



The COVID-19 Pandemic in the Arab Region

An Opportunity to Reform Social Protection Systems



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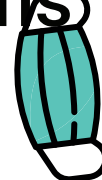




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An Opportunity to Reform Social Protection Systems

Social Development Report 4



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Executive summary

<30%



Pre-COVID-19 were covered by social protection programmes.



MOST SOCIAL PROTECTION SYSTEMS WERE FUNDED THROUGH

- Government budgets
- External assistance



AND NOT FROM CONTRIBUTIONS



3.9
\$69.9
\$24.78

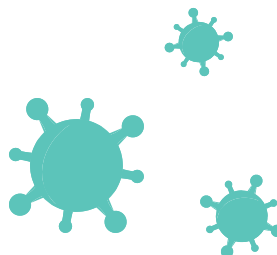
of GDP spent
on COVID-19

billion spent
by GCC

billion spent
by non-GCC
Arab countries

\$410
by Tunisia
\$104.5
by Morocco

million
provided
by the
private sector

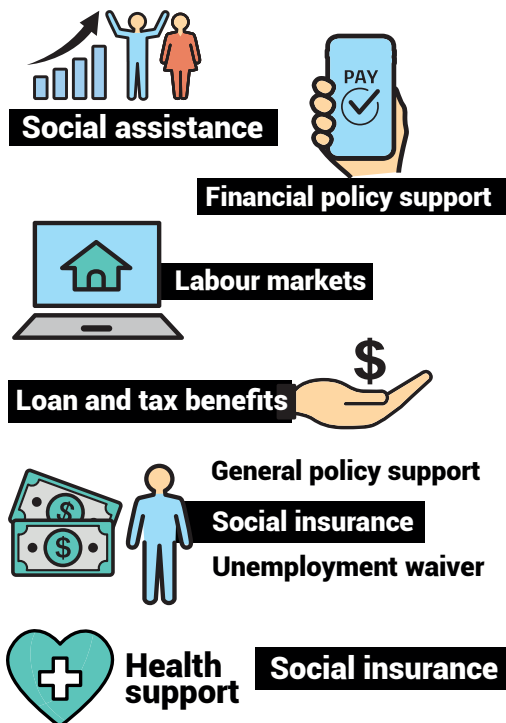


Prior to the COVID-19 pandemic, social protection systems in the Arab region were **weak, fragmented, not inclusive** and **non-transparent**. They were also **costly** and **unsustainable**. Underinvestment in these systems and exclusion of vulnerable populations were key challenges. Less than 30 per cent of the population in the Arab region were covered by social protection programmes.

Most social protection systems were funded through Government budgets or external assistance and not through contributions from beneficiaries or employers. The COVID-19 crisis spotlighted the problems of the social contract between people and Governments and presented a historic opportunity to address some of the challenges facing social protection systems. Lessons learned in various countries were identified as useful examples for change, in addition to certain innovations.

The level of spending on COVID-19 in the Arab region varied from one group of countries to another but generally remained lower than global spending. In the Arab region, 3.9 per cent of the gross domestic product (GDP) was spent on COVID-19 compared to a global average of 22.6 per cent. The wealthier member countries of the Gulf Cooperation Council (GCC) spent the most, namely \$69.9 billion, compared to \$24.78 billion spent by the remaining Arab countries. Sources of spending also differed from one country to the other. In Tunisia and Morocco, the private sector provided funds worth \$410 million and \$104.5 million, respectively. While most Arab countries reprioritized their national spending or created special funds, conflict-stricken countries relied mainly on humanitarian aid and donor funding.

COVID-19 SPENDING:



In addition, spending on COVID-19 went towards different areas, including **social assistance** (cash transfer, school feeding and others), **loan and tax benefits** (tax exemption, interest rate waiver and others), **social insurance unemployment waiver, sick leave pensions** and others), **labour markets** (wage subsidies, paid leave and work from home), **health-related support** (free vaccines, testing, health-care systems, and others), **financial policy support** (soft loan and credit support, tax exemption and others) and **general policy support** (creation of funds, digital solutions and others).

In this context, the Arab region, in general, allocated 18 per cent of fiscal support for social protection. Somalia allocated as much as 100 per cent, followed by Lebanon with 96.8 per cent and by Iraq with 95 per cent. Oil-importing countries focused spending on health and targeted social transfers, while oil-exporting countries prioritized temporary tax reductions, extended payment deadlines and increased other spending such as partial salary payments to preserve jobs.

Arab Governmental response to COVID-19

1. Political will



2. Innovation



3. Solidarity funds



The response to the COVID-19 pandemic in terms of social protection measures demonstrated **strong political will** with the substantive disbursement of funds to alleviate the needs of vulnerable populations, and social solidarity through the **innovative** use and creation of **solidarity funds**. In an unprecedented manner, this effort drew assistance from the private sector and other stakeholders to feed into these governmental social protection programmes.

During COVID-19 social protection policy shift in the Arab region targeted



The Missing Middle

The Arab region witnessed a policy shift from targeting only the poorest population to also including the **"missing middle"**, such as informal workers who often did not receive any social protection benefits prior to the pandemic because they were not deemed eligible (for example Egypt, Jordan and Morocco). This shed light on the extent to which this group of workers was neglected pre-COVID-19 and the connected structural challenges.

INNOVATIVE TECHNOLOGIES Arab countries use for social protection



Cash transfers

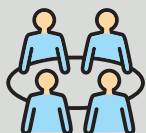


E-wallets



Digital registration

Arab countries excelled in using **innovative technologies** for the delivery of social protection programmes, especially cash transfers that were delivered to beneficiaries in just a few days through newly created outlets, e-wallets and digital registration. The unique constraints imposed by COVID-19 inspired innovations in the design and delivery of education, health and social protection, which not only protected access to services under extraordinarily challenging conditions, but also facilitated more inclusive outreach.



The pandemic accelerated Governmental collaboration



In many Arab countries, the pandemic accelerated stronger partnerships and greater collaboration between different stakeholders. This was especially demonstrated, among others, through collaborations between different governmental parties at the national level, the sharing/using of databases of beneficiaries (civil registry, vital statistics, tax and social insurance database) and e-platforms such as Government-to-Government (G2G) sites in Egypt.

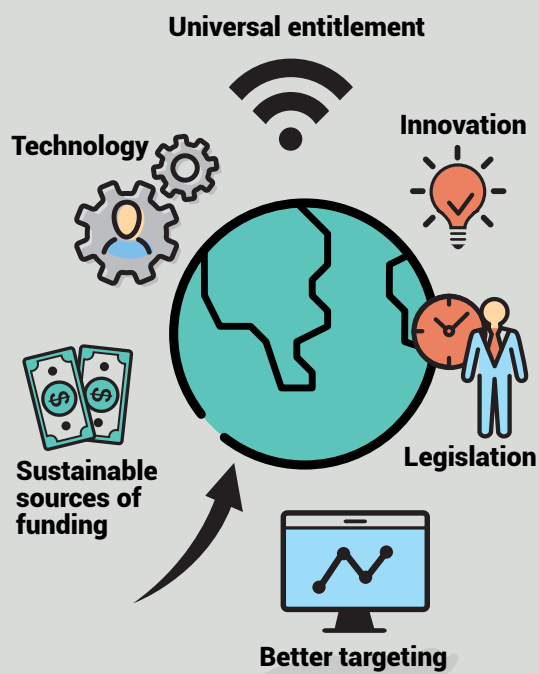
Social protection systems should **EVOLVE** to become sustainable



However, since most response measures to COVID-19 were temporary, they are less likely to be sustained and will not constitute sufficient incentive (or contribution) to transforming social protection systems in the region into sustainable, life-course systems that are contribution-based, inclusive and equitable. Ideally, these systems should **evolve** into the universal entitlement of basic services that are provided to all and not tied to contributions alone.

Rather than putting in place new legislation, countries relied on other mechanisms to deliver the spending packages, such as extrabudgetary funds or executive decrees. While these measures promptly facilitated spending on social protection programmes, they undermined accountability mechanisms of fiscal policy decisions in Arab countries.

The reform of social protection should include:



Transforming traditional systems into life-course systems will require some major reforms including legislative reforms, particularly on taxation, expansion of the contributory base and other sources of funding. This will also require strong political will, which can be reinforced through societal dialogues between the State, the private sector, employees, unemployed non-contributory potential beneficiaries, and other stakeholders.

Reform of social protection systems can build on the level of maturity of the existing system and can benefit from rich global experiences in building social protection systems and from the responses to the COVID-19 pandemic. These experiences include **legislation, sustainable sources of funding, technology and innovation, improved targeting, universal entitlement** such as universal child allowance or basic income guarantee, and strong and transparent institutions (effective public procurement, open government, anti-corruption measures, and others). These types of universal and permanent programmes can constitute a major step in the right direction towards life-course-based social policy.

A transition period will be required between current and reformed systems that may require solidarity funding to bridge the gap. Meanwhile, contingency planning can help address potential future crises.



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Abbreviations and acronyms

AI	artificial intelligence
ATM	automated teller machine
EEC	<i>Ehsaas</i> Emergency Cash
ESCWA	Economic and Social Commission for Western Asia
G2G	Government-to-Government
GCC	Gulf Cooperation Council
GDP	gross domestic product
IDP	internally displaced person
ILO	International Labour Organization
IMF	International Monetary Fund
IPC-IG	International Policy Centre for Inclusive Growth
LDC	least developed country
MENA	Middle East and North Africa
MOOC	massive open online course
NAF	National Aid Fund
NGO	non-governmental organization
OER	open education resource
SDG	Sustainable Development Goal
SMS	short message service
TBI	temporary basic income
UBI	universal basic income
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WFP	World Food Programme
WHO	World Health Organization

01

Social protection systems in the Arab region: context and conceptual framework

A. Introduction

The Middle East is the most unequal region in the world, with the richest 10 per cent and 1 per cent of the population, accounting for more than 60 per cent and 25 per cent of total regional income in 2016,¹ respectively. Particularly bad performers are the population-rich, oil-poor Arab countries where income inequality levels are almost on a par with South Africa and Brazil. Despite a growing number of social reforms in many countries of the region, fragmented health services, weak educational institutions, inadequate social protection measures and social inequalities have been persistent and deepening.

Despite significant improvements in the extension of social protection coverage in the Arab region during the last few years, many gaps and challenges still exist. Overall, social protection systems in the Arab region were characterized by fragmentation, lack of inclusiveness and transparency, and underinvestment. Accelerated population growth, increasing poverty and a global context of free capital, international labour flows and private-sector dominance were some of the factors that undermined the development of national protection systems.

The response of Arab Governments to the COVID-19 pandemic highlighted these disparities, even if some measures were effective in the immediate term. The COVID-19 pandemic has opened up an opportunity to both assess previous social policy reforms, their effectiveness and impact, and to learn from global experiences not only in addressing repercussions of COVID-19 but also in the broader realm of social policy interventions.

Many achievements were accomplished by Arab countries through their responses to COVID-19, notably in the area of expanding social protection to cover more beneficiaries. The use of technology such as e-wallets and digital registration facilitated extensively the delivery of cash transfers. Technology and innovation were also used to reduce inequalities in access to health and education.

This report embarked on actionable policy research to examine and assess the interplay of the social

policy dimensions, global experiences and regional responses to the pandemic in the Arab region. By critically engaging with the actions and priorities of a variety of stakeholders, the report develops and advocates policy for judicious and methodical implementation of the Sustainable Development Goals (SDGs), combating inequality and supporting the agenda of leaving no one behind.

B. Outline of the report

The report is organized as follows: **Chapter 1** sets out the Arab social policy context and conceptual framework of the report. First, it describes the current situation in countries across the region and provides an overview of past efforts to address inequalities. It also presents the conceptual framework of the report which is based on a life-course approach to social policy and examination of the institutional configuration of social protection responses to COVID-19. This is underpinned by working definitions for social policy and social protection that will be used in the subsequent chapters. **Chapter 2** provides an overview of the regional response to COVID-19. It critically assesses the impact of interventions and measures by Arab Governments to deal with the COVID-19 pandemic in the social protection sectors. It includes two case studies on Egypt and Morocco. **Chapter 3** focuses on re-examining policy and financial sustainability and resource allocations. It takes stock of and evaluates the effectiveness of reallocation of resources and their sustainability beyond the COVID-19 reaction measures. **Chapter 4** focuses on innovation in different sectors regionally and globally and examines the interplay between policy interventions, more effective regulatory and governance frameworks and resource allocations to reflect on future innovation needed in social policy. The aim of innovation is to solve social policy problems more effectively in the Arab region, given the challenging balance many countries face between fiscal reform and social protection effectiveness and coverage. **Chapter 5** distils the main findings of the report to propose innovative recommendations to ensure an effective Government response that guarantees social justice in times of crisis.

C. Data and methods

The report is based on a comprehensive literature and data search about the COVID-19 responses of Arab Governments as well as key social indicators. The main data sources are the COVID-19 tracker of the Economic and Social Commission for Western Asia (ESCWA) and the ESCWA data portal. A comprehensive literature search covered Devex Government policy statements on the COVID-19 response for all Arab countries and up-to-date global publications by the World Bank, the International Policy Centre for Inclusive Growth (IPC-IG), the International Labour Organization (ILO) and other relevant United Nations agencies. The report also benefited from interviews conducted with senior social protection officials in Egypt and Morocco. Finally, the database of the United Nations Educational, Scientific and Cultural Organization (UNESCO) was used to enrich chapter 5 focusing on innovation in different fields.

D. Conceptual framework

Two main points are to be taken into account in terms of the conceptual framework used in this report. First, it relies on the life-course approach that is dominant in the literature on global social policy and has been used to frame both social assistance and COVID-19 interventions. The advantage of this approach is that it permits a comprehensive mapping of population groups affected by income fluctuations and life contingencies across the human life course. Hence, this facilitates an analysis of COVID-19 interventions in terms of both horizontal and vertical coverage² whereby, subject to data availability, the report reveals the extent to which COVID-19 interventions have extended the population size of beneficiaries and/or the range of benefits available.

Second, in offering a categorization of COVID-19 interventions, the life-course approach tells only half the story. To offer longer-term insights for policy action, an institutional/political analysis is needed that will offer deeper insight for future reforms of the social policy systems in the Arab countries. The report, therefore, leans on social policy frameworks, primarily the social rights-based approach that focuses on the potential

redistributive and equitable consequences of COVID-19 interventions. These will require consideration of the institutional reforms currently witnessed during the pandemic and the extent to which they may form the basis for a move towards more comprehensive and potentially universal systems of social policy and social protection (including “targeting” within the universalism approach as advocated for by experts in lower- and middle-income countries). The various components of the life-course approach and the institutional political analysis lens are outlined below.

1. Life-course approach

The life-course approach adopted by the United Nations aims to ensure that all people have access to social protection when needed at all times throughout their lives, from birth to death. This also embodies the principle of leaving no one behind as stipulated in the 2030 Agenda for Sustainable Development as it minimizes exclusion from benefits and social exclusion as a whole. A common categorization of life-course stages is the following:

- a. Pregnant women and infants (the first 1,000 days, from conception to 2 years of age);
- b. Children (from 2-18 years of age, sometimes separating those under 5 years);
- c. Youth (18-25, 18-30 or 18-35 years of age, depending on each country's definition);
- d. Working age (18-60 or 25-65 years of age, again varying from country to country);
- e. Old age (60+ or 65+ years of age, rising in some countries according to changes in the retirement age).

An integrated social policy system (meaning comprehensive coverage of the life cycle and linked to other social services) must meet the needs of all residents for essential social services. The life-course approach is useful not only because it reinforces the notion of leaving no one behind, but also because it allows for a logical disaggregation of social policy interventions according to age cohorts, for instance, school feeding for children, unemployment insurance for working adults and pensions for older persons, among others.

2. Political institutional analysis

The aim of this level of analysis in the report is to provide deeper insight into the key decision-making processes that are taking shape during the pandemic by Arab Governments and whether these are indicative of more fundamental restructuring of social policies. Given that most countries in the Arab region have a mix of social policy and protection actors comprising State, market, community, civil society and family, the report highlights which actors are at the forefront of this provision, which is the basis of entitlements and whether the interventions are providing adequate benefits. This will help to analyse the likely consequences on income inequality and poverty in the longer term.

E. Social protection systems: in pursuit of an ideal

The two key concepts guiding this report are social policy and social protection. Social policy is concerned “with the ways societies across the world meet human needs for security, education, work, health and well-being”.³ It addresses how “states and societies respond to national, regional and global challenges of social demographic and economic challenges and of poverty, migration and globalisation”.⁴

Social protection can be broadly defined as “the set of programmes and interventions designed to preventing or alleviating poverty, vulnerability and social exclusion by supporting and protecting individuals and their families in the event of adverse income shocks, and by providing access to basic social services. Social protection instruments are a key element of social welfare policy.”⁵ The range of social protection instruments has expanded in recent years, but they can be broadly classified into the following three categories:

- “Social insurance and pension schemes funded by workers’ voluntary or compulsory contributions (and employers’ contributions). Their main aim is to cushion the impact of shocks such as unemployment, health issues limiting the capacity to work, and more permanent adjustments in income due to ageing and retirement. Throughout

their working lives, individuals or their employers contribute regularly to a fund and may claim benefits in case of illness, disability or occupational injury, unemployment, maternity, and upon retirement.

- Social assistance schemes funded by public resources (non-contributory), and in-kind or cash transfers. Their aim is to prevent and alleviate poverty and provide basic services to people in situations of poverty and vulnerability, such as the elderly, persons with disabilities and low-income earners. Under such schemes, in-kind transfers can include food transfers, minimum income entitlements, scholarships, housing allowances or subsidies on essential goods such as food or oil and gas. They also include free or low-cost access to basic services such as health care, education and water. These kinds of aid are largely directed at certain categories of the population based on income and economic means, location or family characteristics.
- Labour market programmes and regulations designed to help the unemployed to access the job market and guarantee minimum standards in the workplace. They include subsidized employment and public works schemes, return-to-work support programmes, support for small-scale entrepreneurs, microfinance, micro-insurance and community development activities.”⁶

United Nations instruments such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights recognize social protection as a human right. It is regarded as a key tool for tackling extreme poverty and social exclusion, and for promoting human dignity across the life cycle. States, in this context, have an obligation to ensure that people’s right to social protection is realized. Social protection is also fundamental to achieving the 2030 Agenda. Through its contribution to the social and economic pillars of sustainable development, it is reflected directly or indirectly in at least five of the 17 SDGs (box 1).

In addition to reducing poverty, social protection systems are fundamental in preventing that people fall back into poverty across the life cycle. This supports the fundamental United Nations principle of leaving no one behind, which is

Box 1. Sustainable Development Goals and targets with a direct or indirect reference to social protection



Target 1.3 — Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.



Target 3.8 — Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.



Target 5.4 — Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.



Target 8.5 — By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. *[social protection is one of the four pillars of decent work]*



Target 10.4 — Adopt policies, especially fiscal, age and social protection policies, and progressively achieve greater equality.

emphasized in SDG target 1.3, highlighting, in particular, the global commitment to building social protection floors as the fundamental element of each country's social protection system, to ensure at least a basic level of social security for all and to extend social protection coverage to those excluded.

Social protection floors are defined in accordance with ILO Recommendation 202 (2012), whereby States should provide the basic social security guarantees to at least all residents and children as defined in national laws and regulations. The social protection floors should comprise at least the following basic social security guarantees:⁸

- Access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability, and quality;
- Basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care, and any other necessary goods and services;
- Basic income security, at least at a nationally defined minimum level, for persons at an active age who are

- unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability;
- Basic income security, at least at a nationally defined minimum level, for older persons.

In reality, the application of social protection has evolved over the years to include social provisioning characterized as universal, or selective through targeting. Under universalism, the entire population is the beneficiary of social benefits as a basic right, while under targeting, eligibility to social benefits involves some kind of means testing to determine the most deserving. Policy regimes are hardly ever purely universal or purely based on targeting and often tend to be hybrid.⁹ In the 1970s and 1980s, many developing countries shifted away from "broad social policies that emphasized universal benefits (but that often only covered a small fraction of the population) toward programs that required beneficiaries to meet specific criteria."¹⁰

Targeting, however, proved to include different challenges, such as limited statistical capacity to determine eligible groups, exclusion and inclusion errors in the administration of programmes, and costly and cumbersome administrative burdens to plan and implement these targeted programmes. In addition, targeting has been used as a form of patronage in some countries; it was also perceived as a divisive tool in certain societies, especially when some groups were deemed ineligible to benefit from certain programmes.¹¹ These were often named the "missing middle" and were poor and needed social protection. However, they never benefitted from social protection programmes since they did not meet the eligibility criteria set by the Government, including, among others, demographic and socioeconomic indicators.

Against this backdrop, there seems to be a global shift in rethinking targeting towards advocating for universalist policies such as universal basic income (UBI),¹² universal child allowance and universal access to health care, among others. The ideal social protection programme as envisaged by the United Nations would move towards right-based access for all, delinking eligibility for social insurance and health care from contributions or payments. As per human rights principles, anyone unable to pay or contribute to funds should be entitled, nevertheless, to receive benefits such as unemployment and health care directly from the State.

F. Pre-COVID-19 social protection systems in the Arab region: gaps and challenges

Despite significant improvements in the extension of social protection coverage in many parts of the world, progress in building social protection systems pre-COVID-19 was still lagging behind in other parts. Many low- and middle-income countries, at the global level, have established social protection systems and extended coverage, protecting 45 per cent of the global population in at least one social protection policy area; yet, the other 55 per cent remained unprotected. By 2017, only 29 per cent of the global population enjoyed access to comprehensive social security systems, whereas 71 per cent were covered partially or not at all.¹³

In the Arab States, the lack of data allows only a partial assessment of effective social protection coverage.¹⁴ It is estimated, however, that pre-COVID-19 only less than 30 per cent of people in the Arab region were covered by some form of social protection.¹⁵ The social protection systems in the Arab region were characterized by fragmentation and lack of inclusiveness and transparency. The system also suffered from underinvestment.

Social protection systems are linked to the prevailing social contract. The Arab countries are particularly known for exercising a type of social contract generally described as an “autocratic bargain”. This type of political arrangement was historically based on the provision of free health care and education, governmental jobs for all graduates and low prices, made possible through subsidies, for necessities such as bread and fuel but limited political and civil liberties, mainly benefitting the urban middle classes. The persistence of social welfare systems that are biased towards the interests of political and urban elites meant that political systems in these countries have been unable to provide quality services in the context of accelerated population growth, increasing poverty and a global context of free capital, international labour flows and private-sector dominance.

All these factors undermined national social protection programmes in the region, which applied universalist

principles of social policy mainly in relation to commodity or fuel subsidies. The emphasis remained on categorical, means-testing or earnings-related social protection, which all exemplify targeted systems of social policy. In the case of social insurance schemes, for instance health insurance, formal-sector employees are the primary beneficiaries. These are more likely to be males of a working age and based in urban areas. In addition, in the pre-COVID-19 era, only one third of the labour force in the Arab region was covered by pension schemes, and 70 per cent of the lowest income quintile remained without income support transfers.¹⁶ The largest legally excluded groups in most countries were agricultural workers, household and family workers, and foreign migrant workers. De facto exclusion concerns all workers without a formal work contract, namely the entire informal sector. Due to the high level of informality, it is estimated that, on average, in Arab countries, excluding the member countries of the Gulf Cooperation Council (GCC), about 67 per cent of the labour force do not contribute to social security and are thus not covered by any pension or health-insurance scheme.¹⁷ This concerns mostly agricultural workers and the self-employed in micro- and small-scale enterprises and their employees. In the GCC, all employed nationals are covered by relevant schemes, and so the main coverage gap concerns foreign migrant workers, who are mostly excluded.¹⁸

Arab Governments have traditionally spent too much on short-term poverty alleviation policies including subsidies, which neither lead to long-term economic gains and social investment nor address the structural causes of poverty and social disharmony. In fact, both subsidies and cash assistance proved to be inefficient in addressing growing poverty and inequality. Fuel subsidies, for example, are captured by the richest quintile of the population as they consume more energy.¹⁹ Similarly, subsidized apartment buildings tend to be situated in middle-class neighbourhoods of big cities that are too expensive for the urban poor.²⁰ Social assistance programmes, notably cash transfers, suffered from challenges in targeting needy populations and high levels of fragmentation, whereby each programme had its own funds and applied its own selection and targeting system. The administration of such programmes proved to be cumbersome. Expanded cash transfer programmes were the type of social protection

reform, targeting rural and marginalized areas. In contrast to the historical focus on categorical targeting, the new programmes introduced means testing, which relied to a certain extent on proxy indicators due to the challenges of inefficient data availability and capacity for direct means testing. Interventions also needed to be well coordinated across ministries and different levels of government. Conditional cash transfers were key to the reforms in Egypt and Morocco, with other similar reforms planned in other countries. The trend towards subsidy reform and larger targeted social assistance programmes has continued since 2011 as countries continue to grapple with growing budget deficits and inflation.

In that context, notable changes to social policies in ESCWA countries took place following the political events which took place in Arab countries in 2011. Countries reacted quickly to abate social discontent, often using social protection tools to bring about reform, some of which was already long overdue. In terms of social protection, many countries increased social expenditure though the impact on poverty and inequality remains a matter of debate. Many countries embarked on major reductions in food and fuel subsidies in favour of expanding targeted cash transfers. Some added conditional cash transfers to their social protection systems in addition to new or reformed old-age pensions and disability grants (for example the Arab Gulf States, Egypt, Jordan and the Syrian Arab Republic). A range of other benefits such as pensions, salaries, subsidies and transfers were introduced across the Arab countries, including tax cuts. In addition to being fragmented and lacking inclusion, social protection programmes also suffer from underinvestment. Figure 1 shows the share of social spending as a percentage of the gross domestic product (GDP). The graph shows that social protection spending reached its highest values in Egypt (9.5 per cent), Jordan (9 per cent), Algeria (8.9 per cent same line) and Tunisia (7.5 per cent), whereas levels of social spending in Qatar, Yemen, the Sudan and the Syrian Arab Republic represent less than 2 per cent of GDP. A more detailed view of social assistance spending by programme type is provided in figure 2, which shows heavy reliance on unconditional cash transfers across all countries and on food and in kind support in conflict-afflicted countries such as the State of Palestine and Yemen, but also in

Egypt and Mauritania. Figure 3 shows health expenditure as a percentage of GDP by country and in comparison to the subregional averages. For the latest available year (2018), spending ranges from a low of 1 per cent in the Sudan to a high of 4.4 per cent in Kuwait, with an average of 2.9 per cent.

This figure is relatively moderate compared to the global average of 5.87 per cent for the same year. Overall, governmental spending on health in the region during 2015-2018 was relatively steady (around 3 per cent). Notable spending is witnessed in Iraq and Kuwait, with health spending increasing from 0.7 per cent to 2 per cent and from 3.4 per cent to 4.4 per cent in Iraq and Kuwait, respectively. The Sudan showed the biggest decline in spending, which fell from 2.2 per cent to 1 per cent. This urges public policy to increase health expenditure aiming at providing improved health services, which is essential especially amidst rising poverty and unemployment in the region.

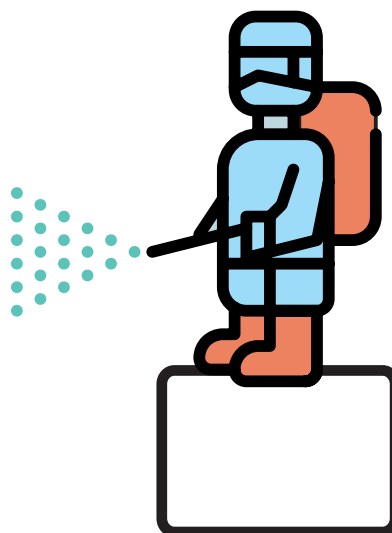
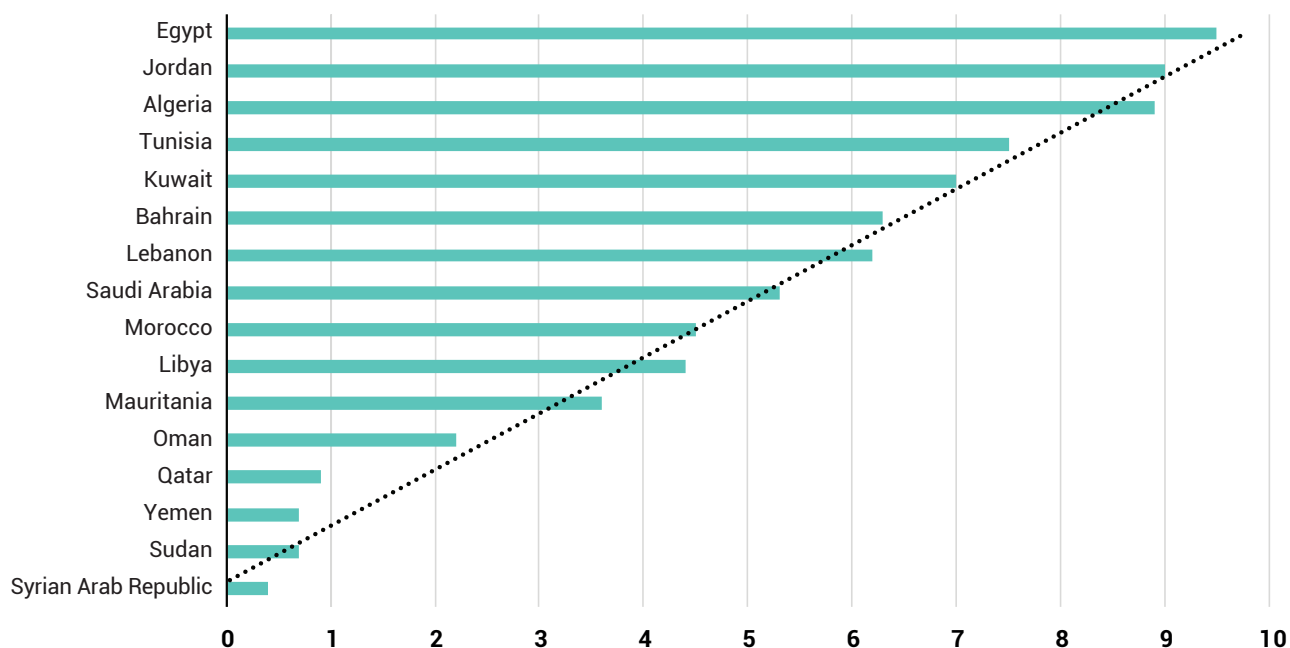
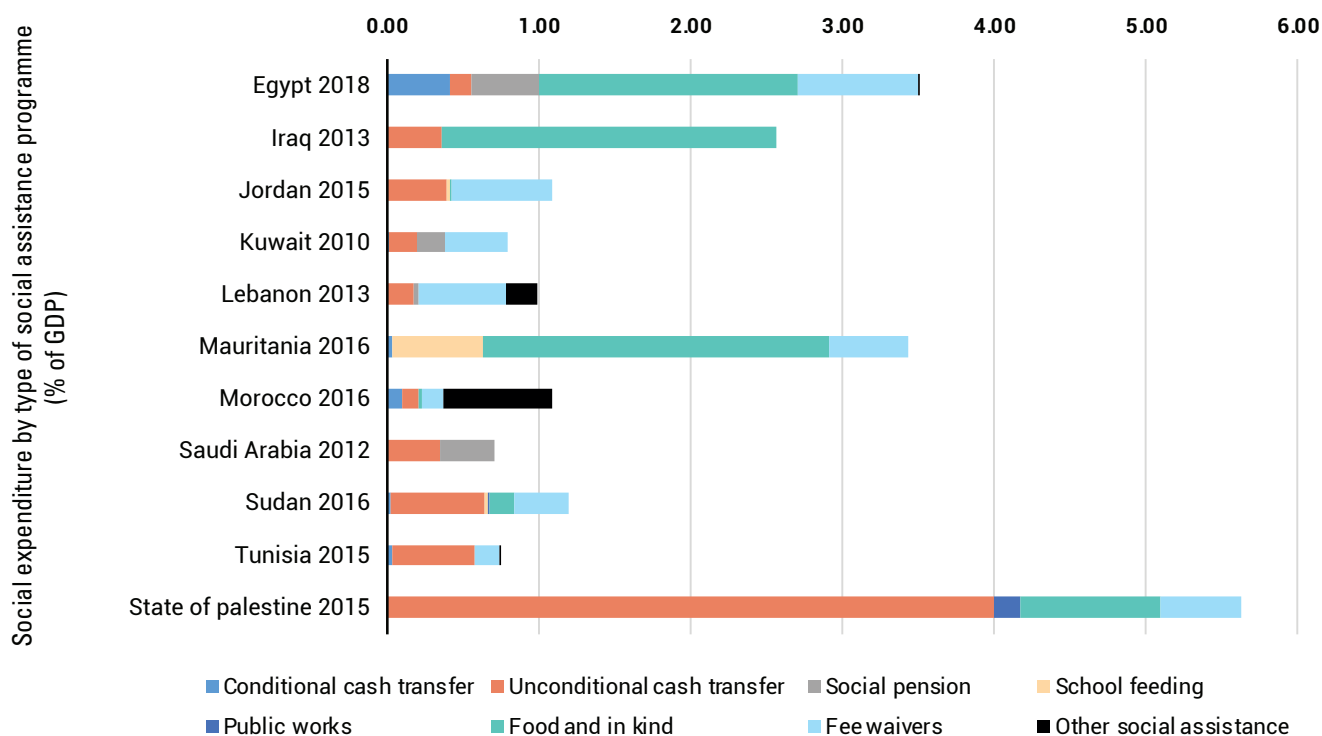


Figure 1. Social protection expenditure as percentage of GDP, based on latest available data (Excluding health)



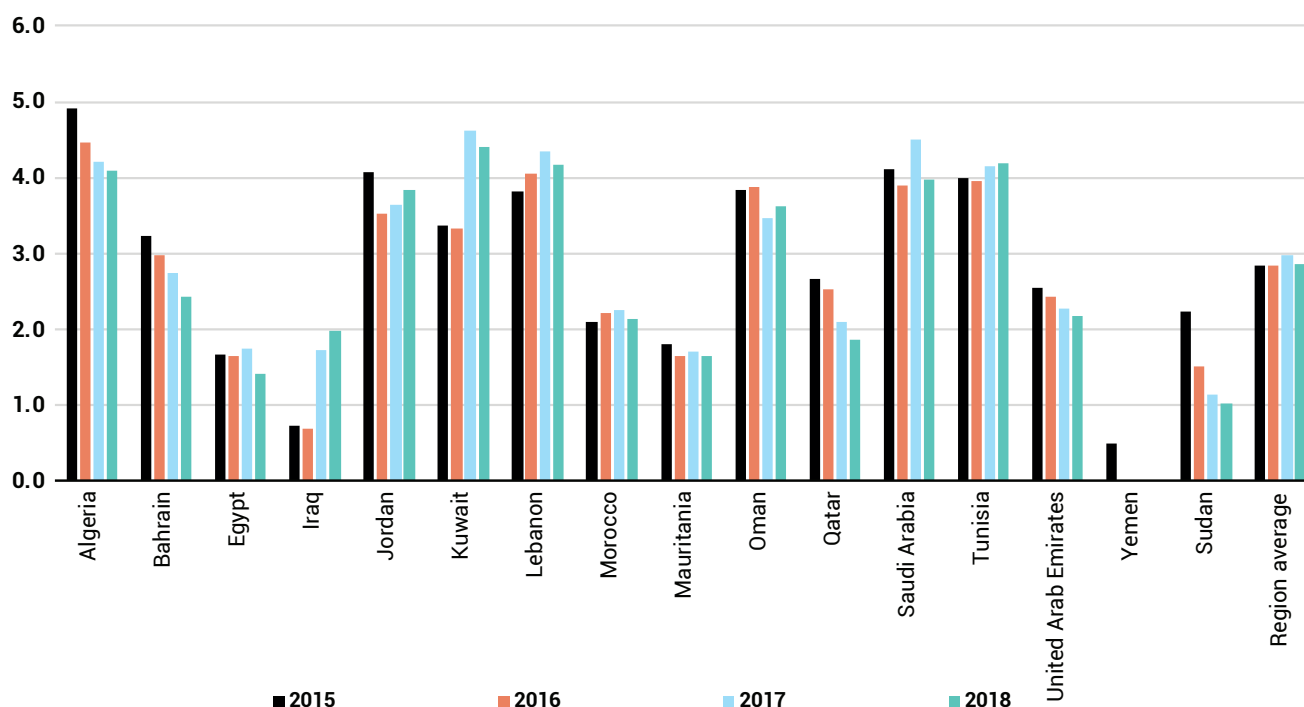
Source: Compiled from <https://data.unescwa.org/portal/e68647fb-ea6d-488d-a6f5-2024b080c2cc>.

Figure 2. Spending by type of social assistance programme, most recent year (Percentage of GDP)



Source: Compiled from <https://data.unescwa.org/portal/e68647fb-ea6d-488d-a6f5-2024b080c2cc>.

Figure 3. Government health expenditure, 2015-2018 (Percentage of GDP)



Source: Compiled from <https://data.unescwa.org/portal/8c972cac-a80c-4bd4-8208-74c6a092e225>.

In this regard, it is worth mentioning that, in the Arab region, the State is not the only provider of social protection programmes. The institutional mix underpinning social policy in the Arab countries is made up of the following institutions which, in practice, tend to be concentrated around specific types of social welfare programmes: the State, the family, the market and the community. This division of roles is also linked to specific segments of the population. For instance, formal urban workers are more likely to be covered by State social insurance systems than informal rural workers. The general pattern in the Arab countries is that State institutions oversee social insurance systems that are related to formal employment, particularly of public-sector workers who tend to receive quite general benefits. The State also tends to have systems of public education and public health. In the case of health care, systems may often rely on partnerships with private health-care providers and, in fact, the growth of private health insurance and medical care in the region is very much driven by the absence or lack of trust in Government facilities. This matter is especially acute in such deregulated market economies as Lebanon.

Nuclear and extended families have always played a key role in social support, particularly in caring for young dependents such as young children, elderly relatives or persons with disabilities in the family. But the family-based model of social welfare is coming under increasing strain due to the high cost of living and the need for family members to earn a living often by taking on more than one job, hence reducing the likelihood of family-based care for children and the elderly or the existence of surplus income to help family members in need. In this regard, there is a growing literature on the work-life family balance and the situation of female-headed households who are especially hit by poverty due to the persistence of a male-breadwinner model of social policy in the Arab countries.

Arguably, the most significant source of non-State social welfare for vulnerable populations, particularly those employed in the informal sector, are religious welfare organizations. This is true for all communities in the Arab region. Large welfare organizations such as Caritas may have budgets in the tens of millions (dollars) and reach beneficiaries in the tens of thousands. These organizations

have been in operation for decades and have become entrenched in their societies. Often, they are linked to larger networks of schools and hospitals and, although they may charge fees for some of their services, provide both in-cash and in-kind services to the extremely poor. Religious groups tend to rely on key fundraising religious activities, such as during the month of Ramadan, or they invoke religious teachings about paying *zakat*, helping orphans and supporting the family as the basic unit of society. In sectarian societies such as Lebanon and Iraq, these social welfare organizations are often linked to religious and political leaders and parties and, as such, serve to entrench social divisions even if they might offer services to those who are in need or from outside of their sect.

This chapter has provided an overview of the conceptual framework guiding this report and the social policy context within which COVID-19 interventions are to be assessed. By combining the life-course approach and an institutional analysis of how social protection is delivered, the report will assess the extent to which more fundamental reforms can take place. This offers

the most comprehensive view for Government policy to effectively address the changing needs and social rights of citizens and residents in the Arab countries. The life-cycle approach reflects the aim of social policy to support the social welfare of the population from birth to death by accounting for fluctuations in income across the different stages of life for men, women and children. Furthermore, by embedding the life-course analysis in a political and institutional examination of the social policy context of the Arab countries, it is possible to better understand how Governments and civil society groups can address the gaps and challenges faced by social protection systems during the COVID-19 pandemic and during the recovery period.

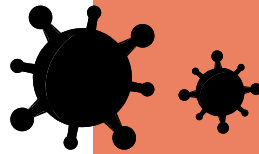
The overview in this chapter has shown that social protection systems in the Arab region suffer from fragmentation, lack of inclusion and under-investment. They are the product of the prevailing social contract which benefitted mainly the urban middle class. The social expenditure rates by country vary widely within each subregion, but all Arab countries are below the world average on public social spending.



02

Regional social protection responses to COVID-19

Key messages



- In the Arab region, the response to the COVID-19 pandemic in terms of social protection measures demonstrated strong political will with the substantive disbursement of funds to alleviate the needs of vulnerable populations, and social solidarity through the innovative use and creation of solidarity funds, thereby drawing assistance from the private sector and other stakeholders to feed into these governmental social protection programmes.



- During the pandemic, a shift in policy occurred, from targeting only the poorest populations to also including the “missing middle”, such as informal workers who often did not receive any social protection benefits before the pandemic because they were not deemed eligible (for example in Egypt, Jordan and Morocco). This shed light on the structural challenges that preceded the pandemic in terms of neglecting the social rights of this group of workers. Reform plans in some Arab countries are underway to address this structural challenge, which would contribute to a more inclusive life-course approach.



- Arab countries excelled in using innovative technologies for the delivery of social protection programmes, especially cash transfers that were delivered in few days to beneficiaries through newly created outlets, e-wallets and digital registration.



- The pandemic accelerated stronger partnerships and greater collaboration between different stakeholders. This was especially demonstrated, for example, in the collaboration between different governmental parties at the national level, in the sharing/using of databases about beneficiaries (civil registry, vital statistics, tax and social insurance database, and others) and e-platforms such as Government-to-Government (G2G) in Egypt.



- Despite all efforts exerted during the pandemic in the area of social protection programmes, overall coverage of these interventions in the region (except for Morocco) was low. Also, adequacy in terms of benefits in percentage of household expenditure and household income, namely, the adequacy of these interventions to meet households' needs, was low in many countries such as Iraq, Jordan and Tunisia.



- In-kind services and public procurement would be better suited to withstand the impact of fluctuating supply chains or prices that might make in-cash assistance less reliable (for example, in Lebanon).



- Many conditional cash transfers in the Arab region are conditional on the provision of education, reproductive health and health services. The conditionality should be reconsidered during crisis situations. For instance, on the basis of the school-feeding-at-home principle, during the pandemic, children continued to receive meals on school days even though they did not attend school, which considerably reduced their food insecurity and nutritional impact. Extending this principle could enhance the life-course approach to the reforms and ensure continuous provision of nutritious food to malnourished and vulnerable children throughout the year.



- The determination of targeting impacts the capacity of the COVID-19 response to incorporate a life-course approach (sociodemographic or economic indicators). The recalculation of cut-off points in the eligibility criteria in some countries in the Arab region yielded positive results, and needy people benefitted more from governmental social assistance programmes.



- Governments may be able to leverage all programmes simultaneously to achieve a more effective COVID-19 response.

A. Introduction

The global COVID-19 pandemic, and the measures introduced by Governments to contain the spread of COVID-19, created a series of shocks that affected hundreds of millions of people. By 20 July 2021, there were 190 million confirmed cases and 4.1 million deaths from COVID-19 worldwide.²¹ Although the majority of cases were in the Americas and Europe (123.3 million), no region escaped, and 11.9 million cases were recorded in the Eastern Mediterranean region by July 2021 (figure 4).²²

Government responses to COVID-19 included restrictions on human mobility and economic activity that caused substantial income losses at every level, from the global to the household levels. Health, livelihoods, food security and access to services were all undermined, and the poorest were hit hardest. Worldwide, economies were severely hit by the pandemic. Consequently, the Arab region is facing a difficult time dealing with such a dire market situation where existing hurdles in the labour market have worsened.

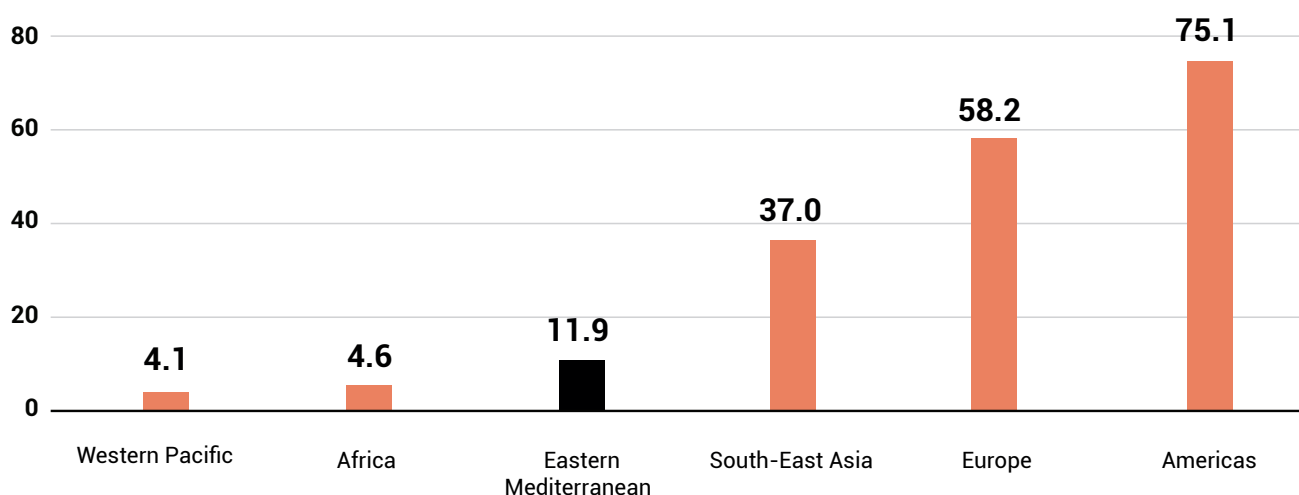
Nearly one third of the employed population in the region is facing high risks of layoffs or reduced wages and/or working hours owing to the pandemic, 12.8 per cent of working hours are estimated to have been lost in the third quarter of 2020, which is equivalent to 15 million full-time jobs.²³

B. Global and regional social protection responses

In recent decades, rising levels of inequality and a shift towards neoliberal economic policies across the world have been partially mitigated by expanding social protection systems, dominated in low-to middle-income countries by social assistance and in high-income countries by social insurance schemes. In this context, social protection contributed to the social policy response to COVID-19 in a potentially positive way. On the one hand, since increased hardship was triggered by Government-imposed lockdowns that stifled economic activity and created (temporary) mass unemployment, these Governments felt obliged to provide income support to compensate affected citizens for their lost income. On the other hand, most countries already had a set of instruments in place, in the form of social protection instruments and delivery mechanisms, that could be mobilized to deliver support.

High-income countries delivered unemployment protection and social assistance through existing programmes, while low-income countries with less developed social protection systems resorted to humanitarian relief modalities or set up temporary social assistance schemes, often with international support.

Figure 4. Confirmed COVID-19 cases by WHO region, as at July 20, 2021 (Millions)



Source: WHO, n.d. (accessed on July 21, 2021).

Across the world, Governments implemented social protection responses to COVID-19 at a rapid rate during 2020. By May 2021, the number of social protection interventions had increased more than tenfold, from 103 to 1,850 over the same period. Total beneficiaries exceeded 1.2 billion.²⁴

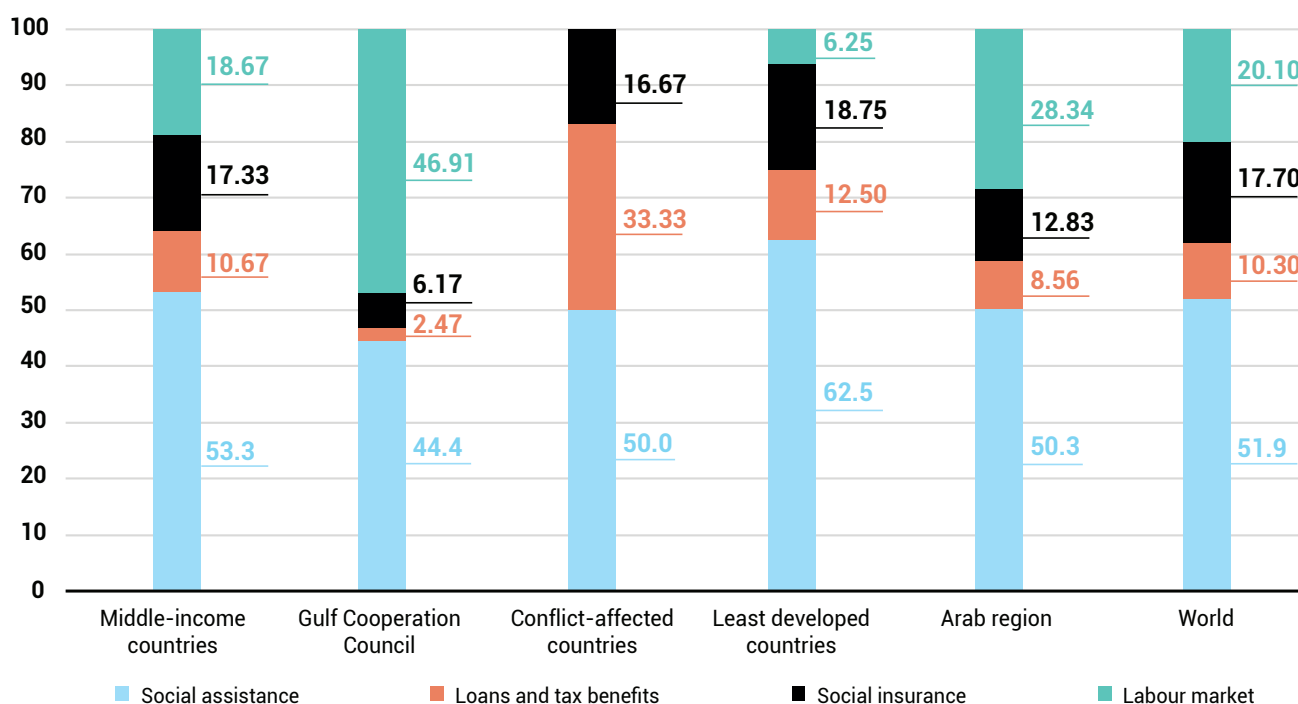
Disaggregating social protection responses by income category, high-income countries were most likely to deploy social-insurance and active labour-market programmes, while low-income countries were more likely to deploy social assistance. Many Governments, especially in upper-middle and high-income countries, invested in job retention schemes by offering incentives to employers to retain rather than retrench workers, and countries as diverse as Costa Rica, Ireland, Namibia and Vietnam (among many others) extended unemployment benefits to self-employed and other ineligible workers for the duration of their national lockdowns.²⁵

A plausible explanation for this pattern is path dependency. High-income countries have higher proportions of their workforce in formal employment and contributing to social insurance (notably unemployment benefits),

which allowed Governments to build on these schemes. Conversely, most workers in low-income countries are self-employed (for instance, smallholder farmers) or employed in the informal sector (for instance, street traders), so they do not have access to social insurance, and their Governments have few options except to offer social assistance.

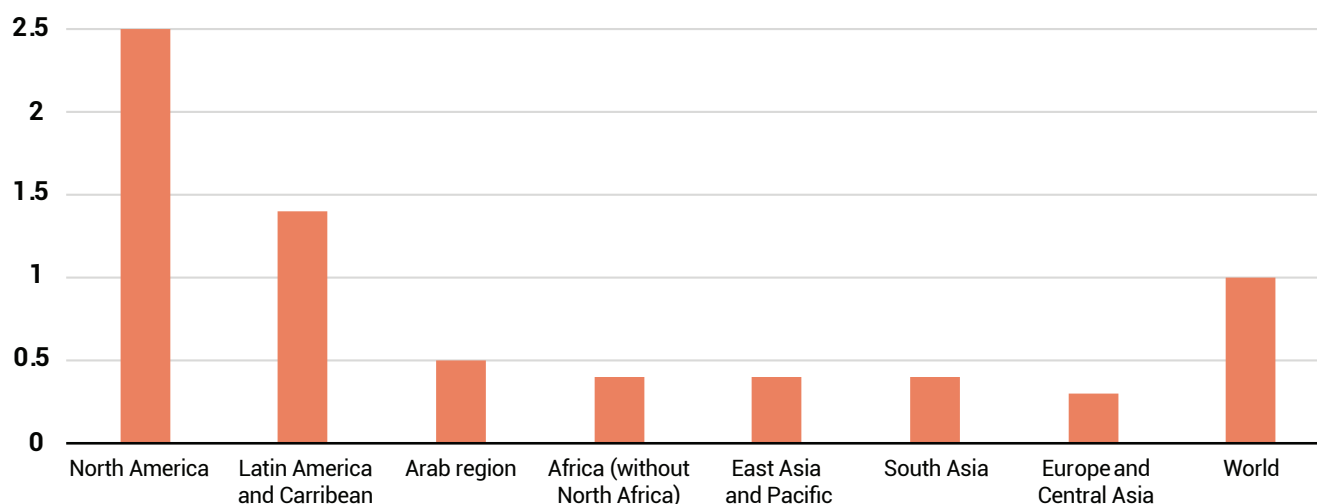
Fiscal support for social protection can be aggregated for policy measures related to social assistance, loans and tax benefits, social insurance and labour-market interventions. Notably, social assistance measures established the major share of COVID-19 social protection interventions in the world and in the Arab region at about 50 per cent of social protection interventions. Across Arab countries, social assistance interventions were most prevalent in least developed countries (LDCs) standing for 62.5 per cent of the social protection-related support while GCC countries constituted the highest share of active labour-market programmes (figure 5). Countries with limited fiscal space have relied on measures such as utility waivers, reduction of Government fees and subsidies to housing, in the form of forgone revenues for Governments rather than cash assistance from the treasury.²⁶

Figure 5. Distribution of social protection measures in Arab countries, by region, 2021 (Percentage)



Source: Compiled from <http://tracker.unescwa.org>.

Figure 6. Spending per capita on social protection responses to COVID-19, by income category and region, 2020 (Dollars)



Source: Compiled from United Nations, 2021.

Although most countries in the world implemented COVID-19 responses, the amount of protection relative to per capita income varied dramatically between countries and across regions, correlated mainly to national resource availability. The Arab region spent 0.5 per cent of per capita income, nearly similar to the spending of Sub-Saharan Africa, East Asia and the Pacific, and South Asia, compared to the global average of 1 per cent of per capita income. Latin and North America showed a higher share than the global average, at 1.4 and 2.5 per cent, respectively (figure 6).

Important to note is that most of these interventions were implemented for a short period, just three months on average.²⁷ Although they resembled social protection programmes, they were, in effect, emergency relief measures. On the other hand, beyond the immediate programmatic response, COVID-19 prompted policy debate and social policy reforms in some countries that could result in permanent improvements to social protection systems. Spain introduced a guaranteed minimum income scheme that extends coverage to low-income and unemployed workers. In a few cases (Hong Kong, Serbia, Singapore, Tuvalu, and United States), Governments gave one-off cash payments to the entire population, opening space to debate the introduction of UBI and to renegotiate the social contract. South Africa is considering implementing a basic income support

scheme for all unemployed and low-income receivers aged 18-59. "Introducing social protection provisions can also be a means to signal the intention to commence and build elements of a social contract and support social cohesion."²⁸

C. Social interventions during the COVID-19 pandemic²⁹

In response to the secondary economic effects of COVID-19, Governments implemented a range of interventions which are classified in accordance with the United Nations COVID-19 Stimulus Tracker (the Tracker) and the Global Observatory on Social Protection Policy Response (annex), which takes stock of all governmental interventions during the pandemic. In line with this global United Nations project led by ESCWA and the other four regional commissions, governmental interventions are not limited to the three social protection categories as defined in chapter 1, but also include broader interventions that go beyond the scope and definition of social protection per se. In fact, the Tracker identifies the following seven categories: social assistance, loan and tax benefit, social insurance, labour markets, health-related support, financial policy support and general policy support. Some of these measures and their selected subcategories (annex) are briefly discussed hereunder.

1. Establishment of social assistance funds

Several Governments established special funds to raise ring-fenced resources to mitigate the impacts of COVID-19. These funds were usually co-financed, with donations solicited from the private sector and individuals in addition to seed money from the Government. In Morocco, to encourage contributions from citizens and the private sector, donations made to COVID-19 relief funds were fully tax-deductible.

2. Social assistance: cash transfers

The most widespread intervention to protect individuals against income shocks associated with COVID-19 was in form of cash transfers to compensate households for lost income and enable them to purchase food and essentials. These interventions take many forms, two of which are 'shock-response' mechanisms, namely, to increase benefits to existing beneficiaries (vertical scale-up) and to register new beneficiaries in already existing programmes (horizontal scale-up). New COVID-19 specific cash transfer programmes were introduced for vulnerable groups. Programmes that involve expanding coverage can contribute towards a more inclusive life-course approach if they become permanent and relate to a demographic group (such as working adults) or common life circumstances (such as childbirth) not previously covered under the social protection system. The COVID-19 crisis offers a view into what Arab Governments did to relieve the social and economic impact of the pandemic and whether these reforms have the scope to become permanent.

(a) Shock response 1: increased benefits (vertical expansion)

This includes increases in existing social welfare schemes. In Iraq, 600,000 registered beneficiaries of the social safety net programme received a one-time top-up payment. However, this does not enhance the longer-term structural aims of the life-course approach according to the conceptual framework specified for this report.

(b) Shock response 2: new beneficiaries (horizontal expansion)

Existing schemes may be extended to new vulnerable households, even temporarily, to help them survive

the pandemic and its consequences. In Morocco, poor households that do not benefit from the health insurance scheme RAMED could register online and claim cash support from the State. In Egypt, coverage of two large cash transfer programmes, *Takaful* and *Karama*, was expanded to reach more vulnerable families. These have the potential to enhance a life-course approach because they are addressing the needs of families.

(c) New cash transfer programmes (to targeted vulnerable groups)

Several Governments introduced tailored cash transfer programmes to provide temporary income support to households that became vulnerable due to COVID-19 restrictions on their mobility and livelihoods. These groups were previously excluded or marginalized, such as informal-sector workers (Morocco), persons with disability and homeless people (Tunisia). These programmes have the potential to enhance a life-course approach because they address the needs of excluded working adults and vulnerable groups.

3. Social assistance: waiver of utility bill

Waivers have the effect of increasing the disposable income of beneficiary households. Many countries waived payments temporarily for utilities provided by the Government – mainly electricity and water, in some cases for all citizens, but often for targeted poor and vulnerable social groups. As a result, these households received free water and electricity, usually for two to three months.

4. Social assistance: in-kind transfers (food transfers)

Food security is a key issue in the Arab region. Various strategies have been adopted during the pandemic such as subsidizing food items and delivering them directly to targeted households, sometimes with the support of such agencies as the World Food Programme (WFP). In the Sudan, basic food baskets were sold to poor families at discounted prices. Some Governments took steps to control food supplies and prices. Algeria, for instance, banned exports of several food commodities.

5. Social assistance: in-kind transfers/voucher (school feeding)

School closures threatened the nutrition of an estimated 370 million children across the world who previously had received a daily meal at school. Some Governments took steps to protect the food consumption of affected school children in other ways. In Libya, WFP, in collaboration with the Ministry of Education, launched a 'school feeding at home' initiative that provided take-home rations to school children.³⁰

6. Social insurance: unemployment benefits

In North Africa, Governments provided unemployment benefits to 1.6 million informal workers registered with the Ministry of Manpower (Egypt), or to workers who had temporarily become unemployed (Tunisia). In the State of Palestine, the Ministry of Labour provided cash assistance to COVID-19-affected workers as a temporary form of unemployment support.

7. Loan and tax benefits: reduction of individual loans

Reduction of individual loans may be offered to individuals at risk of default. The Egyptian Government offered debt relief for individuals who were at risk of default if they had paid 50 per cent of the loan. Employees in Morocco registered with the national pension fund who had become temporarily unemployed could defer debt repayments for several months.

8. Loan and tax benefits: tax relief and value added tax exemptions

Many Governments introduced tax relief measures such as temporary tax holidays for firms to minimize losses to the economy, and some offered tax relief to low-income tax payers. This measure increases the income available to households to meet basic living costs. Algeria and Tunisia, for instance, postponed income tax payments.

9. Labour markets: paid leave or work from home

A few Governments introduced incentives to private-sector employers to retain their employees and continue paying them during the period of business inactivity.

10. Health-related support: health insurance

Access to health care has inevitably become more important than ever during the COVID-19 pandemic but, in most countries, health care is limited to those who are able to pay or have access to health insurance. Unequal access to health services has impacted the consequences of COVID-19 considerably. Waiving fees and subsidizing health insurance are two measures to ensure that the poorest and most vulnerable are not excluded from essential health care.

D. Regional overview of responses to COVID-19

COVID-19 has created a global public health crisis, and responses to the pandemic have created economic and humanitarian crises at the national level. However, most Governments responded by using existing social protection programmes and platforms rather than by setting up humanitarian relief interventions. The Arab region was no exception. In many cases, new programmes were established, but countries that already had well-functioning social protection programmes were better placed to respond promptly and effectively to the hardship created by COVID-19 lockdowns, using 'shock-responsive' mechanisms such as delivering more benefits to registered beneficiaries (vertical expansion) or registering new beneficiaries using existing registration systems and payment platforms (horizontal expansion).

However, it is not yet clear whether any of the benefits and beneficiaries added during 2020 will become permanent or were merely results of a temporary humanitarian relief response. This is important because, if social assistance payments revert to pre-COVID-19 levels, there will be no lasting impact on both the beneficiaries themselves and social protection systems. In any event, relatively few social protection programmes in the Arab region operate at the national scale. This has important implications for the implementation of a life-course approach as set out in the conceptual framework of this report.

COVID-19 exposed the limitations of social provisioning in the Arab region. There is a heavy reliance on charities, local non-governmental organizations (NGOs) and the international community, mainly in low-income countries; on appeals to social solidarity for raising public and private resources to be redistributed to needy people; and on religious practices such as *zakat* and charitable givings during Ramadan. But these mechanisms are discretionary rather than entitlement-based and are dominated by one-off disbursements rather than regular support such as monthly cash transfers paid through formal social assistance programmes and therefore, lack sustainable impact. In addition, subsidies and price controls were frequently used with the intention to make food accessible to the poor but did not effectively reach this goal since most benefits were captured by the non-poor. Moreover, in some countries such as Lebanon and Mauritania, in the absence of strong networks of social protection offices, the army took over the role of distributing food and other in-kind support.

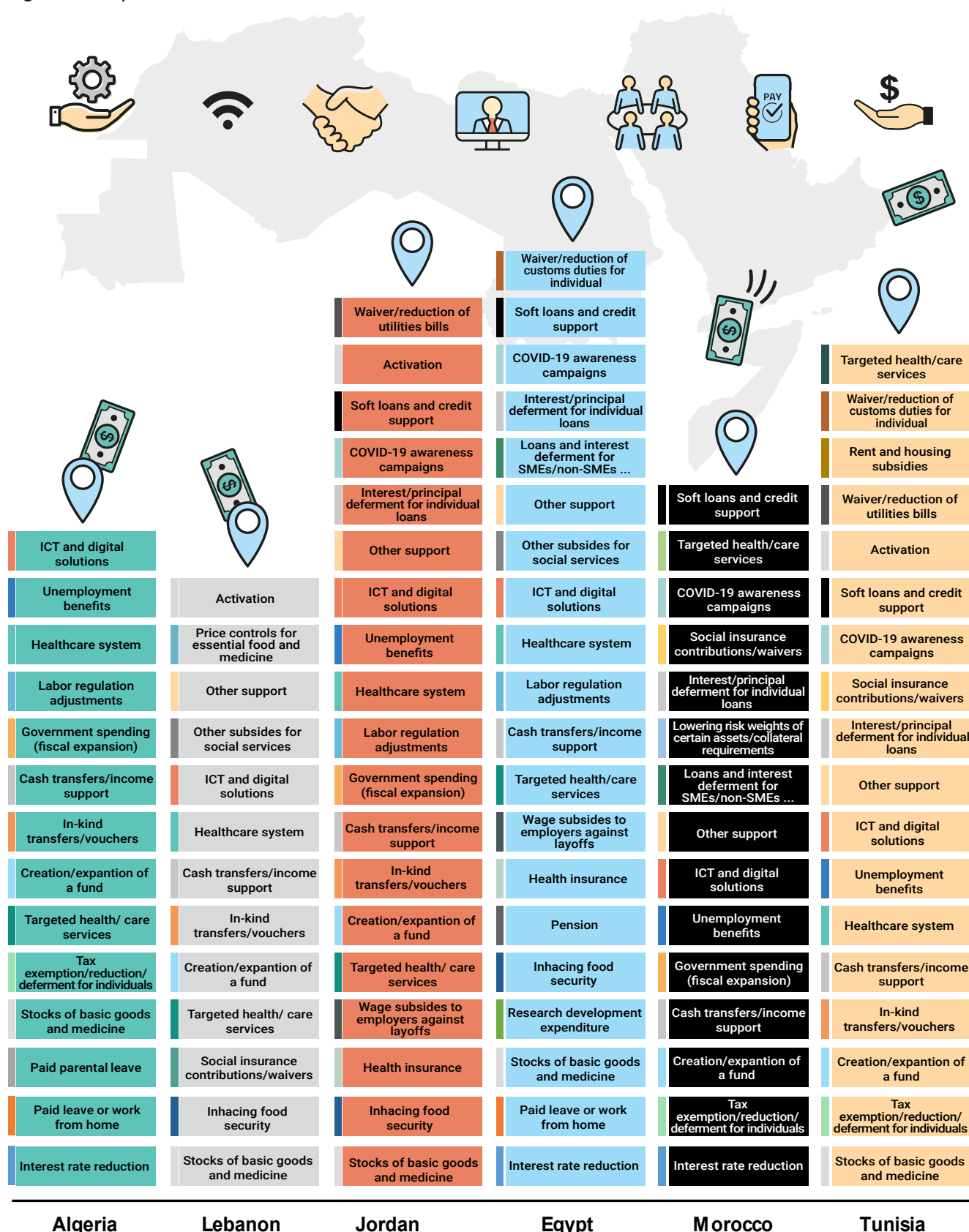
1. Middle-income countries: Algeria, Egypt, Jordan, Lebanon, Morocco and Tunisia

Some middle-income countries used 'shock-responsive' mechanisms, temporarily increasing benefits paid to beneficiaries of existing cash transfer programmes and/or registering new beneficiaries, at least for the duration of the COVID-19 crisis. Egypt and Jordan did both. Most middle-income countries also set up humanitarian emergency response programmes. Examples include Jordan's emergency response fund, and Lebanon's emergency national social solidarity programme. Algeria and Tunisia added top-ups to poor beneficiaries of existing social welfare programmes (vertical expansion). Morocco and Tunisia introduced cash-paying programmes to informal-sector and self-employed workers to compensate them for losses occurred during the lockdown period. These were short-term (one to three months) humanitarian responses rather than permanent social assistance programmes. Local NGOs in Algeria and Tunisia distributed food to people in need. As per figure 7, and in terms of diversification of interventions, Egypt tops the list, followed by Jordan, Tunisia, and Morocco. Lebanon undertook the least diversified measures among middle-income countries, followed by Algeria.

The following list provides detailed information on the initiatives provided by middle-income countries:

- **Egypt** added 100,000-80,000 new beneficiaries [horizontal expansion] and large increased payments to existing beneficiaries [vertical expansion] of the conditional cash transfer programmes of the Ministry of Social Solidarity. Beneficiaries included female households headed by single mothers and in rural areas. New cash transfer programmes were also set up benefitting 1.9 million registered informal workers for three months, and a once-off payment was made to poor and vulnerable families and pregnant women. The Ministry and a local NGO launched a 'Ramadan food basket campaign' that delivered food baskets and meals to needy families. The Ministry also offered soft loans to enable recipients, especially women, to set up micro-enterprises and subsidized nursing homes to care for women over 65 years of age. The Ministry of Finance postponed all tax payments by three months. Additionally, the Government, through the Ministry of Supply and Internal Trading, announced L.E. 8 billion pounds' food subsidies worth 8 billion Egyptian pounds (510\$ million) benefitting individuals and families. The food subsidy system benefited the majority of the 100 million Egyptians, both through ration cards (70 million people) and the bread subsidy (83 million).³¹
- **Jordan's** National Aid Fund (NAF) set up a six-month cash programme for poor and vulnerable households affected by COVID-19 and paid top-ups to existing beneficiaries (vertical expansion). The *Zakat* Fund also provided cash and in-kind assistance to old and new beneficiaries. The Hajati cash transfer programme was also expanded to include new beneficiaries (horizontal expansion). The Ministry of Local Affairs distributed subsidized bread door to door, procured from local bakeries. NAF beneficiaries received bread for free. The Social Security Corporation provided food parcels for vulnerable families, including casual workers. The Government imposed price controls on basic food commodities.

Figure 7. Responses to COVID-19 in middle-income countries



Source: Compiled from <http://tracker.unescwa.org>.

- **Morocco** paid \$90-130 per month for three months to 3 million informal-sector workers (half of the informal workforce) who were directly affected by the Government's compulsory confinement policy (new programme). Approximately one million formal employees who had lost their jobs and were registered with the pension fund received \$200 per month for three months (vertical expansion). The Government also offered interest-free loans to self-employed people, to be repaid over three years. More information on the cash transfer programme is provided below in the form of a case study.
- **Tunisia** paid two top-ups worth \$17 each to 260,000 beneficiaries of existing cash transfer programmes and two top-ups worth \$68 each to 623,000 vulnerable existing beneficiaries of low-cost health-care cards [vertical expansion]. One-off cash transfers worth \$68 were paid to 300,000 vulnerable informal-sector workers and to 70,000 self-employed workers (new programme). The Tunisian Union for Social Solidarity, a local NGO, distributed food relief. Taxi owners were offered low-interest loans through the Tunisian Solidarity Bank to cover their vehicles' insurance costs.
- **Algeria** introduced a once-off top-up solidarity allowance worth \$80 for families in need who were impacted by COVID-19 measures. The 322,000 beneficiaries were identified through community-based targeting. Additional cash transfers were paid under a supplementary finance law enacted in June 2020, which included payments to workers who became unemployed because of COVID-19. The law includes 11.5 billion dinars (\$81 million) for transfers to poor household. Food was also distributed to vulnerable families.
- In **Lebanon**, the High Relief Authority delivered social assistance to people adversely affected by COVID-19 lockdown measures. The Emergency National Social Solidarity Programme paid approximately \$100 per month to 200,000 families for seven months. 30,000 farmers received a one-time subsidy of \$1,125. The army distributed food rations to all regions.

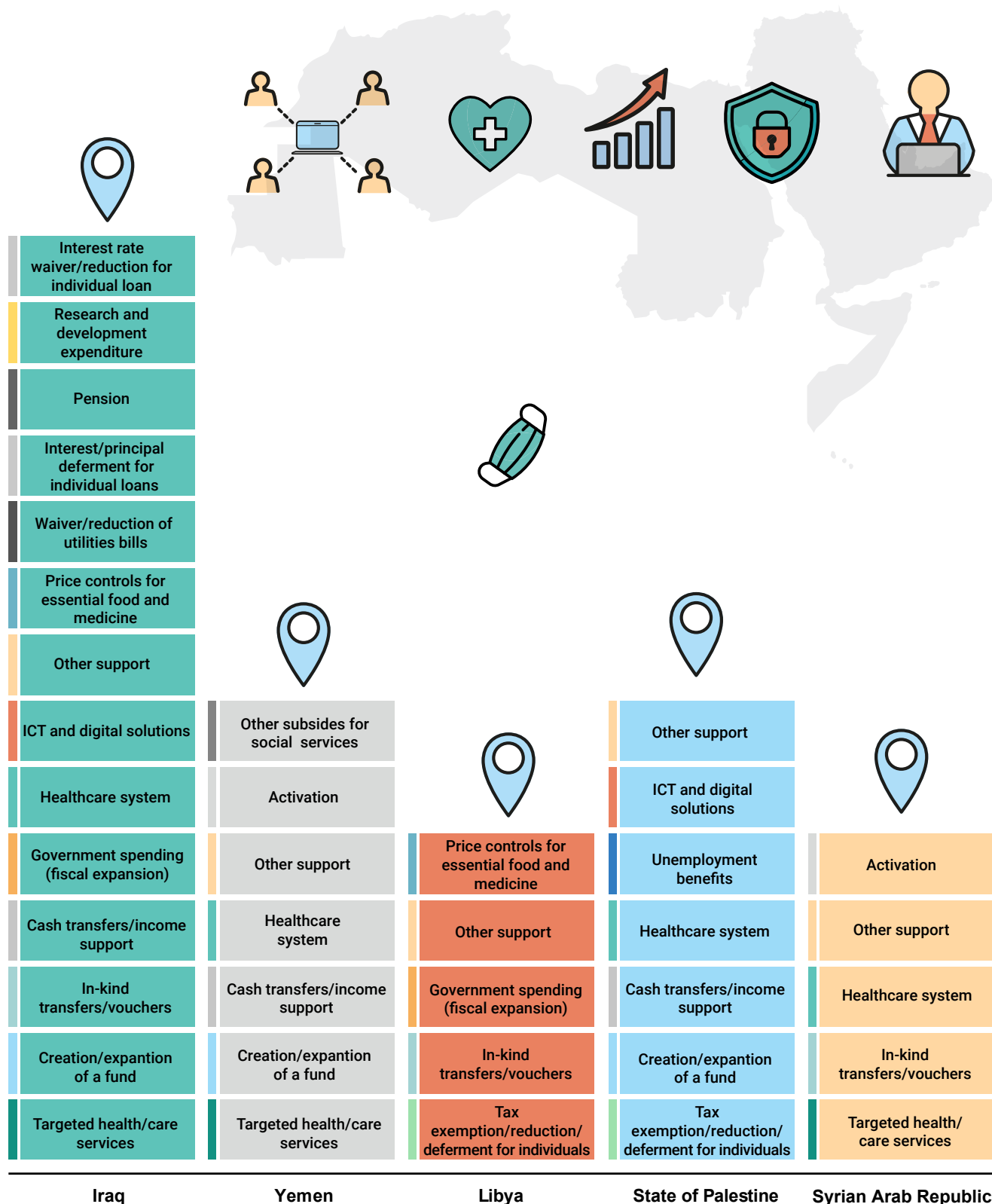
2. Conflict-affected countries: Iraq, Libya, the State of Palestine, the Syrian Arab Republic and Yemen

Emergency programmes as a humanitarian response, for instance, Iraq's emergency grant, dominated countries affected by conflict. United Nations agencies such as WFP and local NGOs engaged in food distribution in countries such as Iraq and Libya with Governments introducing price controls or launching solidarity campaigns, such as the 1 Million Food Baskets programme in Iraq, to mobilize public and private sources for the provision of food baskets and free meals. In Iraq, non-State responses were coordinated by the Council of Ministers under a national campaign of NGOs and volunteering groups to respond to the impact of COVID-19.

Existing humanitarian relief programmes were used where available as was the case in Yemen. In the State of Palestine and the Syrian Arab Republic, responses to COVID-19 included expanding support to existing platforms such as e-payments and sharing databases across ministries to identify eligible beneficiaries. In terms of diversification of measures in conflict-affected countries, Iraq tops the list followed by Yemen and the State of Palestine (figure 8).



Figure 8. Responses to COVID-19 in conflict-affected countries



Source: Compiled from <http://tracker.unescwa.org>.

The following list provides detailed information on the various initiatives in conflict-affected countries:

- **Iraq** introduced an emergency grant for men and women registered as unemployed with no fixed income and no access to State pensions, social security payments or other social benefits (new programme). The Ministry of Labour and Social Affairs launched a solidarity initiative called 1 Million Food Baskets to distribute food to households affected by the lockdown. The Council of Ministers provided food and financial and medical assistance to 135 local organizations, under the national campaign of NGOs and volunteering groups to respond to the impact of COVID-19. WFP provided cash and food transfers to 650,000 refugees, internally displaced persons (IDPs) and others in response to disruptions in local banking and the provision of financial services. The Ministry of Housing suspended mortgage repayments for three months for all borrowers. The Cabinet expedited and approved a draft pension and social security law which had been in the pipelines for a while and which was intended to provide private-sector workers with the same rights to social security and pensions as public-sector workers.
- In the **State of Palestine**, 10,000 families were added to the National Cash Transfer Programme, and its beneficiaries received e-vouchers to meet their food needs for three months (vertical expansion). WFP provided people registered with its cash-based transfers project with cash top-ups and electronic food vouchers. Workers in COVID-19-affected sectors, such as construction, tourism, services, trade, agriculture and crafts, received cash assistance from the Waqfa Fund. The ministries of labour, local government, transport and communications, economy and social development crossed their databases to better identify beneficiaries. Female workers in nurseries and creches who had lost their salaries received 100\$/month for a period of three months as a form of unemployment benefit. The Ministry of Social Development, together with international and local partners, distributed food parcels to vulnerable households and residential centres. The United Nations Relief and Works Agency for Palestine Refugees (UNRWA) provided food to refugees in the West Bank.
- In the **Syrian Arab Republic**, over 300,000 unemployed, daily and seasonal workers, self-employed, older persons, and persons with disabilities registered online for COVID-19 cash support and food and health baskets provided by the National Social Aid Fund of the Ministry of Labour and Social Affairs in coordination with civil society actors. Prioritized sectors for affected workers included transport, handicrafts, porters, tourism, and construction. As part of the COVID-19 response, the Government offered essential foods at subsidized prices through supermarkets run by the Trade Foundation. Humanitarian actors such as WFP and the United Nations Children's Fund (UNICEF) increased food assistance and nutrition support for affected families and vulnerable children.
- In **Libya**, WFP provided food assistance to COVID-19-affected people, including IDPs and migrants. The Minister of Economy introduced price controls on 16 essential food items to prevent food prices from increasing.
- In **Yemen**, few options to respond to COVID-19 were available because of the ongoing insecurity situation. Beneficiaries of the ongoing Emergency Cash Transfer project received a one-time top-up worth 45 per cent of the normal quarterly payment as COVID-19 humanitarian support (vertical expansion). The school feeding programme switched from in-school meals to take-home rations for almost 400,000 children.

3. Least developed countries: Mauritania, Somalia and the Sudan

The three LDCs in the region have a limited set of social protection programmes in place, the majority of which is donor-financed. Mauritania, Somalia and the Sudan set up special programmes to deliver financial assistance to COVID-19-affected groups, using, at times, innovative platforms. As per figure 9 and in terms of diversification of measures, Mauritania tops the list, followed by the Sudan,

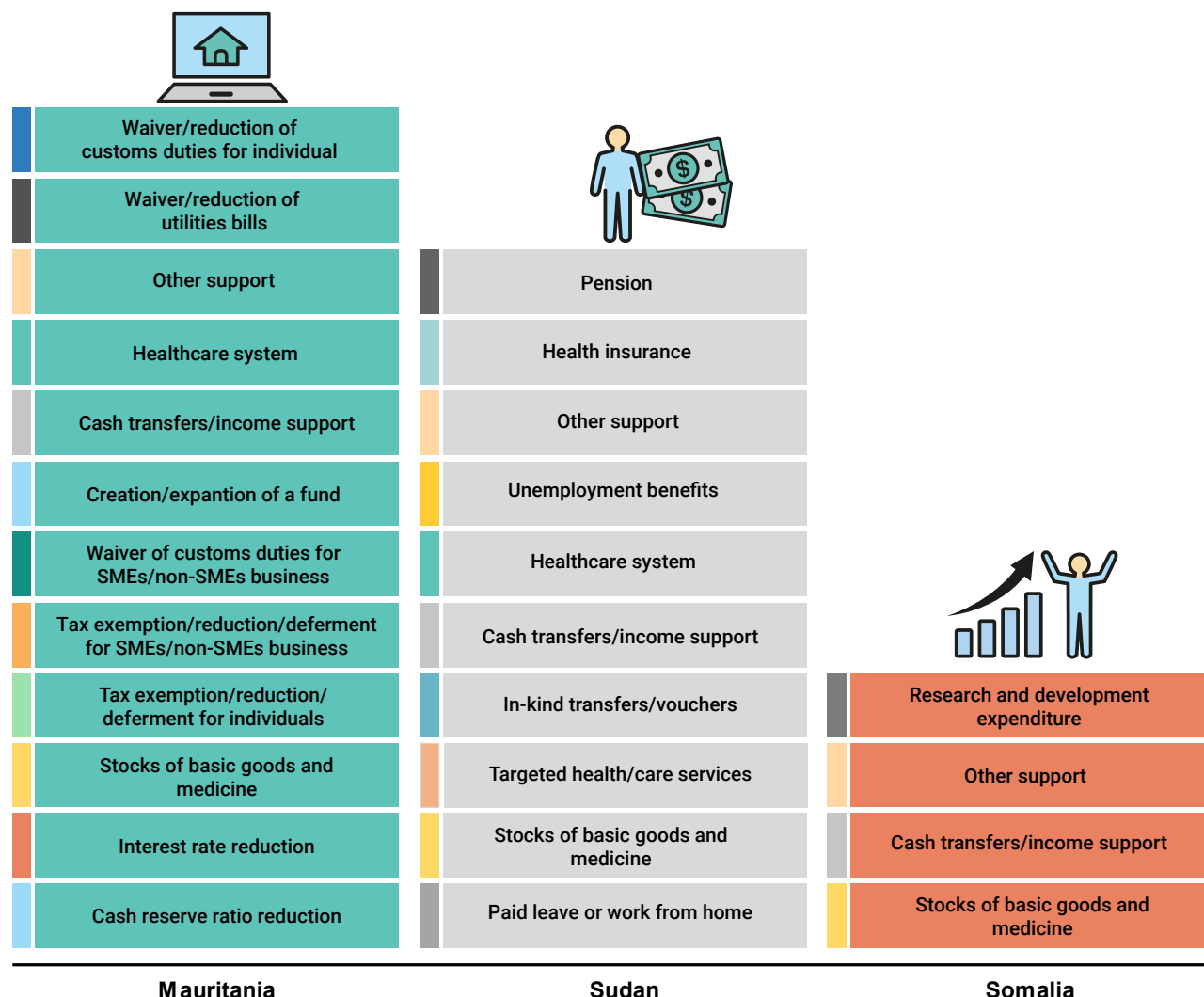
with Somalia having undertaken the least diversified measures. Its interventions were centred around cash transfer, stock of basic goods and medicine, research and development, and other support.

- **Mauritania** established a special fund for social solidarity and combating COVID-19 that provided three months of financial aid to households headed by women, the elderly and people with disabilities, in addition to artisanal fishers and people who carry out 'small jobs'. The Ministry of Public Service, Labour and Administrative Modernization gave food to trade unions for distribution to union members in need. The Ministry of Fishing and Maritime Economy distributed 10 tons of

fish to families in the inland regions that were affected by the measures to combat COVID-19. The Nouakchott Regional Council and the army delivered food to poor families and low-income workers in Nouakchott during the lockdown.

- In the **Sudan**, the Government proposed, with assistance from international partners, to support 30 per cent of the population for one month with cash and in-kind transfers. The Ministry of Labour and Social Development supported 2 million poor households, informal workers, teachers and casual workers with a food basket enough to last for three weeks. The Zakat Chamber also distributed food baskets and Ramadan meals to low-income families.

Figure 9. Responses to COVID-19 in least developed countries



Source: Compiled from <http://tracker.unescwa.org>.

- **Somalia** introduced the first ever cash transfer programme, namely, the Baxnano programme, that aimed to provide cash transfers to poor and vulnerable households. The programme is expected to reach 270,000 households across fragile areas. Moreover, the Government is considering supporting individuals engaged in livestock markets through compensation and nutrition-linked cash transfer. Exemption of taxes was introduced on basic goods and reduced by 50 per cent on some additional commodities in addition to lifting the restrictions imposed on imports of rice from Vietnam. The State also provided soft loans, initially worth 2.9\$ million, for medium- and small-scale enterprises.

4. Gulf Cooperation Council countries: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates

Social protection in the six GCC States is dominated by religious charity such as *zakat* and Ramadan payments. In Kuwait, for instance, *Zakat* House beneficiaries received additional payments, and a new cash transfer programme was set up; and in Bahrain, social assistance beneficiaries received double payments. Apart from these, it seems that few cash transfers were provided in any GCC States in response to COVID-19 during 2020. Food baskets and meals were delivered to standard vulnerable groups such as older persons and persons with disabilities, not to people who became vulnerable by COVID-19 lockdowns directly. Often, these food transfers were distributed only during Ramadan and financed by private donations and charities, including shopping centres in Oman and an Islamic bank in the United Arab Emirates. Being wealthy countries with relatively small populations, these Governments implemented other forms of support, notably utility waivers and extension of health insurance. As per figure 10 and in terms of diversification of measures, Kuwait tops the list, followed by Oman and Bahrain.

- In **Bahrain**, the Government used its unemployment fund to pay the full salaries of all 100,000 private-sector employees for three months, in line with the Social Insurance Law. This initiative was partially extended for another three months, paying 50 per cent of salary costs for workers in the most

affected sectors. Monthly social security benefits and social assistance payments to families in need and persons with disabilities were doubled in 2020 (vertical expansion). The Electricity and Water Authority paid the utility bills for all Bahrainis for six months.

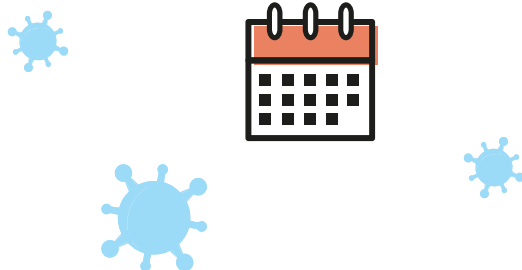
- In **Kuwait**, the *Zakat* House provided financial aid to registered widows, divorced women, orphans, the elderly, and low-income families with no fixed income or whose income was affected by the crisis (vertical expansion). The *Fazaa el-Kuwait* campaign was set up using public funds and private donations to support impacted families through general cash assistance, rent payments and distribution of shopping cards (new programme). The Ministry of Social Affairs distributed hundreds of thousands of food baskets and warm meals to vulnerable people, including residents and workers in nursing homes, nurses and persons with total disabilities.
- In **Oman**, the Supreme Committee instructed private-sector employers to pay employees their full salaries during the lockdown period. The Public Authority for Consumer Protection raised money from private donations and subsidies provided by shopping centres to sell a basket of 19 essential food items at a subsidized price to vulnerable families during Ramadan. The payment of utility bills was postponed, and health insurance benefits were extended.
- In **Qatar**, every resident was entitled to receive free treatment for COVID-19, even without a health card or a Qatar identification card. A temporary COVID-19 wage subsidy scheme was introduced in March 2020 to encourage businesses to retain rather than retrench employees. The subsidy varied depending on each employee's net weekly pay but was highest (at 85 per cent) for low-income workers. In addition, all rental and utilities fees were waived until February 2021.
- In **Saudi Arabia**, the Ministry of Human Resources and Social Development mobilized resources from the private sector and citizens for a community fund that delivered Ramadan meals (hot or dry meals or food baskets) to people affected by the pandemic

during the holy month of Ramadan. The community fund also distributed food baskets under the name of “Our Food is One” to vulnerable groups affected by the pandemic, including poor people, people with disabilities, widows, divorced women, prisoners’ families and older persons.

- The **United Arab Emirates** provided low-income families and low-income labourers with three months of food to, with support from charities, NGOs and Sharjah Islamic Bank.

Across the Arab region, responses to COVID-19 targeted both individuals and households. Many programmes targeted workers and employees, and some focused on the self-employed, women workers and the unemployed. Categorical targeting was common across all subregions, including children, students, women, older persons and persons with disabilities. In all subregions except LDCs, non-citizens were also eligible for certain benefits, possibly reflecting the prevalence of foreign migrant workers in many of these countries (figure 11).

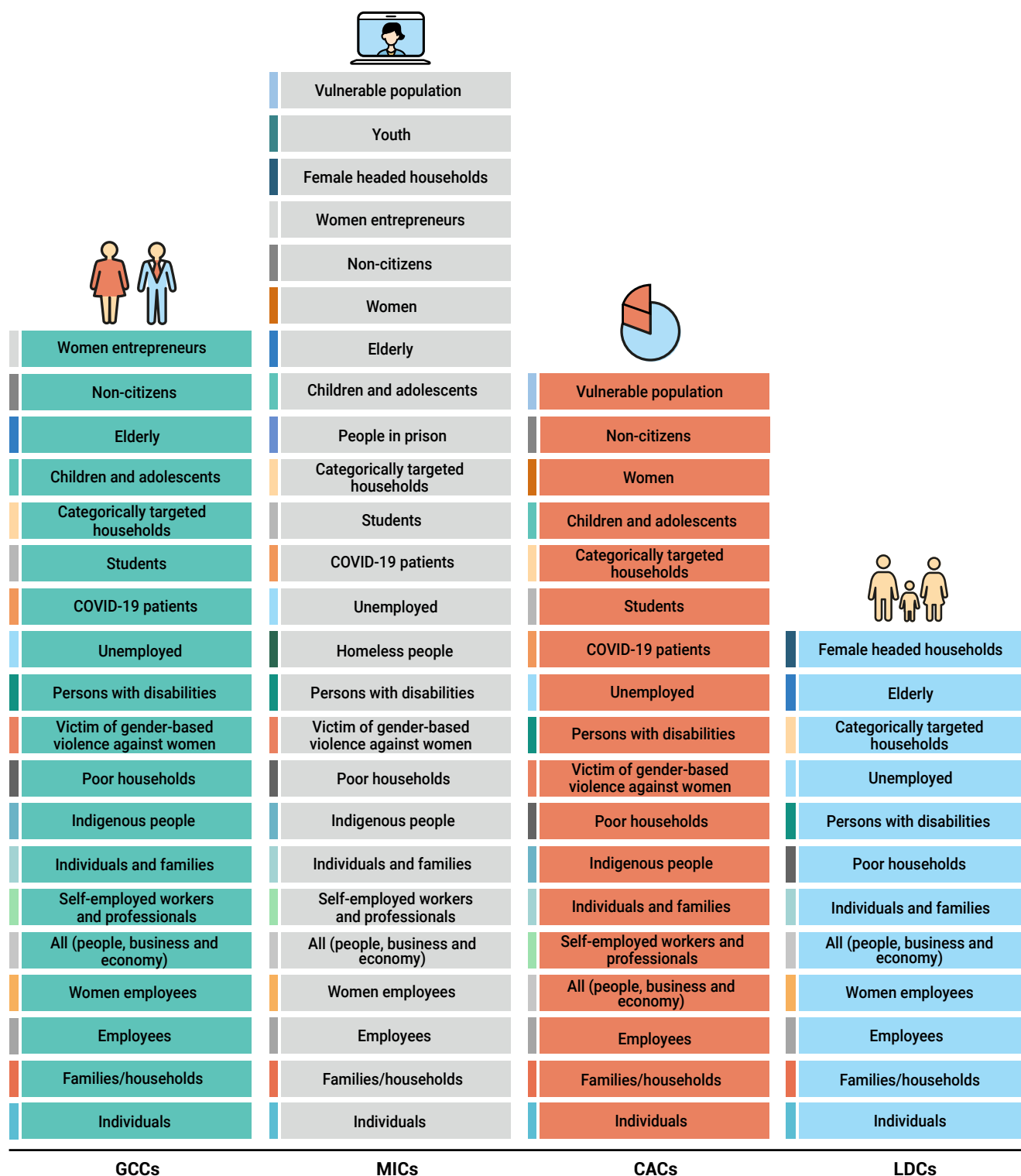
Figure 10. Responses to COVID-19 in GCC countries



		Labor regulation adjustments			
		Enhancing food security			
		Pensions			
Cash-flow assistance	Other subsidies for social services	Work hours adjustment			
Lowering risk weights of certain assets/ collateral	Waiver/reduction of customs duties for individual	Labor regulation adjustments			
Labor regulation adjustments	Rent and housing subsidies	Waiver/reduction of government fees to SMEs/non-SMEs business			
Wage subsidies to employers against layoffs	Waiver/reduction of government fees	Waiver/reduction of government fees			
Disability pension	Soft loans and credit support	Activation			
Rent and housing subsidies	COVID-19 awareness campaigns	Soft loans and credit support			
Waiver/reduction of government fees	Social insurance/waivers	Interest/principal deferment for individual loans	Labor regulation adjustments		
Waiver/reduction of utilities bills	Interest/principal deferment for individual loans	ICT and digital solutions	Enhancing food security	Labor regulation adjustments	
COVID-19 awareness campaigns	Price controls for essential food and medicine	Unemployment benefits	Research and development expenditure	Enhancing food security	Labor regulation adjustments
Interest/principal deferment for individual loans	ICT and digital solutions	Healthcare system	Waiver/reduction of government fees to SMEs/non-SMEs business	Healthcare insurance	Interest/principal deferment for individual loans
Other support	Healthcare system	Government spending (fiscal expansion)	COVID-19 awareness campaigns	Waiver/reduction of government fees to SMEs/non-SMEs business	Rent and housing subsidies
Healthcare system	Government spending (fiscal expansion)	Cash transfers/income support	Other support	ICT and digital solutions	Waiver/reduction of government fees
Government spending (fiscal expansion)	Cash transfers/income support	Targeted health/care services	Rental subsidies to SMEs/non SMEs business	Healthcare system	Waiver/reduction of utilities bills
Cash transfers/income support	In-kind transfers/vouchers	Tax exemption/reduction/deferment for individuals	ICT and digital solutions	Government spending (fiscal expansion)	Targeted health/care services
Targeted health/care services	Creation/expansion of a fund	Stocks of basic goods and medicine	Cash transfers/income support	Cash transfers/income support	Government spending (fiscal expansion)
Stocks of basic goods and medicine	Targeted health/care services	Paid leave or work from home	Targeted health/care services	Targeted health/care services	In-kind transfers/vouchers
Paid leave or work from home	Stocks of basic goods and medicine	Interest rate reduction	Paid leave or work from home	Sick leave	Paid leave or work from home
Bahrain	Kuwait	Oman	Qatar	Saudi Arabia	United Arab Emirates

Source: Compiled from <http://tracker.unescwa.org>.

Figure 11. Beneficiaries of responses to COVID-19 in Arab countries



Source: Compiled from <http://tracker.unescwa.org>.

In sum, despite their long exposure to conflict and emergencies, Arab countries such as Iraq, Lebanon and the Syrian Arab Republic are not able to match their experience with the level of State protection for citizens required during the current pandemic. Many Arab countries, apart from the Gulf States, face the same challenges as other low- and lower-middle-income countries due to huge losses in revenue and jobs following lockdown, weaker economic and public health institutions, higher levels of informal labour, and populations earning just enough to get by.

Government responses to COVID-19 have varied across the Arab countries. Most have increased the number of beneficiaries of existing social assistance and cash transfer programmes as can be seen in the case studies of Egypt and Morocco. Some countries, such as Jordan and Lebanon, have used existing employment-based social insurance schemes to relieve employers of their share of the contribution. In some cases, new cash-based schemes have been introduced to support a larger share of vulnerable people. This is the case in Egypt, where a one-off monetary compensation of 500 Egyptian pounds (\$32) for three months was offered to informal workers registered with the database of the Ministry of Labour and Manpower. Payment was made through post offices and banks. The programme was expected to cover 1.5 million individuals working in construction, ports, agriculture, fishing, plumbing, electricity and similar sectors.

Topping the list of challenges is the basic access to food, as food insecurity has been a major concern, for many decades already, of the United Nations agencies working in the Arab region, and the approaches by respective Governments have varied greatly. Hence, a major initiative by some Governments has been to provide food parcels and food aid to vulnerable households. The recently announced regional response by ESCWA to the COVID-19 crisis in Arab countries has estimated that a further 8.3 million people currently in the middle-class income bracket will become poor due to loss of income and foreign remittances. Women have been especially affected as many work in the front line of health and social care provision and face the increased risk of domestic violence during lockdown or as a result of poverty. These risks are found all over the world, not just in the Arab region. The 26 million refugees and IDPs in the Arab region are also put at additional risk by the COVID-19 pandemic.

In terms of the key issue of health, many countries lack the infrastructure to attend to the needs of their populations, with the exception of only the GCC States. Arab populations spend 50 per cent of their disposable income on health-created costs and, with such a high proportion of informal workers, lack of access to social insurance also often means lack of access to health care. However, it is noteworthy that one of the initiatives Arab countries embarked on to deal with the COVID-19 pandemic was to extend sick pay for formal workers. For example, in Lebanon, paid sick leave was granted to medical employees such as nurses and contractors working in hospitals covering the entire isolation period. Work-related injuries and emergencies were covered for workers who contracted COVID-19. The relevant laws cover the responsibilities of employers in case of occupational injuries with corresponding compensation and indemnity as well as workers' entitlements.

E. Gender-sensitive fiscal support

By May 2021, 1.2 per cent of the total fiscal support announced by Governments in the Arab region went to gender-responsive measures benefitting women employees, women entrepreneurs, households headed by women, and women as victims of gender violence.

Mauritania has allocated \$140 million to support 30,000 households headed by women, the elderly and persons with disabilities. The Saudi Arabian Government required employers in the private sectors to offer compulsory two weeks of sick leave for pregnant women. In Jordan, vocational training on awareness-raising on COVID-19 took place in four women centres. In Iraq, Lebanon and Tunisia, support was provided to victims of gender violence using information communications and digital technologies. In Lebanon, a hotline was set up dealing with violence at various levels occurring during quarantine and lockdown periods whereby the majority of the reported cases affected women and girls. Algeria expanded social security coverage to deliveries in private maternal health facilities and made this innovation permanent.

F. The case study of Morocco: The cash transfer programme as a response to the COVID-19 crisis

1. A solidarity fund and considerable vertical and horizontal expansion of the cash transfer programme benefitting more than half of the population

Morocco undertook substantive efforts to counter the negative effects of COVID-19, especially in the field of social protection. At the wake of the outbreak, Morocco established a COVID-19 solidarity fund that raised up to \$3.4 billion from public-sector funds and private-sector donations to finance health and social protection support measures. The cash transfer programme which was extended both vertically and horizontally benefitted almost half of the population of Morocco. By the end of July 2020, the Government had completed the distribution of the three planned temporary transfers to 5.5 million households (about 65 per cent of the total population), representing a cumulative cost of \$1.7 billion.³⁴ People of the following three categories received cash transfers between March and July 2020:

- One million formal workers received a fixed monthly allowance of 2,000 Moroccan dirham (\$220) through the national security fund.
- 2.3 million workers in the informal sector with access to a medical assistance scheme or a RAMED card received 800 Moroccan dirham (\$88) for households of two people, 1,000 dirham (\$110) for households of three to four people and 1,200 dirham (\$132) for households of more than four people.
- Two million workers in the informal sector without access to a medical assistance scheme or RAMED card also received the same amount mentioned above depending on the size of the household.

The latter category represents an opportunity for the sustainability of such programmes. Considered as middle class, people without access to a RAMED card were previously not deemed eligible for financial

assistance. However, the COVID-19 crisis and its repercussions have paved the way towards rethinking social assistance programmes in terms of expanding the contributory base to these people and, in turn, have them benefit from social protection programmes, thereby ensuring increased institutionalization and sustainability. Thus, Morocco perceived the COVID-19 crisis as an opportunity for reform, building on the success of the COVID-19 response. Morocco provides a very good example of potentially greater life-course focus in a social protection system.³⁵

2. The innovative use of technology for the effective disbursement of cash transfer programmes

The success of the cash transfer programme was not limited to its expansion, but also to its effective disbursement using innovative technologies. For example, holders of a RAMED card requested the allowance by a simple short message service (SMS) and received instructions by a return SMS. People without a RAMED card had to apply through a newly created website. The instructions for collecting the benefit was sent by mobile phone. At the end, all recipients were able to “withdraw their allowance from banks, public and private money transfer offices and automated teller machines (ATMs) through the mobilization of a network of 16,000 distribution points as well as 250 mobile units to serve rural areas”.³⁶

In addition to implementing these effective measures to facilitate receiving the benefits, the Government launched a large outreach programme and several communication and awareness-raising campaigns. Beneficiaries also had at their disposal a grievance mechanism/website to submit their claims to the emergency cash transfer programme.³⁷

3. Response to COVID-19 regraded as opportunity to reform the social protection system

On July 29 2020, the King of Morocco pledged to make the provision of social security to all Moroccans a national priority for the next five years.³⁸ Indeed, building on the response to COVID-19 based on a study conducted

in June 2020 on the socioeconomic and psychological effects of COVID-19 on households, with a special focus on the impact on children, and in line with the 2021-2025 procedural plan for the implementation of social protection programmes, and law 09.21 (loi-cadre 09.21, protection sociale), Morocco has embarked on the following reforms:

- Expansion of the mandatory medical coverage by 2022 to include 22 million additional beneficiaries, by including the informal sector with contributory capacity and part of the formal sector currently excluded from those schemes such as liberal professions and self-employed people such as doctors, architects, lawyers, paramedical professionals and others.
- Reinforcement of family assistance provided to seven million school-aged children.
- Expansion of the contributory base of the pension system by integrating five million new beneficiaries who were previously excluded.
- Strengthening of the unemployment benefit programme.³⁹
- Deployment of the unified social registry planned for 2023-2025 with its new means-testing formula (focusing on family expenditure rather than earning among other criteria) and the integrated management information system for social protection programmes ensuring synergies and coordination.
- A special focus to expand contributions targeting workers in the informal sector regrouped into 60 categories; dialogue is currently underway with 15 groups, six of which are already covered by the mandatory basic health insurance.
- Application of a new innovative single tax contribution to replace the flat rate scheme (unified professional contribution).⁴⁰
- As of 2021, a re-orientation of the budget of subsidies (flour, sugar, butane gas) will begin by replacing it gradually with a universal child benefit programme (allocations familiales).⁴¹

G. The case study of Egypt: a substantive horizontal expansion of the *Takaful* and *Karama* programmes to counter the negative effects of the COVID-19 crisis

The first conditional *Takaful* and non-conditional *Karama* cash transfer programmes were launched in Egypt in 2015 targeting all those living under the poverty line. The number of beneficiaries rose from 1.7 million families to 3.7 million families, amounting to approximately 10 million additional individuals.⁴² In addition, the amount of the cash transfer programme targeting four million individuals rose from 3.6 billion Egyptian pounds to 19 billion pounds in 2020, signifying an increase by 270 per cent.⁴³ The cash transfer programme *Takaful*, which was conditional on education, health care and reproductive rights, and the unconditional cash transfer *Karama* aimed at protecting poor people above the age of 65, disable people, orphans, and widows.

The *Takaful* programme was also complemented by an economic empowerment component that includes rehabilitation to enter the labour force as well as a system of microcredits to finance small businesses. The objective of this support was not to sustain the assistance and perpetuate dependence but rather considered as a temporary assistance to lift people out of poverty so that they can enter the labour market, be productive and become self-sufficient.⁴⁴

In 2018, the programme underwent a review to ensure that capable individuals can indeed start working and benefiting from the different opportunities that were offered by the private sector through different partnerships with the public sector in the areas of agriculture in general, investments in farming and artisanal craftsmanship.

According to the rapid survey conducted in 2020-2021 by the Central Agency for Public Mobilization and Statistics, these programmes (*Takaful* and *Karama*) initially targeted to cover 20 per cent of the poor; however,

findings suggest that 27 per cent of the poorest quantile were covered.⁴⁵ Measures also indicated that these programmes reach a 93 per cent level of accuracy, noting a 6 per cent level in terms of exclusion.⁴⁶ These programmes were partly responsible for the decreasing poverty rates in Egypt, namely, from 32.5 per cent in 2018 to 29.7 per cent in 2020.⁴⁷

Horizontal expansion targeting the most vulnerable: flexibility in the eligibility criteria and the use of new technologies for better service delivery and cash transfer

When the COVID-19 pandemic became a global crisis, Egypt, like most countries, was particularly hit with lockdowns and rising unemployment levels, especially in sectors such as tourism and hospitality. This case study highlights the Egyptian response in terms of providing prompt and efficient cash transfers through the horizontal expansion of programmes such as *Takaful* and *Karama*. Other interventions were undertaken by the Egyptian Government during the pandemic which are not entirely covered in this report. Although many challenges persist, the Egyptian intervention was characterized by flexibility in the eligibility criteria, thereby allowing new categories of individuals to benefit from the *Takaful* and *Karama* assistance, in addition to the use of new technology for efficient service delivery and cash transfer. The sections below provide an elaboration of this particular Egyptian experience.

During the COVID-19 crisis, Egypt was able to provide cash support to a total of 5.5 million families.⁴⁸ Through the expansion of the *Takaful* and *Karama* programmes, 411,000 additional families received temporary cash support for a period of six months.⁴⁹ Out of these 411,000 families, 58 per cent are female-headed, 68 per cent live in rural areas, 13 per cent are elderly, 45 per cent are people with disabilities, 1 per cent orphans, and 31 per cent poor families with school-aged children.⁵⁰ Many of these additional families had applied for assistance before the COVID-19 era, but were refused support because they did not fit the eligibility criteria.⁵¹ Therefore, during the COVID-19 crisis, the ministry used a flexible elaborate system of 13 cut-off points instead of the previously

used two cut-off points to identify needy families. This flexibility ensured that those who were previously not deemed in need of help now have access to support and financial assistance.⁵²

In this context, the ministry has provided cash support to the supervisors of nurseries that had to close and to the poorest tourist guides without additional income.⁵³ Food aid was provided to 40,000 pregnant women in order to help them feed their children. Cooperation between several ministries, through the use of new technologies, such as the G2G platform, which includes several databases from different ministries for better intergovernmental coordination, culminated in the issuance of 50,000 ration cards for *Takaful* and *Karama* families. In addition, 1.5 million families received water and medical and veterinary assistance; 1.1 million people with disabilities received assistance worth 5 billion Egyptian pounds; and 561 integrated service cards were issued to cover people's different needs.⁵⁴

In addition, an electronic portal for inquiries and complaints for beneficiaries of the *Takaful* and *Karama* programmes was launched electronically,⁵⁵ and an electronic portal was additionally launched to register persons with disabilities who would like to obtain an integrated service card.⁵⁶ Furthermore, the Ministry of Social Solidarity recently launched the interactive communication platform Rapid Pro in cooperation with UNICEF.⁵⁷ The Rapid Pro programme enables the Ministry to create a direct communication channel with the beneficiaries through which it shares awareness messages within the framework of an awareness programme for community development on various social and cultural issues such as correct hygiene practices, safe motherhood, child marriage, and female genital mutilation, and through which it receives observations and evaluations on the various services provided by the Ministry.⁵⁸ Rapid Pro mainly targets the beneficiaries of the *Takaful* and *Karama* programmes and the beneficiaries of social insurance pensions (*Daman*), and a competition with a prize of 200,000 Egyptian pounds was designed with the aim of educating families benefiting from the *Takaful* and *Karama* programme about the seriousness of COVID-19 and ways to prevent the spreading of the virus.⁵⁹

New technologies were also used for the prompt delivery of cash assistance, and 20,000 new cash pickup outlets from ATM machines to bank dropouts were added to the initial 4,500 postal outlets for the collection of cash transfers. Many beneficiaries also collected cash via mobile phones. To maintain social distancing measures, recipients from the *Karama* programme were allowed to cash their assistance during the first two days of the week, followed by beneficiaries of the *Takaful* programme.

In sum, the Egyptian Government, similar to many other countries, augmented its support during the pandemic and provided an array of services to the neediest segments of the population. The horizontal expansion of the *Takaful* and *Karama* programmes enabled cash assistance for vulnerable groups in times of crises. The programmes showed flexibility in identifying new beneficiaries. The eligibility criteria were calibrated to fit the crisis mode the country was entering into and the new categories of persons in need of assistance due to the COVID-19 pandemic. Intergovernmental coordination was enhanced through the use of electronic platforms such as G2G to identify needs through cross-checking the beneficiaries' database. In addition, the use of new technologies for the delivery of services such as ATM outlets and transfers through mobile phones proved highly efficient. Government officials affirm that there is a political will to continue these efforts and learn from the pandemic to better strategize for the future. However, only time will demonstrate whether the Egyptian Government can indeed sustain this kind of assistance and build on the success of this experience. As described above, the Egyptian case demonstrates greater potential towards a life-course approach incorporating low-income households. Its targeted approach means that other life contingencies experienced by middle-income households as the result of child-rearing costs are potentially neglected. Such households are still vulnerable to poverty and, without adequate income or non-income-based support, they may well join the ranks of low-income households in Egypt. A life-course approach would put in place social support regardless of income.

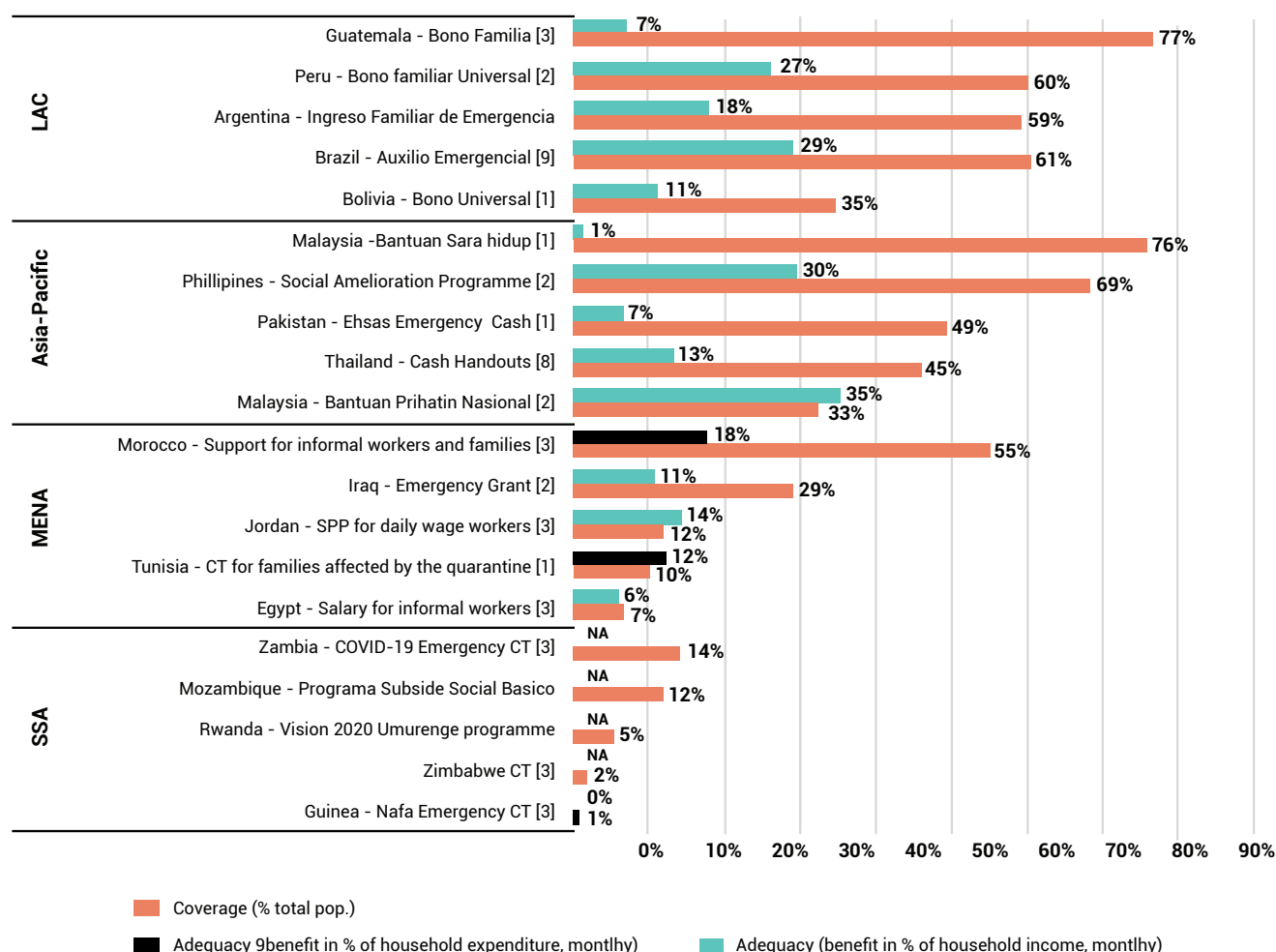
H. The effectiveness of social protection measures taken by selected Arab countries to confront COVID-19, in comparison to other countries

IPC-IG estimated the coverage and adequacy of social protection responses to COVID-19 across the Global South. Several interventions had high coverage, reaching more than half the national population in at least seven countries, including Morocco's support programme for informal workers and families (figure 12). By region, coverage was highest in Latin America and the Caribbean and lowest in sub-Saharan Africa. Programmes in the Arab region ranked mostly at the lower end in terms of coverage, reaching, on average, less than 20 per cent of the population. However, the adequacy of these cash transfers to meet household needs was low, averaging less than 20 per cent of the national average income or spending in all five selected Arab programmes (figure 12).

Many measures related to health and economic, financial, social and protective matters were implemented in the Arab world during 2020. However, they were not comprehensive for several reasons. Figure 12 shows the level of coverage and benefits in selected Arab States in comparison with other countries and regions. With the exception of Morocco, which reached a coverage of 55 per cent, measures, according to literature, have not been sufficient due to the following reasons:

- **Low coverage of insurance systems:** Social insurance plans in the Arab region provide limited coverage, are mostly limited to formally employed workers and mainly cover old age, disability and death pensions. Some Arab countries, for instance, Bahrain, Jordan, Kuwait and Saudi Arabia, provide unemployment insurance plans, but these do not apply to foreign workers, which are the majority of the labour force, especially in the GCCs.
- **Legislative shortcomings:** Multiple groups, such as agricultural workers, day labourers, seasonal workers and domestic workers are excluded from laws governing social insurance systems in the Arab region.

Figure 12. Level of coverage and benefit of selected cash transfer programmes, by region, as at February 2021



Source: Compiled from IPC-IG, as at February 2021.

Notes: In some cases, the benefit amount depends on the number of household members; therefore, maximum values were considered here. In the case of benefits paid per person without a cap per household, the average household size was considered. The number in square brackets indicates the number of payments when this information was available. In some cases, numbers are based only on announcements. For expenditure and income, the latest data available were used and adjusted for inflation. SPP stands for social protection programmes, and CT stands for cash transfers.

This means that these workers, who are in particular need of protection in times of crisis, are left outside of the formal social protection system.

- **Low health coverage:** Millions of citizens and residents in the Arab region have no access to health care or health insurance, specifically vulnerable groups such as workers in the informal sector, agricultural workers, refugees and immigrants.
- **Inadequate benefits:** Cash and in-kind assistance was directed to the poor and to workers in the informal sector, but it was insufficient to meet the

newly emerged needs and requirements in light of the closures that took place in most countries of the Arab world.

The dispersion, fragmentation and multiplicity of social protection systems and institutions in the Arab region often indicate limited effectiveness. Operational costs are “high, money is wasted, there is duplication of efforts and gaps in provision, and policies often conflict and contradict each other”.⁶¹ More inclusiveness, comprehensive protection and sustainable poverty reduction impacts are needed.

A regional dialogue⁶² evaluated the measures undertaken by Arab countries regarding COVID-19, which reached the following key conclusions and recommendations:⁶³

- All Arab countries need effective social protection systems, including social insurance and social assistance, to provide protection to all vulnerable groups. These systems also need to have the capacity to respond effectively and promptly during crises such as COVID-19. A life-course approach is suited for this preventive role of social protection since it takes into account how income and life contingencies fluctuate for different reasons such as childbirth, loss of work or retirement during which the population is likely to need particular social protection.
- Unprecedented circumstances caused by the pandemic have tested existing systems and exposed gaps and deficiencies, notably the inadequacy of emergency plans for health issue, and the failure to include all citizens under the umbrella of social security. The issue is not only related to aid and not only a matter of social security. The Arab region needs strategies, policies and laws to achieve a social protection floor that is comprehensive, transparent, accountable, and relevant, in a way that guarantees poverty reduction and protection of vulnerable families. This requires cooperation and integration between States, the private sector and civil society organizations.
- In several countries, civil society is advocating for a comprehensive social protection system that targets all groups without discrimination. In the State of Palestine, for example, the social security law does not include many people living in poverty and in greatest need of care and protection, even more so during the pandemic. In Iraq, social protection systems are insufficient and do not include marginalized groups, informal-sector workers and widows. Laws on labour and social security must be activated to protect women, people living in conflict and war zones and others to ensure comprehensive coverage.
- The aid provided to vulnerable groups during crises is often limited to a certain period; therefore,

it does not guarantee people's protection on a continuous basis.

- Every country needs a national social protection system that extends coverage to all population groups, including people with disabilities, small farmers, self-employed workers, domestic workers and others.
- Laws need to be in place to underpin national social protection systems; they need to be comprehensive and not limited to humanitarian or monetary aid for specific periods.

It is important to note that evidence of the effectiveness of social protection responses to COVID-19 is still emerging. Low- and middle-income countries can deal better with the COVID-19 pandemic by providing an emergency safety net with extensive coverage "if they use a broader patchwork of solutions than higher-income countries. These strategies could include expanding their social insurance system, building on existing social assistance programmes, and involving local governments and non-state institutions to identify and assist vulnerable groups."⁶⁴ The following are some key messages regarding the role of social assistance programmes in addressing the pandemic:

- Governments may find difficulty in financing the necessary measures to combat COVID-19 given prior indebtedness and additional difficulty of borrowing during the pandemic. Without access to finance, the scale of the COVID-19 response may be limited.
- Social assistance programmes will gain additional importance as part of the pandemic response effort due to the high levels of informality in many low- and middle-income countries. Existing programmes should be maintained, temporarily extended and made more generous so that new households can benefit, and existing beneficiaries can deal with the additional costs imposed by the pandemic.
- Key characteristics of social assistance programmes influence the effectiveness of COVID-19 responses. One is the type of assistance and the consideration whether in-kind services and public procurement would be better suited to withstand the impact of

fluctuating supply chains or prices that might make in-cash assistance less reliable. In Lebanon, the deterioration of the national currency undermined food security; therefore, it is also recommended to provide in-kind services and public procurement to needy persons rather than cash assistance which, in this case, is considered less reliable.

- It should be considered whether social assistance programmes should be conditional and whether it makes sense to keep them during the pandemic, including conditional cash transfers and public works programmes. Many cash assistance programmes in the Arab region are conditional on the provision of education, reproductive health and health services, which should be reconsidered during crisis situations.
- Special focus should be placed on how targeting is determined, for instance, on the basis of sociodemographic or economic indicators, to undermine inclusion and exclusion errors.
- Governments may be able to leverage all programmes simultaneously to achieve a more effective COVID-19 response.
- Non-State actors have the potential to play a supplementary and essential role in addition to State interventions. Low- and middle- income countries already have a long tradition of philanthropic and community-level social activism by the civil society. Existing social protection transfers are often widely shared within families and extended networks even in normal times.
- Morocco and Egypt are good examples of how Arab countries can move towards the life-course approach expanding access to households and adults working in the informal sector. However, emphasizing on targeting will hamper these efforts. The issue of finance is also central to the further development of the life course in these countries and may require more substantive reforms concerning taxes and other funding resources available to Governments.

Even at the global level, there is limited information available to date on the actual impact of social protection in mitigating the economic and health effects of the pandemic and related restrictions on economic activities. However, one study in Ethiopia showed that participants in social protection programmes were more protected against the negative effects of COVID-19 than non-participants.⁶⁵

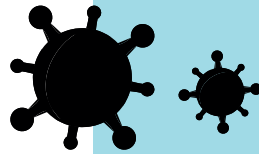
To conclude, COVID-19 has demonstrated the imperative of having inclusive and comprehensive social protection systems in place. However, it remains to be seen whether COVID-19 will reinvigorate Government investments in expanding and strengthening rights-based social protection systems across the world (high road) or whether the expansions introduced in 2020 will be followed by contractions and cutbacks towards minimal residual provision in a post-COVID-19 austerity world (low road).⁶⁶ Some countries show encouraging signs that the social contract around social protection, which has proved its importance during 2020 – with Governments as duty-bearers meeting their responsibility to guarantee the subsistence needs of all citizens and residents as claims-holders at all times – will be strengthened rather than weakened in the coming years.

03

Financial sustainability



Key messages



- Arab countries have responded rapidly to the economic effects of the COVID-19 crisis on firms and households and to keep their financial markets in operation. By May 2021, most Arab countries committed to fiscal stimulus packages. The GCC showed the highest spending, at \$69.9 billion, compared to \$24.78 billion spent by the other subregions. These stimulus packages are mainly based on foregone or re-allocated funding and do not involve major reforms in the tax base.



- The average size of fiscal relief packages in the Arab region was smaller than in other regions around the world (apart from sub-Saharan Africa). This is mainly due to limited fiscal space among low- and middle-income countries that are oil importers and to the existing high rate of public economic support among the oil-exporting countries. The total fiscal support in the Arab region reached 3.9 per cent of GDP, while the world average was at 22.6 per cent.



- Globally, about 9 per cent of fiscal support was spent on social protection: 6 per cent on health-related support and some 60 per cent on economic support. In comparison, the Arab region spent, on average, double the global amounts on social protection and health-related programmes. Exceptionally, Somalia allocated 100 per cent of the pandemic fiscal stimulus to social protection, and in Iraq and Lebanon, social protection allocation accounted for 95 per cent and 96.8 per cent, respectively, of overall spending.



- The levels of spending are also significantly higher than the individual country averages for social protection spending as percentage of GDP, showing, on the one hand, to which extent Arab countries have mobilized funds

during the pandemic crisis but also the extent of social needs, on the other hand, which poses a future challenge for the sustainability of pandemic-related social protection spending packages.



- Due to the absence of an adequate tax base, reduced fiscal space, high levels of debt, poor economic performance, and reduced oil revenues, most Arab countries have provided temporary consumption-smoothing programmes to vulnerable groups such as the unemployed, women and children, rather than extending social insurance and life-course programmes. These factors account for the gap in social protection coverage during the pandemic and recovery period.



- Among Arab countries for which data as at June 2021 is available, the private sector in Tunisia contributed \$410 million as a response to the pandemic and, in Morocco, attracted \$104.5 million. Philanthropies have played a major role in raising some \$2.2 million in Morocco and the United Arab Emirates.



- Rather than putting in place new legislation, countries relied on other mechanisms to deliver the spending packages, such as extrabudgetary funds or executive decrees. While these measures facilitated the prompt disbursement of funds, they undermined accountability mechanisms of fiscal policy decisions in Arab countries.



- By making clean energy transitions central to their recovery plans, Arab oil-producing countries can pave the way for more robust structural changes to support economic recovery that is environmentally sustainable as much as it is financially sustainable.



A. Resource allocations and expenditures, ensuring access for all

This section outlines the sources and types of financial measures undertaken by the Arab countries and provides an overview, by subregion, of key sources of finance. Where available, the section refers to regulatory and institutional reforms that accompanied the financial measures and the interventions associated therewith. The provided data give an overview of key sectors and population groups that were the intended beneficiaries of the pandemic measures. It also outlines the anticipated

impact of interventions in relation to vertical and horizontal coverage and of the life-course approach to social policy.

Arab countries have responded rapidly to the economic effects of the crisis on the private sector and households and to keep their financial markets in operation. The target beneficiaries of the COVID-19 interventions have been vulnerable groups such as women, the elderly, children and informal workers using a mix of social assistance and tax-relief measures. Although focusing on these vulnerable groups is important, the pandemic spending has focused on short-term relief measures which stand to increase the fiscal deficit of Arab countries.

The pandemic measures thus present risks for macroeconomic stability, with the increases in fiscal deficits and governmental debts in all Arab countries in 2020 posing an important challenge for the introduction of a sustainable life-course approach to social policy.⁶⁷ Fiscal deficits of Arab countries have increased in 2020 as a result of a decline in oil prices amidst the COVID-19 pandemic (figure 13). Highest deficit is recorded in Saudi Arabia, where the fiscal deficit widened to 16 per cent of GDP in 2020, down from 4.2 per cent in 2019 and estimated to increase to 4.7 per cent of GDP in 2021. Bahrain and Oman also recorded high deficits of nearly 16 and 17 per cent of GDP, respectively, in 2020. As shown, the fiscal position in GCC countries depends on oil revenues and its price dynamics. In Algeria, the situation has worsened notably, with the fiscal deficit reaching 18 per cent of GDP in 2020, estimated to reach a deficit of 8 per cent of GDP in 2021. Qatar, however, stands at a fiscal surplus of 5.56 per cent of GDP in 2020. The promising and stabilized fiscal position of Qatar is driven by an abundance in natural gas reserve. It is noteworthy that Mauritania showed a slight surplus of 0.2 per cent of GDP in 2020. The country has shown resilience to external shocks compared to other countries in its subregion. The Arab country context is in line with global trends where fiscal deficits have surpassed 10 per cent of the global GDP.⁶⁸ This raises concerns regarding the sustainability of the countries' economic response given the continued social and economic needs during the recovery period.

Budgeting systems will need to adapt and progress based on the lessons learned to cope with demands and challenges brought about by the COVID-19 crisis. An issue of concern for Arab countries which could weaken the base of a more sustainable social protection system after the crisis is that few Arab countries have published or announced supplementary budget laws to their legislature. Rather than putting in place new legislation, countries relied on other mechanisms to deliver the spending packages, such as extrabudgetary funds or executive decrees. Example Government legislation introduced in other regions includes deferral of tax filings and payments, payroll tax and social security deferral or reduction as well as low-interest financing. In other middle-income regions such as Latin America, example legislation has included

new decrees and reformulated laws in Peru and Chile allowing formal workers to make one-off emergency cash withdrawals.⁶⁹

While temporary extrabudgetary measures facilitated the prompt spending on social protection programmes during the crisis, they undermined accountability mechanisms of fiscal policy decisions, further confirming the temporary and reflexive approach to financing the COVID-19 response.

Out of the total fiscal support in the Arab region of \$94.8 billion, \$70 billion were provided by GCCs whereas middle-income countries, LDCs and countries affected by conflict spent only \$19.4 billion, \$4.1 billion and \$1.3 billion, respectively (figure 14). The total global fiscal support was \$18.7 trillion, most of which came from high-income countries.

This discrepancy between Arab countries and the global average reflects wider inequalities in Government fiscal support to alleviate the impact of the pandemic.⁷⁰ The Arab countries are not alone in this regard as low- and middle-income countries, globally, also had low levels of spending.

The average size of fiscal relief packages in the Arab region was smaller than in other regions around the world, apart from sub-Saharan Africa (figure 15). This is mainly due to limited fiscal space among low- and middle-income countries that are oil importers and the existing high rate of public economic support among the oil-exporting countries. Arab States extended 3.9 per cent of their GDP of 2020 to fiscal support compared to the global average of 22.6 per cent of GDP of the same year.

The discrepancy in spending shows the tight fiscal scope Arab countries are already operating in, with some countries acutely dependent on donor support to finance social protection packages. Oil-importing countries focused their spending on health and targeted social transfers, while oil-exporting countries prioritized temporary tax reductions, extended payment deadlines and increased other spending such as partial salary payments to preserve jobs.

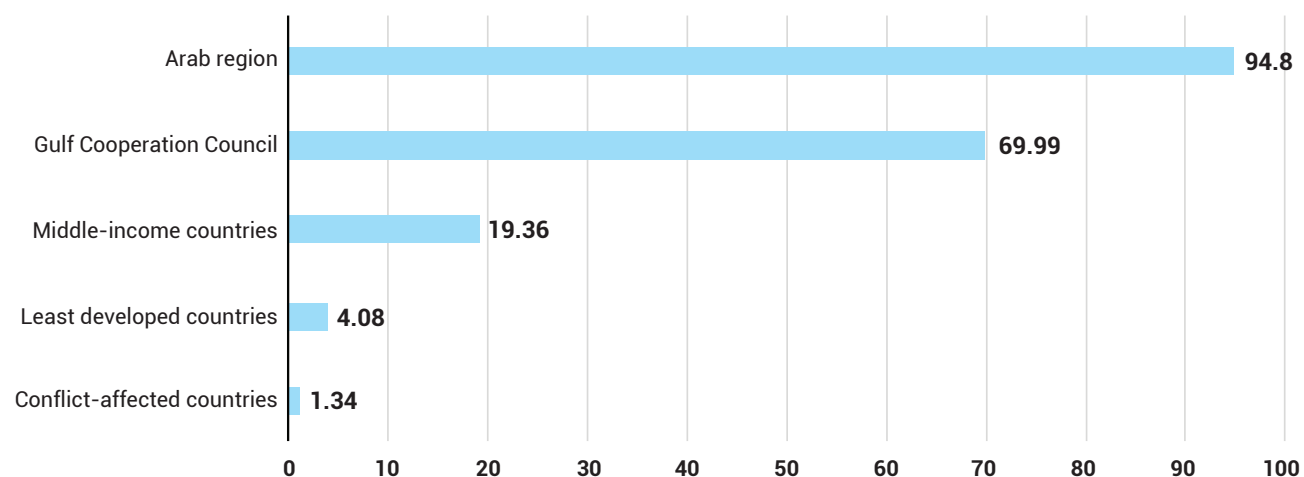
Figure 13. General Government fiscal deficit, 2019-2021 (Percentage of GDP)



Source: Compiled from E/ESCWA/CL3.SEP/2020/1.

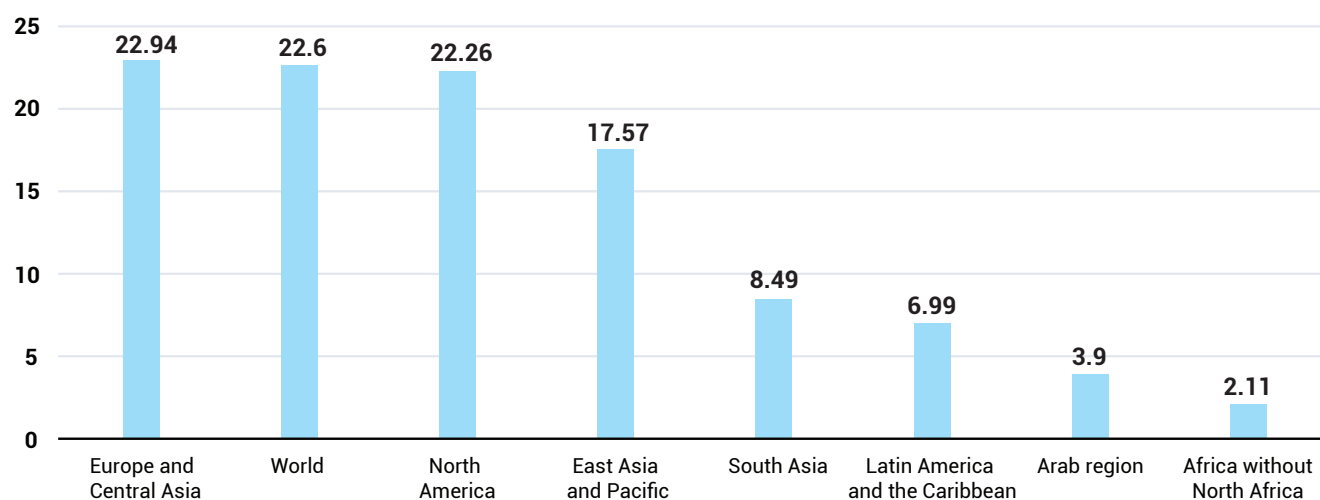
Note: Figures for 2021 are estimations.

Figure 14. Fiscal response by Governments in the Arab region (Billion dollars)



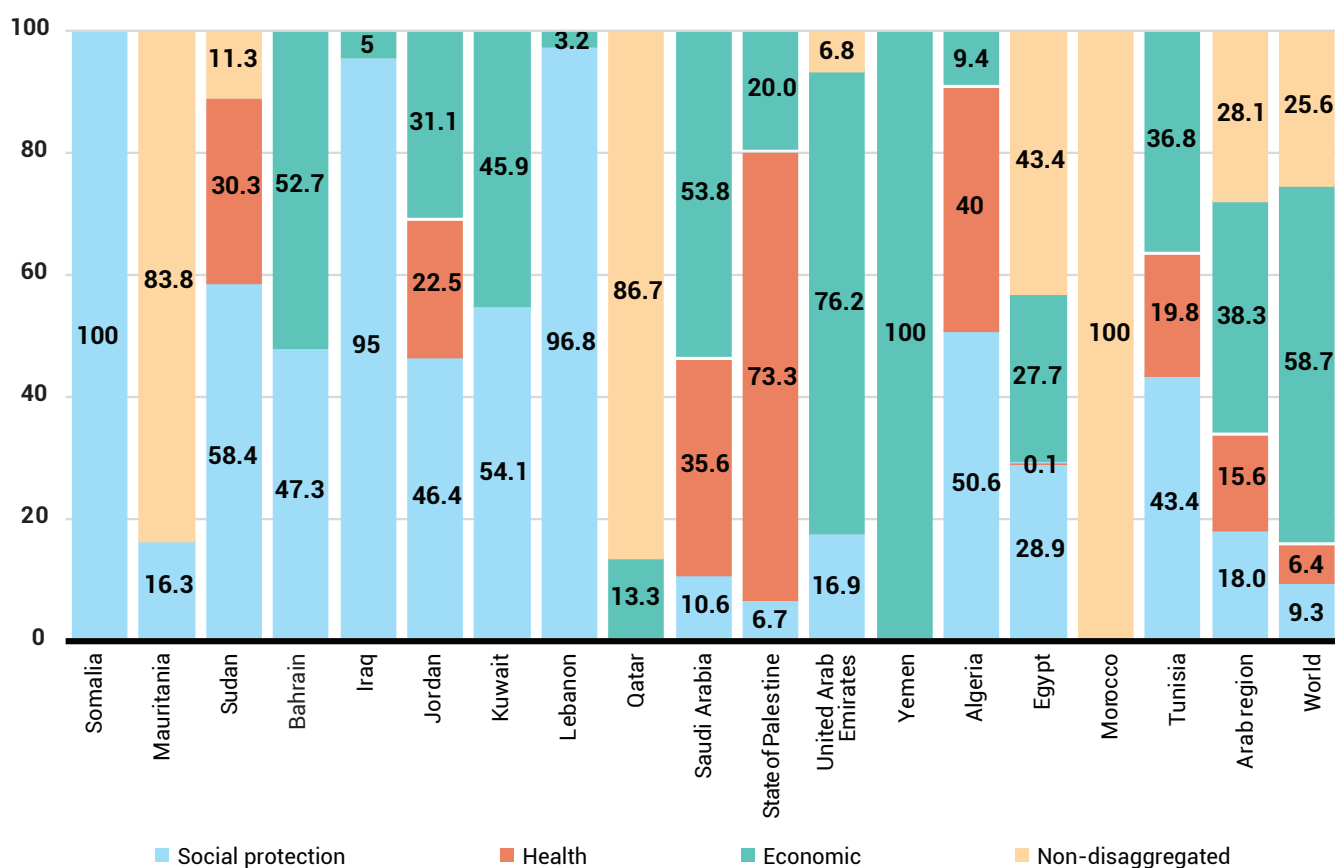
Source: Compiled from United Nations, n. d.

Figure 15. Comparative fiscal support, globally, by region (Percentage of GDP)



Source: Compiled from United Nations, n. d.

Figure 16. Share of fiscal stimulus in Arab countries, by policy type (Percentage)



Source: Compiled from United Nations, n. d.

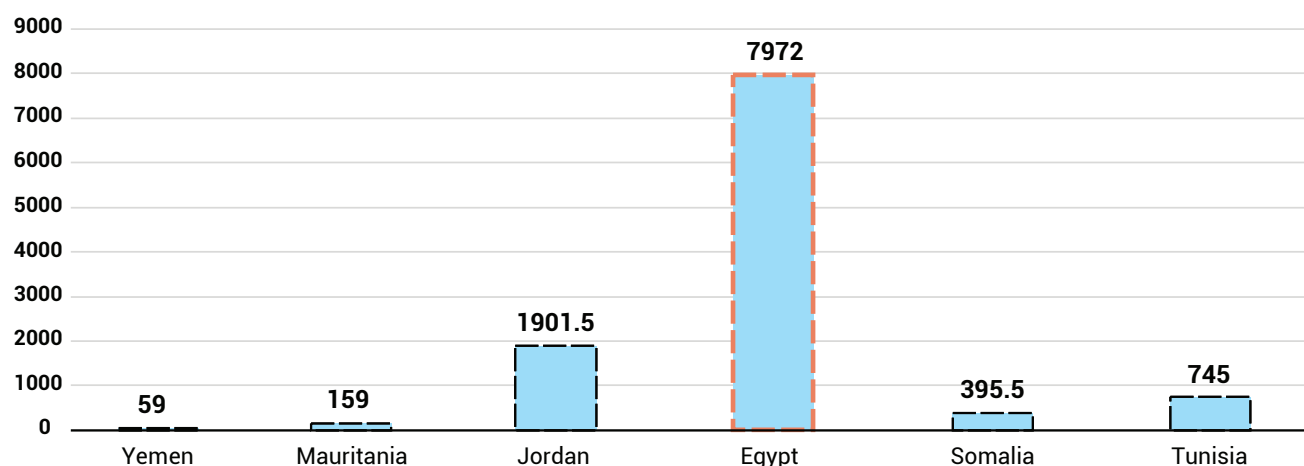
Figure 16 shows the share of fiscal stimulus by type of policy area among Arab countries compared to the rest of the world. Countries in the Arab region spent 18 per cent of fiscal support on social protection, with Somalia reaching 100 per cent, followed by Lebanon with 96.8 per cent and Iraq with 95 per cent. These levels of spending show the extent to which Arab countries have mobilized resources during the pandemic crisis but also the extent of social needs, which poses a future challenge for the sustainability of pandemic social protection spending packages. On average, 15.6 per cent of fiscal support was spent on health-related support, with the highest spending reported in the State of Palestine at 73 per cent; 38.3 per cent went into economic policy support,⁷¹ with the highest spending reported in Yemen; and approximately 28 per cent goes to non-disaggregated support,⁷² which refers to lumped up policy measures announced by the government which makes it hard to compare data between countries. Exceptionally, Morocco reveals that 100 per cent of the pandemic fiscal stimulus was allocated to multiple measures such as unemployment benefits, social insurance contributions and cash transfers. In comparison, globally, some 9 per cent of fiscal support was spent on social protection, 6 per cent on health-related support and approximately 60 per cent was spent on economic support.⁷³

Philanthropy, the private sector, multilateral⁷⁴ and bilateral⁷⁵ donors aimed at reducing the negative impact of COVID-19 through contributing money, equipment and expertise;

yet, there is major room for improvement. Among Arab countries for which data is available as at June 2021, the private sector in Tunisia contributed \$410 million as a response to the pandemic, and Morocco attracted \$104.5 million. Philanthropies also have played a major role in the financing of approximately \$2.2 million in each of Morocco and the United Arab Emirates. Donations by the private sector and philanthropy are considered a long-standing feature of Arab social solidarity, but comparable global data is not available to better gauge the significance of these contributions. Dependence on donor funding as response to COVID-19 is a double-edged sword for low- and middle-income countries since, on the one hand, it provides an important support in times of crisis but stands in the way of sustainable institutional development in the domestic context to take control of the social protection agenda, on the other.

To respond to the COVID-19 pandemic, the International Monetary Fund (IMF) has pledged a \$1 trillion lending capacity and, by October 15, 2021,⁷⁶ IMF responded to unprecedented calls for emergency financing from 89 countries, meeting the demand of about \$117 billion worth of financial assistance, more than three times than for the same period of the global financial crisis. Of the \$117 billion, the Arab region received approximately \$10 billion, with Egypt and Jordan receiving the highest share of \$,7972 million and \$1,901.5 million, respectively (figure 17).

Figure 17. Financial assistance by IMF as response to COVID-19 (Millions of dollars)



Source: Compiled from United Nations, n. d. and IMF, n. d.

B. Shortcomings in responses to COVID-19 to ensure sustainability and how to overcome them

The focus on short-term measures to smoothen consumption means that vulnerable populations still do not have long-term guarantees of income. Middle-class households suffering from job or income loss have not been directly supported either. Hence, important gaps remain in protecting populations in the long term, with important implications for the introduction of a sustainable life-course approach.

Social protection spending is often the first casualty in times of financial pressure. In Arab countries, the overall investment related to COVID-19 responses ranges between roughly 0.05 per cent of GDP in Algeria,⁷⁷ where a one-time transfer was provided to just over one million households during the month of Ramadan, to around 2 per cent of GDP in Morocco, where two new temporary emergency programmes are estimated to reach 79 per cent of households. Beside Morocco, none of the Arab countries is anywhere near a level of investment that would be able to stimulate consumption enough to significantly speed up economic recovery. In Jordan, the social protection response – consisting predominantly of a temporary six-month payment to around 250,000 informally employed persons and a top up to some existing recipients of the NAF programme – has cost an estimated 0.63 per cent of GDP. Jordan's emergency support is mainly funded by the World Bank, through a loan by the International Bank for Reconstruction and Development with co-financing from a grant by the Department for International Development and other donors under the Joint Financing Agreement. In the other countries with a social protection response, the level of spending was minimal. Generally speaking, the responses to COVID-19 did not build life-course programmes within a consolidated social protection system. This is due to the lack of an existing tax-financed system to scale up effectively, with the result that most countries' responses covered very few people. The presence of a large informal sector in middle- and low-income Arab countries also makes it less likely that social insurance or active labour-market policies can be mobilized as shock-response tools.

Other key factors that influence sustainability are the political will for longer-term financing of life-course-based social protection. Although Arab Governments have responded to COVID-19, the pandemic measures undertaken so far do not reveal any wider societal mobilization around breakthrough social protection measures such as a minimum income guarantee. Further advocacy and coalition-building among civil society actors such as in Jordan and Lebanon might be able to nudge the political will further. A global example is the civil society movement around the introduction of a basic minimum income in South Africa, which has gained momentum due to the COVID-19 pandemic. Some observers have advocated for a universal child allowance, and there is evidence that Morocco is seeking to establish such a scheme which would support the well-being of children and families into the future. The maturity of the social protection system is another key factor that can support a stronger response to COVID-19 and include new populations to benefit from the social protection system against the impact of the crisis on their income.

Legislative or regulatory reforms to extend social rights and access to social protection also play an important role in ensuring sustainability. Some Arab countries experienced gaps in the timely procurement of equipment and supplies and associated budget pressures.⁷⁸ Although essential COVID-19 commodities and supplies are covered under various COVID-19 response plans, sufficient budgets are needed to ensure timely procurement and distribution of equipment and supplies to facilities and health workers in need.

Hence, the COVID-19 crisis has highlighted the importance of policy structures and institutions such as transparency and anticorruption measures, effective public procurement, strength and capacity of digitalization, open-government approaches, and a greater role for civil society. The collaboration of Governments with civil society has been essential for effective crisis responses in many Arab countries. Therefore, more effective governance measures should be put in place to support the sustainability of responses and essential services by public institutions, while also developing public-sector resilience and adaptability. Together, these measures can enhance public support for Arab Governments.

In this respect, the crisis presents an opportunity for Governments to build bridges of trust by accelerating public administration reform to create a more efficient and transparent public sector.⁷⁹

While spending should remain financially tenable, higher levels of spending during a crisis can provide urgent economic stimulus (countercyclical spending). A fiscal stimulus package can indeed enable countries to lower the recession they are facing and, importantly, to recover more quickly. For example, in Sri Lanka,⁸⁰ projections suggest that investing 1.5 per cent of GDP over six months in a series of life-course transfers would have provided an impressively effective stimulus during the crisis, cutting the severity of the recession projected for 2020 in half, from an 8.3 per cent fall in the predicted economic growth to 3.9 per cent. None of the low- and middle-income countries in the Arab region is at this level of investment in expanded or new non-contributory benefits for affected populations. Overall, across all low- and middle-income Arab countries that have introduced emergency social protection, the average investment is at only 0.5 per cent of GDP.⁸¹

Use and extension of digital data systems to identify and reach households in need are also proving to be significant means to achieve innovative and sustainable changes to social protection following the COVID-19 response. The experience of Pakistan is a good example and will be further elaborated on below. Arab countries having made use of these data registries include Egypt, Morocco and the United Arab Emirates, yet to a varying extent. Further investment into these systems is needed as they can help to cut costs and provide the financial sustainability for more comprehensive and effective social protection systems.

It is also important to consider how GCC and other oil-producing States can cope with the impact of the oil-price fluctuation. There is no doubt that the energy sector has been essential for supporting health care, remote working and many other needs which arose during the pandemic. Arab countries can overcome the challenges by ensuring that their recovery plans are better aligned with long-term national and global objectives on energy resilience and sustainable development. As part of this, it is essential

that they focus on clean energy transitions.⁸² By making clean energy transitions central to their recovery plans, Arab oil-producing countries can pave the way for more robust structural changes to support economic recovery that is both environmentally and financially sustainable.

Many countries around the world are making green measures a central part of stimulus packages in the wake of COVID-19. Stimulus measures could be an opportunity in the Arab region to invest in real economic transformations and technological innovations (avoiding greenwashing), such as boosting technologies for solar and wind energy, smart green cities, seawater desalinization projects (powered by renewable energy sources), and developing and greening public transport systems.⁸³ This could help the GCC countries reduce their carbon footprint and energy demand while diversify their economy away from fossil fuels. Public and private support should also be enhanced for investments in water and waste infrastructure development and modernization, especially in poorer Arab countries. Enhanced levels of environmental health will strengthen the resilience of societies against pandemics and other emergencies.

Sustainability-enhancing policies in Arab countries may include to make sector-specific financial support measures conditional on environmental improvements.⁸⁴ Financial support measures such as preferential loans, loan guarantees and tax abatements could be directed towards supporting stronger environmental commitments and performance in pollution-intensive sectors that may be particularly affected by the crisis. Hence, the pandemic offers the opportunity for Arab Governments to ensure that their stimulus measures and policy response align with global climate change and wider environmental protection goals. Countries would do well to evaluate possible unintended negative environmental impacts of new short-term recovery measures (such as fiscal and tax provisions), ensure policy coherence and avoid the creation of harmful and unintended environmental consequences that might damage the future resilience and environmental health of societies.⁸⁵

C. Spending on social protection: global and regional success stories

This section highlights successful regional and global experiences to learn from or to further develop. Success is measured in terms of governmental capacity to reallocate spending for more effective social protection during the pandemic rather than the introduction of a life-course-based approach to overall social protection. Although some caution should be exercised in judging the success of responses to COVID-19 because no robust impact studies have yet been conducted, the cases illustrated here provide important food for thought based on existing evidence of what works well in supporting effective and efficient life-course-oriented social protection. This section thus showcases a range of stimuli, reallocations and cost-saving measures that show the commitment of Governments to mobilize resources in defence of their populations. One emerging key factor is the contribution of digitization to these resource-allocation efforts, which reconfirms the increasing opportunities digital social protection offers to Governments around the world. In addition, some analysts focus on social insurance and tax-financed schemes, arguing that these are the most significant in terms of long-term extension of social protection to all.

1. Jordan

The Central Bank of Jordan made available \$705 million by reducing compulsory reserves of commercial banks, allowing banks to postpone loan repayments in impacted sectors and extending guarantees on loans for small and medium-sized enterprises. The Government also put in place various tax and social contribution relief measures, including social measures targeting the most vulnerable households. Elderly insurance coverage was increased among other in-kind services. Specific measures were put in place to support the tourism sector. Jordan is a noteworthy example showing crisis preparedness despite regional volatility, fiscal constraints and economic shocks. A major lesson learned from the COVID-19 pandemic is the importance of further investment in the emergency preparedness of the social protection system. This

may include greater sensitivity of gendered needs and vulnerabilities and greater focus on system preparedness as well as more durable solutions for all three pillars of the national system outlined in the National Social Protection Strategy 2019-2025, which are as follows: (i) decent work and social security; (ii) social assistance; and (iii) social services. Analyses should be provided of the existing situation and challenges in each of those pillars and high-priority actions for each of the sectors identified. This will also require continued efforts to enhance coordination and cooperation between the humanitarian and national social protection systems.

2. United Arab Emirates

The Government of the United Arab Emirates allocated a flexible stimulus budget amounting to nearly 256 billion Emirati dirhams, or \$70 billion. All banks operating in the United Arab Emirates were granted access to loans and advances at zero cost against collateral provided by the Central Bank of the United Arab Emirates. Banks in the United Arab Emirates deferred payments due for a period of six months for their corporate and individual clients. They granted temporary relief from payments of principal and interest on outstanding loans for all affected private-sector companies and retail customers in the United Arab Emirates. They reduced electricity and water bills for customers in the tourism, hospitality and trade sectors by 20 per cent for a period of three months – equivalent to a total amount of 86 million dirhams, or \$23 million.⁸⁶

3. Mauritania

Mauritania is an example of a lower-income country that has taken innovative financial measures. A special fund for social solidarity was created through governmental contribution of \$170 million. This helped support 206,000 households with a cash transfer of \$60 per person. The extension of the fund by an additional \$13.5 million is possible.⁸⁷

4. Pakistan

The main response strategy of the Government of Pakistan was the launch of the *Ehsaas* Emergency Cash (EEC) programme, allocating 203 billion Pakistani rupees (approximately \$1.2 billion) to deliver one-time emergency cash assistance to 16.9 million families at

risk of extreme poverty. Each low-income household received a one-time payment of 12,000 rupees (\$75) to buy staple food items for three months.⁸⁸ The EEC programme was unique in its response because it used its already existing digital capabilities as part of *Ehsaas*, its flagship social protection programme to combat poverty and inequality. The EEC programme demonstrates how cash transfer programmes can be used to combat the socioeconomic harms caused by external shocks such as the COVID-19 pandemic. The EEC programme marks a major breakthrough in how the Government of Pakistan designs and administers social protection services in the long term. The response showed a high degree of Government agility and incorporation of data and digital policy measures. The programme forms the basis of a rehaul of the *Ehsaas* system because it accelerated the integration of cost-effective, digital initiatives that made possible new forms of coordination across a wide range of stakeholders.

Major new innovations will include a one-window *Ehsaas* – a single-window information and service approach for better access to multiple *Ehsaas* programmes, and the ‘One Woman, One Bank Account’ initiative, whereby limited bank accounts are created for all women as part of the Kifalat programme using mobile wallets. Pakistan’s cost-saving approach deployed telephones, Internet connectivity and unique national identification numbers to develop a more digitized and innovative demand-based social protection system. A key factor facilitating the success of this intervention was an intense public campaign asking all individuals nationwide who wanted emergency relief to send in requests to an SMS short-code service.

5. Indonesia, the Philippines, South Africa, and Uzbekistan

These countries deployed their financial reserves and reprioritized spending – the most common approach used by many countries. Indonesia and the Philippines reallocated funds from non-urgent and not yet programmed goods expenditures. South Africa announced an emergency spending package of \$30 billion, about 29 per cent of which came from spending reprioritization and the Unemployment Insurance Fund’s surplus. In South Africa, as in other countries (such

as Finland, Kenya, Namibia and the United States), policy support and civil society advocacy of a basic income guarantee is gaining momentum. Several policy proposals, including for a basic income grant, a minimum wage and the introduction of a national wage subsidy, have been put forward in South Africa to expand income support to vulnerable populations, especially those between the ages of 18 and 59 years. Uzbekistan used \$324 million from the sovereign wealth fund (the Fund for the Reconstruction and Development of Uzbekistan) and restructured their budget, for instance, by postponing non-priority projects and expenditures to the post-crisis period, to finance COVID-19 responses.

6. Hong Kong, Serbia and Singapore

These are good examples of how high-income countries can provide universal cash transfers. Hong Kong spent \$9.16 billion for cash payouts through deficit spending. In Serbia, the universal cash benefit cost \$712 million, which was part of the 3.9 billion stimulus package. Half of that was financed by a Eurobond valued at €2 billion, reprioritized existing budget and currency reserves. Singapore provided a one-off cash transfer of \$1.1 billion financed from reserves and contingent budgets. Singapore also utilized its reserves: it deployed 900 million Singapore dollars from past reserves to fund its \$1.1 billion solidarity payment response (universal one-off cash transfer).

Other countries around the world showed that cost-saving measures can have a range of cost-benefit effects. For example, spending can result in cuts of other key governmental social services, as was the case in the Ukraine, which cut subsidies, regional budgets, social services, and the planned census, among others to finance its COVID-19 response. To meet higher expenditures, the project budget deficit was increased to 7.5 per cent of GDP. In addition, the budget of most ministries in the Ukraine was reduced. It is important to note that social insurance programmes have a part to play as countercyclical responses because they are designed to cover loss of income automatically in times of contingency.⁸⁹ They are also less likely to be removed after the crisis ends.

D. Implications for the sustainability of resource allocations in social policy: structural changes for the post-COVID-19 recovery period

In line with the current thinking, this chapter has highlighted the immense fiscal efforts of Arab countries in combatting the economic impact of COVID-19. This statement applies for high-, middle- and low- income countries in the Arab region. The United Arab Emirates, for instance, made available a \$27 billion stimulus package that includes water and electricity for households and firms. Egypt put in place a \$6 billion economic relief plan, and Qatar and Saudi Arabia deployed \$23 billion and \$13 billion, respectively, to support their small and medium-sized enterprises and the private sectors.⁹⁰ Most countries in the region will likely recover their GDP during the post-recovery period.

In terms of the main implications for the future sustainability of resource allocation and financing of social protection, most Arab countries have deployed short-term measures to smoothen consumption such as tax relief and cash transfers. This means that such measures are not permanent especially given fiscal deficits. Struggling households received one-off payments only with no guarantees of income or work for the future. Introducing basic income guarantees or universal child allowances would be more in line with longer-term structural reforms. As to informal workers, some Governments, such as Morocco, sought to extend social insurance coverage, implying that they will require measures to extend contributory schemes to the informal economy in the long run. To do this, countries will need to initiate a wider social dialogue and coalition-building among the Government, firms and workers in the formal sector who are not part of contributory schemes and, of course, the highly diverse informal sector. Developing such a system requires recognition of the transitory nature of informal work⁹¹ and the assessment of current and future contributions and current revenues and expenditures but also of the relevant socioeconomic profile of workers. The key messages for sustainable financing are as follows:

1. Ensuring regular financing in the future

The coverage gaps that are seen in the responses to COVID-19 are largely the result of a lack of adequate finances and institutional capacities. The report has highlighted how Governments undertook a range of new financial measures that were, in many cases, temporary. Various strategies were deployed by different Governments including budget reallocations, national debt and deficit measures, and the use of State reserves and contingency funds, in addition to external sources of financing, such as loans and grants from international financial institutions. The experience of countries will need to be monitored over time, but they set the stage for the formulation of future interventions and policies to strengthen the financial resilience and responsiveness of social protection systems to future shocks. One way of ensuring the sustainability of finance for social protection is to connect it with disaster-risk financing mechanisms so that, if a future shock were to happen, Governments can quickly mobilize the desired resources.⁹² However, the availability of resources does not guarantee timely and effective delivery of services, and this is a matter for the governance capacity of Arab States to address.

2. Strengthening digital and data capacities

Where already available, Arab countries have made use of household and poverty databases to reach large swatches of their populations affected by the pandemic. These digital and data capacities have proved their worth in terms of supporting an effective and efficient social protection response. The COVID-19 pandemic also has helped show how many countries can make better use of beneficiary registries, social registries and other information sources such as civil registration and vital statistics, in addition to data on informal worker organization, tax and social insurance, mobile money providers, and many others – often with identification systems acting as a support network. These measures helped to ensure that services were targeted accurately. Countries have also set up innovative mechanisms to facilitate the registration of beneficiaries while respecting social distancing. This has been done using online platforms, helplines, service data technology and local government offices. This digital development resulting

from the pandemic shows promising possibilities for more efficient use of resources through increased electronic transfers.⁹³

3. Financing life-course-based social protection measures

If Arab countries are to commit to providing more comprehensive social protection for their citizens against contingencies, they need to find the fiscal means to do so. The analyses undertaken here and in the existing literature show that countries with a strong starting position, for example with sufficient financial reserves or a strongly performing economy at the time of the outbreak, have been in a better position to weather the pandemic storm. Globally, less than 3 per cent of the total global stimulus was reported in lower-middle-income and low-income countries.⁹⁴ This is also the case for the Arab countries who are mostly in the low-middle income group, which are among the countries already facing weak fiscal capacities.

The estimated additional resources needed to bridge the global financing gap in social protection has increased by around 30 per cent following the outbreak of COVID-19.⁹⁵ Developing countries would need to invest an additional amount equal to about 3.8 per cent of their average GDP to meet the annual financing required to close coverage gaps in 2020, while for low-income countries, the additional resources required are about 16 per cent of their GDP. These issues underscore the importance of access to a diverse range of financial resources and, in particular, the need for equitable tax collection by means of progressive and corporate taxation, for instance.⁹⁶ These are all important lessons for Arab countries who are struggling with fiscal deficits and conflict.

Emphasis needs to be placed on domestic resource mobilization as the main source of social protection funding since this is the most sustainable and surest source, whereas data show a heavy reliance on bilateral and multilateral funding. Low-income Arab countries need the help of international financial actors especially given the current context of falling commodity prices, interruptions in export revenues and declining remittances. In addition, it is important for countries

to maintain their levels of social spending once the immediate health crisis fades away to ensure that local populations are protected against the economic and social consequences that are likely to continue in the medium and long terms.

4. Strengthening public trust in Government and public administration

States that enjoy the trust of their populations are in a better position to deal with crises and external shocks. The COVID-19 pandemic has given Arab Governments the chance to build bridges of trust with their societies by adequately addressing the arisen challenges; however, this trust can easily again be lost if the previously offered support is withdrawn during the recovery period. Enhancing the public administration system and improving policy accountability by working with civil society and citizen groups, in addition to undertaking essential governance reforms, contribute to a stronger structural base of sustainable social protection in Arab countries. Countries should avoid compensating for the costs invested due to the COVID-19 pandemic by another round of austerity. Rather, they should streamline the policy frameworks of all relevant actors, including the international financial institutions, with the principles set out in international human rights instruments and social security standards. This is particularly relevant for fiscal policies so that they can accommodate, rather than undermine, much-needed investments in universal social protection systems.⁹⁷

In sum, Arab countries have responded rapidly to deal with the economic effects of the crisis on firms and households while keeping their financial markets in operation. On average, 2.7 per cent of GDP was allocated to fiscal measures, and 3.4 per cent of GDP was delivered by Central Banks through liquidity injections across the Middle-East and North Africa (MENA) region during the first weeks of the pandemic.⁹⁸

Most Arab countries have provided temporary programmes to smoothen consumption such as cash assistance or tax relief to vulnerable groups, including, among others, the unemployed, women and children, rather than extending social insurance and life-course programmes. This is because of the absence of an

adequate tax base and reduced fiscal space resulting from high levels of debt, poor economic performance and reduced oil revenues. This accounts for the gap in coverage and could be addressed through more sustainable life-cycle approaches to the funding and provision of social protection.

A better way to achieve sustainability is by strengthening governance structures and institutions such as transparency and anticorruption measures, effective public procurement, the strength and capacity of digitalization, and open-government approaches, as well as by increasing the role of civil society. Based on regional and global success stories such as Morocco, the use and extension of digital data systems to identify and reach households in need is a significant means to achieve innovative and sustainable changes to social protection following COVID-19. To better understand which mix of social protection financing works sustainably, Arab countries need to strengthen their capacities to record, monitor and evaluate data.

Concerns regarding the fiscal space, sustainability and financing sources for pandemic measures, including

for social protection, are not yet a top priority for Governments. In general, most Arab countries have scaled up social protection in order to combat the effects of the pandemic effect.⁹⁹ However, the extent of this scale-up, the comparative significance of different types of social protection in the emergency response, and the sources of financing of this scale-up differ between countries. This poses the important question whether temporary responses seen in Arab countries will become permanent, which itself also depends on the future interaction between different sources of finance; for example, if a country has a large deficit now, this might decrease the prospects of future expansion. Additionally, some financing becomes available only when cuts are made in other areas. Hence, the reprioritized spending lines will only become fully clear over time.¹⁰⁰ In relation to the pandemic, financing also tends to be combined with broader stimulus financing and, therefore, not easily identifiable. Hence, Arab countries would do well to strengthen now data collection, monitoring and evaluation capacities which can help them better understand how a sustainable mix of social protection financing can be achieved.

Key recommendations for sustainability thus include the following:

- Improved macrofinancial planning for the social protection sector.
- Institutional capacity for sustainable fiscal policies based on taxation including progressive taxation and corporate taxes that can redistribute income and provide essential public services for all in an improved manner.
- Monetary policy to influence inflation and unemployment levels through the availability and cost of credit to firms and households. For example, the control of interest rates



influences levels of confidence and, therefore, spending in the economy which, in turn, has an impact on the demand for goods and services, and consequently, jobs.



- Putting in place the technical and administrative infrastructure for new schemes after the pandemic. This can be the foundation for social protection systems to build capacity and preparedness.



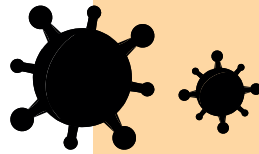
- Exploring the possibility of minimum wage or basic income guarantees and technological innovations.

04

Global and regional innovations in social policy



Key messages



- Although COVID-19 has created immense hardship for millions of people in the Arab region and across the world, it has also generated innovative responses and important lessons for Governments that should not be forgotten once the current crisis is over.



- All the innovative efforts by Governments to ensure citizens' uninterrupted access to basic social services in health care, education and social protection that were introduced during 2020 should be sustained and built on post-COVID-19 because they represent a minimum provision of essential services in line with the international human rights law.



- The innovations introduced during the crisis in the design and delivery of education, health care and social protection not only protected access to services under extraordinarily challenging conditions, but also facilitated more inclusive outreach. Many of these technologies relied on artificial intelligence (AI), Open Education Resources (OER), radio, TV, and other offline and online platforms.



- TV-based learning is another solution introduced by countries such as Egypt, Jordan, Lebanon, Mauritania, Morocco, Qatar, the State of Palestine, the Sudan and the Syrian Arab Republic. Radio-based learning has been used in Mauritania, the State of Palestine, Tunisia and the United Arab Emirates. Other online platforms such as YouTube TV have been used in Egypt, Iraq, Jordan, the State of Palestine, Qatar, the Sudan and the Syrian Arab Republic.



- Many Arab countries established partnerships with ministries of communication to facilitate access to services and increase the speed of the Internet.



- The digital divide remains a constraint in lower-income and fragile or conflict-affected countries in the region and exacerbates inequalities in access to Government services.



- Investments that were made in innovative solutions (such as online learning and telehealth applications) must be supported through investments in digital infrastructure and reduced costs of access to mobile and online technologies. Regional Innovations in Social Policy.



- Innovative strategies must be developed and underpinned by legislation, either to incorporate migrant workers, foreign residents and refugees into domestic social protection systems or to ensure the portability of benefits across national borders.



- Innovations in social services are not all technology-based. One option for moving towards rights-based access for all is to delink eligibility for social insurance and health care from contributions or payments. As per human rights principles, ideally, anyone who cannot afford to pay or contribute to funds should be entitled, nevertheless, to receive benefits such as unemployment insurance and health care directly from the State.



- Health insurance, or free and equitable access to health care, needs to be provided to all citizens and residents as a fundamental human right. The case of Morocco provides an instructive example of how this might be achieved.

- Across the world, and the Arab region was no exception, the delivery of social services was negatively affected in 2020 by COVID-19

restrictions such as lockdowns, travel bans and social distancing. Face-to-face education was suspended in most countries – schools and universities were closed for several months – and replaced with distance learning using open education resources or digital platforms, depending on the context. In all countries, health care was declared an essential service and continued functioning by following safety



protocols as far as possible, for instance through the use of personal protective equipment. As for social protection, COVID-19 provided many countries with the opportunity to switch from manual to digital registration systems and payment mechanisms. These shifts in the delivery of governmental services are the focus of this chapter.

A. Innovations in access to education

The COVID-19 pandemic has created the largest disruption of education systems in history. UNESCO estimated that, by end-March 2020, 165 countries had closed schools, universities and other learning spaces nationwide, affecting 1.5 billion children and youth or 94 per cent of the world's student population, and 99 per cent in low- and lower-middle income countries. Many innovative solutions have been developed, using AI, OERs, radio, TV and other offline and online platforms. Despite all these efforts, a digital and innovation divide remains, which is huge in parts of the Arab region, notably affecting countries in conflict situations.

In the framework of the **UNESCO Open Education Recommendation**,¹⁰¹ adopted by UNESCO member States in November 2019, UNESCO enhanced cooperation with the OER community to support openly licensed teaching and learning materials. UNESCO made a call to the OER community working on the implementation of the UNESCO OER recommendation to collect and share information on COVID-19 resources, to support learning during the COVID-19 crisis.

Given that the pandemic caused widespread school closures across the world, OERs are important to supplement formal online classes and even (temporarily) serve as the main form of education for those who are

unable to access online learning. Many educational institutions, both schools and private publishing and assessment companies, opened up their resources so that students in quarantine who might not otherwise have access to learning resources could still continue to learn. UNESCO also identified a number of massive open online courses (MOOCs) and OERs which provide online courses and self-directed learning content through both mobile and desktop platforms.¹⁰²

With a view to supporting the development of teaching and learning materials to enhance the capacity of instructors delivering online, UNESCO has made available openly licensed tools that can be used by Governments and institutions.

1. Education response to COVID-19 in the Arab region

In the Arab region, 13 million children and youth were out of school due to conflict pre-COVID-19. Due to the pandemic, more than 100 million learners across the region have been affected by school closures. Since the outbreak of the pandemic and the national lockdown measures, countries in the Arab region implemented a variety of solutions. Online learning gained ground as most countries introduced online platforms for continued learning.

For instance, the **United Arab Emirates** put its online learning system into action during the first weeks of the crisis, and the Ministry of Education decided to continue the academic school year 2019-2020 through

this online platform. **Jordan** introduced two e-learning platforms, *Darsak I* and *Darsak II*, targeting all grade levels in the formal sector, in addition to an online teacher training portal.¹⁰³ **Lebanon** launched a national platform developed by Microsoft for all grades. **Qatar** announced the activation of the Microsoft Teams platform using video lessons for the early education stage. **Egypt** opted for the continuation of the school year through its national online platform, the Egyptian Knowledge Bank, which includes resources that provide access to learning resources and tools for educators, researchers, students from kindergarten up to grade 12, in addition to technical classes, and all citizens. Students in Egypt also had the opportunity to continue learning and interact daily with teachers through Edmodo. The **Kingdom of Saudi Arabia** put into implementation a national online platform targeting 6 million students. **Iraq** and the Kurdistan Region in Iraq established two platforms for all levels called Newton and e-Parwarda. The **Syrian Arab Republic** activated several online platforms, including one for early childhood learning.

TV-based learning is another solution introduced by countries such as Egypt, Jordan, Lebanon, Mauritania, Morocco, the State of Palestine, Qatar, the Sudan, the Syrian Arab Republic and Tunisia. Radio-based learning has been used in Mauritania, the State of Palestine, Tunisia and the United Arab Emirates. Other online platforms such as YouTube TV have also been used in Egypt, Iraq, Jordan, the State of Palestine, Qatar, the Sudan and the Syrian Arab Republic.

In addition, traditional ways of delivering learning have been promoted, such as the home-based learning and home-based instruction programme implemented in Lebanon and Morocco.

A variety of solutions for orientations, training and planning sessions have been promoted by the private and non-formal sector, including MOOC, ZOOM, webinars, and Webex, among others.

Countries disseminated information on the different learning tracks to learners, families, volunteers and teachers through national campaigns, circulars, decrees, video messages, TV interviews and radio talk shows,

in addition to social media, especially official Twitter accounts in the Gulf countries and Facebook in the Mashreq and the Maghreb countries.

The new solutions brought many challenges and much needed innovation for the education sector. Equity in access to online learning has been a major concern in the region, especially for underprivileged communities who have limited or no access to free Internet, electricity, computers, tablets and other devices. Some countries such as Egypt and Lebanon addressed this challenge by providing learners with free access to online platforms and providing users with extra free Internet bundles to compensate for increased Internet usage. Partnerships with the ministries of communication were created to facilitate access to services and increase the speed of the Internet. To ease disruptions, Iraq, including the Kurdistan Region of Iraq and the United Arab Emirates created hotlines for teachers and students to seek technical support if they face any difficulties.

Teacher preparedness to deal with online learning was another challenge faced during this crisis. Teachers are on the frontlines of the response to ensure that learning continues. Most countries of the region have implemented online learning at a national scale for the first time. For this, they had to mobilize teachers in order to facilitate quality learning. However, the exercise proved that most teachers are neither adequately supported or trained nor were they included in developing the COVID-19 education responses. In addition, contracted teachers are threatened to not receive their salaries and benefit packages.

Online and remote learning have put a heavy burden on parents and caregivers who are unable to support their children due to a variety of reasons. One major reason is digital illiteracy. Supporting digital literacy helps to provide more inclusive social protection and can positively contribute to an effective life-course approach though it is not in itself a requirement of that approach. Not all parents are able to facilitate online learning, being unfamiliar with the different applications, platforms and devices. Some countries such as the United Arab Emirates put in place instructional guidelines specifically for parents.

Universities and other institutions for higher education also stopped face-to-face teaching. This disruption was unprecedented and placed new challenges not only on Governments to ensure the continuity of learning but also on learners, parents and faculty. The impact on these institutions was abrupt, and there were no contingency plans other than to attempt to continue classes remotely. As ever, the most vulnerable and disadvantaged learners were hardest hit. Going forward, it is important that attention shifts to post-pandemic planning to ensure the highest possible degree of quality, inclusion and equity for all teachers and students. The crucial question now is whether, given inequities in access to quality online learning, there will be a return to the status quo or whether the pandemic has been a wake-up call for the higher-education community.

The COVID-19 pandemic has demonstrated that no education system is resilient to crisis. Even though innovations in education and the digital revolution have transformed the higher-education system more profoundly than anything else in recent decades, the pandemic has been no less hard-hitting. Its economic impact alone could force up to 7 million students to drop out. International students were stranded. In every country, students are struggling with access to remote learning, social isolation and economic strife. COVID-19 has amplified fragilities and inequalities across digital, gender, social, and educational lines, especially in regions already affected by conflict.

Universities and faculty invested tremendous efforts in finding and proposing new and innovative teaching and learning modes. But one year after the eruption of the COVID-19 pandemic, the higher-education sector is still struggling both to provide alternative teaching and with issues related to student mobility, admissions, recognition of foreign qualifications and quality assurance. University administrations found themselves in uncharted territory – for example, on how to enrol students who have not yet obtained their secondary school leaving certificates because exams were cancelled, or whether to recognize qualifications obtained through alternative provision. Many countries, including in the Arab region, do not accept qualifications obtained online, being concerned about the quality of such qualifications.

In 2020-2021, in order to build the e-learning capacities of institutions for higher education in the Arab region, UNESCO's Regional Bureau for Education in the Arab States, in collaboration with the International Centre for Higher Education and Innovation in Shenzhen, China, provided certified online training on big data and AI, free of charge, in English and French. Participants from 153 institutions for higher education in the region joined.

2. What should be done in the education sector

Preventing the learning crisis from becoming a generational catastrophe needs to be a top priority for world leaders and the entire education community. This is crucial not just to protect the rights of millions of learners, but to drive economic progress, sustainable development and lasting peace. The Global Education Coalition comprised of United Nations agencies, international organizations, private-sector entities and civil society representatives, mobilized by UNESCO, has engaged actively to support national COVID-19 education responses. A new campaign, entitled Save Our Future, will help to expand global support for action on education at this time. In this regard, decision makers are encouraged to pursue the following recommendations and actions:

- **Ensure safety for all:** The United Nations and the global education community have developed guidance to help countries through the timing, conditions and processes for reopening education institutions. A key precondition is being able to ensure a safe return to physical premises while maintaining physical distancing and implementing public health measures, such as the use of masks and frequent handwashing. Such conditions may be more difficult in overcrowded classes and areas without basic infrastructure and services and will require additional investment.
- **Plan for inclusive reopening:** The needs of the most marginalized children should be included in school reopening strategies. Adequate health measures need to be provided for students with special needs. Conducting assessments to estimate learning gaps and prepare remedial or accelerated learning programmes is essential at the time of reopening.

- **Focus on equity and inclusion:** Measures to build back resiliently and reach all learners need to understand and address the needs of marginalized groups and ensure that they receive quality and full-term education. Learners in emergencies and protracted crises should be prioritized so that their education is not further jeopardized. School health and nutrition programmes (including school meals, water and sanitation) are of great importance to vulnerable children and a powerful incentive, increasing school re-enrolment and attendance, especially of girls and children living in extreme poverty or food insecurity. Governments and their development partners need to ensure that education systems address the vulnerabilities and needs specific to boys and girls, women and men, and to gender dynamics in times of crisis. Harmful gender norms, combined with economic strains on households, should not prevent girls and the least advantaged learners from returning to school and completing their education.
- **Strengthen financial resources mobilization and preserve the share of education as a top priority:** Education ministries should strengthen dialogue with ministries of finance in a systematic and sustained way to maintain and, where possible, increase the share of the national budget for education, particularly in contexts when internal reallocation is feasible.
- **Towards the recognition of online qualifications:** In many countries, and the Arab region is no exception, many higher-education systems do not accept online qualifications. Authorities and universities are concerned about the quality of qualifications obtained exclusively through online provision. It is, therefore, recommended that ministries of education and higher education, in the Arab region and elsewhere, develop high standards for online learning and its quality assurance.
- Digital literacy and inclusive digital and e-learning systems provide an important stepping stone towards more inclusive social protection systems. This can be seen across the world.

B. Innovations in access to health care

Limited access to health care is a major contributing cause of poverty. Every year, an estimated 100 million people fall into poverty because of unaffordable health-care expenses.¹⁰⁴ Illness and rationed access to health care reinforces pre-existing patterns of inequality and exclusion in societies across the world. As argued above, a life-cycle approach is very important for all social services, including health care. For this reason, the ILO's social protection floor has a fourth pillar in addition to income security for children, working-age adults, and older persons, namely, access to essential health care for all in need, throughout the life course.

Until recently, health care has not been a priority social sector in the Arab region, especially in low-income, fragile and conflict-affected countries, where Government spending on health services is generally lower than the global average. In fragile contexts, water, sanitation and hygiene facilities are lacking, health-care facilities have often been destroyed by conflict, and there are critical shortages of medicines, equipment and trained personnel. In the GCC countries, however, demand for health care has risen sharply due to ageing populations and rising levels of non-communicable diseases such as diabetes, which has prompted increased Government spending and private investment in health-care infrastructure (hospitals, clinics and medical equipment) and personnel (doctors and nurses). Whereas most Arab countries were inadequately prepared for COVID-19, all GCC countries, except Qatar, were assessed by the World Health Organization (WHO) in March 2020 as having adequate response capacity.¹⁰⁵

Almost all countries allocated additional fiscal resources to their national health services in 2020, under COVID-19 stimulus packages that aimed to ensure accessible, quality health services for COVID-19 patients while protecting frontline health workers. Countries with well-functioning health systems and health insurance schemes in place that already covered all or most of the population were better able to respond to COVID-19 in a quick and inclusive manner. Examples of innovative responses include the following:

- Qatar and Saudi Arabia provided free screening and testing for migrant workers.
- Egypt, Morocco, Saudi Arabia and the United Arab Emirates supported COVID-19 vaccine research and trials, in partnerships with China and other countries. China, the Philippines and Vietnam added COVID-19 testing and treatment to their health-care benefits and extended access to these benefits to informal workers.
- Thailand gave all COVID-19 patients, both citizens and foreign residents or visitors, free access to health care under its Universal Coverage Scheme for Emergency Patients.¹⁰⁶

These initiatives are commendable. They enhanced equitable access to essential health care in response to a pandemic that was not only globally destabilizing but also highly unequal in its impacts, affecting the unprotected poor and socially excluded groups disproportionately. However, most of these interventions were temporary and limited to COVID-19. In a sense, they drew attention to the access gaps that existed pre-pandemic and will return post-pandemic unless the opportunity is seized to extend health-care coverage to all on a permanent basis. As such, these examples show what challenges remain ahead for a life-course approach to social policy.

“Measures to enhance access to affordable health care should go beyond testing and treatment for COVID-19. They should also provide access to a comprehensive benefit package that covers the full range of communicable and noncommunicable diseases that in many cases act as comorbidity factors. In view of broader challenges, it is essential for countries to sustain and transform emergency measures into permanent, collectively financed mechanisms that will continue beyond the crisis in order to move towards universal health coverage.”¹⁰⁷

Before the global COVID-19 pandemic, the most visible applications of emerging technologies, such as AI, were initiated and found in entertainment and in areas aiming at increasing productivity or convenience. In 2020, however, the potential of digital technologies to contribute to managing a global health crisis became apparent. Emerging technologies have helped to expedite

the development of a vaccine, predict which public health measures would be most effective and keep the public updated with relevant scientific information. They also allowed people to move much of their lives online, maintaining economic activity and access to services when most people were staying at home, and helping people to remain connected to one another.

COVID-19 prompted substantial investments in digitization and telehealth in parts of the Arab region, with a 400 per cent increase in teleconsultations in the GCC countries in 2020. Morocco developed capacity through a research and development centre to produce one million COVID-19 tests per month. Along with other countries, including Kuwait, Qatar and the United Arab Emirates, Morocco delivered medical supplies, gloves and sanitary equipment to other countries affected by COVID-19, mainly in Africa. The United Arab Emirates also provided humanitarian aid to affected countries starting in March 2020.¹⁰⁸

In 2020, Governments in the region also used innovative public communication strategies. Apart from awareness-raising campaigns about COVID-19 on television and radio, Governments used social media and websites to provide important health messages and information about preventive measures. The Ministry of Culture in Jordan filmed actors and local celebrities in their awareness campaigns, also to share ideas for how children could use their time indoors during lockdown. In Lebanon, a prominent NGO “organised online trainings for youth on mental health, distributed board games to families, and filmed and disseminated videos with youth on how to spend time in lockdown”.¹⁰⁹

C. Innovations in social protection

Four main areas of innovation in social protection have been observed in recent years. All of these were highlighted by COVID-19 in 2020, which provided an impetus to accelerate ongoing trends. These four areas are as follows: extension of coverage to categories of people who were previously excluded (such as informal workers, migrants and refugees); adaptation of social protection interventions (such as school feeding schemes) to

changing circumstances due to COVID-19 restrictions; increasing use of digital technologies for beneficiary management; and growing convergence between humanitarian relief interventions and developmental social protection.

1. Towards universal social protection

By exposing the glaring gaps in social protection provisioning across the world, especially in low- and middle-income but even in high-income countries, COVID-19 has given fresh impetus to advocates for universal – or at least more inclusive – social protection systems.

Coverage of social protection certainly expanded during 2020. As discussed in previous chapters, newly vulnerable beneficiaries were added to existing programmes, at least on a temporary basis, and new programmes were established to meet the needs created by COVID-19 lockdowns. Many of these new initiatives were located in urban areas, where COVID-19 lockdowns had the most severe effects on mobility and economic activity, and where social protection coverage is often lowest¹¹⁰. For example, “as part of COVID-19 responses, a new generation of urban safety net programmes is now starting to expand in a dozen African cities, including Kinshasa, Monrovia and Antananarivo”.¹¹¹ Innovative modalities were devised or adapted to identify, register and pay beneficiaries of these programmes. Even if the new programmes scale back or close down after the COVID-19 pandemic recedes, the digital platforms will remain, and lessons learned from good practices will surely be retained and can be extended to the Arab region.

Universal coverage of social protection does not necessarily mean universal benefits. A right to social protection means that people are entitled to claim assistance from the State only if and when they need it.¹¹² However, there has been lobbying for UBI for many years, led since 1986 by the Basic Income Earth Network, the objectives being not only to reduce poverty but also to reduce inequality and promote social inclusion.¹¹³

The world’s first basic income grant was piloted in a rural town in Namibia for 24 months in 2008-2009. Food poverty decreased dramatically, economic activity and

earnings increased due to local income multipliers, access to education and health services improved, levels of indebtedness fell, crime rates also fell, and child nutrition indicators improved.¹¹⁴

A basic income grant was piloted in Finland in 2017, where 2,000 unemployed people received €560 per month for two years. Apart from reducing income poverty, recipients also reported improved mental health on several indicators.¹¹⁵

In 2020, COVID-19 reignited debates about UBI, globally and in many countries. At the global level, the United Nations Development Programme proposed that a temporary basic income (TBI) grant – a minimum guaranteed income above the poverty line – that should have been introduced to protect poor and vulnerable people in 132 developing countries against the effects of COVID-19.¹¹⁶

Although no developing countries implemented the TBI suggestion, some high-income countries implemented near-universal basic income grants as a social assistance response to COVID-19. Spain paid €1,015 per month to 850,000 households through its guaranteed minimum income scheme, and the United States gave a \$1,200 stimulus cheque to all adults who earned less than \$99,000 per annum, under its COVID-19 relief programme.¹¹⁷

In the United Kingdom, a cross-party parliamentary and local government group on UBI wrote to the Chancellor, calling for pilot UBI schemes to be run by local councils, to cushion people against the end of the COVID-19 furlough scheme. “We must trial innovative approaches which create an income floor for everyone, allowing our families and communities to thrive. The pandemic has shown that we urgently need to strengthen our social security system. The creation of a UBI – a regular and unconditional cash payment to every individual in the UK – could be the solution.”¹¹⁸

Also, in 2020, Kenya implemented UBI in 295 villages. A rigorous evaluation found that the incidence of hunger, physical illness and mental health issues were significantly lower among 14,474 recipient households.¹¹⁹

In South Africa, civil society campaigned for the introduction of permanent basic income support for low-income adults over 18 years olds (too old for the child support grant) and under 60 years olds (too young for the older persons grant).¹²⁰ The campaign gathered momentum as the COVID-19 special relief grants came towards their end and received support from the Ministry of Social Development, which held an online public consultation about this proposal in December 2020.

These debates do not appear to have permeated the public policy discourse in the Arab region, where social protection is generally limited in coverage and discretionary, rather than universalized and rights-based. “At the level of the Arab region, there has been ‘accommodation’ of social protection into existing political and institutional frameworks which fall short of the more transformative potential hailed in the literature.”¹²¹ Social protection efforts in this region have instead been dominated by a reverse trend, namely, pressure from international agencies such as the World Bank to dismantle universal food and fuel subsidies and replace these with targeted cash transfers. A notable exception is Morocco, which committed to implement a progressive expansion of coverage of family allowances and health insurance, to achieve universal coverage by 2024.¹²²

2. Social protection for informal workers

There is a growing consensus on the need to extend social protection coverage to informal workers who are eligible for neither social assistance (which mostly targets non-working vulnerable groups) nor social insurance (which targets formally employed workers who pay contributions into social security funds). COVID-19, which has affected more than 1.5 billion informal workers, highlighted this gap and gave renewed impetus to this issue.

“The crisis has stressed the urgency of reinforcing national social protection systems, including floors, to cover workers in all forms of employment through appropriate legal frameworks, effective administrative systems and sustainable and equitable financing mechanisms. This should be achieved through a combination of contributory and non-contributory schemes, taking into account the diversity of the informal economy and giving priority to the most vulnerable.”¹²³ One innovative proposal that would

make social security rights-based is to delink eligibility for social insurance from workers’ contributions. All working adults would be entitled to receive unemployment insurance, paid maternity leave and other social security contingencies directly from the State.

“To ‘build back better’ post-COVID-19, it is proposed that rights-based national social protection systems shall be implemented with two components: categorical social assistance for non-working vulnerable groups (children, older persons and persons with disability); and universal social insurance for all working adults (formal, informal or self-employed), financed out of general revenues rather than mandatory contributions by employees and employers.”¹²⁴ Extension of social protection to migrants and persons of concern

Apart from informal workers, other vulnerable categories that are often excluded from social protection include migrants, refugees and IDPs. The Arab region currently hosts the highest numbers of refugees and forcibly displaced people in the world.

a. Migrants

Migrants comprise a significant share of the workforce, especially informal workers, in several countries in the Arab region, especially in the GCC where they have supported the functioning of health care, nursing, transport, agriculture and the industrial sector, in particular the oil industry, throughout the crisis. However, migrants who were forced to stop working have been extremely vulnerable during the COVID-19 pandemic, as many were stranded in foreign countries due to travel bans, with no entitlement to local social assistance or social insurance schemes. Such benefits are typically not portable from home countries, which left millions of migrant workers unable to claim protection from any source. One case that received international media attention was the plight of thousands of Ethiopian migrants in Yemen who were excluded from basic services and repatriated to Ethiopia only after several months.¹²⁵

Innovative strategies must be developed, underpinned by legislation, either for incorporating migrant workers, foreign residents and refugees into domestic social protection systems, or to ensure the portability of benefits

across national borders. Two relevant international protocols in this regard are the Comprehensive Refugee Response Framework – adopted by all 193 member States of the United Nations in September 2016 – and the Global Refugee Compact that followed in 2018, which assert that refugees should be integrated into local communities and should be entitled to access all social services provided by the host Government, including social protection.

b .Remittances

Remittances from citizens working abroad, especially in Europe and the Gulf countries, make a major contribution to the economies of several countries in the MENA region. In Egypt and Lebanon, for instance, remittances accounted for 10 per cent and 12.5 per cent of GDP, respectively, in 2019. Due to the economic shock caused by COVID-19, which reduced the incomes of remitters, remittances were projected to decline by 20 per cent in 2020. Countries such as Egypt (the world's fifth largest recipient of remittances), Lebanon and Tunisia (where remittances fell from 5.5 per cent to 4.4 per cent of GDP between 2019 and 2020) were severely affected.¹²⁶ This had negative effects on households receiving remittances, whose subsistence often depends on these income flows, and created additional needs for social protection or humanitarian relief.

c. Refugees and IDPs

The number of refugees and IDPs in the MENA region has increased sharply during the last decade, largely due to the protracted civil war in the Syrian Arab Republic. Jordan and Lebanon currently host the world's highest number of refugees per capita. More than half of all refugees are women and girls, who face gendered vulnerabilities such as gender-based violence, female genital mutilation and early marriage, in addition to constrained access to social services and education, with lower enrolment and higher dropout rates among refugee girls than boys.

Refugees often live in poverty (one third of refugees in Lebanon are poor), either dependent on humanitarian assistance in refugee camps or searching for work in the informal sector, earning a living day by day as street traders, beggars, daily labourers, or farm workers.

These livelihoods were susceptible to being suspended during COVID-19 lockdowns in 2020, leaving these low-income households destitute and excluded from mainstream social assistance and social insurance schemes in host countries.¹²⁷

Refugees living in camps and high-density housing areas were at heightened risk of contracting and spreading COVID-19. The Ministry for Social Affairs in Lebanon, with support from development partners, implemented a plan to prevent this through the delivery of awareness campaigns and disinfecting materials to refugee camps, among others. The Government of Jordan, supported by UNHCR, made sure that refugees had uninterrupted access to public health services.

3. School feeding adaptations

An estimated 1.6 billion children in 197 countries faced disrupted education during 2020 due to school closures, and 370 million of these children lost access to their daily meals at school.¹²⁸ Many countries with school feeding programmes adopted a variant of WFP's 'school feeding at home',¹²⁹ which involves switching the provision of cooked meals to learners at school (usually a hot lunch, sometimes also breakfast and/or a snack such as fortified biscuits) with rations provided to these children at home as long as schools had to stay closed due to COVID-19.

School feeding at home takes several forms (box 2) for case studies from Africa, Asia and Latin America. In Libya, for example, WFP assisted the Ministry of Education by delivering nutritious snacks to learners and their families. In 2020, similar initiatives existed in different countries with the following variations:

- **Collection/delivery:** In some countries, food parcels were delivered to learners' homes, door-to-door; in others, parents came to the school or another pick-up point to collect the food.
- **Composition of food:** The contents of food parcels provided as take-home rations varied, from dry food such as cereals to fresh vegetables and fruit and to fortified snacks.

- **Quantity of food:** Many countries delivered only a small quantity of food or once only, while in other cases, larger quantities were provided in repeated deliveries throughout the lockdown.
- **Provider:** In some cases, the Government delivered food to learners at home; in other cases, food was provided by WFP in partnership with the Government.

School feeding at home performed an important function during 2020, but it had certain limitations. First, quantity and quality of the food provided at home were generally lower than of that provided at school. Dry rations were provided rather than cooked meals; the food delivered was often not fresh due to lack of vegetables and fruits; and deliveries were not always daily. Second, the nutritional impacts of school feeding at home were diluted because take-home rations were inevitably consumed by the entire family, not just by the child who used to consume all the meals at school.

School feeding at home was introduced as a temporary emergency measure and as part of the support to households forced to stay at home under COVID-19

control measures. Yet, it raises the issue of discontinuities in regular school feeding programmes. Children receive meals only on schooldays, excluding weekends and holidays, which reduces potential food security and nutritional impacts. Extending the school feeding at home principle could cover these gaps and ensure continuous provision of nutritious food to malnourished and vulnerable children throughout the year.

4. Innovations in the digital delivery of social protection

COVID-19 accelerated an ongoing process worldwide, namely that of transitioning from manual delivery of social services to delivering certain components of these services via digital platforms, such as the Internet, television, mobile phone and social media applications. The most progress in this regard was observed in terms of innovative processes associated with social protection, notably beneficiary registration and payment mechanisms, including switching the delivery of social transfers from manual to electronic or digital platforms, such as mobile money through mobile phones.

Box 2. Innovations in school feeding

Libya: While schools were closed due to COVID-19, the Ministry of Education continued its teaching programme through distance learning. WFP supported the Ministry by providing 2 kg boxes of mineral-and vitamin-fortified date bars as take-home ration to 18,000 learners in southern Libya, enough to cover 30 per cent of the family's daily nutrition needs for five days.

Colombia: After schools were closed in April 2020 because of COVID-19, 112,000 learners lost their access to school meals. For 86,000 of these children, meals at school were replaced with take-home rations. One family member collected the food rations – a nutritious package that included cereals, dairy products, cooking oil and fruits.

Congo: When schools were closed due to COVID-19, the Ministry of Primary and Secondary Education delivered an 'education at home' programme on the radio and television. At the same time, WFP launched 'school feeding at home', providing rice, peas, vegetable oil, salt and sardines as take-home rations.

Cambodia: With support from WFP, the Ministry of Education, Youth and Sport gave 10 kg of donated rice to more than 100,000 learners at over 900 primary schools, to protect their families against the livelihood shocks associated with COVID-19 restrictions. As a one-off transfer that would be consumed by the entire family, this intervention probably had only limited impact on child nutrition outcomes.

Honduras: The National School Feeding Programme, which delivers hot meals to 1.2 million children, was suspended when schools were closed. School feeding committees prepared food parcels (including rice, beans, cornmeal and oil), following COVID-19 safety protocols developed by WFP and UNICEF. The parcels were collected from schools by adult relatives of each learner. In some areas, to avoid crowding at schools, teachers delivered the parcels door-to-door as take-home rations, using bicycles and motorbikes.

Source: WFP, 2020.

Box 3. Innovations in digital delivery of cash transfers

In Tunisia, in May 2020, the Ministry of Women, Family, Children and Seniors, in a press statement, announced that it was opening a digital line of credit in favour of domestic workers in partnership with the Tunisian Development Bank and the Professional Association of Microfinance Institutions, as one initiative to mitigate the effects of COVID-19 for the most economically vulnerable categories. This credit was capped at 1,000 Tunisian dinars and offered at a reduced interest rate, repayable over 24 months with a two-month grace period. The only modality specified is the deposit with the regional delegations of women and family affairs. The press statement stressed the need for employers to respect the rights of women workers. This programme would later allow the development of a legal and protection framework and the implementation of special programmes for their benefit, including Tunisia's accession to International Convention 189 on Domestic Work.^a

In Cambodia, the equity card of the national poverty identification system allows more than 500,000 households (15 per cent of the population) to access multiple social services, including free health care, scholarships for schoolchildren and cash transfers for poor pregnant women. Eligible households are identified through a community-implemented proxy means test and are registered on a single national database. Digital technologies allowed faster processing of applications during the COVID-19 pandemic. "The use of tablets reduces labour and paper for questionnaires, makes data available immediately in the national database, improves data quality and facilitates payments to beneficiaries".^b

Colombia provided cash transfers to economically vulnerable families affected by COVID-19 who were not covered by social protection, according to the national Sisbén database. The Solidarity Income Programme "was designed and operationalised in less than three weeks to rapidly provide transfers to households that would be affected by the confinement measures [...]. The pandemic has enabled the implementation of a master database, which is a first step to the creation of a national social registry." The programme also facilitated financial inclusion of 851,000 households that used digital financial services for the first time.^c

In India, the 'JAM Trinity' – "three innovations in the widespread availability of basic bank accounts (the Jan Dhan Yojana programme), unique biometric identification (Aadhaar) and mobile phone ownership that permit a new approach to direct benefit transfers to the poorest households" – uses digital technology in multiple ways to deliver social transfers to millions of beneficiaries.^d

In Namibia, COVID-19 provided an opportunity to use the National Population Registration System, an integrated civil registration and identity system, to promptly deliver an emergency income grant to almost one third (32 per cent) of the national population. "This was the first time the Namibian government had used electronic identity data to facilitate social protection programming and the distribution of grants".^e

In Pakistan, COVID-19 precipitated the launch of “the most ambitious social protection programme to assist marginalised people” ever launched in the country, building on a recently introduced SMS-based application platform and a biometric payment system. “The programme accelerated the adoption of cost-effective, digital initiatives that enabled new ways of coordinating across multiple stakeholders and deploying a whole-of-government approach”. Financial inclusion for women is also being accelerated through the ‘One Woman, One Bank Account’ initiative, which creates bank accounts linked to mobile wallets for all female beneficiaries of the programme.^f

a ESCWA, Background Note on SDG 10 at AFSD, 2020.

b Pagnathun, Cerceau and de Riel, 2021.

c Pabón, 2021.

d Rutkowski, 2020.

e Forsingdal, Munyika and Dokovic, 2021.

f Nishtar, 2021.

Box 4. Financial inclusion through Brazil’s Extra Single Registry

Brazil’s Single Registry was used to deliver income support to three categories of beneficiaries in 2020, under the Emergency Aid (EA) and Extension of Emergency Aid (EEA) provisions of the Government. These categories are as follows: (a) households already receiving cash transfers from the Bolsa Familia programme received additional support; (b) households already registered in the Single Registry but not benefiting from existing programmes were added to beneficiary lists; and (c) informal workers, self-employed and unemployed people applied through a digital registration platform and were processed on the Extra Single Registry. The new digital platform (application plus website) was created by a State-owned bank. Successful applicants received payments into a digital savings account, which was also the modality used to pay other social protection beneficiaries during the lockdown. The Extra Single Registry prompted large-scale financial inclusion, as 48.6 million new savings accounts were set up for EA and EEA cash transfer recipients.

Source: Yamasak and Rodopoulos, 2021.

As seen in the cases of Colombia and Pakistan, financial inclusion is a secondary benefit of several programmes that deliver income support through digital platforms. Another example is the case of Brazil, which created bank accounts for millions of new beneficiaries in 2020 (box 4).

5. Harmonization of humanitarian relief and developmental social protection

Although COVID-19 lockdowns created a humanitarian crisis, Governments responded by using social protection programmes, modalities and platforms, where possible. Under the label 'shock-responsive social protection', existing beneficiaries received higher payments during the months of lockdown (vertical expansion), and new beneficiaries were fast-tracked into these programmes on a temporary basis (horizontal expansion). Building on existing programmes and using existing platforms enabled a rapid and effective response.

Examples of rapid response to COVID-19 using existing beneficiary databases include the following:¹³⁰

- **Chile's** Emergency Bonus programme identified new beneficiaries through the social registry and delivered assistance within two weeks.
- **Morocco** made payments to informal workers registered in the national health assistance database (RAMED) within three days of the Emergency Support for Informal Workers programme being announced.
- **Togo** invited applications for the Novissi emergency programme through a mobile phone application that cross-checked applicants against the national voter database and made first payments to eligible beneficiaries into mobile wallets five days after the programme was launched.

Horizontal and vertical scale-up of functioning social protection programmes has proven to allow for an effective and rapid response to COVID-19. These learnings can be extended to post-COVID-19 contexts. "The COVID-19 crisis has put social protection at centre stage as a shock response tool, and it is likely that the demand of societies for stronger and more inclusive

systems will increase".¹³¹ All social protection systems should incorporate shock-responsive features that allow harmonization with humanitarian responses – temporary expansion and contraction of payments and beneficiaries – in times of future crises.

Finally, despite the many innovative experiences reported in this chapter, it is important to note that not all countries and social groups are equally able to harness the potential of digital technologies. According to the State of Broadband 2019 Report,¹³² global Internet user penetration rate is at 51.2 per cent; yet, it is only at 45 per cent in developing countries and 20 per cent in least developed countries. These digital and knowledge divides have always existed, but in a situation where many people have to stay home, it escalates from a disadvantage to a debilitating disability. Work is needed, in the long term, to increase access to digital technologies, and in the short-term, to ensure that lack of access does not translate into an inability to continue daily life and access essential services. COVID-19 is a timely reminder that the socially beneficial applications of digital technologies should be nurtured, with a focus on improving access and uses in countries where it is lacking, while ensuring that proper protocols are maintained for privacy, non-discrimination and personal data protection. The need also exists to recognize the potentially exclusionary impact of digital technology, especially when used in implementing targeting mechanisms in the provision of social protection.

Although COVID-19 has created immense hardship for millions of people in the Arab region and across the world, it has also generated innovative responses and important learning for Governments that should not be forgotten once the current crisis is over. Some of the positive lessons highlighted in this chapter include the following:

- All the innovative efforts by Governments to ensure citizens' uninterrupted access to basic social services (health care, education and social protection) that were introduced during 2020 should be sustained and built on post-COVID-19 because they represent a minimum provision of essential services, in line with international human rights law.

- Related to this, efforts to extend coverage of services to marginalized and excluded groups, from informal workers to migrants and persons of concern (refugees and IDPs), should be maintained and institutionalized going forward, not least because this is in line with the principle of the Agenda 2030 to leave no one behind.
- Disruption to school feeding programmes caused by school closures highlighted the gaps in this important support to children's nutrition, notably during weekends and school holidays. Since school feeding at home was introduced in some countries to ensure continuity of food assistance to needy learners, this innovation could continue even after schools reopen and school feeding is resumed, to ensure that children vulnerable to hunger and malnutrition receive food throughout the year.
- Health insurance, or free and equitable access to health care, needs to be provided to all citizens and residents as a fundamental human right. The case of Morocco provides an instructive example of how this might be achieved.

05

Conclusion



Prior to the COVID-19 pandemic, social protection systems in the Arab region were weak, fragmented, costly, unsustainable and not inclusive. They were marked by underinvestment and exclusion of vulnerable populations. The COVID-19 crisis highlighted the problems and presented a historic opportunity to address some of the challenges in social protection systems. It also provided many lessons learned in various countries worldwide and instigated some useful innovations.

In the Arab region, the response to the COVID-19 pandemic in terms of social protection measures demonstrated strong political will through the substantive disbursement of funds to alleviate the needs of vulnerable populations, and social solidarity through the innovative use and creation of solidarity funds. This effort drew assistance from the private sector and other stakeholders to feed into these governmental social protection programmes.

Another important observation is the shift in policy during the pandemic, from targeting only the poorest populations to also including the “missing middle”, such as informal workers who often did not receive any social protection benefits before the pandemic because they were deemed not eligible (for example, in Egypt, Jordan and Morocco). This shed light on the structural challenges that preceded the pandemic in terms of neglecting the social rights of this group of workers. Reform plans in some Arab countries are underway to address this structural challenge.

Arab countries excelled in using innovative technologies for the delivery of social protection programmes, especially cash transfers that were delivered in few days to beneficiaries through newly created outlets, e-wallets and digital registration. In many Arab countries, the pandemic accelerated stronger partnerships and greater collaboration between different stakeholders. This was especially demonstrated in the collaboration, for example, between different governmental parties at the national level, in the sharing/using of databases of beneficiaries (civil registry, vital statistics, tax and social insurance database) and e-platforms such as G2G in Egypt.

COVID-19 spending in the Arab region varied from one group of countries to another but, regionally, remained lower than global spending. The total fiscal support in this region has been 3.9 per cent of GDP, compared to a world

average of 22.6 per cent. Wealthier Arab countries spent more than poorer ones. Spending in the GCC member countries was the highest, at \$69.9 billion, compared to \$24.78 billion spent by the other Arab countries altogether.

Sources of spending also differed from one country to the other. Among Arab countries for which data is available as at June 2021, the private sector in Tunisia and Morocco contributed \$410 million and \$104.5 million, respectively, as a response to the pandemic. Philanthropies also played a major role in financing in Morocco and the United Arab Emirates, with approximately \$2.2 million.

While most Arab countries reprioritized their national spending or created special funds, conflict-stricken countries relied mainly on humanitarian aid and donor funding.

In addition, COVID-19 spending varied according to different areas, including social assistance (cash transfer, school feeding and others), loan and tax benefit (tax exemption, interest rate waivers and others), social insurance (unemployment waiver, sick leave pensions and others), labour markets (wage subsidies, paid leave and work from home), health-related support (free vaccines, testing, health-care systems and others), financial policy support (soft loans and credit support, tax exemption and others) and general policy support (creation of funds, digital solutions and others).

In this context, the Arab region allocated an average of 18 per cent of fiscal support for, with Somalia allocating 100 per cent, followed by Lebanon with 96.8 per cent and Iraq with 95 per cent. Oil-importing countries focused their spending on health and targeted social transfers, while oil-exporting countries prioritized temporary tax reductions, extended payment deadlines and increased other spending, such as partial salary payments to preserve jobs.

Most Arab countries have provided temporary consumption smoothing programmes such as cash assistance or tax relief to vulnerable groups, including the unemployed, women and children, rather than extending social insurance and life-course programmes. The reason for this is the absence of an adequate tax base and reduced fiscal space resulting

from high levels of debt, poor economic performance and reduced oil revenues. These factors account for the gap in social protection coverage during the pandemic and recovery period.

For future pandemics, three lessons need to be taken into consideration. First, in-kind services and public procurement would be better suited to withstand the impact of fluctuating supply chains or prices that might make cash assistance less reliable (example of Lebanon). Second, many conditional cash transfers in the Arab region are conditional on the provision of education, reproductive health and health services, a policy that should be reconsidered during crisis situations. The conditionality should remain lifted even after the pandemic, for instance, in the case of school-feeding programmes since children usually received meals only on schooldays, excluding weekends and holidays, which reduced their potential food security and nutritional impacts. Extending the school feeding at home could cover these gaps, enhance the life-course approach of the reforms and ensure continuous provision of nutritious food to malnourished and vulnerable children throughout the year. Third, the determination of targeting impacts the capacity of the COVID-19 response to incorporate a life-course approach (using sociodemographic or economic indicators). The recalculation of cut-off points in the eligibility criteria in some countries in the Arab region yielded positive results, and needy people benefitted more from governmental social assistance programmes.

Since most of the COVID-19 measures were temporary, they are less likely to be sustained and will not constitute sufficient incentive (or contribution) to transforming social protection systems in the region into sustainable, life-course systems that are inclusive and equitable. Ideally, these systems should evolve into a universal entitlement of basic services that are provided to all and not tied to contributions alone. In particular, the introduction of a basic income guarantee or universal child allowance would help to provide longer-term structural reform and directly support modes towards a life-course approach to social policy. Morocco is taking positive steps by gradually replacing its subsidies by a family allowance programme.

During the pandemic, instead of putting in place new legislation, most countries relied on extrabudgetary funds or executive decrees to deliver the spending packages. While these measures promptly facilitated spending on social protection programmes, they undermined accountability mechanisms of fiscal policy decisions in Arab countries.

Equipping these systems with a life-course approach will require some major reforms including legislative reforms, particularly on taxation, expansion of the contributory base, seeking other sources of funding, strengthening governance structures and institutions such as transparency and anticorruption measures, effective public procurement, and strengthening the capacity of digitalization and open government approaches. This will also require political will which can be reinforced through societal dialogues between the State, the private sector, employees and unemployed non-contributory potential beneficiaries and other stakeholders. During the recovery period, Arab countries should consider environmental sustainability through, for instance, low carbon economic recovery measures and access to essential resources such as clean water.

By making clean energy transitions central to their recovery plans, Arab oil-producing countries can pave the way for more robust structural changes to support economic recovery that is both environmentally and financially sustainable. Stimulus measures could be an opportunity for Arab countries to invest in real economic transformations and technological innovations (avoiding greenwashing), such as boosting technologies for solar and wind energy, smart green cities, seawater desalinization projects (powered by renewable energy sources), and developing and greening public transport systems. As an example, sustainability-enhancing policies in Arab countries may include making sector-specific financial support measures conditional on environmental improvements. Financial support measures such as preferential loans, loan guarantees and tax abatements could be directed towards supporting stronger environmental commitments and performance in pollution-intensive sectors that may be particularly affected by the crisis.

The unique constraints imposed by COVID-19 inspired innovations in the design and delivery of education, health care and social protection, which not only protected access to services under extraordinarily challenging conditions, but also facilitated more inclusive outreach. The digital divide remains a constraint in lower-income and conflict-affected countries in the region and exacerbates inequalities in access to Government services. Investments that were made in innovative solutions (such as online learning and telehealth applications) must be supported with investments in digital infrastructure and reduced costs of access to mobile and online technologies.

Building on the good practices encountered during the pandemic, Arab countries need to continue intergovernmental collaboration in the sharing/using of databases of beneficiaries (civil registry, vital statistics, tax and social insurance database) and e-platforms, and strengthen their capacities to record, monitor and evaluate data.

Overall, the initiatives analysed in this report show that, whilst examples of small-scale measures exist that may lay good foundations for a life-course approach in Arab countries, challenges still remain in terms of the long-term financing and reformulation of social protection beyond targeting low-income groups. Therefore, a transition period will be needed between current and reformed systems that may require solidarity funding to bridge the gap. Meanwhile, contingency planning can help in addressing potential future crises.

Annex

13th DA on Strengthening Social Protection for Pandemic Response

COVID-19 Stimulus Tracker

Global Observatory on Social Protection Policy Responses

Mapping Framework of Harmonized Policy Measures Across Regions
Endorsed by the DA Focal Persons of All Five Regional Commissions 20
October 2020

Category of policy measure/thematic areas	Policy measures	Target beneficiary
1. Social assistance	1.1- Cash transfers/income support 1.2- In-kind transfers/vouchers 1.3- Rent and housing subsidies 1.4- Waiver/reduction of utilities bills (e.g. water and gas, electricity and communication bills) 1.5- Waiver/reduction of government fees 1.6- Other subsidies for social services (specify)	1. Individuals [1.1 children and adolescents; 1.2 students; 1.3 youth; 1.4 elderly; 1.5 unemployed; 1.6 Employees; 1.7 Self-employed workers and professionals; 1.8 women; women employees; women entrepreneurs; 1.11 women victim of violence; 1.12 non-citizens including migrants, refugees and stateless persons; 1.13 indigenous people; 1.14 COVID-19 patients; 1.15 Persons with disabilities; 1.16 People in prison; 1.17 Homeless people; 1.18 Specific vulnerable population; 1.19 Individuals (not specified)] 2. Families/households [2.1 poor households (note: PMT targeted); 2.2 categorically targeted households; 2.3 female headed households; 2.4 families/ households (not specified)] 3. Business and economy [3.1 SMEs; 3.2 non-SMEs business; 3.3 SMEs/non- SMEs business] 4. Individuals and families 5. All (people and business and economy)
2. Loan and tax benefit	2.1- Tax exemption/reduction/deferment for individuals 2.2- Waiver/reduction of customs duties for individual 2.3- Interest rate waiver/reduction for individual loan 2.4- Interest/principal deferment for individual loans	
3. Social insurance	3.1- Social insurance contributions/waivers 3.2- Unemployment benefits 3.3- Sick leave 3.4- Paid maternity leave 3.5- Health insurance 3.6- Pensions 3.7- Disability pension	
4. Labour markets	4.1- Wage subsidies to employers against layoffs 4.2- Paid leave or work from home 4.3- Labor regulation adjustments 4.4- Work hours adjustment 4.5- Activation (training)	
5. Health related support	5.1- Targeted health/care services 5.2- Stocks of basic goods and medicine 5.3- COVID-19 awareness campaigns 5.4- Healthcare system	
6. Financial policy support	6.1- Cash-flow assistance (including compensations against cancellation of events or loss of fixed assets) 6.2- Liquidity support (setting up or enhancing financing facilities) 6.3- Cash reserve ratio reduction 6.4- Interest rate reduction 6.5- Soft loans and credit support 6.6- Lowering risk weights of certain assets/collateral requirements 6.7- Loans and interest deferment for SMEs/non-SMEs business 6.8- Tax exemption/reduction/deferment for SMEs/non-SMEs business 6.9- Waiver of customs duties for SMEs/non-SMEs business 6.10- Rental subsidies to SMEs/non-SMEs business 6.11- Waiver/reduction of government fees to SMEs/non-SMEs business 6.12- Price controls for essential food and medicine	

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Endnotes

1. Alvaredo and others, 2019.
2. Vertical interventions increase the benefit value or duration of assistance to existing beneficiaries; and horizontal interventions add new beneficiaries to an existing programme.
3. Platt, n.d.
4. Ibid.
5. E/ESCWA/SDD/2014/Technical Paper.7.
6. Ibid.
7. ILO, 2012.
8. Ibid.
9. Mkandawire, 2005.
10. Desai, 2017.
11. Ibid.
12. According to Beazley, Barca and Bergthaller, 2021, UBI is defined as “a transfer that is provided universally, unconditionally, and in cash” on a regular basis (usually monthly) to all citizens and residents in a country.
13. ILO, 2017.
14. Ibid.
15. ESCWA calculation. Data retrieved from the ESCWA Data Portal.
16. E/ESCWA/SDD/2013/1.
17. Ibid.
18. Ibid.
19. Ibid.
20. Ibid.
21. World Health Organization (WHO), n. d.
22. According to the WHO Regional Office for the Eastern Mediterranean, the Eastern Mediterranean region comprises Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, the State of Palestine, Qatar, Saudi Arabia, Somalia, the Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.]
23. E/ESCWA/CL2.GPID/2020/1.
24. United Nations, n. d.
25. Razavi, S. and others, 2020. R.
26. ESCWA, 2021a.
27. Gentilini, Almenfi and Dale, 2020.
28. Razavi and others, 2020, p. 68.
29. Most of these measures were launched in the first half of 2020, either on a one-off basis or for a few months. Some lasted until the end of 2020, but only very few were retained into 2021.
30. WFP, 2020.
31. El-Enbaby, Breisinger and Sanchez Puerta, 2019.
32. International Policy Centre for Inclusive Growth (IPC-IG), 2021.
33. Interview with Mr. Mohdad, March 24, 2021. (Director of Governance at the Ministry of Economy, Finance, and Administrative Reform, Morocco).

34. IPC-IG, 2021.
35. Interview with Mr. Mohdad.
36. IPC-IG, 2021.
37. Ibid.
38. Ibid.
39. See law 09.21 (loi-cadre 09.21 protection sociale).
40. The new tax is calculated on the basis of turnover and the category of workers. This will be a simplified way to broaden the tax base, while allowing the extension of the universal medical insurance (AMO) in a first step. It will then also include family benefits for this segment of the population. The contribution scheme will be available for individuals with an annual turnover of under \$50,000 or \$200,000, according to the worker's category. In terms of taxes, it includes a single tax of 10 per cent on the profits. The profits will be calculated by applying a fixed coefficient (varying from 1.5 per cent to 60 per cent depending on the sector of activity and its segment) to the turnover declared by the taxpayer. It will also include a social insurance (AMO, pension, family allowance) contribution in the form of a scale of fixed amounts according to the level of the annual tax paid.
41. IPC-IG, 2021.
42. According to Statements made by H.E. Nivine Kabbaj, Minister of Social Solidarity, during the first session of the Arab Forum for Sustainable Development, 2021. Available at <https://www.youtube.com/watch?v=7rtEV5fPY-g>.
43. Ibid.
44. Ibid.
45. Interview with Ms. Imane Helmy, Deputy Director, Ministry of Social Solidarity in Egypt, and Mr. Raafat Shafeek, Ministerial Advisor, Ministry of Social Solidarity in Egypt, April 12, 2021.
46. Ibid.
47. See <https://gate.ahram.org.eg/News/2570014.aspx> (Arabic).
48. [Article in Al Youm al Sabeh, April 13, 2021. Available at https://www.youm7.com/story/2020/12/30/-نيفين-قباج-دعم-نقدي-5136452](https://www.youm7.com/story/2020/12/30/-نيفين-قباج-دعم-نقدي-5136452) (Arabic).
49. [Article in Al Youm al Sabeh, December 27, 2020. Available at https://www.youm7.com/story/2020/12/27/-حصاد-وزارة-5131129](https://www.youm7.com/story/2020/12/27/-حصاد-وزارة-5131129) (Arabic).
50. Ibid.
51. [Statements by H.E. Nivine Kabbaj, 2021.](#)
52. [Interview with Ms. Imane Helmy.](#)
53. Ibid.
54. Ibid.
55. [Available at https://www.moss.gov.eg/ar-eg/Pages/default.aspx.](https://www.moss.gov.eg/ar-eg/Pages/default.aspx)
56. [Interview with Ms Imane Helmy.](#)
57. [Article in Al Youm al Sabeh, December 27, 2020.](#)
58. Ibid.
59. Ibid.
60. [Mahmoud, 2020.](#)
61. Ibid.
62. [This dialogue was organized in Jordan in 2020 by the Arab Renaissance Organization for Democracy and Development, a civil society organization.](#)
63. [Mahmoud, 2020.](#)
64. [Gerard, Imbert and Orkin, 2020.](#)
65. [Béné and others, 2021.](#)

66. [Razavi and others, 2020.](#)
67. [Countries most at risk include Algeria, Bahrain, Iraq, Libya, Oman, and Saudi Arabia. Egypt's economy has performed relatively well, has experienced the lowest increase in the fiscal deficit and is projected to continue growing after the pandemic. It should be noted that these figures are projections.](#)
68. [ESCWA, 2021a.](#)
69. [Ibid.](#)
70. [Ibid.](#)
71. [According to the ESCWA tracker, COVID-19 measures are divided in to seven different categories, namely social assistance, loan and tax benefit, social insurance, labour markets, health related support, financial policy support, and general policy support. Economic policy support lump sums the financial and general policy support. For details on the policies included for each category, please refer to the ESCWA Tracker.](#)
72. [Government announcements often lump up policy measures and amounts, which implies that the disaggregated amount of support for each policy measure is not available in such cases. The amount of support for such a basket of policy measures may be within one policy category or across different policy categories.](#)
73. [ESCWA, 2021a.](#)
74. [Multilateral aid comes from numerous different Governments and organizations and is usually arranged by an international organization such as the World Bank or the United Nations.](#)
75. [Bilateral donor funding refers to Government aid to a recipient country in a G2G or a Government-to-NGO/civil society partnership.](#)
76. [IMF, n. d.](#)
77. [Based on recent figures cited in Sibun, 2021.](#)
78. [Gentilini, Almenfi and Dale, 2020.](#)
79. [OECD, 2020b.](#)
80. [Analysis undertaken by UNICEF using a general equilibrium model.](#)
81. [Sibun, 2021, pp. 14.](#)
82. [OECD, 2020b.](#)
83. [Ibid.](#)
84. [Ibid.](#)
85. [Ibid.](#)
86. [Almenfi, and others, 2020.](#)
87. [Ibid.](#)
88. [Nishtar, 2021.](#)
89. [Almenfi and others, 2020; Sibun, 2021.](#)
90. [OECD, 2020a.](#)
91. [Ibid.](#)
92. [Poole, Clarke and Swithern 2020.](#)
93. [IPC-IG, 2021.](#)
94. [ILO, 2020b.](#)
95. [IPC-IG, 2021, citing Durán and others, 2020.](#)
96. [IPC-IG, 2021, citing Moore and Prichard, 2020.](#)
97. [IPC-IG, 2021.](#)
98. [OECD, 2020b.](#)
99. [Almenfi and others, 2020.](#)
100. [Ibid.](#)

101. [UNESCO, 2019.](#)
 102. [For more information, see UNESCO, n.d.a.](#)
 103. [Pumarol and others, 2021.ILO, 2020a.](#)
 104. [ILO, 2020a.](#)
 105. [OECD, 2020b.](#)
 106. [ILO, 202a.](#)
 107. [ILO, 2020a, p. 4.](#)
 108. [OECD, 2020b.](#)
 109. [OECD, 2020b, pp. 26.](#)
 110. [A review of cross-country evidence found that poorest quintile households were 7 percentage points more likely to be reached by safety net programmes in rural areas than in urban areas \(Gentilini, U., 2015. Entering the City: Emerging Evidence and Practices with Safety Nets in Urban Areas. Social Protection and Labor Discussion Paper, No. 1504. Washington, D.C.: World Bank. Available at](#)
 111. [Rutkowski, 2020.](#)
 112. [For example, universal pension coverage does not mean that the State must give cash every month to every citizen and resident over 60 years of age. People who have private or employment-related pensions could be excluded from State-provided social pensions, while satisfying the principle of universal pension coverage.](#)
 113. [Standing, 2017.](#)
 114. [Haarmann and others, 2009](#)
 115. [Patel and Kariel, 2021.](#)
 116. [Molina and Ortiz-Juarez, 2020.](#)
 117. [Patel and Kariel, 2021.](#)
 118. [Partington, 2020.](#)
 119. [Patel and Kariel, 2021.](#)
 120. [Senona, 2020.](#)
 121. [Jawad, 2019.](#)
 122. [Kessaba and Halmi, 2021.](#)
 123. [ILO, 2020a, p. 1](#)
 124. [Devereux and Cuesta, 2021.](#)
 125. [Schlein, 2020.](#)
 126. [OECD, 2020b.](#)
 127. [OECD, 2020b.](#)
 128. [WFP, 2020.](#)
 129. [Ibid.](#)
 130. [IPC-IG, 2021.](#)
 131. [Beazley, Barca and Bergthaller, 2021, p. 11.](#)
 132. [International Telecommunication Union \(ITU\) and United Nations Educational, Scientific and Cultural Organization \(UNESCO\), 2019.](#)
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Prior to the COVID-19 pandemic, social protection systems in the Arab region were weak, fragmented, not inclusive, and non-transparent. They were also costly and unsustainable. Underinvestment in these systems and exclusion of vulnerable populations were key challenges. The COVID-19 crisis spotlighted the problems and presented a historic opportunity to address some of the challenges facing social protection systems. Lessons learned in various countries were identified as useful examples for change, in addition to certain innovations.

This report embarked on actionable policy research to examine and assess the interplay of the social policy dimensions, global experiences and regional responses to the pandemic in the Arab region. By critically engaging with the actions and priorities of a variety of stakeholders, the report develops and advocates for policies for the judicious and methodical implementation of the Sustainable Development Goals, combating inequality and supporting the principle of leaving no one behind, as instigated in the Agenda 2030.

