms that enable the social protection system to adjust rapidly to social, economic or environmental shocks, but that also ensure the compatibility of the system's components and the commitment of all parties.

Social protection systems also express the level of redistribution of resources and income at the national level, and the kind of social cohesion a society prefers. Such questions are typically addressed in broad national dialogues. These more political aspects of social protection governance are built on the engagement of and consultation between social partners and other relevant stakeholders.

4.1

Governance of social protection systems and programmes

In Morocco, the continual expansion of targeted non-contributory social protection programmes—notable Tayssir, DAAM and RAMED—over the last decade has enabled coverage to be extended to a large proportion of the population. At the same time, there are indications that those programmes suffer from a number of dysfunctionalities, which may in many respects be imputed to governance challenges. Given the ambitiousness of Moroccan social protection reform and the inspiration drawn from it by other countries, it is worth considering some emerging problems and ongoing efforts to overcome them, notably the establishment of new system-wide governance mechanisms.

In 2012, a special budget account called Fonds d'Appui à la Cohésion Sociale (Fund) was established under the Finance Law to ensure the funding of non-contributory social protection programmes.²⁰⁸ The legislation specifies the Fund's financing sources, including a special tax on corporate gains, and the operations to be financed by it, namely RAMED, various forms of assistance to persons with disabilities and efforts to prevent school dropout.²⁰⁹ Subsequent finance laws have modified those provisions: for instance, the law of 2013 stipulates that 4.5 per cent of the tax on domestic consumption should go to the Fund and designates Tayssir as a specific beneficiary programme,²¹⁰ while the finance law of 2014 adds DAAM to the list of recipients.²¹¹

²⁰⁸ In Morocco, special budget accounts are set up to describe operations which, because of their specialization or of a reciprocal linkage between receipts and expenditures, cannot conveniently be included in the general budget; to describe operations whilst conserving their specificity and ensuring their continuity from one budget year to another; or to keep track, without distinction by budget year, of operations that continue over more than one year (Morocco, Organic Law No. 130-13 of 2 June 2015, article 25).

²⁰⁹ Morocco, Finance Law No. 22-12 of 16 June 2012, article 18.

²¹⁰ Morocco, Finance Law No. 115-12 of 28 December 2012, article 25.

²¹¹ Morocco, Finance Law No. 110-13 of 30 December 2013, article 13.

Although created in 2012, disbursement from the Fund, which is administered by the Ministry of Economy and Finance, started only in 2014. That year, its resources amounted to around 7.2 billion Moroccan dirhams, but its expenses reached only 1.9 billion Moroccan dirhams.²¹² By 2017, resources and expenditures had hit 10.7 billion and 2.8 billion Moroccan dirhams, respectively.²¹³ It is notable that this accumulation of capital occurred even as the programmes supposed to be financed by the Fund were left without enough resources. For instance, over the period 2014-2016, the fund allocated 1.5 billion Moroccan dirhams to Tayssir, although the needs of the programme amounted to more than 2 billion Moroccan dirhams.²¹⁴ As described above, this lack of funding has caused long delays in the disbursement of benefits.

The Moroccan audit court (Cour des Comptes) has underscored various governance related aspects that may have contributed to this situation, notably the absence of an integrated information system, the lack of reporting on activities and spending, and that contracts have not been concluded between the Ministry of Economy and Finance and some programme implementers. In addition, the Fund's future receipts are unpredictable since they derive from a variety of sources, which may further undermine the Ministry's ability to allocate resources appropriately.²¹⁵

Several additional problems relating to the financial governance of RAMED have been brought to the fore. According to the 2013 Finance Law, the Fund should finance the programme by channelling resources to Agence Nationale de l'Assurance Maladie (ANAM) and to another special budget account, namely the Fonds Special de la Pharmacie Centrale.²¹⁶ However, the mandates of those two institutions are arguably unclear and overlapping: according to health-care law No. 65-00 of 2002, ANAM should be in charge of administering the resources allocated to RAMED,²¹⁷ but decree No. 2-08-177 of 2008, which details the provisions of RAMED, limits the mandate of ANAM to collecting contributions from beneficiaries classified as 'vulnerable' and transferring them to the Fonds Special de la Pharmacie Centrale.²¹⁸ The 2013 Finance Law also designates the Fonds Special de la Pharmacie Centrale as the recipient of such contributions, as well as of those provided by municipalities.²¹⁹ Owing to these legal ambiguities, ANAM has declined to furnish the contributions collected from beneficiaries to the Fonds Special de la Pharmacie Centrale.²²⁰

This shows that even when measures are taken to ensure the funding of social protection reforms, problems related to governance may prevent the effective channelling of these resources to their intended purpose. In March 2018, six new committees were established to improve the coherence and effectiveness of the Moroccan social protection system. The overarching responsibility is given to the Ministerial Social Protection System Reform and Governance Steering Committee, consisting of the Head of Government, 14 ministers, the President of the Supervisory Authority of Insurance and Social Welfare

²¹² Morocco, Ministry of Economy and Finance, undated-b, p. 47.

²¹³ Morocco, Ministry of Economy and Finance, undated-c, p. 38

²¹⁴ Premier Président de la Cour des Comptes, 2018, p. 130.

²¹⁵ Premier Président de la Cour des Comptes, 2018, p. 125. In a reply to the audit court, the Ministry of Economy and Finance remarked that it is not unusual for special accounts of this sort, especially when newly set up, to run considerable surpluses (Premier Président de la Cour des Comptes, 2018, pp. 141-142).

²¹⁶ Morocco, Finance Law No. 115-12 of 28 December 2012, article 25.

²¹⁷ Morocco, Law No. 65-00 of 3 October 2002, articles 60 and 127.

²¹⁸ Morocco, Law No. 2-08-177 of 29 September 2008, article 25; see also Premier Président de la Cour des Comptes, 2018, p. 135.

²¹⁹ Morocco, Finance Law No. 115-12 of 28 December 2012, article 22.

²²⁰ Premier Président de la Cour des Comptes, 2018, p. 137; Observatoire National du Développement Humain, 2017, p. 50.

(Autorité de Contrôle des Assurances et de la Prévoyance Sociale, ACAPS), the general director of CNSS, and the directors of CMAM and ANAM. The Steering Committee's mandate includes extending the social protection system and ensuring its coherence. ²²¹ It will convene annually, or more often if needed, and did so for the first time on 12 September 2018. ²²²

The Steering Committee is shadowed by an Interministerial Technical Committee, functioning as its secretariat. The latter encompasses the secretary-generals of the ministries represented on the Steering Committee, and the heads of ACAPS, CMAM, CNSS and ANAM (who sit on both committees). In addition, the decree issued in March 2018 set up four thematic committees: one on governance and convergence of social protection programmes, which falls under the Ministry of General Affairs and Governance; one on essential health coverage, under the Ministry of Health; one on social assistance, under the Ministry of Family, Solidarity, Equality and Social Development; and one on the targeting approach, under the Ministry of the Interior. ²²³ Furthermore, specific interministerial steering and technical committees, presided by the Ministry of the Interior, have been established to enable the implementation of RSU and RNP. ²²⁴

A similar governance system was set up in Mauritania in 2013 to implement the National Social Protection Strategy (Stratégie Nationale de Protection Sociale—SNPS). This system also consists of a Steering Committee, tasked with supervising the entire reform process and coordinating the efforts of all actors, and of a Technical Committee charged with assisting the Steering Committee. Unlike the Steering Committee in Morocco, the one in Mauritania is not composed of ministers but mostly of officials in charge of specific areas at relevant ministries (notably those whose participation in the implementation of Tekavoul is necessary for providing the social services related to the conditionalities). These include, for instance, the director of programme planning and cooperation at the Ministry of Basic Education, the technical social protection adviser from the Ministry of Economic Affairs and Development, and the director of basic health care from the Ministry of Health. The general-secretaries of the Ministry of Economic Affairs and Development and the Ministry of Social Affairs, Childhood and Family take turns heading the Steering Committee. ²²⁵

The Steering Committee in Mauritania is therefore more similar in composition to the Interministerial Technical Committee in Morocco. The Technical Committee in Mauritania, meanwhile, consists of unspecified representatives of the involved ministries and institutions, designated on the basis of their involvement in the implementation of SNPS. ²²⁶ In addition to the Steering Committee and the Technical Committee, Mauritania has established the Cellule de la Protection Sociale, which is in charge of daily operations to implement SNPS, including the establishment of the social registry. ²²⁷

²²¹ Morocco, Circular 6-18 of 30 March 2018; Badrane, 2018b.

²²² A.E.H., 2018.

²²³ Morocco, Circular 6-18 of 30 March 2018.

²²⁴ Morocco, Inspection Générale des Finances, 2018, p 6.

²²⁵ Mauritania, decree No. 940001-1 of 8 January 2014, article 4.

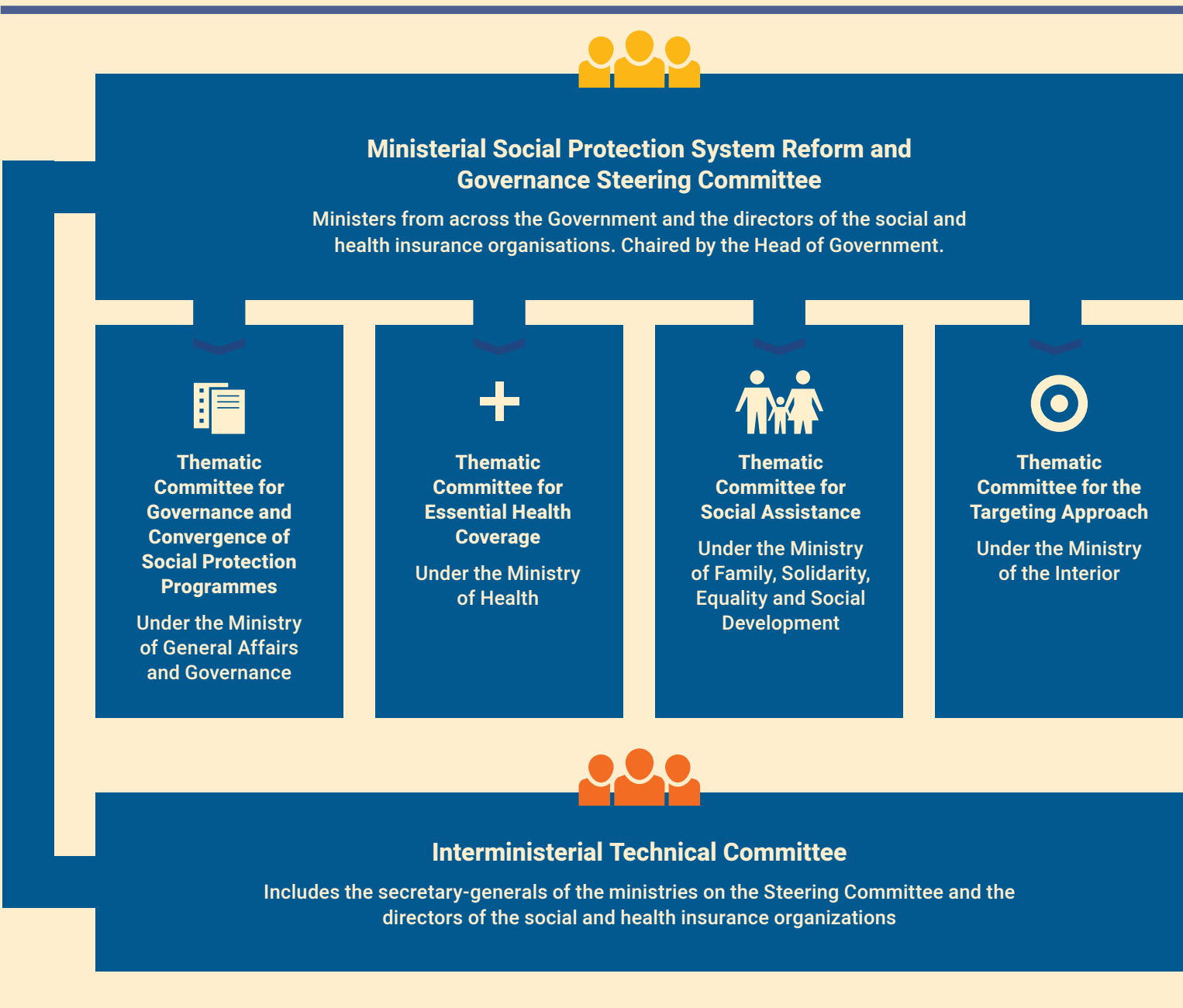
²²⁶ Mauritania, decree No. 940001-1 of 8 January 2014, article 6.

²²⁷ Mauritania, decree No. 940001-1 of 8 January 2014, article 8.

FIG. 16

Moroccan social protection governance framework established in 2018

Source: Adapted from Mahdad, 2019.



Egypt, like Morocco, has instituted a Ministerial Social Justice Committee led by the Prime Minister and comprising ministers from across Government.²²⁸ The Ministry of Social Solidarity has the overall responsibility for implementing the Takaful and Karama programme, and it does so in large part through its structure of regional directorates, district offices and social units. The social units operate at the local level, carrying out direct interaction with beneficiary households. Memorandums of understanding have been signed between the Ministry of Social Solidarity, the Ministry of Education and the Ministry of Health and Population to monitor compliance with conditions and ensure the availability of required social services.²²⁹

²²⁸ Egypt, decree No. 1940 of 25 October 2014.

²²⁹ World Bank, 2018b, p. 7.

Many countries have also established institutions to enable participative governance of non-contributory social protection programmes. Mechanisms for community targeting, such as the Local Permanent Commissions in Morocco charged with evaluating the eligibility of RAMED applicants, are an example. Social protection networks in the State of Palestine, of which 400 have been created, are headed by the Ministry of Social Development's district offices, and include representatives of local councils, civil society organizations, and other ministries. In addition to participating in the evaluation of applicants, the social protection networks contribute to the Ministry of Social Development's outreach initiatives and monitor its provision of services. Furthermore, the Ministry has piloted beneficiary councils in three districts to solicit feedback and concerns from households benefitting from the programme. Additional councils are expected to be established. The members of these councils are elected by municipalities and village councils in coordination with beneficiaries.

4.2

Social and multi-stakeholder dialogues

230 The National Dialogue Quartet, consisting of UGTT, UTICA, the Tunisian Human Rights League and the Tunisian Order of Lawyers was awarded the Nobel Peace Prize in 2015 «for its decisive contribution to the building of a pluralistic democracy in Tunisia in the wake of the Jasmine Revolution of 2011» (Nobel Media, 2018).

231 Babnet, 2013.

232 Vidzraku, 2018.

233 Babnet, 2014; Leaders 2017.

234 International Labour Organization, 2017b; International Labour Organization, 2017c.

Social insurance reform is politically sensitive and therefore difficult to achieve. Negotiations leading up to reform are often conducted in a tripartite setting, including the Government and representatives of employers and employees. In Tunisia, dialogue and cooperation between the main workers' and employers' organizations—UGTT and the Tunisian Confederation of Industry, Trade and Handicrafts (Union Tunisienne de l'Industrie, du Commerce et de l'Artisanat, UTICA)—has played an extremely critical role following the 2011 popular uprisings.²³⁰ In January 2013, these three actors signed a social contract which, among other things, commits them to undertake reforms ensuring the sustainability of social insurance regimes and to create a tripartite national council of social dialogue.²³¹ Such a council was created pursuant to law No. 2017-54, and convened for the first time on 27 November 2018.²³²

The social contract also led to the creation of five subcommissions, including one on social protection. It met for the first time in December 2016, and has become the venue of intense negotiations between the three parties.²³³ In July 2017, the Decent Work Country Programme for the period 2017-2022 was signed by the Government, UGTT, UTICA and ILO. This is effectively a roadmap towards implementing the social contract, complete with targets and indicators.²³⁴

Tripartite negotiations have the potential to generate agreements deemed acceptable by a large part of society, even though reaching such agreements may be difficult and time consuming. Importantly, the legitimacy of any eventual outcome depends on whether citizens perceive that they are truly represented by the parties conducting the negotiations. In Tunisia, the level of unionization is relatively high, which could potentially strengthen the legitimacy of the process. However, the dominant role of UGTT in the social dialogue has been criticized by other workers' unions.²³⁵

The process leading to the establishment of the Palestinian new social insurance scheme was also built on tripartite negotiations. In addition to the Government, they involved the Palestinian General Federation of Trade Unions, and the Palestinian Federation of Chambers of Commerce, Industry and Agriculture. The negotiations took place within the framework of the National Tripartite Social Security Committee, which was set up in 2012 and has received continual support from ILO.²³⁶ In early 2016, the Committee submitted its proposal, which was adopted by the cabinet and signed into law by the President.²³⁷ This law was subject to much criticism, including that the tripartite negotiation process had been opaque and exclusive, failing to sufficiently consider the views of civil society.²³⁸ Consequently, a ministerial committee was formed to review the law, and a revised version was passed in September 2016.²³⁹

Pursuant to the social insurance law, a dedicated institution, the Palestinian Social Security Corporation (PSSC), was set up to implement the scheme.²⁴⁰ The first PSSC offices were opened in 2018.²⁴¹ However, protests against the provisions of the social security scheme continued, including against the perceived underrepresentation of workers on the PSSC governing board. Consequently, the Palestinian Government announced in 2019 that the implementation of the social security law would be frozen and the activity of PSSC suspended.²⁴² The Palestinian experience clearly shows that a tripartite framework, or the involvement of international organizations, does not in itself guarantee the legitimacy of institutions, processes or outcomes. However, it also demonstrates the potential of civil society to fulfil an effective 'check and balance' role in the wider governance structure.

Whereas tripartite negotiations between the Government, employers and employees are key to social insurance reform, adopting other types of social protection reform may require the involvement of different actors. In 2009, Mauritania set up a committee charged with elaborating SNPS. This committee was headed by the General Director of Economic Policy and Development Strategies at the Ministry of Economic Affairs and Development and by the Director of Social Action and National Solidarity at the Ministry of Social Affairs, Childhood and Family. It consisted mainly of officials from several ministries, such as the director of disability issues at the Ministry of Social Affairs,

- ²³⁵ Sarra, 2018; Webmanagercenter 2018.
- ²³⁶ International Labour Organization, 2013.
- ²³⁷ International Labour Organization, 2016.
- ²³⁸ Jaber, 2016.
- ²³⁹ International Labour Organization, undated-b.
- ²⁴⁰ International Labour Organization, 2017d.
- ²⁴¹ Jahal, 2018.
- ²⁴² Al Jazeera, 2019; Al Araby, 2019.

Childhood and Family, the director of integration at the Ministry of Employment, Vocational Training and New Technologies, and representatives of international organisations including the United Nations Children's Fund (UNICEF), the International Monetary Fund (IMF) and the World Bank. In the following four years, a number of activities were undertaken to gather input and ensure the commitment of various stakeholders. For example, awareness-raising workshops were held for public employees and for civil society actors, and participative consultations took place with intended beneficiaries.

The final version of SNPS was adopted by the committee in May 2013. The document includes schemes of priority actions and designates actors responsible for implementation. Undoubtedly, having in place such a strategy, carefully elaborated in an inclusive institutional framework and with a clear implementation plan, can be highly conducive to the success of reforms. The strong involvement of the Ministry of Economic Affairs and Development, during SNPS elaboration and implementation, played a notable role in ensuring adequate financing. The experience of Mauritania thus shows that elaborating a viable reform strategy, conceived as an action plan rather than as a declaration of principles and ambitions, may require time and deliberation.


SUMMARY

The present chapter discussed governance aspects of social protection system and reforms processes. The complexity of integrated social protection systems requires smart governance mechanisms that ensure coordination and collaboration between ministries and other actors, but also facilitate smooth operations. In addition, the effectiveness of social protection systems depends on the population's trust in their fairness and reliability. Arab countries have established various national dialogue processes, designed to facilitate broader understanding, feedback and consensus, but also to ensure fiscal space for social protection. Stakeholders at the local level play an increasingly important role in the implementation of social protection programmes, especially to ensure smooth connection to, for example, rural development policies.

5

Political economy of social protection reform





Citizens and economic actors contribute to funding public social protection systems through two main channels. The first is through contributions, which in principle go directly to social and health insurance funds and ideally ensure their sustainability. The second is through taxes, which feed into general government revenues, together with revenues from other sources like rents and royalties.

At the national level, the overall composition of government revenues and expenditures establishes whether distribution of income and resources is regressive (benefits the better-off more than the poorer segments of society) or progressive (distributes resources in a way that supports greater equity of life chances and greater individual autonomy).

The way general government revenues are distributed, and the mixture of funding sources, reflects the political priorities of each Government. It also reflects the results of social dialogues and the relative bargaining power of different social groups, and establishes the 'political economy' of reforms. The specific incentives in the individual components of social protection systems influence the behaviour of citizens and economic actors and their choices over different channels of social protection.

The present report does not evaluate the overall (regressive or progressive) impact of Arab social protection systems, given that government financial statistics do not yet allow for effective analysis of public social spending. However, the present chapter sets out the different incentives potentially generated by social protection systems in the Arab region.

Arab Governments have sought to increase their fiscal space since the start of the reform process. Means for achieving this include the abolishment or reduction of blanket subsidies, and changes to the tax system. The capacity of tax systems and the ability of Governments to collect revenues from taxation is highly influenced by the structure of the economy. Large informal sectors in many Arab countries limit government capacity to collect revenues through income or corporate tax. Therefore, indirect taxation is often the main source of tax revenue.²⁴³

Tax reforms in Arab countries reflect this pattern. In Morocco, the proportion of revenues collected in the form of value added tax (VAT) amounted to 36 per cent in 2017, up from 33 per cent in 2007.²⁴⁴ In 2016, Egypt introduced a VAT of 13 per cent (replacing the previous sales tax of 10 per cent). In 2017, the rate was increased to 14 per cent.²⁴⁵ In 2018, Saudi Arabia and the United Arab Emirates introduced VAT at a rate of 5 per cent.²⁴⁶ As shown in figure 17, the Saudi Ministry of Finance projects that 145 billion Saudi riyals will be collected from taxes on goods and services in 2021—up from 39 billion Saudi riyals in 2017. Revenues collected through other taxes are also expected to rise, but to a much smaller extent, from 48 billion Saudi riyals in 2017 to 56 billion riyals in 2021. Thus, the share of taxes on goods and services as part of all collected tax revenue is predicted rise from 45 per cent in 2017 to 72 per cent in 2021.

Since indirect taxes are usually paid by everyone in the economy, including the poor, Governments may seek to fine tune their impact. In Morocco, the conclusion of the Third National Fiscal Policy Conference, held by the Ministry of Economy and Finance in May 2019, recommended the exemption of products of primary necessity from VAT and applying a rate of 10 per cent to products of mass consumption. It also suggested fixing the normal VAT rate at 20 per cent, but to apply higher rates for luxury products. Another possibility is to target the consumption of products deemed harmful to individuals and to society at large; for instance, the new health insurance scheme in Egypt will in part be financed by a special tax on tobacco.²⁴⁷

Moreover, many countries are making efforts to increase revenue collected through direct taxation. However, doing so can be politically sensitive, as became evident in Jordan when the Government in 2018 sought to increase the number of persons paying income tax by lowering the amount of exemptible income. This project triggered large protests, and was adopted in a modified form after a delay of several months.

Governments are also taking various measures to ensure compliance with existing taxes. For instance, the fine for tax evasion in Jordan previously corresponded to the amount of tax evaded, but the tax reform project adopted in 2018 doubled the fee.²⁴⁸ Tunisia, meanwhile, has lifted bank secrecy and thereby facilitated the prevention of fiscal fraud.²⁴⁹

²⁴³ Ortiz and others, 2017, p. 9.

²⁴⁴ Conseil Economique Social et Environnemental, 2018, p. 26.

²⁴⁵ Asquith, 2017.

²⁴⁶ BBC, 2018.

²⁴⁷ Farid, 2019.

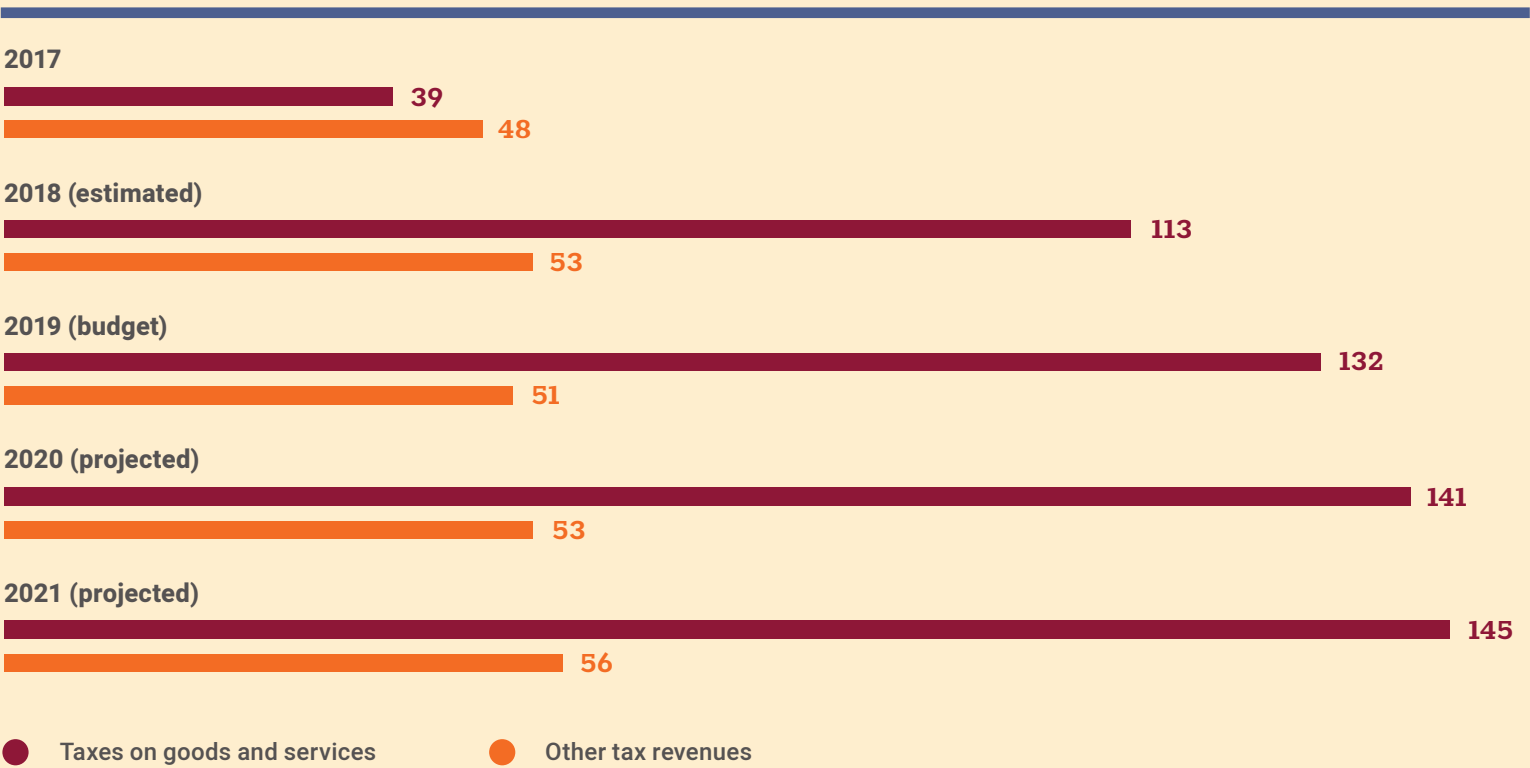
²⁴⁸ Schiffer, 2018, p. 23.

²⁴⁹ Jardak, 2018.

FIG. 17

Revenue collected through taxation in Saudi Arabia (billions of Saudi riyals)

Source: Saudi Arabia, Ministry of Finance, undated.



Political economy incentives may undermine each other. For instance, if the reduction of blanket subsidies leaves the middle class with the perception that they have lost out, the increase of general taxation may be politically challenged. Similarly, attempts to garner revenue by raising income tax (or contributions to social or health insurance schemes) could incentivize a flight to the informal economy.

5.1

Projecting outcomes

The following discussion presents several different reform scenarios. Starting from a depiction of the pre-reform status (figure 18), it goes through several other possible incentive structures that may shape and be shaped by political economy considerations. The depictions were prepared by ESCWA on the basis of discussions in global social protection literature.²⁵⁰ For simplicity, the figures are limited to social protection mechanisms ensuring income security (social insurance and social assistance), since health-care systems in the region are harder to generalize owing to their diversity and complexity.

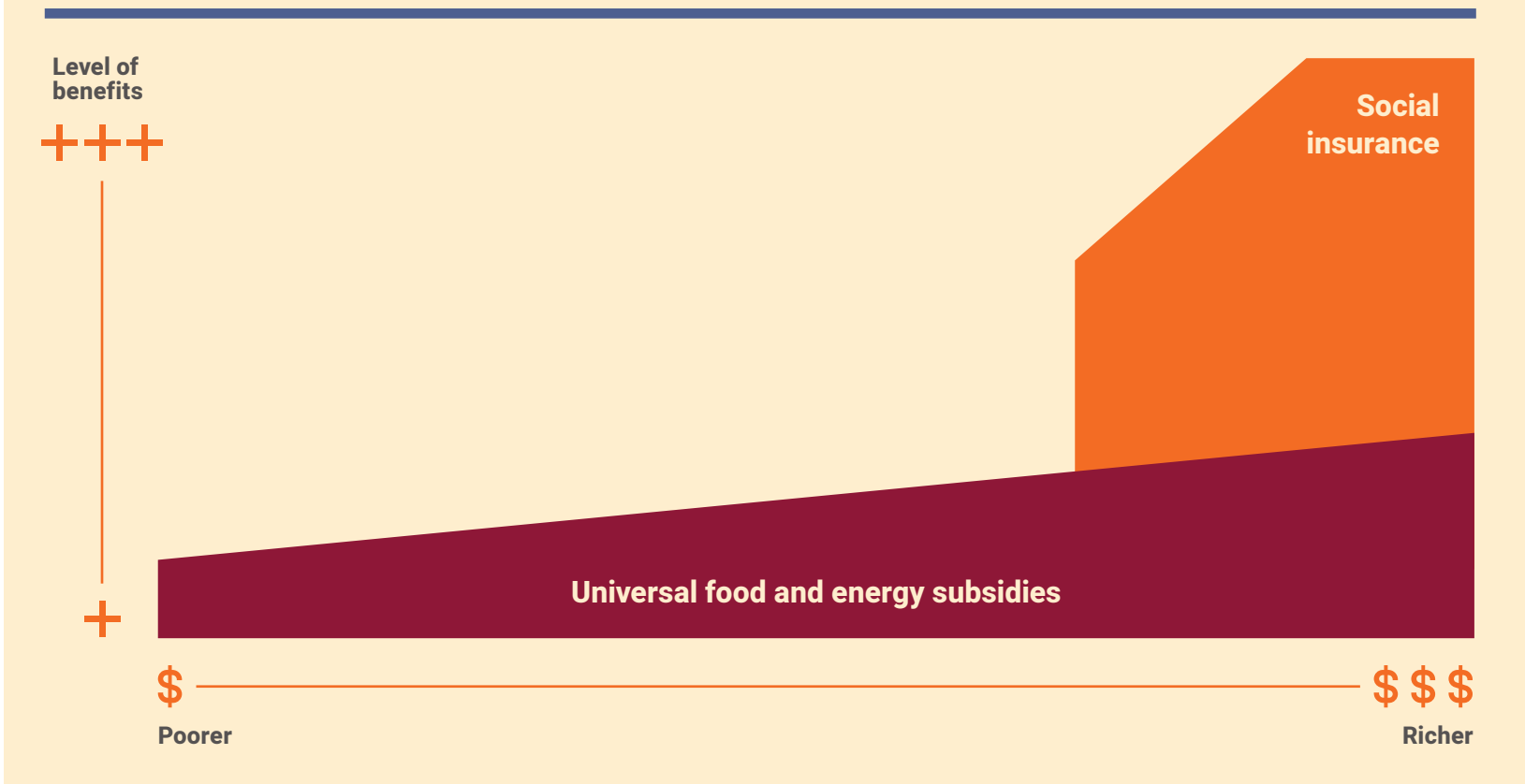
Figure 18 depicts the pre-reform situation. Here, the entire social stratum is covered by universal subsidies. However, the regressive nature of these entails that the better-off benefit more than the poor. Social insurance schemes provide relatively generous benefits (often within the limits of a ‘floor’ and a ‘ceiling’, meaning that benefits have guaranteed minimum and maximum levels), but cover only a minority of the population (with some exceptions, notably Tunisia).

The following graphs represent extreme simplifications of a complex reality, which differs considerably between countries. The hypothetical scenarios serve to illustrate two main challenges that may occur in the context of ongoing reforms.

FIG. 18

Pre-reform scenario

Source: Prepared by ESCWA.



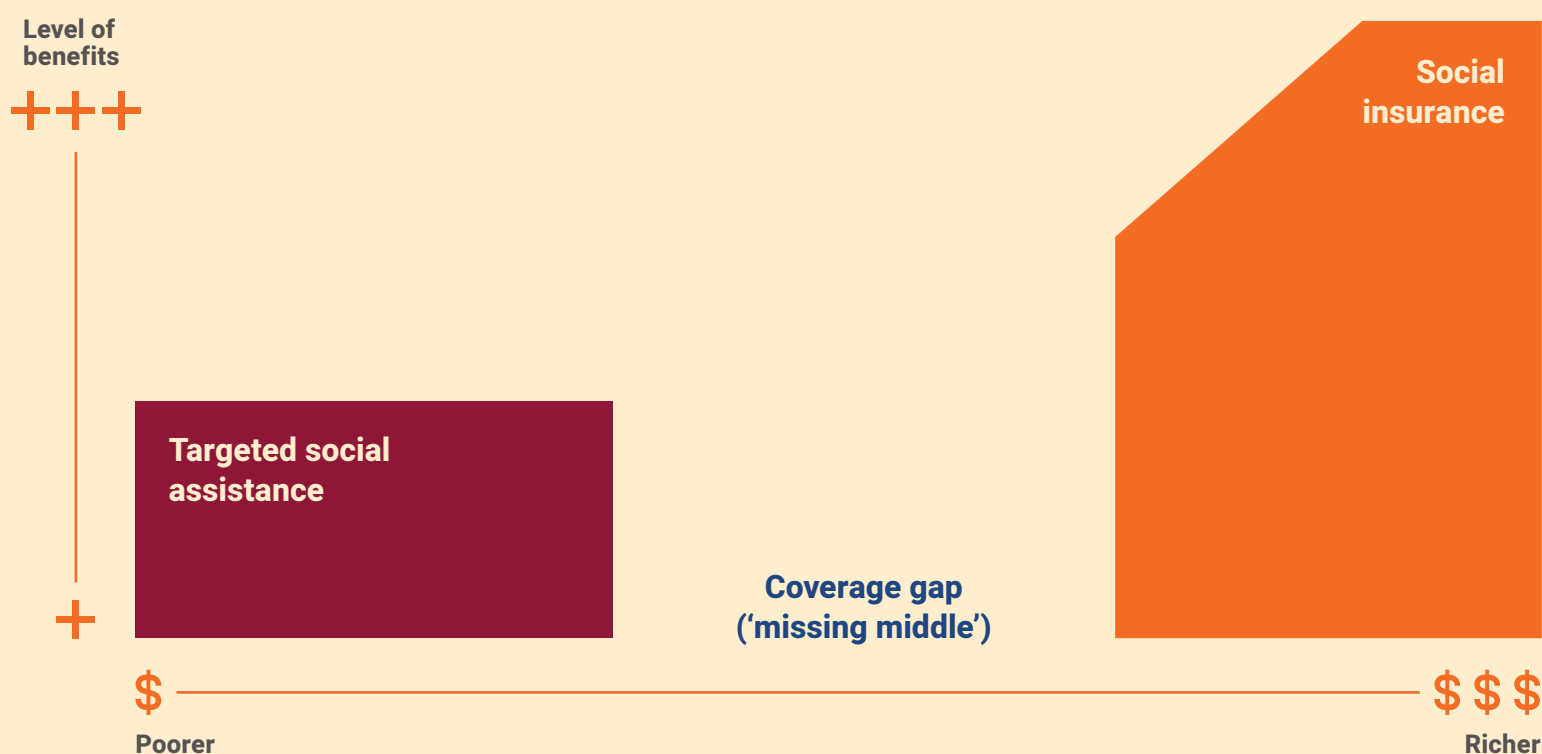
The first such challenge (figure 19) is the emergence of a coverage gap when universal subsidies are replaced by targeted social assistance measures, without expanding the non-contributory system towards informal workers.

In the scenario, universal energy subsidies have been replaced by poverty-targeted social assistance programmes. The poor, especially the very poor, benefit considerably more from these targeted programmes than from universal subsidies, and can therefore be said to have gained from the reforms. The relatively better-off no longer benefit from universal subsidies, but remain covered by the social insurance system, which in this scenario has remained unchanged. Even at their lowest level, the benefits obtained through the social insurance regime are considerably higher than the benefits provided by social assistance schemes.

However, a large coverage gap has opened up in the middle, consisting of those who do not enjoy social insurance coverage, but who are not considered 'sufficiently poor' to benefit from the targeted social assistance programmes.

FIG. 19**Post-reform scenario 1**

Source: Prepared by ESCWA.



The reduction of subsidies deprives this section of the population, the so-called ‘missing middle’, of what little social protection coverage they had, without providing compensation. The augmentation or introduction of indirect taxes such as VAT may further aggravate their situation.

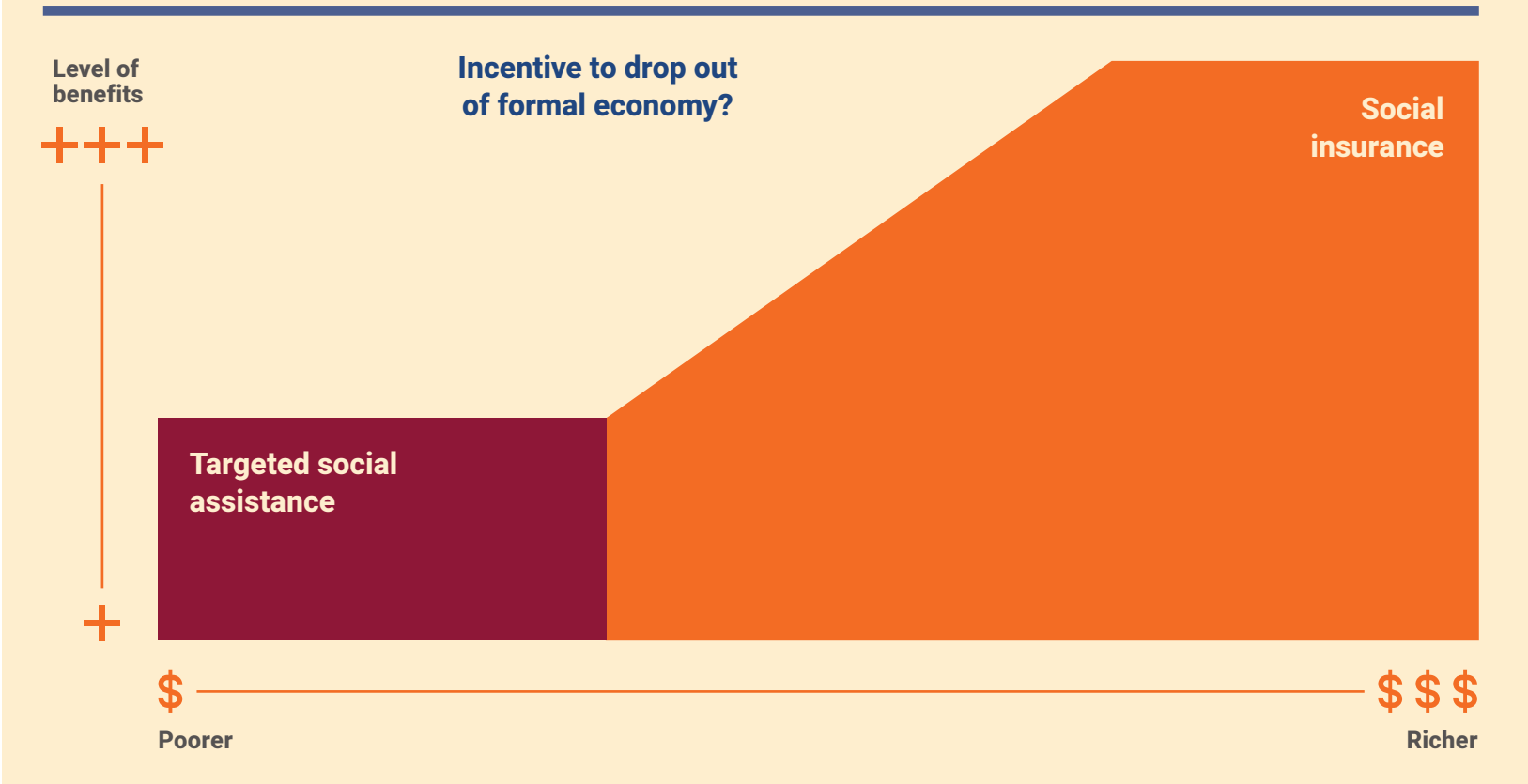
The second challenge (figure 20) lies in possible paradoxical incentives to join the informal economy. Such paradoxical incentives may emerge if the coverage gap closes, and if benefits provided by contributory social protection mechanisms and targeted non-contributory ones become more comparable.

In figure 20, universal subsidies have been replaced with poverty-targeted social assistance, and social insurance coverage has been extended to the ‘missing middle’. Thereby, the coverage gap has been bridged, and no one is excluded from the social protection system. Meanwhile, to ensure sustainability and adjust to presumably lower contributions from a higher number of previously informal workers, the social insurance regime has been subjected

FIG. 20

Post-reform scenario 2

Source: Prepared by ESCWA.



to parametric reforms, entailing adjusted benefits, which may especially affect the rich. This is largely the purpose of the ongoing reforms: a social insurance system with more sustainable parameters covering a larger proportion of workers, and a targeted social assistance system benefitting only the poorest.

However, since social insurance benefits are usually based on previous earnings, the benefits received by workers on moderate incomes are not very high. The poorest workers covered by the social insurance regime may receive benefits that are not very different in size from the benefits provided by the social assistance schemes. In addition, being covered by social insurance requires paying contributions and possibly other charges such as income tax. For this reason, workers may perceive that the 'net' value of social assistance is higher than that of social insurance, which may raise serious challenges in terms of how to incentivize workers to stay in the formal economy. To what extent this

happens is likely to depend in large part upon which benefits the social insurance package includes. For instance, as discussed in the first chapter, since old-age pensions are seemingly far ahead, they may be less valued by workers than family benefits, for example.

5.2

The paradox of targeting

In figure 19, some social groups lose out from the reforms as they can no longer benefit from universal subsidies, but are also not covered by social insurance or by poverty-targeted social assistance. However, as taxpayers, they still contribute to the overall financing of social protection. This may affect their willingness to pay taxes and could make it politically difficult for the State to devote a large part of its overall budget to cash-transfer programmes and the like.

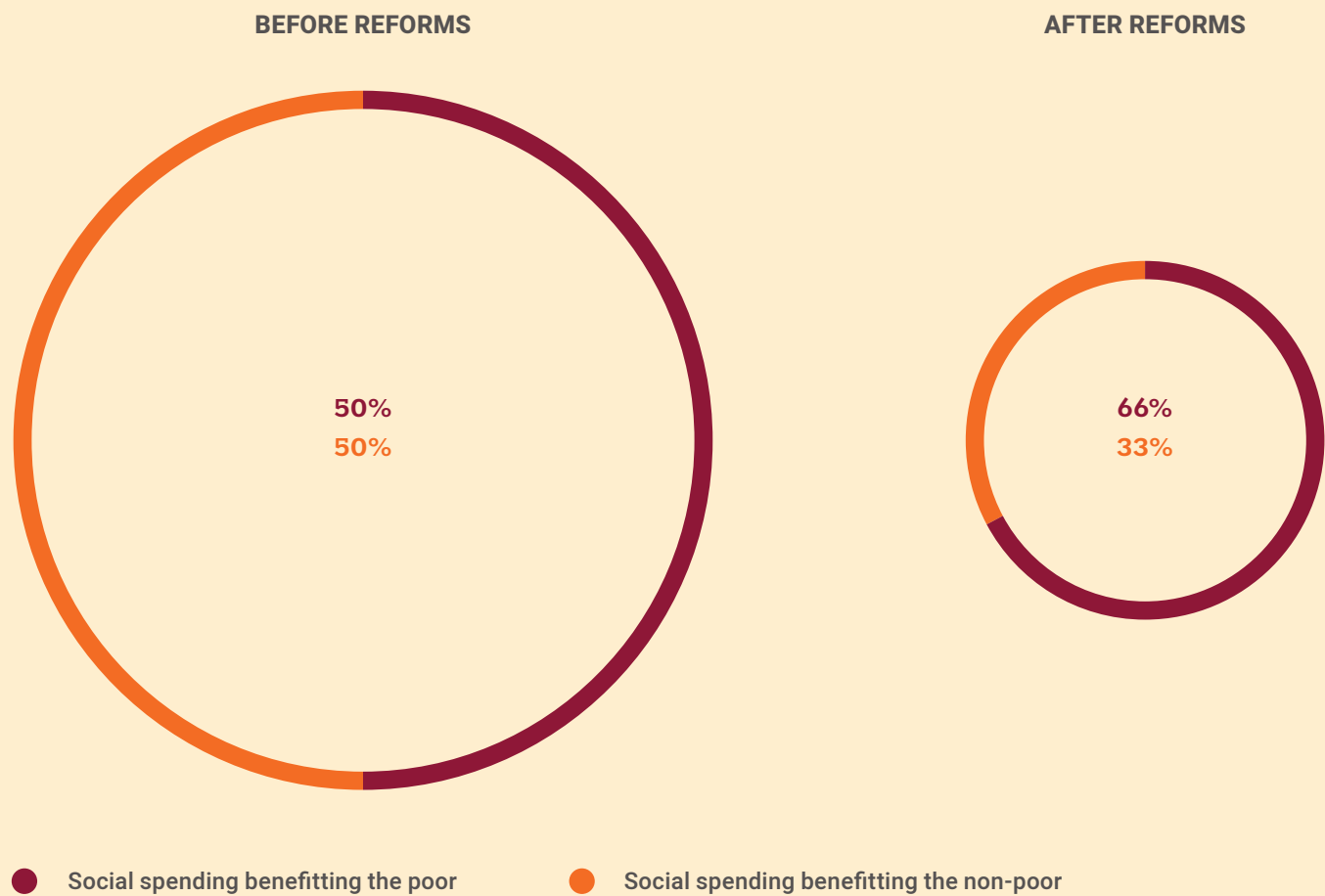
Consequently, even though effective targeting may result in a higher share of social spending going to the poor, total social spending may diminish. A hypothetical example of this phenomenon is illustrated in Figure 21. Before the reforms, only 50 per cent of social spending went to the poor, meaning that the other 50 per cent benefited the non-poor. After the reforms, 66 per cent of social spending now goes to the poor, and only 33 per cent to the non-poor. This ostensibly means that the poverty-alleviating impact increases (since the 'leakage' problem has been reduced). However, as the social budget as a whole is reduced by half, the poor do in fact obtain less after the reforms than before.

Even if this effect does not immediately materialize following the reforms, it may do so gradually in the medium to long term. When the non-poor do not benefit from cash transfers, there may be less political pressure on the Government to ensure that cash-transfer levels are raised in line with inflation

FIG. 21

More for the poor can mean less for the poor

Source: Prepared by ESCWA.



as the political leverage of social assistance beneficiaries may be low. A similar effect has often been noted with social services: when they are used exclusively by the poor, their quality tends to deteriorate.

251 Korpi and Palme, 1998.

This phenomenon is sometimes called ‘the paradox of targeting’, meaning that more for the poor is less for the poor. In Europe and North America, the countries with the most rigorously targeted social protection systems are the ones with the highest levels of inequality, since their total social spending is small and financed through regressive means.²⁵¹

The protests in Jordan against the tax reform proposed in 2018 may be seen as an example of how politically difficult it is for Governments to reduce social protection coverage of the middle class while asking them to pay more tax. In

line with the regional trend, universal subsidies in Jordan were drastically cut earlier that year, meaning that those ‘not poor enough’ to qualify for targeted assistance (for instance, through NAF) lost most of their benefits from subsidies. Jordanian government employees, academics and civil society representatives expressed the view that if taxation is to be a duty, Jordanians must get something in return, including transparency, trust and high-quality services. However, in Jordan, those who pay taxes also tend to pay for private sector services and thus do not use the government services.²⁵²

²⁵² Schiffer, 2018, p. 31.

²⁵³ ESCWA, forthcoming; Nauk, 2017.

Broad-based national dialogues can be an effective channel for Governments to discuss the main objectives of reforms, garner the support of all social groups (including the middle classes), and strengthen solidarity and cohesion in society. The perceived fairness of the overall distribution effect is as important as the income structure of the economy. In a context where the difference between the poor and the non-poor is relatively small, where there is plenty of movement between those two groups and where the targeting mechanism is seen as fair, the overall support for redistribution may be higher than in a highly divided society.

Some recent econometric studies based on a computable general equilibrium (CGE) suggest that Governments could direct at least part of the ‘saving’ from subsidy reform to the development of social and public infrastructure and service improvement, which could be perceived by the middle classes as a sort of compensation for their losses under subsidy cuts.²⁵³

5.3

Paradoxical incentives

254 Although the hypothetical scenarios are limited to social insurance and assistance (ensuring income security), a similar logic may undermine the viability of contributory health insurance systems. The incentives will depend on the relative quality of health-care services under the contributory versus the non-contributory (tax-based) schemes.

In the hypothetical scenario illustrated in figure 20, the social insurance system has been extended to the mid-section of society, but the benefits provided to social insurance beneficiaries on modest incomes are relatively low. This will present some workers with the choice of either staying in the contributory system and paying contributions as well as (at least indirect) taxes, or dropping out of the formal economy and relying on the publicly financed social assistance system in case of need. Since benefits from the social insurance system may be perceived by some low-income workers as comparable to those from social assistance schemes, they may opt out of social insurance and join the informal sector. If a large number of workers act in this way, it will increase pressure on the tax-financed social assistance system to expand, while social insurance schemes risk being drained of contributors.²⁵⁴

In Latin America, indications of such a 'flight' from the formal to the informal economy have been noted. In several of the region's countries, including Argentina, Brazil and Chile, the proportion of workers contributing to a pension scheme declined between the 1990s and the 2000s. Notably, this development coincided with the expansion of non-contributory social protection programmes, such as Bolsa Familia in Brazil. In many cases, eligibility for these programmes is conditioned on not being employed in the formal economy, or upon not receiving a pension from a contributory social insurance scheme. During this

period, many Latin American countries also undertook reforms to make contributory social protection regimes more financially sustainable—for instance, by raising contribution rates and retirement ages of pension schemes—which may have made those schemes less attractive to many workers.²⁵⁵

Despite several differences between Latin American and Arab societies, these experiences could interest policymakers in Arab countries, given that the reforms they are undertaking today are in many ways similar to reforms undertaken in Latin America around two decades ago.

Tunisia has a long history of successful expansion of the contributory social protection system. Meanwhile, the non-contributory social assistance regime (PNAFN and AMGI/AMGII) is highly developed and covers a large section of the population. Consequently, the coverage gap in Tunisia is relatively small, which should render the country more vulnerable to ‘flight’. The minimum wage (which can only be enforced in the formal economy) has consistently dwindled in proportion to the PNAFN benefit, a development which could increase the risk of workers fleeing to the informal economy.

There is indeed much to indicate that a dynamic of this sort has been at play for some time in Tunisia. In the late 1990s, the Government found it necessary to thoroughly revise the list of AMGI/AMGII beneficiaries to exclude those who were eligible for joining a contributory scheme.²⁵⁶ However, the challenge of people choosing to remain in the informal economy has by all indications persisted. A 2013 report explains the relatively low uptake of the 2002 social insurance scheme for workers on low incomes by the ‘competition’ posed to it by PNAFN and AMGI/AMGII. The report suggests that unless those programmes are reformed, all efforts undertaken to break the vicious circles of informality, precariousness and vulnerability will undoubtedly fail.²⁵⁷ Moreover, a 2015 study undertaken in Jordan found a strong preference among some citizens for social assistance, which was considered ‘more useful’ than contributory insurance.²⁵⁸

Overcoming the problem of such paradoxical incentives is highly challenging, especially when considering the difficulties of targeting ‘correctly’ and of adjusting to changing conditions in a volatile economy and to economic, social and environmental shocks.

A conceivable strategy to solve the dilemma may entail better integrating contributory and non-contributory mechanisms, such that there is a graduation between the two rather than a clear break.²⁵⁹ Figure 22 illustrates how such a system could manifest itself. The main idea is that workers on low revenue should not risk losing access to non-contributory social protection by joining the formal economy, and that the level of support they obtain on a non-contributory basis should decrease only in so far as this is more than compensated by the benefits obtained through the contributory part.

²⁵⁵ Perry and others, 2007, pp. 184-188.

²⁵⁶ Chaabane, 2003, p. 14; Destremau, 2005, p. 8

²⁵⁷ Ben Cheikh, 2013, p. 9.

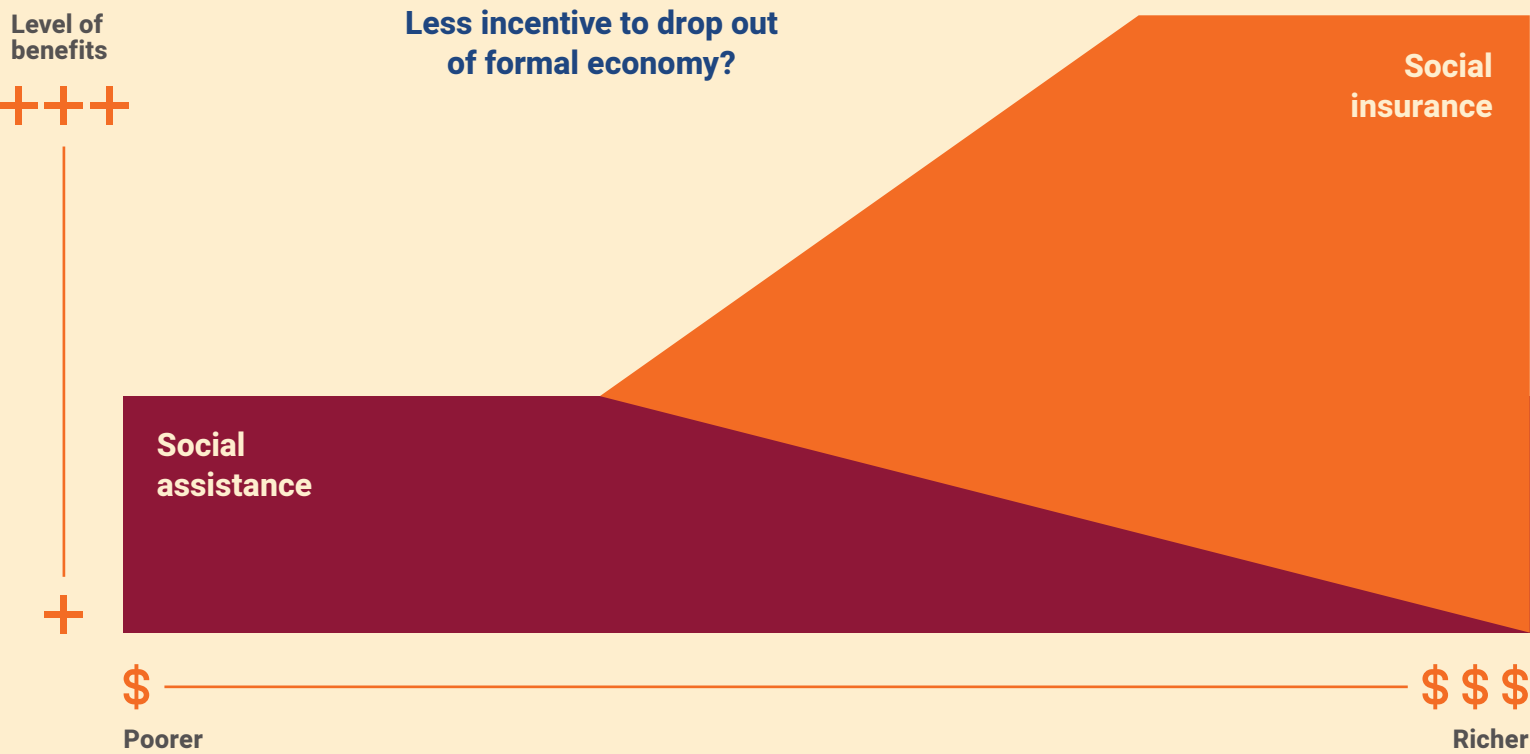
²⁵⁸ Brodmann and others, 2014, p. 22.

²⁵⁹ OECD, 2011, p. 95.

FIG. 22

Graded social protection system

Source: Prepared by ESCWA.



This principle of graduation can be applied in many ways by using different combinations of mechanisms. For instance, the social assistance component could in part consist of indirectly targeted universal subsidies; for example, subsidies on products that are primarily consumed by the poor. By retaining subsidies on liquid petroleum gas while abolishing those on petrol, Morocco has taken a step in this direction. Another alternative may be a universal child benefit: though provided to all households with children regardless of their poverty status, such transfers tend to have a progressive impact since poor households often have more children. Notably, the idea of a universal child benefit features in the Tunisian feasibility study of the national social protection floor, presented in May 2019.²⁶⁰

²⁶⁰ Centre de Recherches et d'Etudes Sociales, 2019, pp. 25-30.

SUMMARY

The present chapter discussed social protection reforms from a political economy perspective. By laying out stylized potential effects of ongoing reforms of the social insurance and the social assistance components, the chapter examined implicit or explicit incentives given by the design of the components of social protection systems, their interaction, and possible responses by participants, beneficiaries and the general population, especially the middle classes. It underlines the necessity of carefully managing the interface between social insurance and social assistance. Notably, the importance of interface management increases with the degree to which countries succeed in closing the coverage gap called the 'missing middle'. The present report suggests that one way of preventing such an effect could lie in ensuring that there is a graduation rather than a clear break between contributory and non-contributory mechanisms.

Social protection is the area where Governments and people interact most closely. The ability of Governments to provide timely and adequate assistance therefore shapes people's trust in Government and its institutions.

By highlighting ongoing reforms in the individual components of social protection systems, such as social insurance, health insurance and health-care services, social assistance, integrated registries and governance systems, the present report shows how Governments shape a new social contract, strengthen ties with citizens, and support social solidarity. It also describes the increasing complexity of integrated systems, which must be managed across several line ministries, as well as across national, regional and local levels of Government.

Reform constraints

Arab Governments are facing tight constraints in their policies to reform social protection systems. On the one hand, they seek to address the manifold protection gaps, especially of the poor and vulnerable population, and to integrate and harmonize previously fragmented programmes. On the other, fiscal pressure and the call for fiscal consolidation tends to limit their ability to cast the web wide enough to ensure effective coverage.

While a systems approach to social protection may generate efficiency gains, especially in the context of reducing or abolishing costly energy subsidies, a previous ESCWA study shows that only a fraction of the 'savings' went into other social programmes.²⁶¹ That study also revealed a lack of data for effective monitoring of social expenditure, and the need to establish an appropriate monitoring system within ministries of finance. For these reasons, and while social expenditure monitoring systems are evolving in Arab countries, the present report does not consider social protection finance. Analysis based on

CGE models suggests that the middle classes may become more vulnerable as subsidies are reduced, so vulnerability analysis may need to be broadened to address these effects.²⁶² As more fiscal data become available, they will be analysed in future reports.

²⁶² Helmy and others, 2018, p.19; ESCWA, forthcoming.

²⁶³ ESCWA and others, 2017.

Importance of detail

In view of such constraints, detail matters. The level of and channels for social solidarity, social justice and income redistribution are shaped through technical specifics, such as the contribution and benefit formula of social insurance systems, the benefit package of health-care systems, the targeting formula and the size of cash transfers. They imply national choices about, for example, the nature and definition of poverty in a given society; which level of poverty or vulnerability should trigger government support; and the distribution and redistribution of resources and income across income groups, formal and informal workers, and generations.

Arab countries are currently exploring evaluating poverty from a multidimensional perspective, inspired by recent ESCWA reports.²⁶³ While current PMT formula include several dimensions that indicate poverty or vulnerability, such as housing type, asset ownership, and household size and its relationship to the labour market and household consumption, they may not include other dimensions of wellbeing such as nutrition, access to education and health-care services, or access to water and sanitation services.

Exploring poverty from a narrower perspective or from the broader perspective of capabilities and wellbeing is not necessarily mutually exclusive. Both approaches can be used to inform integrated information systems in different ways. At the same time, it is a national choice to decide which level and kind of poverty and/or vulnerability should trigger public support through the social protection system. People may not be (income) poor in its narrow definition, but vulnerable in their capacity to build or maintain human capital. Others may mainly need financial support to send their children to school.

As countries turn universal subsidies into more targeted (conditional) cash transfers, they tend to 'universalize' contributory social insurance, including health insurance, by extending it to previously uncovered groups on a fully or partially subsidized basis. Broader inclusion of vulnerable groups in social insurance can make social protection more predictable, which would be a significant achievement as predictability is often undervalued. Moreover, to ensure sustainability of social insurance funds, there may be a need to revisit benefit formulas. These details shape the redistributive impact of social insurance funds, and the impact of benefits on preventing poverty and increasing human capabilities.

Importance of local government

While reforms are shaped by national policies, local government is equally critical for the success and impact of reforms. The present report touches upon this only briefly in the discussion on governance structures. However, the local government level deserves more attention, especially in the light of ongoing decentralization in some Arab countries. It is at the local level where social protection systems are and need to be connected to the broader realm of social policy. Cash transfers alone may alleviate poverty but to help people out of poverty, they need to be connected to a broader range of social services, such as rural development and agricultural investment programmes, environmental preservation projects, quality local education and health-care facilities and services, and active labour market programmes.

Social protection systems are at the core of such coordinated and interconnected local interventions. However, to ensure sustained capacity of social protection systems, it might be wise to avoid overloading them with development objectives beyond income security and health care. Social protection must be part of an integrated social policy approach, which can be facilitated by integrated registries.

The way forward

Social protection systems are an expression of an explicit or implicit social contract in each country. They embody social choices about the nature and extent of social solidarity and how it is shaped by the broader political economy.

While the present report's objective was to present an inventory of ongoing reforms, it is clear that the analysis should be followed up by detailed technical assessments of individual reform components, while maintaining focus on social protection as an integrated system.

Social protection systems closely interact with other social and economic sectors, such as labour markets, fiscal policy, education systems, housing policy and urban environments, in addition to social and economic policy in general. Consequently, social protection reform needs to be approached from a technical perspective as well as a broader social policy perspective.

On the technical level, Governments may wish to undertake the following:

Design social insurance funds in a way that supports the needs of people as much as the sustainability of the funds:

Especially lower income groups and micro enterprises in the informal sector, which form the bulk of employment in many countries, have low capacity to contribute to social insurance, and their pension benefits may

fall below subsistence levels if self-sustainability of the social insurance funds is the main objective of reforms. Particularly, as some Governments tend to 'universalize' social insurance on a partially or fully subsidized basis, benefit formula, replacement rates and the composition of health-care packages will shape the ability to ensure predictability of benefits, the capacity to cushion the impact of lifecycle risks and prevent poverty. The twin challenges of broadening the scope of social insurance while ensuring sustainability of insurance funds requires innovative solutions.

Better integrate the policies governing social insurance and social assistance:

Several Governments are currently expanding cash transfer systems and basic health-care packages to vulnerable people in the informal sector. These services may function as a disincentive to seek a formal work contract and to register in social insurance schemes, as benefits under pension funds and under cash-transfer schemes may be similar for lower income groups. Better integration of the two pillars of social protection may be needed to support people in a volatile economy. The need to carefully manage the interface between social insurance and assistance notably increases the more governments are successfully closing the coverage gap.

Ensure sufficient flexibility in the beneficiary selection for social assistance programmes:

Labour markets, especially the informal sector in Arab countries, are highly volatile, waxing and waning with economic cycles. Ideally, social protection systems should function as a stabilizing factor in people's lives—a source of support in case of economic or other lifecycle shocks. Support systems therefore need to be regularly updated and adjusted to register people in time of need and to provide support in regaining autonomy.

On the broader policy level, Governments may wish to undertake the following:

Ensure a solid assessment of the interaction between social protection and labour market policies:

The parameters of social insurance schemes, such as contribution levels, the division of the shares to be paid by employers and employees, the retirement age and the benefit formula, interact closely with incentives of

labour market participants (employers and employees). Similarly, potential fragmentation into different insurance schemes may limit mobility on the labour market if benefits are not portable. These and other factors should be assessed in the framework of social protection reforms.

Ensure appropriate monitoring of social expenditures to account for general government and other resources that flow into social protection systems:

The emerging systems approach acknowledges the increasing complexity of funding sources that flow into different parts of the social protection system. To establish the progressive or regressive impact of government expenditures (whether government spending is reducing or increasing the equality gap), Governments need to refine and must reinforce appropriate governmental financial statistics.

Ensure a meaningful dialogue between relevant stakeholders:

Governments are encouraged to continue or initiate national social dialogues that discuss the social choices and inherent trade-offs in moving towards better inclusion, so as to ensure fairness in the distribution of life chances, social solidarity and social cohesion. National choices need to be understood and supported by the broader population to ensure awareness of social protection mechanisms, acceptance of the distribution of individual and collective rights and responsibilities, and trust in the capacity and sustainability of Government and its relevant institutions.

ESCWA, in cooperation with partners in the United Nations system, academia and civil society, fully supports Arab Governments' efforts to ensure access to social protection as right of every member of society.

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Notes

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Social protection systems, their design and their extent, are shaping social cohesion, social justice, the structure of the labour market, the prevention and alleviation of poverty, as well as resilience to economic shocks in any given society. In recent years, the demand for broader access to social protection guarantees and equitable redistribution of resources has become very pronounced in the Arab region. This report discusses recent and ongoing social protection reforms taking place in Arab countries, policy options applied by the countries in the region and their immediate and long-term implications, as well as choices, trade-offs and challenges Arab countries are facing while carrying out the reforms.

Furthermore, growing complexity of social protection systems and their strong link to broader development policies requires adequate response in terms of a more integrated 'systems approach' to social protection and strengthened cooperation of different stakeholders, both within governments and with non-state actors.

