Social Policies in the Middle East and North Africa

Ferdinand Eibl, King's College London

Abstract

This article provides a succinct overview of trends in social policy provision in the Middle East and North Africa since the late 1950s. The main argument made in this piece is that the region underwent a period of social policy divergence up until the mid-1970s, followed by increasing convergence of social policy provision. This is demonstrated with reference to educational, health, and social security policies. The article also provides a brief outline of the historical legacies of social policies in the region, arguing that these were not the root of the divergence that occurred in the post-colonial period. Rather, the key driver of this divergence was differences in the composition of the regimes' ruling coalitions: republican regimes adopted a strategy of populist mobilisation toward the working and middle class; monarchical regimes opted for a strategy of selective co-optation of (tribal) notables, business elites, and the armed forces. The article also highlights major challenges of social policies in the region, such as problems of inclusion, equity, and long-term effects on distributive expectations, and highlights their political economy underpinnings.

(Key words: Middle East and North Africa; social policy; political economy; education; health; welfare state; JEL codes: I1; I2; I3; N15; P16)

Introduction

Since the late 1950s, social policies and welfare distribution have been major areas of government activity across the Middle East and North Africa (MENA), yet the region has been the stepchild of global social policy research.[1] With a few notable exceptions (Karshenas and Moghadam, 2006; Gal and Jawad, 2013; Jawad and Yakut-Cakar, 2010; Cammett, 2011, 2014; Loewe, 2010), social policies in the Middle East have neither received much attention of the ever-growing welfare state and development economics literature, nor have they attracted much scholarly attention from area specialist. This is all the more surprising given the extension and financial weight of MENA social policies in regional comparison. In terms of the number of social security areas covered, such as old age, health, or unemployment, the MENA region ranks third behind Latin America and the Central Asia and Caucasus region, ahead of Asia and sub-Saharan Africa (Figure 1). Regarding financial commitment to social welfare, the region is on a par with other high-spending regions in the developing world, dedicating about 8% of its GDP to social expenditures by the late 2000s (Figure 2). Moreover, these average figures mask the remarkable performance of a number of MENA countries, such as Tunisia, Algeria, and the Islamic Republic of Iran, which have consistently spent about half of their budget on social welfare and whose social security systems have covered at least two thirds of their population (Ben Romdhane, 2006; Ouzzir, 2006; Harris, 2010).

That said, social policy regimes in the Middle East have also shown considerable variation in terms of their ability to reach vulnerable populations, their distributive effects, and their

[1] This article follows the World Bank definition of MENA. I will use the term Middle East in a broad sense including North African countries. As a member state of the OECD, Israel is not considered in this article at it exhibits a different socio-economic structure to most other MENA states.

level of stratification and accessibility. These differences in policy choices are reinforced by the tremendous variation in national wealth across the region, which is mainly an artefact of unequal endowments with natural resources. In fact, the region encompasses both the world's richest nations (e.g., Qatar, Kuwait) whose oil wealth have enabled them to build generous welfare states for the native populations, and some of the world's poorest nations (e.g., Yemen, Sudan) whose feeble financial capacity has additionally been shattered by persistent violent conflict. To deal with this issue, I will, where appropriate, distinguish between the six oil-rich monarchies of the Gulf Cooperation Council (GCC) – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates (UAE) – and other non-GCC MENA countries. A further complication stems from the fact that social policies in a number of MENA countries have been poorly studied and data are thus limited. I am therefore compelled to focus on the better researched countries in the region. Finally, this article focuses on state-provided social policies and leaves the issue of non-state welfare provision to a separate, future article.

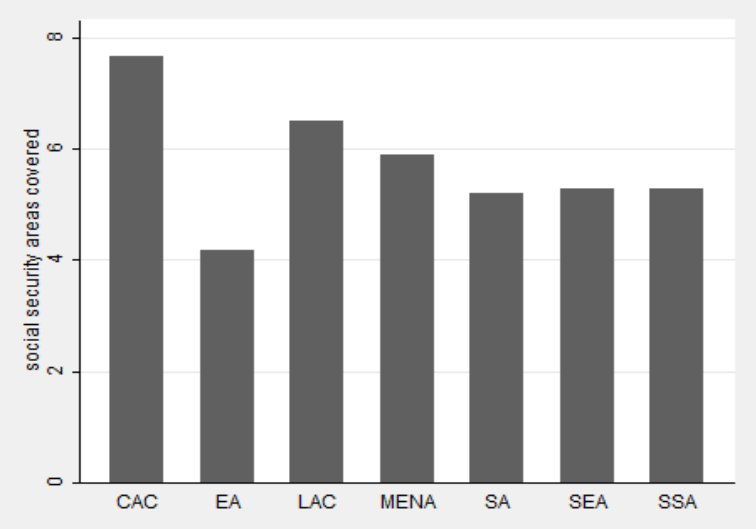


Figure 1: Extent of social protection by region (mid-late 2000s)
Source: ILO 2014.
Note: CAC Central Asia and Caucasus; EA East Asia; LAC Latin America and Caribbean; MENA Middle East and North Africa; SA South Asia; SEA South-East Asia; SSA Sub-Saharan Africa.

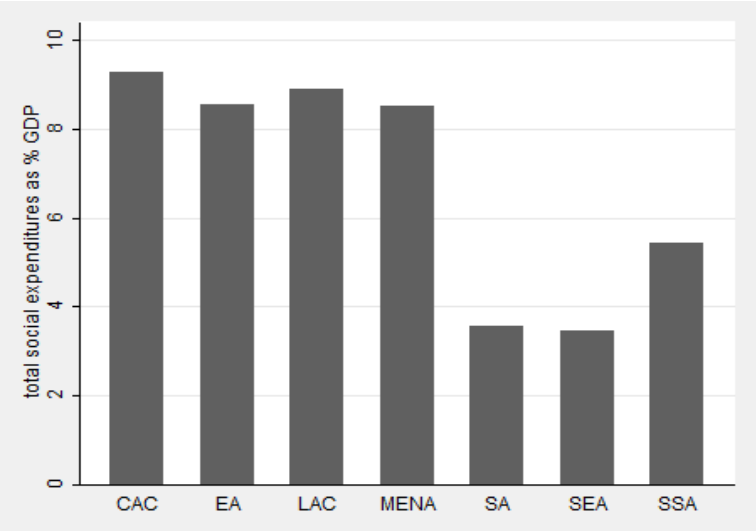


Figure 2: Total social expenditures by region (mid-late 2000s)
Source: ILO 2014.
Note: CAC Central Asia and Caucasus; EA East Asia; LAC Latin America and Caribbean; MENA Middle East and North Africa; SA South Asia; SEA South-East Asia; SSA Sub-Saharan Africa.

This article is structured as follows: the next section briefly describes the colonial legacies of social policies across the region. The following sections provide a succinct overview of social policies in the Middle East, highlighting a process of, first, divergence and, then, convergence across the region. The third section will highlight a number of challenges in the field of social policy, such as problems of inclusion, equity, and long-term effects on distributive expectations, and highlight their political economy underpinnings.

Colonial legacies

Although patterns of colonial encroachment during the 19th and 20th century varied across the region – from complete incorporation as in Algeria to very lose protectorate systems in the Gulf – it is safe to say that social policies did not constitute a matter of priority for colonial powers. Concerned with maintaining domestic security and economic exploitation, colonial powers across the region left either no or only a very rudimentary social policy framework for the post-colonial regimes to build on.

In the countries of the French Maghreb, colonial social policies were uniquely geared to the minuscule elite of white-collar workers, frequently French nationals, and the nascent working class. In Algeria, for instance, the French government introduced free medical assistance (*assistance medicale gratuite*) only for low-income segments of the French settler population, while the native population was left to charitable organisations (Kaddar, 1989). In Tunisia, the only major social policy initiative was the introduction of a family allowance (*allocations familiales*) in 1918, a lump-sum social transfer given for each child (Chaabane, 2002).

In Jordan, social policies in the form of free health care, housing, and education were mainly used as part of the British effort to pacify the East Bank tribes and build an effective tribal defence force tied to the newly established Hashemite ruler. It was thus instrumental, yet narrowly confined to a small segment of the population (Alon, 2007). In Egypt, British authorities laid the

foundation for the main social assistance scheme until today – subsidisation of basic commodities – when they introduced food subsidies to urban areas in the aftermath of World War I (Omar, 2012; Ahmed et al., 2001). Following the country's independence from the British in 1922, social policies, especially education, received increasing interest but really only became a policy priority following the Free Officer coup under Nasser in 1952. In Syria and especially in Lebanon, colonial policies expanded access to health care and education rather unequally, privileging Christian and (other) minority populations at the expense of the Muslim majority(Thompson, 2013).

Finally, in the Gulf monarchies British colonial rule had the main purpose of safeguarding trade with India, which means that development and social policies in particular were no immediate priority for the British. In addition, economic development was tremendously low in the Gulf sheikdoms before the onset of oil production, which for most countries only started after WWII (Owen and Pamuk, 1998). This, in turn, meant that welfare distribution was mostly confined to charitable activity on the part of the ruler and few Christian missionaries (Niblock, 2015). With the onset of oil production and the increasing threat from pan-Arab leftist ideologies on the rise in the 1950s, colonial authorities in collaboration with the ruling families started to pay greater attention to development policies, which lead to a first noticeable expansion of health care and education facilities . This was then followed by more fundamental shift toward rent-based welfare states following the first oil boom in 1973 (El-Katiri, Fattouh and Segal, 2011; Chaudhry, 1997).

Yet, even though colonialism did not entail marked differences in terms of the extent of social provision, it still set countries on distinct paths in terms of types of social policies pursued by post-colonial regimes. In formerly French colonies (with the partial exception of Syria), post-colonial authorities took over predominantly Bismarckian social policy regimes which the French had established for their own civil servants, such as the provident society for Tunisian civil servants or the Moroccan public pension fund established in 1889 and 1930 respectively (Chaabane, 2002; Catusse, 2009). In Algeria, the French authorities extended the existing social security regime to the entire Algerian population themselves in a eleventh-hour attempt to win over the native population at the onset of the Algerian war of independence (Safar Zitoun, 2009). This path dependency in terms of policy design explains the predominance of insurance-based social security systems in the Maghreb, especially in the area of health care. This contrasts with mostly tax-based or mixed regimes prevalent in the countries of the Mashreq and, in a slightly different format, in the Gulf where most social policies are freely accessible to nationals only and financed through oil rents.

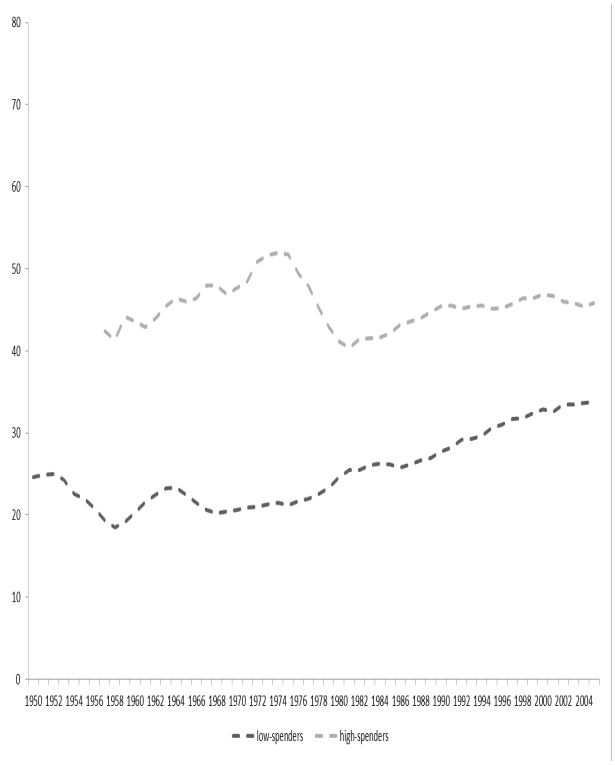
Social policies since the 1950s: from divergence to convergence

Broadly speaking, the development of social policies over the last six decades can be divided into two main periods: from the early 1950s until the mid-1970s, social policies in the region were characterised by a pattern of divergence whereby left-leaning republican regimes expanded social policies to a growing number of beneficiaries, while conservative monarchical regimes remained on the back foot and restricted social policies to key constituencies of the regime (e.g., bureaucracy, military), yielding more segmented, corporatist welfare regimes. The key driver of this divergence was differences in the composition of the regimes' ruling coalitions: republican regimes adopted a strategy of populist mobilisation toward the working and middle class; monarchical regimes opted for a strategy of selective co-optation of (tribal) notables, business elites, and the armed forces (Hinnebusch, 2010).

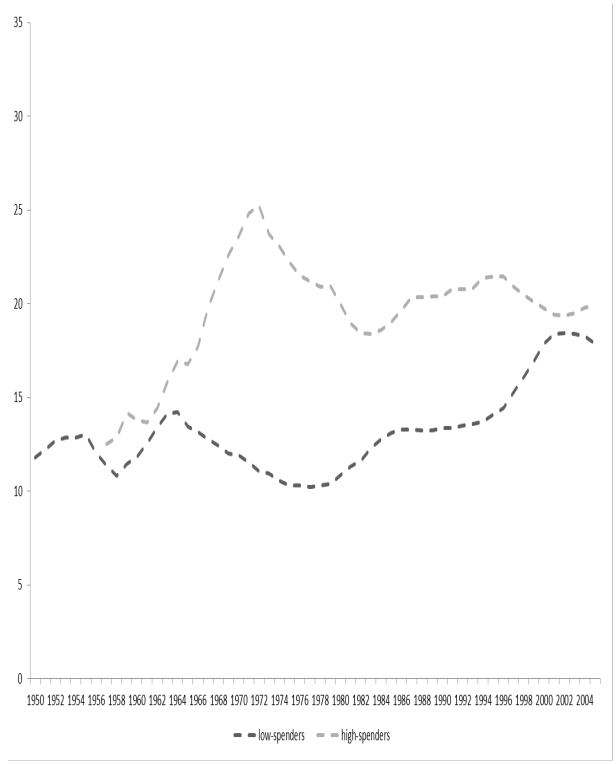
However, this pattern needs to be qualified in two important respects. First, as far as the Gulf monarchies are concerned, the combination of, in most countries, small national populations and

ample oil revenues allowed for the rapid extension of social policies to nearly the entire population. Saudi Arabia – by far the most populous Arab state in the Gulf – came to emulate the generosity of its smaller neighbours after the first oil boom in 1973 by rapidly increasing the public sector and rolling out welfare provision. Second, expansion of social policy programmes was not only influenced by the incentives stemming from the regimes' respective ruling coalitions. Social policy commitments were also shaped, and in many cases hampered by, external threats emanating from a regional environment where large-scale external conflicts were paramount. Resource-scarce states that were conflicting parties in the Arab-Israeli conflict (Egypt, Syria, Jordan) faced a particularly acute 'butter or guns' trade-off between investing in national security or enlarging the state's welfare regime. This meant that, despite their populist impetus, social policies in Egypt and Syria were often impaired by insufficient financial and bureaucratic commitment (Eibl, 2016).

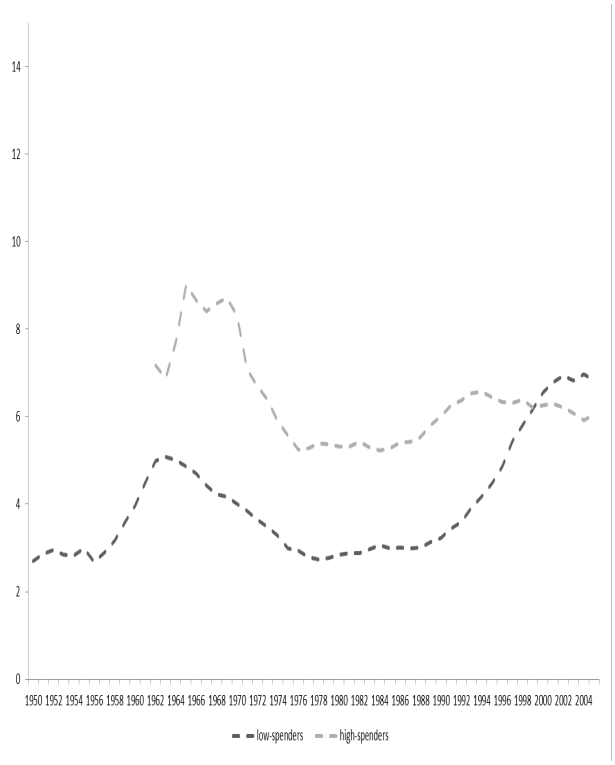
Since the mid-1970s, social policies in the region have witnessed a trend of gradual convergence. This has been driven by the confluence of a number of events: first, all populist republic regimes were forced to halt the expansion of their welfare regimes as their economic model based on state capitalism and import substitution ran into acute balance of payment problems, which in many cases necessitated painful IMF-led adjustment, followed by increasingly neo-liberal policies. Second, bolstered by large oil rents Gulf monarchies rapidly caught up with and gradually surpassed their republican counterparts in terms of welfare generosity. Third, even resource-poor monarchies started to pay more attention to social policies. In the case of Jordan, this coincided with a gradual adjustment of public expenditures away from defence toward (social) development; in Morocco, social policies increased in importance after the accession of King Mohamed VI in 2000.



(a) Aggregate social spending as % of total expenditures



(b) Education spending as % of total expenditures



(c) Health expenditures as % of total expenditures

Figure 3: Divergence and convergence of social expenditures in selected MENA regimes
Source: Lucas and Richter 2016; IMF 2011.
Note: Aggregate social spending includes outlays for education, health, housing, social security and assistance. High-spenders denote regimes with aggregate welfare outlays consistently near the 50-percent mark (Tunisia, Algeria, Islamic Republic of Iran). GCC countries are not included in the graph due to a lack of consistent time-series data. Other countries included in the graph

This pattern of divergence and convergence is particularly visible when looking at the spending figures plotted in Figure 3.[2] As far as spending is concerned, divergence reached a peak around the mid-1970s, after which spending patterns started to converge. This process was particularly pronounced in the fields of education (Figure 3b) and health (Figure 3c), although the lower budgetary expenditures for health in high-spending countries was primarily driven by an expansion of health insurance coverage and thus a shift toward a more fully insurance-based system. In the following two sub-sections, I will describe social policies during these two periods in greater detail, with a particular focus on education, health, and social security and assistance.

Divergence

Education

Education in all states expanded in the post-colonial period, although the pace and extent of this extension was more pronounced in populist republic regimes. Educational expansion generally consisted of three inter-related measures: (i) making education compulsory and removing existing access barriers to primary, secondary, and from the early 1960s onwards, higher education; (ii) expanding the institutional and financial capacity of the educational system by building schools and hiring teaching staff; (iii) circumventing and, in some cases, abolishing established religious institutions as the key provider of education. The institutional architecture of educational systems across the region took thus a similar shape, with compulsory primary education followed by, at first mostly elective, secondary education divided into various academic and vocational tracks.

Enrolment figures provide a good measure of the regimes' variable commitment to educational expansion during this time period: in Tunisia, an ambitious reform under Minister of Education Mahmoud Messaadi led to nearly universal primary enrolment by 1968, up from 35 percent in 1950. Algeria tripled education expenditures from 10 percent in 1963 to nearly 30 percent by the early 1970s in order to reach universal primary enrolment by 1978. In addition, nearly 65 percent of all pupils received government scholarships to guarantee a more equitable access (Bennoune, 1988). Lebanon had equally achieved full primary and 42 percent secondary enrolment in the mid-1970s

In Egypt and Syria – two front-line states in the Arab-Israeli conflict – the picture was more mixed: while the amount of primary schools double in Egypt between 1952 and 1976 (Waterbury, 1983) and the number of primary students doubled between 1964 and 1977 in Syria (Drysdale, 1981), educational expansion was impaired by financial bottlenecks and an increasing focus on higher education at the expense of primary education. In Morocco, Jordan, and Pahlavi Iran educational policies were also biased in favour of secondary and higher education, preventing a rapid expansion of access (e.g., Eilers, 1978). Morocco's primary enrolment rate in the mid-1970s stood at a meagre 54 percent, and Jordan outsourced much of its educational policies toward the UN agency for Palestinian refugees (UNRWA) which came to educate large parts of the Palestinian population in Jordan. As for the Gulf, early oil exporters with small populations, such as Kuwait, Bahrain, and Qatar, had achieved full primary and at least 50 percent secondary enrolment by the mid-1970s; latecomers in terms of oil production (UAE, Oman) and the more populous Saudi Arabia were still catching up at that point, with primary enrolment standing at 80, 34, and 57 percent respectively.

[2] Due to a lack of systematic data, the graph includes only a limited number of countries (see the note), but anecdotal evidence based on fragmentary suggests a similar pattern in other MENA countries.

		1950	1955	1960	1965	1970	1975
Algeria	*primary*	25	30	46	68	76.1	92.7
	secondary	5	6	8	7	11.2	20
Bahrain	*primary*	24	32	72	103	98.4	95.9
	secondary	-	-	-	33	51.3	52.4
Egypt	*primary*	-	-	66	75	67.6	73.1
	secondary	-	-	16	26	28.4	40.3
Iran	*primary*	28	28	41	63	72.8	93.2
	secondary	4	7	12	18	27.1	45
Iraq	*primary*	24	36	65	74	68.8	93.6
	secondary	5	8	19	28	24.4	34.6
Jordan	*primary*	48	78	77	95	84.2	86.6
	secondary	4	18	25	38	32.8	47.5
Kuwait	*primary*	78	99	117	116	88.1	92.6
	secondary	2	4	37	52	63.5	66.5
Lebanon	*primary*	-	77	102	106	121.4	-
	secondary	-	9	19	26	41.5	46.9
Libya	*primary*	20	37	59	78	110.5	137.3
	secondary	0.5	4	9	14	20.8	54.7
Morocco	*primary*	21	30	47	57	51.5	62
	secondary	1	2	5	11	12.6	16.5
Oman	*primary*	-	-	-	-	3	37
	secondary	-	-	-	-	0	1.3
Qatar	*primary*	-	-	67	97	96.2	111.6
	secondary	-	-	-	15	36.3	53.8
Saudi Arabia	*primary*	4	7	12	24	45.3	57.5
	secondary	0.2	0.4	2	4	12.1	21.6
Syria	*primary*	52	52	65	78	77.5	95.6
	secondary	8	13	16	28	38.1	43
Tunisia	*primary*	35	47	66	91	100.4	96.5
	secondary	8	9	12	16	22.7	21.1
United Arab Emirates	*primary*	-	-	-	-	94.6	101.5
	secondary	-	-	-	-	21.8	32.6
Yemen	*primary*	-	-	8	9	-	-
	secondary	-	-	-	-	-	-

Table 1: Gross primary and secondary enrolment, 1950-1975
Source: World Bank 2008.

Health

In the area of health care, states not only differed in the level of their financial commitment but also in the institutional design of their health care system. Tunisia, Algeria, Libya, Egypt, and Lebanon established a parallel structure in their health care system whereby a tax-based public health care sector has coexisted with an insurance-based system which allows patients access to both public and private facilities. This was often the result of post-colonial regimes taking over existing insurance-based systems for public sector employees from the colonial period while trying to widen health care access to the vast number of citizens without existing health insurance. In Tunisia, the government created two health insurance funds for private and public sector employees in 1960, while granting uninsured patients access to a practically free-of-charge publicly funded health care system (Camau, Zaïem and Bahri, 1990). As insurance coverage increased, Tunisia went through a process of 'de-budgetisation' whereby the government gradually apportioned the costs of health care to the public health insurance scheme. This process was similar in Algeria where the free-of-charge system gradually came to be used by the lowest-income segments only (CERMOC, 1992). Egypt created a system in which free-of-charge health care is available to all citizens – though mostly avoided due to chronic underfunding – while a parallel networks of clinics and hospitals exclusively caters to those insured in the public insurance scheme (Clark, 2004). Lebanon takes a special position in that the expansion of public health care was very limited and private health care provision has thus dominated (Cammett, 2014).

Other regimes opted for predominantly tax-based health care systems. Syria, for instance, gradually established a universal health care system by enlarging the number of health card holders, which allowed access to free health care following a means test. The regime finally abandoned means-testing and introduced a national health service free of charge and accessible to all Syrian citizens. However, the gradual and lengthy introduction of universal health care meant that, for a long time, between a third and a fourth of the country's population were neither covered by the means-tested system nor any other social insurance (Drysdale, 1981). Access to health care was also problematic in Morocco where user fees in the public health care were so high that they effectively barred many Moroccans from access (Loewe, 2010). Pahlavi Iran provided free health care only for public sector employees who were covered by a public social insurance scheme. An equivalent private-sector scheme was only created in 1975, and the vast majority of the country's rural population (90%) still lacked access to medical facilities by the mid-1970s (Halliday, 1979). Jordan created a highly stratified system where public sectors employees and members of the armed forces were covered by their own health insurance scheme, while all others had to paid a subsidised fee to access health care (Knowles, 2005). The Gulf monarchies also established tax-based systems which have provided free health care to all citizens and, in the case of Oman, all inhabitants.

Post-colonial health care systems thus differed considerably in terms of their accessibility – with (nearly) universal access in Tunisia, Algeria, Egypt, Libya, South Yemen, later Syria, and the Gulf monarchies – and their financial capacity. Regarding the latter, the Gulf monarchies have certainly stood out in their ability to channel financial resources into their health care systems, as evidenced by their rapid decline in mortality rates. Beyond the Gulf, we find that the populist-conservative fault line in social policies largely holds true, with Tunisia and Algeria spending most on health care, followed by Egypt and Syria as intermediate cases, with the non-oil monarchies at the bottom. Access and financial commitment were also limited in the Lebanese case where a liberal post-war economic model coupled with a fragmented state capacity undermined large-scale public spending, which meant relatively high out-of-pocket expenditures for the bulk of uninsured citizens (Loewe, 2010).

Social security and assistance

Divergence was also characteristic of other forms of social security beyond health insurance. Populist republican regimes, on the one hand, tended to establish social security systems with a wider outreach and better coverage for private sector workers than their monarchical counterparts. In Tunisia, a comprehensive social security regime including health, work accidents and work-related illnesses, as well as maternity cover was introduced between 1957 and 1960. For public sector workers, the system also included a pension scheme, which was added for private sector workers in 1965. Egypt similarly built its social security regime for public and private sector workers in several steps between 1952 and 1960, including a pension, disability, and work accident scheme as well as unemployment insurance, while adding health insurance later in 1964 with the establishment of the Health Insurance Organisation (HIO). This system was then more or less copied by Syria during the union with Egypt between 1958 and 1961. Libya equally established a rather comprehensive regime for both sectors.

Resource-poor monarchies, on the other hand, established more segmented and stratified social security systems, which were less extensive, lower in their coverage, and clearly privileged public over private sector workers. Pahlavi Iran, for instance, only introduced a social security scheme for private sector workers in 1975; Jordan set up the Social Security Cooperation for private sector workers only in 1980. In Morocco, a scheme for private sector workers existed (the *Caisse Nationale de Sécurité Sociale)*; however, until 2002 it did not include a health insurance component, as only civil servants were offered an optional complementary insurance. This meant that until the mid-2000s, about 80 percent of all Moroccan were without any public health insurance coverage. Lebanon takes a middle position in that social security systems for both private and public sectors workers were set up, yet they gravely suffered from low levels of coverage and a clear bias toward the public sector (Melki, 2000). Finally, in the Gulf monarchies nationals working in the public sector – the vast majority – have not only benefited from decent salaries and high levels of job security, but also from a wide-ranging social security regime that the Gulf states set up for their civil servants. That said, private sector schemes have been nearly equally generous.

In terms of social assistance, the predominant type of transfer used throughout the region, regardless of the regime's ideological background, has been the subsidisation of basic commodities and energy. While the origins of this system differ from country to country – such as food rationing during the World Wars in Egypt or a bargain with labour to control wage inflation in Tunisia – the uniform application of the subsidy system meant that bread, as well as other staples like rice, milk, vegetable oil, and at times meat have been subject to strict price controls and thereby made available at prices significantly below the world market price. This equally applied to energy products, such as petrol, diesel, and household gas, which have been offered either for free, as in the Gulf monarchies, or at strongly subsidised rates. By contrast, other forms of social transfers were poorly developed and thus only existed in a rudimentary way, such as the National Solidarity Fund in Tunisia or the Sadat pensions for the poor in Egypt.

Convergence

Education

Since the mid-1970s, educational policies in the Middle East have been characterised by three important trends that have led to a gradual convergence between republican and monarchical regimes:

First, levels of financial commitment to education converged as high-spending countries were

forced to cut back on spending due to economic difficulties while resource-poor monarchies hiked up education spending. In the case of Jordan, this increase was partly the result of a peace dividend as hostilities in the Arab-Israel conflict abated and a peace agreement between Israel and Jordan made a significant reduction of defence expenditures possible. While, in theory, this would have also applied to Egypt, the economic situation of the country since the late 1970s through to the 1990s was such that most freed-up resources went into debt service which, at its peak, consumed about a quarter of public spending (Wahid, 2009). This period of retrenchment left a noticeable toll on the country's education system, with teachers forced into moonlighting because of low salaries, and many schools running several shifts a day to cope with the number of students (Harik, 1997). And although education spending picked up again towards the late-1990s, by the mid-2000s Egypt witnessed lower levels of education spending than comparable mid-income countries (Galal and Kanaan, 2010; Soliman, 2011). Yet even countries in a less dramatic economic situation, such as Tunisia, could not sustain the very high levels of spending characteristic of the 1960s and 1970s, when education had consumed about a third of all public expenditures. Reductions, however, were not as drastic as in neighbouring Egypt and Tunisia has kept educational spending at between a quarter and a fifth of the state budget. In terms of female education, gender parity indexes in all MENA countries have reached comparable levels, with near parity in most countries except for Iraq, Morocco, and to a lesser extent Syria (World Bank, 2008).

Second, following a global trend in educational policies, almost all Middle Eastern countries paved the way toward a generalisation of secondary education by loosening selective barriers and increasing the years of compulsory education to an average of currently 9 years across the region. This means that in all MENA countries secondary enrolment rates in the late 2010s stood between 75 and 85 percent, with the exception of Yemen (46%), Iraq (55%), and Morocco (58%). Concomitantly, the rise in secondary education has put pressure on the tertiary education system to deal with the higher student numbers. On average, between a quarter and two-thirds of an age cohort continue studying in higher education in the late 2010s. To make matters more complicated, there is a serious problem of mismatching between the demands of the labour markets and graduate cohorts who are more strongly drawn toward social sciences and humanities which traditionally paved the way for a career in the public sector – in many countries historically the main employer. By contrast, more applied and vocational degrees are often considered second-rate and frequently do not offer much clearer job market prospects either (World Bank, 2008).

Third, in the midst of demographic pressures, tight finances, and a strong demand for educational expansion, private education has expanded in a number of MENA regimes.[3] While education in traditional high-spenders, such as Algeria or Tunisia, has remained almost exclusively public, countries in economic difficulties or with a less engrained commitment to public education have witnessed increasing levels of private education. This is particularly true in the area of higher education where middle-class demand for quality education has led to a mushrooming of private universities, such as in Egypt or Jordan with a share of 17 and 25 percent of private institutions respectively (World Bank, 2008; Kohstall, 2012). In Jordan, even in public universities fee levels are comparatively high and provide universities with about a third of their total income (Galal and Kanaan, 2010). A similar pattern of privatisation, though not driven by financial need but rather by expatriate demand and brand-seeking, can be observed in many Gulf countries, such as Qatar, Oman, and the UAE. Even in primary and secondary education the share of private enrolment has increased quite markedly, with Jordan ranking at the top of the list of non-GCC countries with 30 percent private enrolment.

[3] A marked exception is Lebanon where private education has historically been very high.

		1985	1990	1995	2000	2005	2010
Algeria	*primary*	89	89.9	93.2	103.2	106.7	113
	secondary	45	58.7	57.5	61.9	76.7	95.4
Bahrain	*primary*	111.2	110.2	107.8	103.8	-	-
	secondary	92.3	86.9	106.2	100	95.2	96.43
Egypt	*primary*	79.4	92.2	92.6	01.3	105.5	113.3
	secondary	55	72.9	74.1	85.8	87.6	75.8
Iran	*primary*	100.2	105.7	106.3	100.7	101.1	106.3
	secondary	44.1	52.7	70.3	78.7	76.3	81.1
Iraq	*primary*	102	102.3	84.1	95.9	103	-
	secondary	49.2	46.5	38.7	37.3	47.3	-
Jordan	*primary*	101.9	101.6	99.8	102.4	105.6	98.8
	secondary	81.5	76.4	82.2	85.9	91.8	89.9
Kuwait	*primary*	106.1	92.7	102.4	115.4	113.9	-
	secondary	88.1	76.6	85.2	114.1	111	-
Lebanon	*primary*	101	109.8	116.7	130.9	103.6	103.4
	secondary	65.1	-	74.7	92.7	80.7	74.3
Libya	*primary*	117	-	-	115.9	106.8	-
	secondary	79.3	-	-	112.6	99	-
Morocco	*primary*	77.7	66.6	72.7	91.6	104.6	111.7
	secondary	30.7	36.8	37.6	38.1	49.6	62.5
Oman	*primary*	68.6	81.9	86.3	94.7	85.5	106.9
	secondary	25.1	42.1	65.3	79.6	85.4	97.76
Qatar	*primary*	110.5	98.2	97.2	104.7	102.5	-
	secondary	82.8	79.9	102.5	86.4	122.5	104.3
Saudi Arabia	*primary*	-	-	-	-	91.0	100.9
	secondary	-	-	-	-	89	110.2
Syria	*primary*	101.1	105.5	107	107	121.5	118.1
	secondary	54.9	50.8	42.9	43.9	70.1	72.5
Tunisia	*primary*	115.9	111.6	116.4	115.9	109.9	108.8
	secondary	37	45.4	56.3	74.9	85.8	89
United Arab Emirates	*primary*	95.4	108.6	104.5	94.2	104.3	112.7
	secondary	68.3	62.1	82.9	83.6	-	-
Yemen	*primary*	-	65.4	73.1	73	89.2	91.9
	secondary	20.7	21.8	20.9	41.4	46.7	44.3

Table 2: Gross primary and secondary enrolment, 1985-2010
Source: World Bank 2008, 2012.

Health

In the area of health care, we can also observe a gradual convergence across the region which, as far a spending levels are concerned, has been driven by the same underlying economic factors. However, it should be noted that in MENA countries with a well-established public health insurance system, such as Algeria and Tunisia, spending reductions partly reflected a shift of financial obligations from the state budget on to the insurance system, and were not necessarily symptomatic of lower spending levels overall (Kaddar, 1989). Convergence was facilitated by deliberated efforts to broaden the coverage of existing social security regimes to segments of the informal and low-income sectors, such as construction workers and domestic employees (e.g., Boudahrain, 2003). As a result, coverage rates of public health insurances have significantly increased in all MENA countries, with top performers such as the Islamic Republic of Iran, Algeria, and Tunisia covering between 80 and 90 percent of their workforce. The only exception to this trend is Lebanon where health care provision has remained predominantly private which is both due to its weak legacy of (welfare) state building and the civil war which had propelled non-state actors into the roles of important welfare providers. In 2005, only 5 out of 160 hospitals were government-run (Cammett and Issar, 2010, 391).

Convergence was particularly rapid in in Iran where the post-revolutionary regime has made social policies a key priority and lifted the country from one of the lowest spenders on social welfare into the group of high-spenders within just one decade (Harris, 2013). This spending boost was accompanied by a sustained effort to roll out social security to the entire population, culminating in the extension of the public health insurance scheme (Medical Care Insurance Organisation, MCIO) to the entire population in 1994 (Messkoub, 2006). In addition, the Islamic Revolution has also lead to the establishment of para-statal charities and foundations (*boniyads*) which provide a wide range of social services including medical assistance (Harris, 2010).

The 2000s also witnessed a number of major efforts to overhaul the public health insurance in Tunisia and Morocco where it succeeded, and in Egypt where it failed. In Tunisia, the 2004 Universal Health Care Reform merged the health insurance of civil servants (*Caisse Nationale de Retraites et de Prévoyance Sociale*, CNRPS) and the private sector employees (*Caisse Nationale de Sécurité Social*, CNSS) into the new *Caisse Nationale d'Assurance Maladie* (CNAM). Being the outcome of protracted negotiations with employers, the medical professions, and the national trade union over a period of eight years, the reform constitutes without any doubt the most significant social policy reform in recent decades. The reform represented a major victory for Tunisia's strong national trade union, UGTT, as the government's initial objective of utilising this reform as a vehicle to partially privatise health care and implement cost-cutting measures was reversed; instead, the reform upgraded the coverage level of private sector employees for a minimal rise in premiums, gave the public health care system a financial boost, and essentially outsourced the costs of the reform to private providers.

In Morocco, health care reform in the 2000s aimed at extending the meagre coverage of the existing public health insurance to achieve, ideally, universal coverage. To this end, the country rolled out a mandatory employer-based health insurance scheme (*Assurance Maladie Obligatoire*, AMO) in 2005, followed by the introduction of another programme for low-income households, the *Régime d'Assistance Médicale* (RAMED) in 2009. In combination, both reforms have pushed coverage levels up to about 62 percent of all households. The idea now is to further extend RAMED to the nearly 3.4 million self-employed workers and their 6.6 million dependents, who have thus far remained uninsured.

In Egypt, the Mubarak regime also attempted to overhaul their public health insurance in view of achieving universal coverage. By universalising health insurance, the regime was hoping

to address a number of defciencies in the health care system: high out-of-pocket expenditures (72 per cent) which have been driven by uninsured Egyptians opting for private health care instead of using the free-of-charge facilities provided by the Ministry of Health, the quality of which is considered very low; and the fact that the current health care insurance exclusively insures the policyholder and not any dependants (World Bank, 2015). The reform also aimed at cost reductions to reign in the scheme's high deficit and a partial privatisation of health care at a later stage. The reform attempt failed, however, due to serious resistance of health care professionals and existing policyholders and, crucially, due to the government's unwillingness to shoulder the financial cost of subsidising the premiums of up to 40 percent of the Egyptian population. Successive post-revolutionary government have vowed to revive the project, so far to no avail.

Social security and assistance

In the field of social security and assistance, policies have been motivated by two major concerns: first, reforming existing social security systems to include a greater share of the population as described above; second, reigning in the subsidisation system which in most countries have become an excessive drain on fiscal resources since the mid-1970s. A key problem of the food, mostly bread, and energy subsidy system is that its costs depend almost entirely on the vagaries of the world market price – most MENA countries are net food and/or energy importers – which makes budgets vulnerable to significant external shocks.

As regards energy subsidies, the depth of reform varied from occasional price increases, especially for high-octane petrol used by the upper middle class, as happened in Algeria, most GCC countries since the fall of the oil price in 2014, and post-revolutionary Egypt; to the establishment of automatic indexation systems which still subsidise consumer prices but move them along the world market price within a certain range, as introduced in post-revolutionary Tunisia; to the partial or full abolishment of energy subsidies as occurred in Morocco, Jordan, and Iran. The Iranian reform was particularly commended internationally as the country replaced energy subsidies with a unconditional cash transfer, which greatly improved public acceptance for reform, although the implementation of the reform has faltered since 2012 (IMF, 2014).

As for food subsidies, reforms have mainly consisted of a combination of three different layers: (i) eliminating less essential commodities, such as certain meats, fish, etc. from the list of subsidised goods; (ii) improving targeting and avoiding leakage into the black market by handing out smart cards to beneficiaries and tightening controls on producers; (iii) occasional price increases mainly to alleviate acute fiscal pressures during periods of international price hikes. While these measures have certainly made the system more manageable, a legacy of food riots from the 1970s and 1980s coupled with a well-organised lobby on the part producers of subsidised goods has so far prevented the creation of an alternative social assistance scheme which would guarantee food security and at the same allow for a much better targeting of low-income populations. Some countries have boosted the financial capacity of other social assistance schemes to better reach vulnerable population, such as Tunisia's programme of Families in Need (*Programme d'Aide aux Familles Nécessiteuses*, PNAFN). These measures, however, have remained small in scale and unable to provide a viable, financially sustainable, and efficient social assistance scheme.

Challenges

Insider-outsider dynamics

While the central role of the state as both provider of welfare and a major employer has created relatively large distributive coalitions – which explains the overall satisfactory outcome performance across the region – these coalitions are characterised by strong barriers between insiders, consisting of public sector employees and weakly developed formal private sector, and outsiders, consisting of workers in the informal sectors which typically encompasses between 25 and 60 percent of all non-agricultural workers (Hertog, 2016). Labour market segmentation is reinforced by a comparatively weak labour turnover of about 10 percent of the work force per annum (World Bank, 2013).

In the field of social policies, this insider-outsider divide underpins the underdevelopment or underfunding of universal social security and assistance schemes, whereas welfare benefits for labour market insiders are comparatively generous. This is particularly conspicuous with regard to pension schemes, which offer manifold possibilities for early retirement and in some countries replacement rates which exceed the last income, that is, above 100 percent (Hertog, 2016). This means that social security systems across the region not only suffer from weak vertical redistribution between well-off and vulnerable groups in society, but also from a pronounced intergenerational redistribution from the working age population to pensioners.

Attempts to attenuate this insider-outsider divide have been made – for instance, by offering voluntary membership in the social security schemes to informal workers, such as in Tunisia – but fundamental reforms toward more universally accessible policies have often been deterred by insider groups, who in the MENA region have quite a lot to lose. Segmenting the labour market has also been in the interest of regimes which have made divide and rule strategies a mainstay of their power. In turn, outsiders struggle to find meaningful political representation in the absence of democratic competition in most countries and labour unions failing to represent the informal sector.

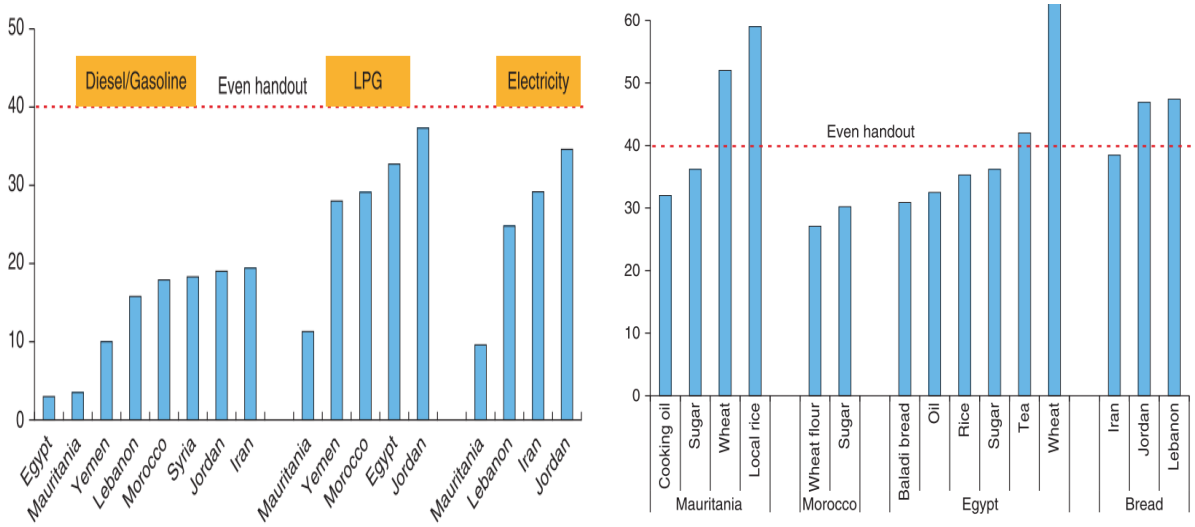
Inefficient targeting

Another challenge of social policies in the Middle East is targeting as many policies fail to reach vulnerable groups in society. On the one hand, this is a correlate of the segmented nature of existing social security systems which – being designed for and used by labour market insiders – primarily reach a middle class constituency. On the other hand, even universally accessible social benefits are often primarily reaped by middle- and upper-income groups. This is particularly true for the most widely used social transfer – energy and food subsidies.

As regards energy subsidies, numerous studies have highlighted the regressive distributive effect of all forms of energy subsidies, be it petrol, gas, or electricity, as richer households proportionally consume more energy than poorer ones and tend to be better connected to the national electricity grid. Using household survey data, a recent IMF study (IMF, 2014) indeed found that the bottom 40 percent of the population typically only receive between 15 and 30 percent of energy subsidies (Figure 4a). The system thus clearly represent a distributive mechanism in favour of the well-off.

As for food subsidies, it has rightly been pointed out that the availability of affordable basic commodities has contributed to the region's good performance in terms of malnutrition. As Cammett et al. (2015) point out, merely 8.3 percent of the MENA population suffer from malnutrition compared to 12.2 percent in East Asia, 21.1 percent in sub-Saharan Africa, and 33.1 percent in South Asia. That said, this outcome seems more like a side effect of a system

which – similar to energy subsidies – has been designed to benefit a predominantly middle class constituency. Typically between 40 to 50 percent of all food subsidies go to the top two income quintiles, while the bottom 40 percent receive less than their fair share of the food subsidy bill (Figure 4b). In addition to this regressive income effect, food subsidies are also problematic from a viewpoint of regional equity as they chiefly benefit urban agglomerations with higher food consumption, whereas particularly bread subsidies are often of no use to poor rural households who supply their own bread.



(a) Share of energy subsidies benefiting the bottom 40 percent of the population

(b) Share of food subsidies benefiting the bottom 40 percent of the population

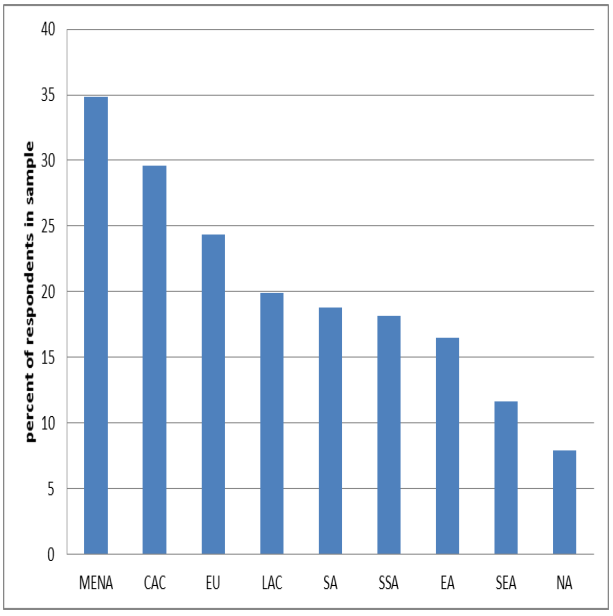
Figure 4: Distributive effects of energy and food subsidies
Source: IMF 2014, 13-14.

The reasons for the persistence of this suboptimal system again lie in the political economy dynamic underpinning it: middle class beneficiaries are generally better organised and politically more valuable in authoritarian systems where quelling urban unrest is crucial. In addition, it is often overlooked that the subsidy system is supported by a significant group of actors involved in the supply side of subsidies. First, public sector employees working in subsidy-related sectors, such as the vast public milling sector in Egypt, have shown a high capacity to mobilise against any attempt to increase competition between public and private sector producers of flour as they, probably rightly, fear that the over-staffed public mills would not be able to compete with the private sector. On the other hand, traders and merchants of subsidised goods have benefited handsomely from the market distortions that the subsidisation system provides. For example, wheat traders compete with the public sector agency (GASC) for the purchase of locally produced wheat; yet, by law, GASC is required to eventually buy up all locally produced wheat, which means traders sell their stock back to GASC, which drives up the prices and hands a lucrative profit to this group of intermediaries. Finally, the subsidy system has also been increasingly exploited by a group of politically connected actors who, like in Egypt and Tunisia, preferentially establish their companies in sectors benefiting from energy subsidies or receive exclusive licences to produce subsidised goods, such as sugar (Eibl, 2016). In combination, this factors have greatly complicated meaningful change toward a more equitable and efficient social safety system.

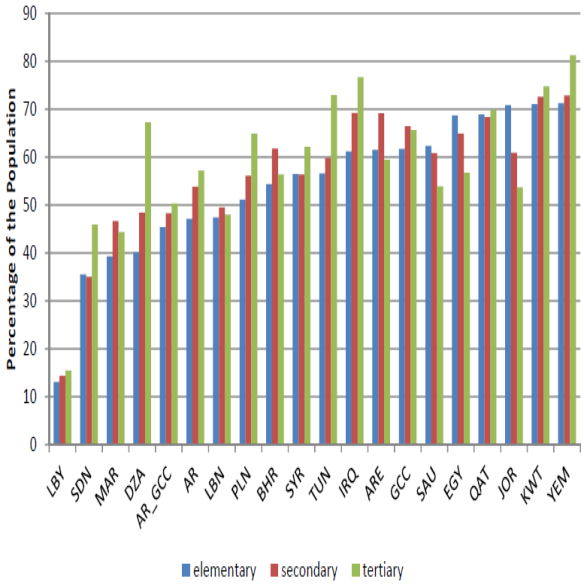
Distributive expectations

A third social policy challenge that all governments of the region have to deal with is the remarkable distributive expectations toward the state which are rooted in the real and perceived legacy of populist distribution. As regimes since the 1950s have made the promise to provide welfare and often also employment a mainstay of their legitimacy, citizens in the region have come to measure their governments by these very standards. However, even though many governments have clearly been unable to deliver on their promise since the mid-1970s, these expectations have been remarkably persistent.

For example, in the most recent World Value Survey nearly 35 percent fully agreed with the statement that the government is responsible everybody is provided for (Figure 5a). This puts the MENA region ahead of all other regions, including those with a significant communist legacy in Central Asia and Europe. In a similar vein, in nearly all MENA states 50 percent or more of all graduates have a preference for government jobs, with university graduates on top in a number of countries (Figure 5b). Given the inability of most countries to significantly widen the pool of labour market insiders in the short- to medium-term, making social policies more effective in reaching beyond insider groups will be key for governments to address the distributive expectations of their populations.



(a) Preferences for government provision
Source: WVS 2012.



(b) Preferences for a government job
Source: Hertog 2016, 25.

Figure 5: Distributive expectations across the MENA region

Note: Respondents were asked if the 'Government [is] responsible that everybody is provided for?' on a 10-point scale. Percentages in graph represent share of those who 'agree completely.'

References

Ahmed, Akhter U., Howarth E. Bouis, Tamar Gutner and Hans Löfgren. 2001. *The Egyptian Food Subsidy System: Structure, Performance, and Options for Reform.* Washington, D.C.: International Good Policy Research Institute.

Alon, Yoav. 2007. *The Making of Jordan: Tribes, Colonialism and the Modern State.* London: I.B. Tauris.

Ben Romdhane, Mahmoud. 2006. Social Policy and Development in Tunisia since Independence. In *Social Policy in the Middle East: economic, political, and gender dynamics*, ed. Massoud Karshenas and Valentine M. Moghadam. Basingstoke: Palgrave Macmillan pp. 259–284.

Bennoune, Mahfoud. 1988. *The Making of Contemporary Algeria, 1830-1987: colonial upheavals and post-independence development.* Cambridge: Cambridge University Press.

Boudahrain, Abdellah. 2003. "Social Security Pensions in the Maghreb: A study of Morocco and Tunisia." *International Social Security Review* 56(3-4):121–138.

Camau, Michel, Hédi Zaïem and Hajer Bahri. 1990. *État de santé. Besoin médical et enjeux politiques en Tunisie.* Paris: Editions du CNRS.

Cammett, Melani. 2011. "Partisan Activism and Access to Welfare in Lebanon." *Studies in Comparative International Development* 46(1):70–97.

Cammett, Melani. 2014. *Compassionate Communalism: Welfare and Sectarianism in Lebanon.* Ithaca, N.Y.: Cornell University Press.

Cammett, Melani, Ishac Diwan, Alan Richards and John Waterbury. 2015. *A Political Economy of the Middle East.* Boulder: Westview Press.

Cammett, Melani and Sukriti Issar. 2010. "Bricks and Mortar Clientelism: sectarianism and the logics of welfare allocation in Lebanon." *World Politics* 62(3):381–421.

Catusse, Myriam. 2009. Maroc: un fragile État social dans la réforme néo-libérale. In *L'État face aux débordements du social au Maghreb*, ed. Myriam Catusse, Blandine Destremeau and Éric Verdier. Paris: Karthala pp. 187–228.

CERMOC. 1992. "Systèmes de santé et systèmes de protection sociale dans le monde arabe." *Maghreb-Machrek* 138.

Chaabane, Mohamed. 2002. "Towards the Universalization of Social Security: The Experience of Tunisia." ESS Paper No. 4. International Labour Office (ILO).

Chaudhry, Kiren Aziz. 1997. *The Price of Wealth: economies and institutions in the Middle East.* Ithaca, N.Y.: Cornell University Press.

Clark, Janine A. 2004. *Islam Charity and Activism: Middle-Class Networks and Social Welfare in Egypt, Jordan, and Yemen.* Bloomington: Indiana University Press.

Drysdale, Alasdair. 1981. "The Regional Equalization of Health Care and Education in Syria Since the Ba'thi Revolution." *International Journal of Middle East Studies* 13(1):93–111.

Eibl, Ferdinand. 2016. Social Dictatorships: The Political Economy of the Welfare State in the Middle East and North Africa Phd thesis University of Oxford.

Eilers, Wilhelm. 1978. Educational and Cultural Development in Iran during the Pahlavi Era. In *Iran under the Pahlavis*, ed. George Lenczowski. Stanford: Hoover Institution Press pp. 303–331.

El-Katiri, Laura, Bassam Fattouh and Paul Segal. 2011. "Anatomy of an Oil-Based Welfare State: Rent Distribution in Kuwait." Kuwait Programme Working Paper No. 13. LSE Middle East Centre.

Gal, John and Rana Jawad. 2013. The Middle East. In *The Routledge Handbook of the Welfare State*, ed. Bent Greve. London: pp. 242–251.

Galal, Ahmed and Taher Kanaan, eds. 2010. *Financing Higher Education in Arab Countries*. Economic Policy Research Report Economic Research Forum.

Halliday, Fred. 1979. *Iran: Dictatorship and Development*. Harmondsworth: Penguin Books.

Harik, Iliya. 1997. *Economic Policy Reform in Egypt*. Gainesville: University of Florida Press.

Harris, Kevan. 2010. "Lineages of the Iranian Welfare State: Dual Institutionalism and Social Policy in the Islamic Republic of Iran." *Social Policy & Administration* 44(6):727–745.

Harris, Kevan. 2013. A Martyr's Welfare State and Its Contradictions. In *Middle East Authoritarianisms: Governance, Contestation, and Regime Resilience in Syria and Iran*, ed. Steven Heydemann and Reinoud Leenders. Number January 2015 Standford: Stanford University Press pp. 61–81.

Hertog, Steffen. 2016. "Is There an Arab Variety of Capitalism." ERF Working Paper No. 1068. Economic Research Forum, Cairo.

Hinnebusch, Raymond. 2010. "Toward a Historical Sociology of State Formation in the Middle East." *Middle East Critique* 19(3):201–216.

ILO. 2014. *World Social Protection Report 2014-15*. Geneva: International Labour Organization (ILO).

IMF. 2011. "Government Finanical Statistics." Database.
URL: *www.imf.org*

IMF. 2014. *Subsidy Reform in the Middle East and North Africa*. Washington, D.C.: International Monetary Fund.

Jawad, Rana and Burcu Yakut-Cakar. 2010. "Religion and Social Policy in the Middle East: The (Re)Constitution of an Old-New Partnership." *Social Policy & Administration* 44(6):658–672.

Kaddar, Miloud. 1989. "Les rapports entre la sécurité sociale et le système de soins en Algérie." *Cahiers du CREAD* 19:37–53.

Karshenas, Massoud and Valentine M. Moghadam, eds. 2006. *Social Policy in the Middle East: economic, political, and gender dynamics*. Basingstoke: Palgrave Macmillan.

Knowles, Warwick. 2005. *Jordan Since 1989. A Study in Political Economy*. London: I.B. Tauris.

Kohstall, Florian. 2012. "Free Transfer, Limited Mobility: A Decade of Higher Education Reform in Egypt and Morocco." *Revue des mondes musulmans et de la Méditerranée* 131:91–109.

Loewe, Markus. 2010. *Soziale Sicherung in den arabischen Ländern*. Baden-Baden: Nomos.

Lucas, Viola and Thomas Richter. 2016. "State hydrocarbon rents, authoritarian survival and the onset of democracy: Evidence from a new dataset." *Research & Politics* 3(3).

Melki, Roger. 2000. "La protection sociale au Liban: entre réflexe d'assistance et logique d'assurance." UNDP conference on Linking Economic Growth and Social Development. Beirut.

Messkoub, Mahmood. 2006. Constitutionalism, Modernization and Islamization : the political economy of social policy in Iran. In *Social Policy in the Middle East: economic, political, and gender dynamics*, ed. Massoud Karshenas and Valentine M Moghadam. Basingstoke: Palgrave Macmillan pp. 190–220.

Niblock, Tim, ed. 2015. *Social and Economic Development in the Arab Gulf*. Routledge: Abingdon.

Omar. 2012. Food Subsidy Reform Ma thesis American University in Cairo.

Ouzzir, Saliha. 2006. "La protection sociale face aux défis de la flexibilité et de la précarité de l'emploi." *Cahiers du CREAD* 78:45–69.

Owen, Roger and Şevket Pamuk. 1998. *A History of Middle East Economies in the Twentieht Century*. London: I.B.Tauris.

Safar Zitoun, Madani. 2009. La protection sociale en Algérie. Évolution, fonctionnement et tendacnes actuelles. In *L'État face aux débordements du social au Maghreb*, ed. Myriam Catusse, Blandine Destremeau and Éric Verdier. Paris: Karthala pp. 53–93.

Soliman, Samer. 2011. *The Autumn of Dictatorship. Fiscal Crisis and Political Change in Egypt under Mubarak*. Stanford: Stanford University Press.

Thompson, Elizabeth. 2013. *Colonial citizens: Republican rights, paternal privilege, and gender in French Syria and Lebanon*. New York: Columbia University Press.

Wahid, Latif. 2009. *Military Expenditure and Economic Growth in the Middle East*. London: Palgrave Macmillan.

Waterbury, John. 1983. *The Egypt of Nasser and Sadat. The Political Economy of Two Regimes*. Princeton: Princeton University Press.

World Bank. 2008. *The Road Not Traveled: Education Reform in the Middle East and North Africa*. Washington, D.C: The World Bank.

World Bank. 2012. "World Development Indicators.".

World Bank. 2013. *Jobs for Shared Prosperity: Time for Action in the Middle East and North Africa*. Washington, D.C.: The World Bank.

World Bank. 2015. *A Roadmap to Achieve Social Justice in Health Care in Egypt*. Washington, D.C.: The World Bank.

WVS. 2012. "World Values Survey Wave 6." Database.
URL: *http://www.worldvaluessurvey.org/*