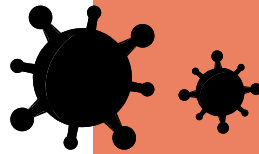


02

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.

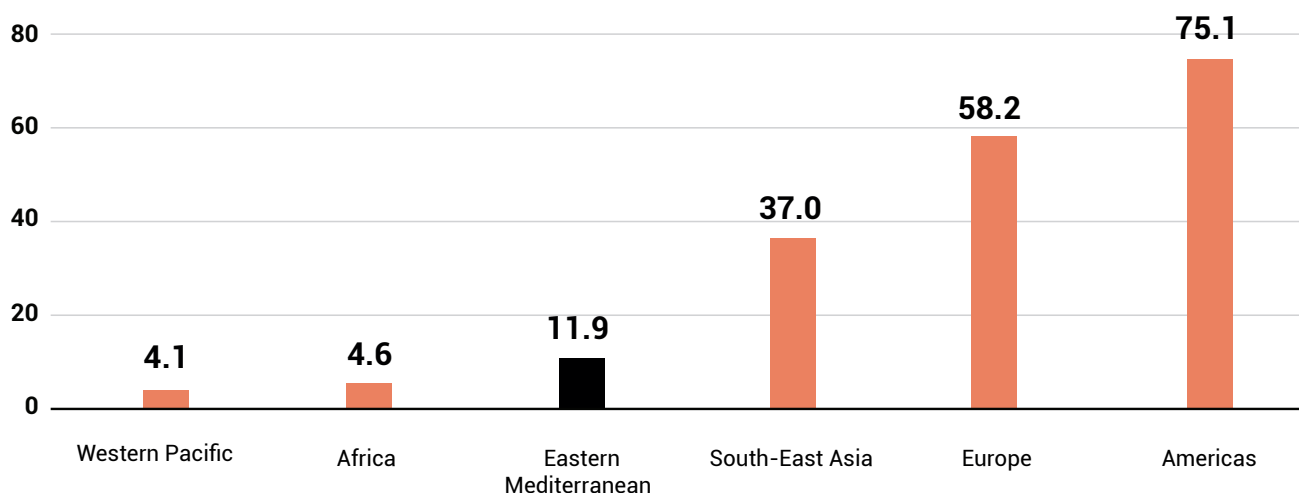
Nearly one third of the employed population in the region is facing high risks of layoffs or reduced wages and/or working hours owing to the pandemic, 12.8 per cent of working hours are estimated to have been lost in the third quarter of 2020, which is equivalent to 15 million full-time jobs.²³

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

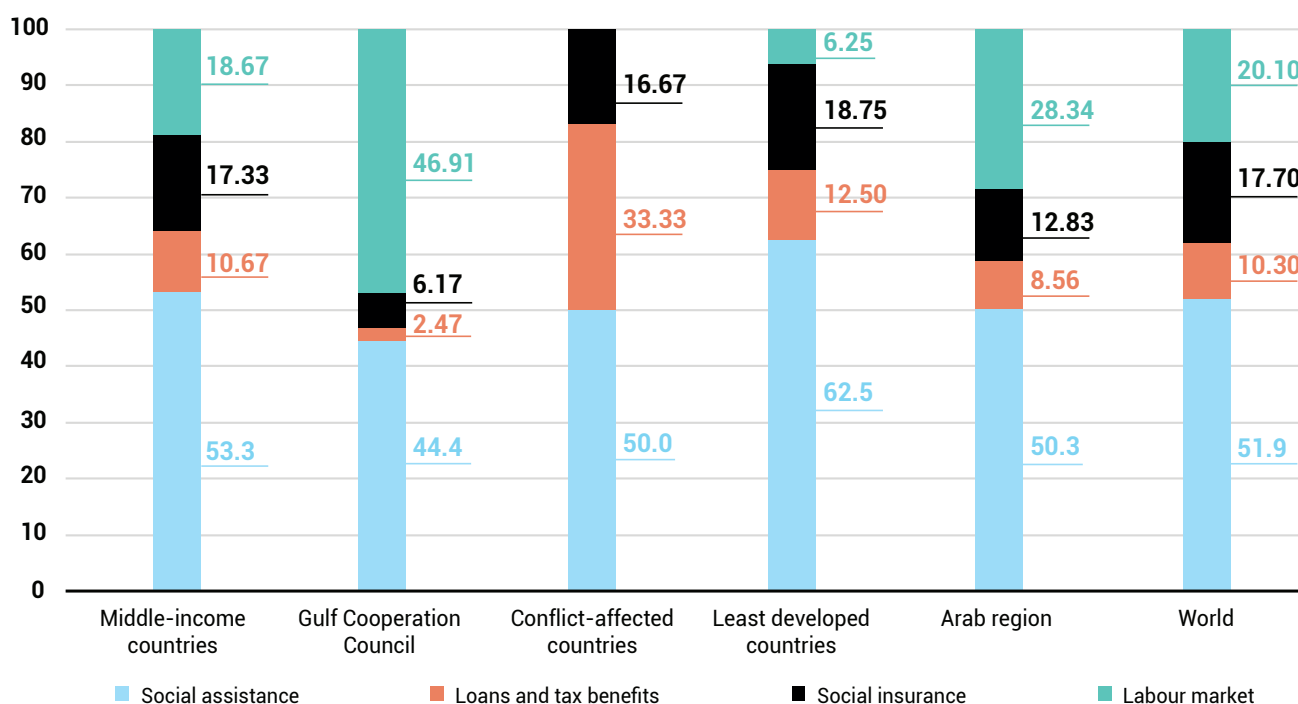
Disaggregating social protection responses by income category, high-income countries were most likely to deploy social-insurance and active labour-market programmes, while low-income countries were more likely to deploy social assistance. Many Governments, especially in upper-middle and high-income countries, 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.

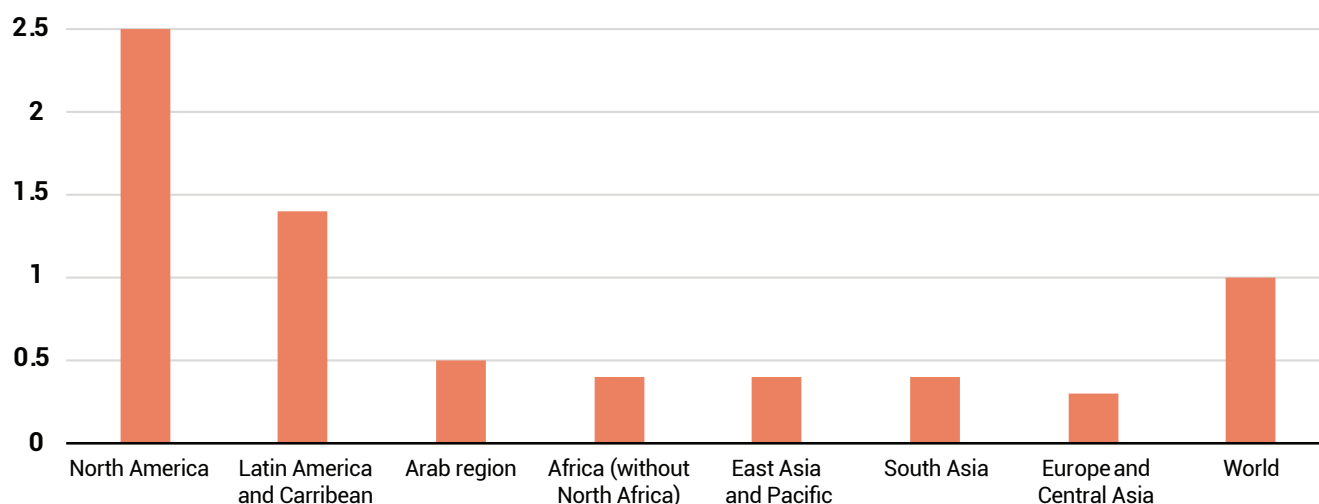
Fiscal support for social protection can be aggregated for policy measures related to social assistance, loans and tax benefits, social insurance and labour-market interventions. Notably, social assistance measures established the major share of COVID-19 social protection interventions in the world and 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.

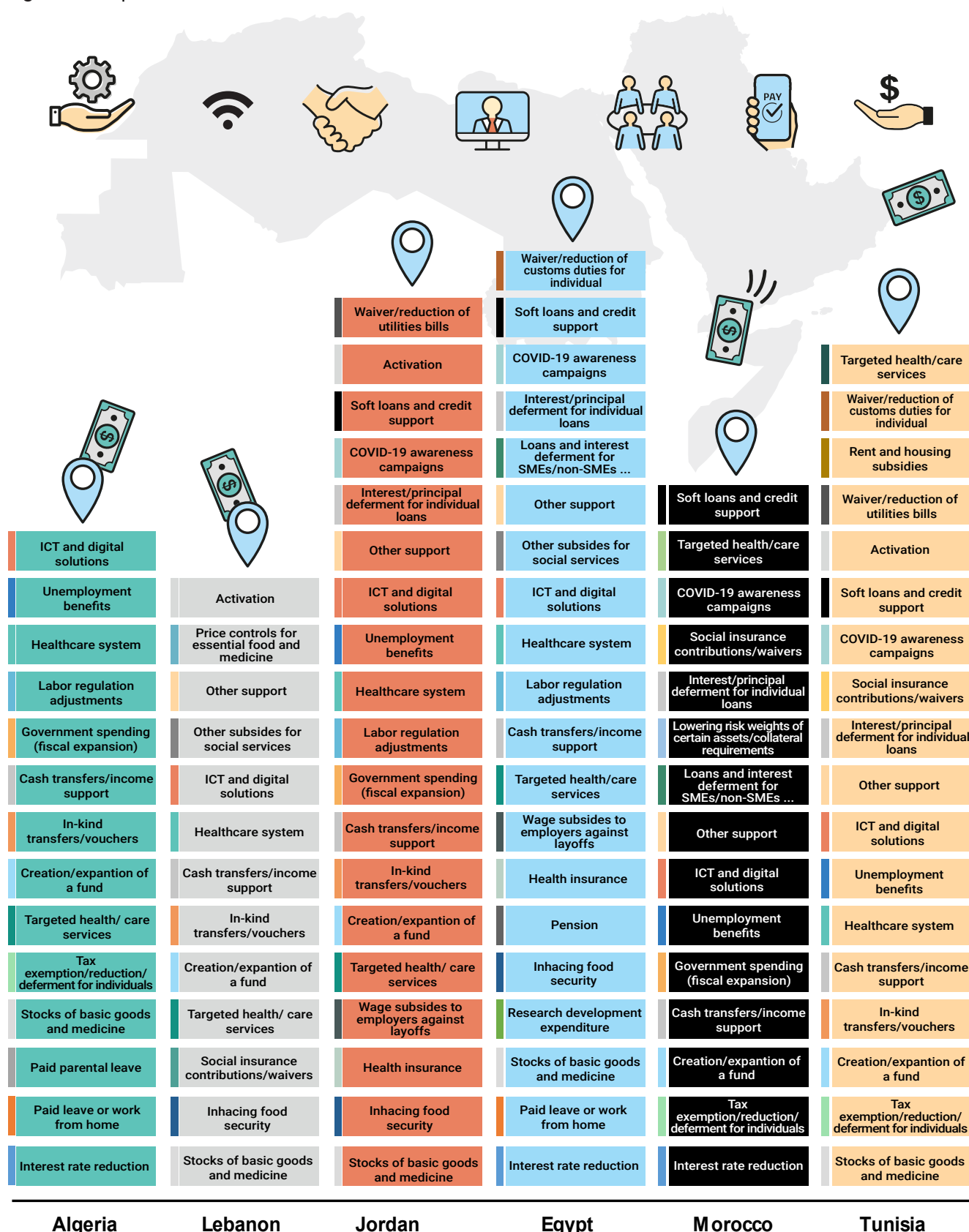
1. Middle-income countries: Algeria, Egypt, Jordan, Lebanon, Morocco and Tunisia

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 80,000-100,000 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.

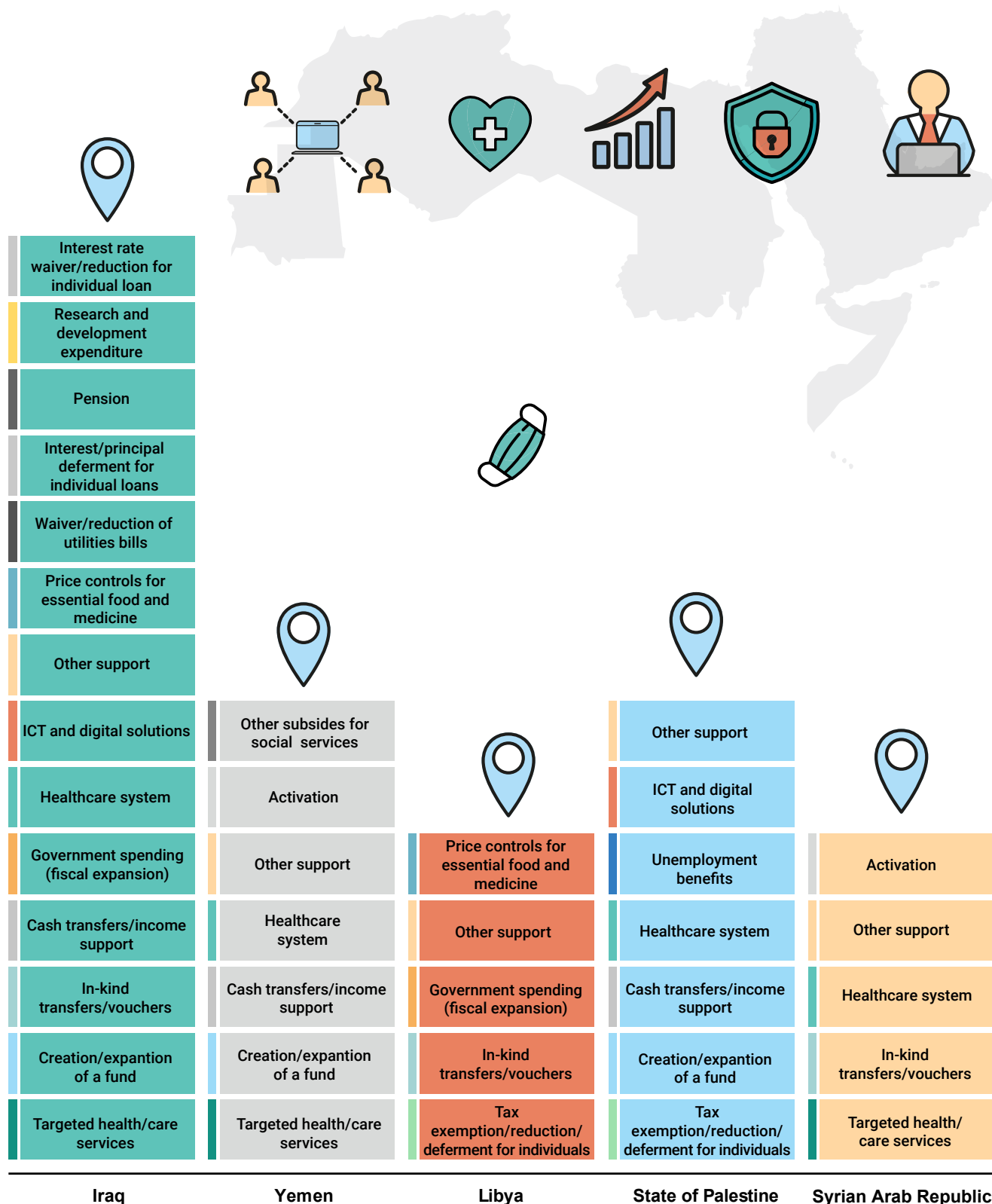
2. Conflict-affected countries: Iraq, Libya, the State of Palestine, the Syrian Arab Republic and Yemen

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,

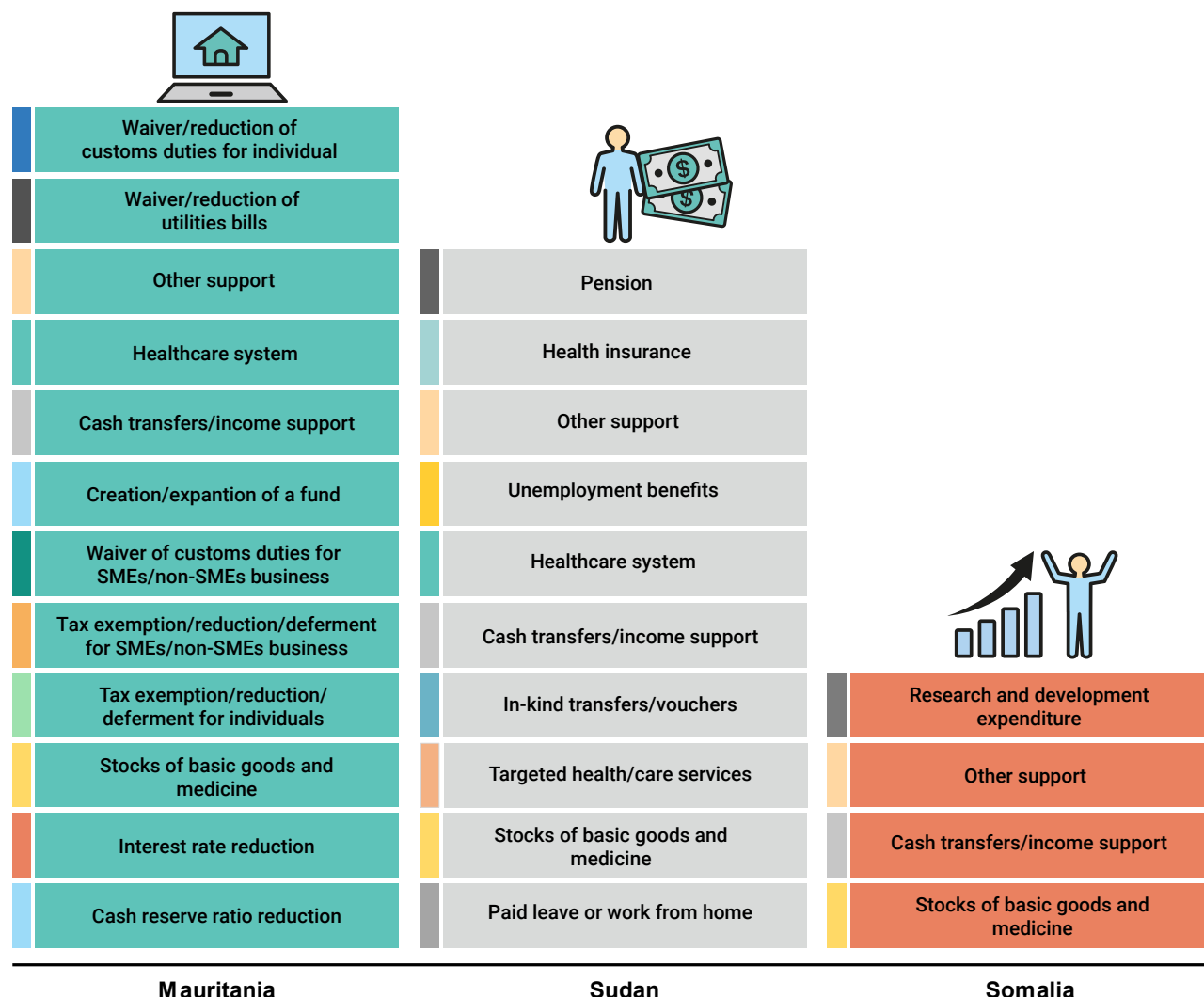
with Somalia having undertaken the least diversified measures. Its interventions were centred around cash transfer, stock of basic goods and medicine, research and development, and other support.

- **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.

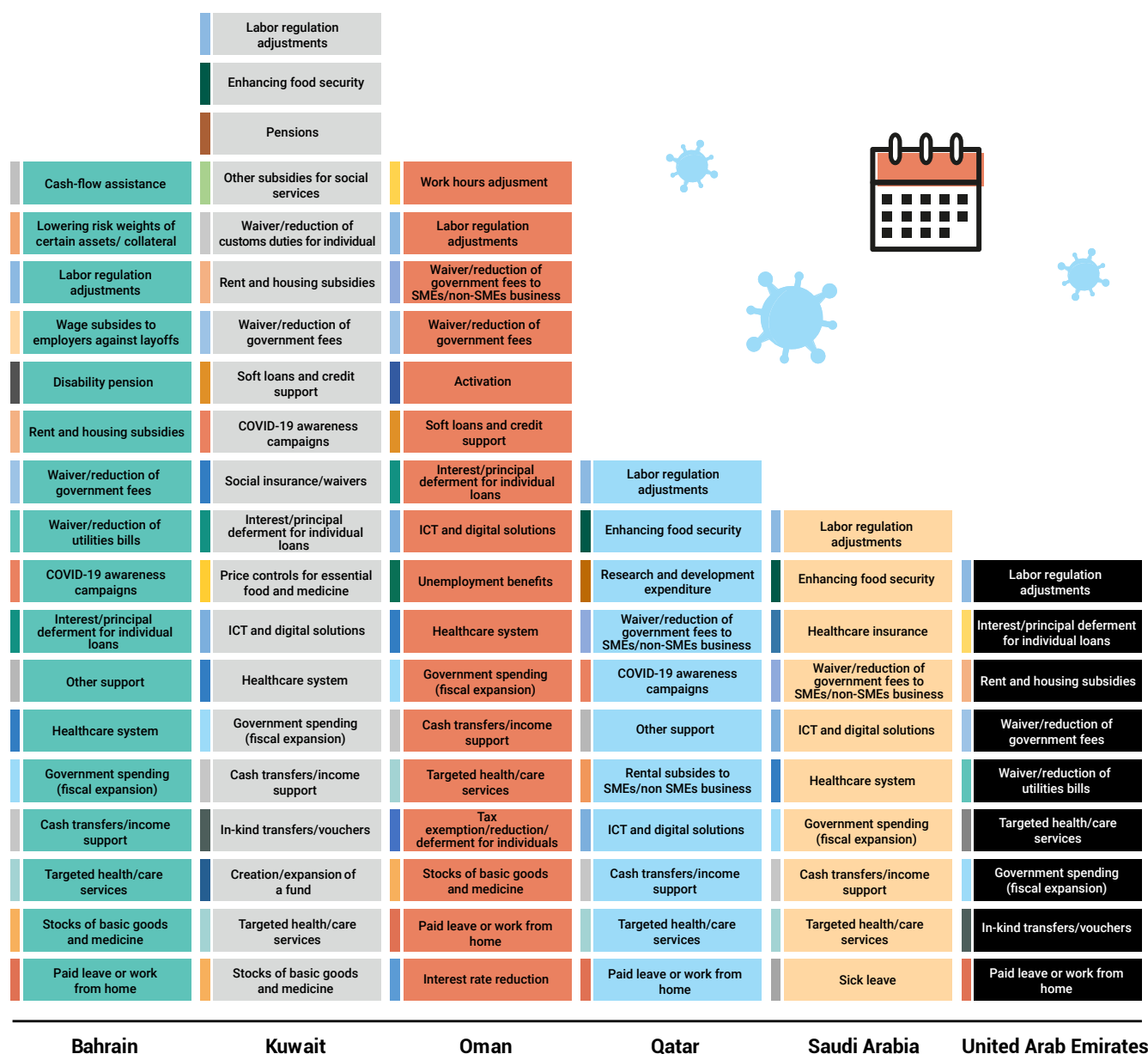
- In **Kuwait**, the *Zakat* House provided financial aid to registered widows, divorced women, orphans, the elderly, and low-income families with no fixed income or whose income was affected by the crisis (vertical expansion). The *Fazaa el-Kuwait* campaign was set up using public funds and private 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.

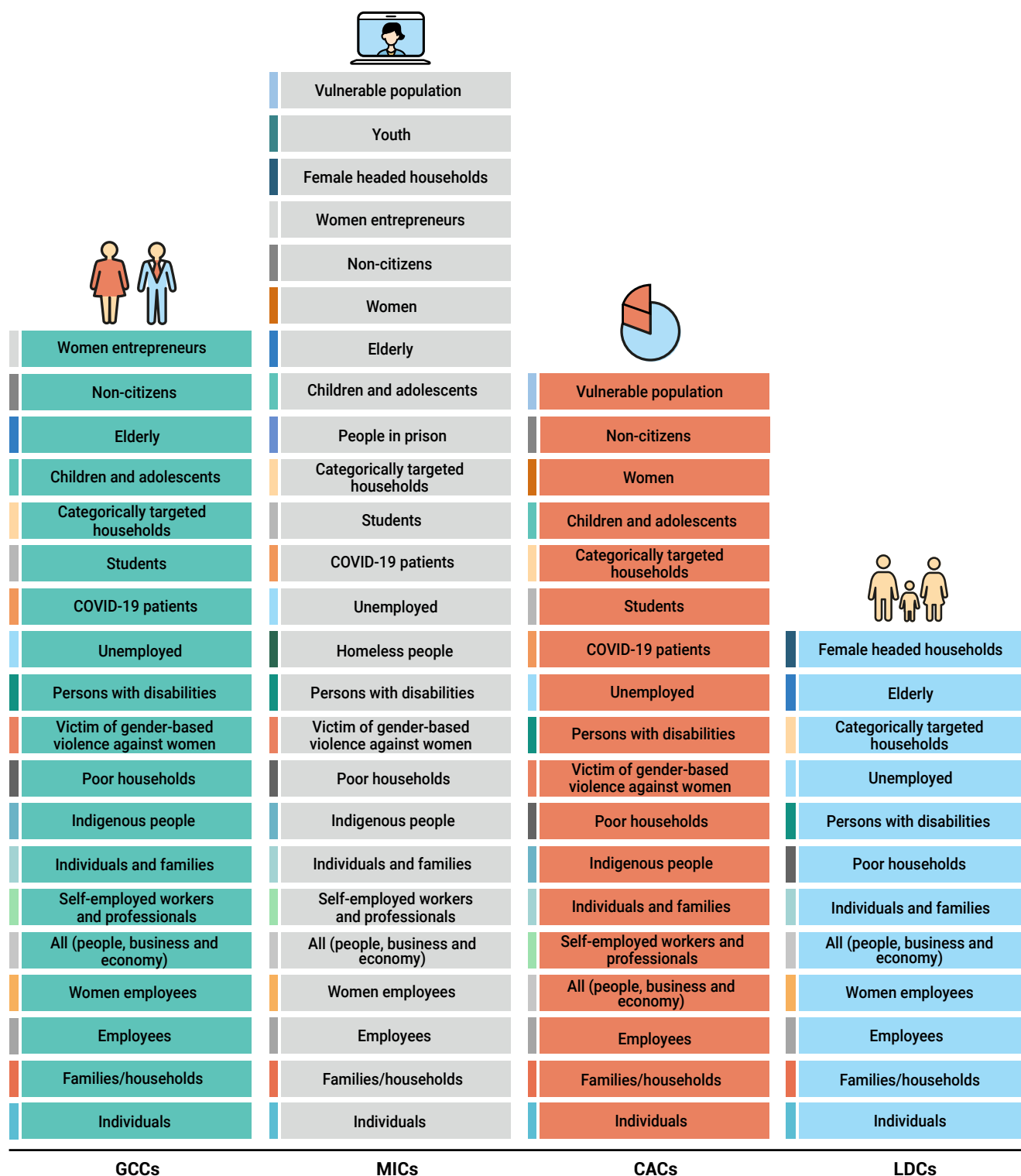
Across the Arab region, responses to COVID-19 targeted both individuals and households. Many programmes targeted workers and employees, and some focused on the self-employed, women workers and the unemployed. Categorical targeting was common across all subregions, including children, students, women, 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



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 regarded 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.

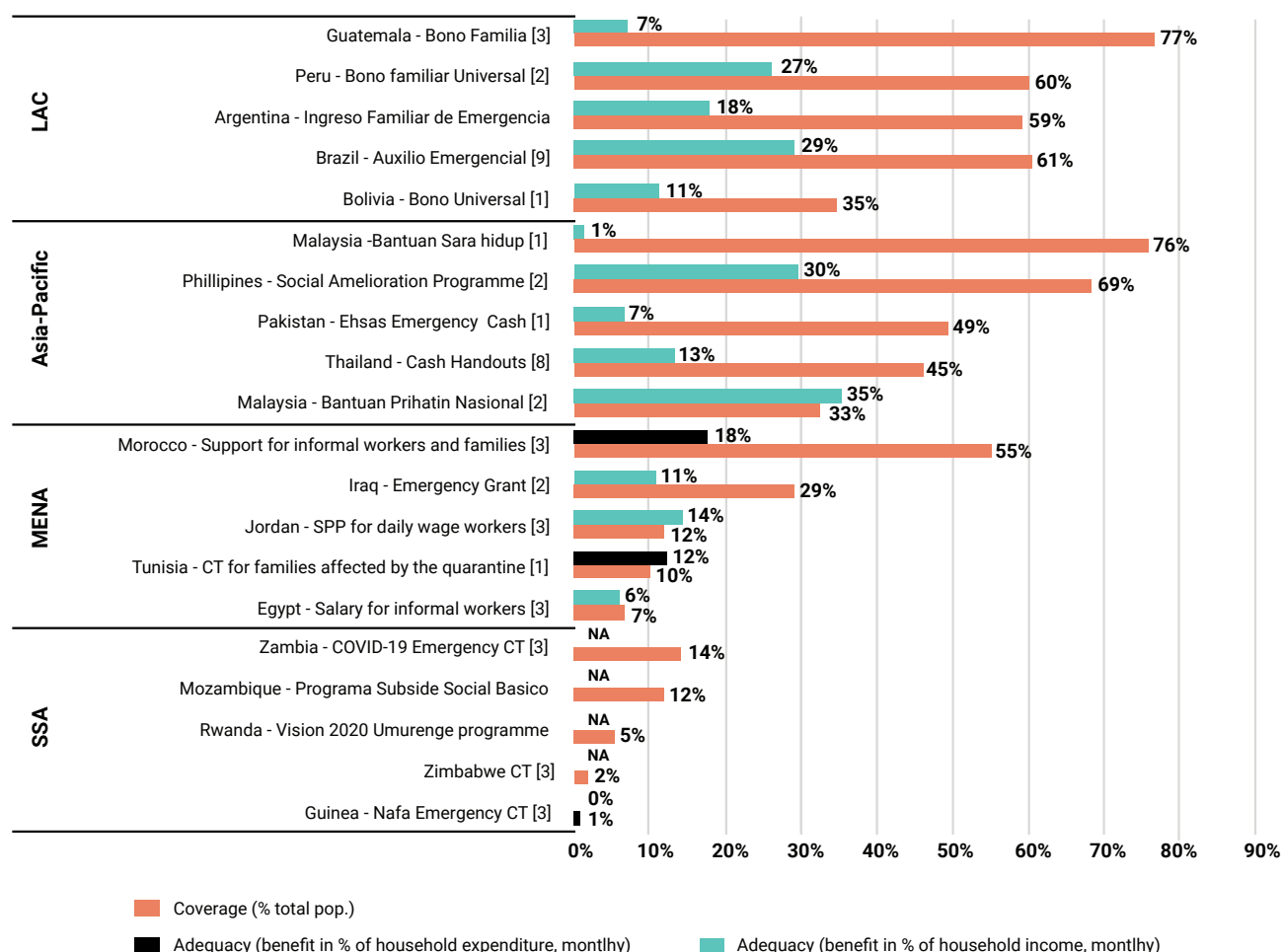
H. The effectiveness of social protection measures taken by selected Arab countries to confront COVID-19, in comparison to other countries

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.