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Blandine Destremau

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Doing good and taking care: Challenges of social protection in the Arab world

Blandine Destremau (CNRS / Iris / EHESS¹)

Abstract

In this paper, I wish to focus on three social spheres in the MENA region where private charities and NGOs are playing an increasingly prominent role and public policy is lagging. The first is poverty and exclusion, the second, youth integration and the last concerns aging societies and their corresponding need for care. These issues represent significant challenges to social protection policy in the MENA region and concur to the multidimensional crisis many Arab countries are presently undergoing. In the three cases, the more conspicuous practices of “doing good” and signs of “taking care” emerging from public and private benevolent actors seem to outweigh public policies that propose welfare mixes in response to acute social challenges and expressions of conflict. I argue that the proliferation of benevolent and voluntary schemes is not liable to satisfy the needs expressed in these three spheres, but merely provides frameworks for humanitarian government and containment.

Introduction: questioning the potential of voluntary welfare initiatives in the MENA region

Since the end of the 1990s, a wide range of social and political issues has plagued countries all around the world. These emerging challenges have harmed social protection systems of the Global South as well as the North. Many countries, worldwide have been promoting the extension and consolidation of social protection policies and schemes. Many are working under the umbrella of ILO-promoted programs, including the framework of the Global Social protection floor. The dominant global discursive framework for social policy and intervention, constructed as a “consensus,” openly articulates moral and humanitarian considerations, i.e., promoting human rights, preventing intolerable situations of deprivation and risks, mainly focused on the

¹ blandine.destremau@gmail.com

elderly, young children and mothers. Pragmatic political concerns are inherent to humanitarian and moral discourse. The rhetoric evolves to prevent social upheavals, reduce violence and risk, and economic strategies emanate as support to consolidate human capital, invest in future productivity, control epidemics, and reduce welfare costs.

Academics and researchers have identified and analyzed several major trends characterizing a new wave in favor of social protection, in a context of neoliberal economics and politics. First of all, social policy promotes « welfare mixes » structuring formal and informal solidarity, social and private insurance, cash transfers and in-kind benefits, along with welfare services. It thus tends to aggregate both market and non-market public and private deeds, programs and operators into fragmented social protection systems that are to a large extent privatized (Beland, 2007; Destremau and Georges, 2017). Far beyond public administrations, large numbers of actors are mobilized in a moral economy of “doing good”. These belong to non-governmental and faith-based organizations, philanthropists, voluntary committees, neighborhood and community organizations, public institutions, international organizations, insurance firms, foundations, and financial organizations, along with professionals of social intervention. They all join in this mobilization, where moral, political, and economic benefits may be claimed.

Secondly, social policy and social protection are increasingly “marketized” and “commodified,” as a result of the entanglement of the state and markets, or the consolidation of market stakes and interests *within* the territory of social protection, with a backdrop of a range of justifying discourses. Thirdly, benevolence is institutionalized as part and parcel of social protection and welfare supply. Far from being outdated or brushed away by *pragmatic* social policies (labeled “social investment”, or “social risk prevention and management”, for instance) the moral dimension of “doing good and taking care” is inherent to the moral economy of neo-liberalism, of its “humanitarian government” (Fassin, 2010; Destremau and Georges, 2017).

The “Islamic world” has not escaped this global trend. Studies produced over the last two decades of social protection schemes and social policies concerning the MENA region, in particular, concur in demonstrating that “social protection systems in MENA countries currently suffer from severe weaknesses in terms of social fairness, efficiency and sustainability » Jawad and Loewe (2018)». Social protection schemes in the Arab world generally suffer from a low average institutional social security coverage rate, i.e. around 25%, with variable performances from country to country, and deteriorating conditions, with the result that they are unable to fulfill their social, economic and political purposes. As mentioned in a UNESCO/MOST report (2011², p. 25):

We can notice that these social protection systems:

- Are mainly built around the protection of public jobs and, in a second stage, big private enterprises workers and employees ^[L]_[SEP]
- That these contributory (Bismarckian) systems, i.e. based on collecting paid workers contributions, are those that provided for the wider social coverage ^[L]_[SEP]
- That all these systems, without exception, suffer from 3 main problems: 1- ^[L]_[SEP] Increase in youth unemployment, which reduces the contribution of this category of population that is supposed to fund the elderly social insurance and pensions. 2- Increase in informal work in all active categories of the population. 3- Ageing of population (that translates into more health care, in light of a higher life expectancy at birth).

2 Partially based on my own work (Destremau, 2009).

To be sure, « The Arab region can be characterized as having primarily residual social welfare systems that rely heavily on family or community-based social support, especially for those members of the population who do not have access to welfare benefits that are based on a record of formal employment-based social insurance contributions » (Hussein and Ismail, 2017, p. 281). Catusse and Karam (2008) analyze a similar situation in Lebanon, and I draw rather pessimistic conclusions in my mid-2000 regional report to the European Council (Destremau, 2005) and a later edited book chapter (Destremau, 2008). Women and youth (and not only young children) are particularly vulnerable and entangled in family dependency relationships, either because they are not engaged in formal employment, or because they are stuck in informal and undocumented forms of work (Sibai et al., 2014; Destremau and Abi Yaghi, 2009; Catusse and Destremau, 2016).

A review of health protection in the MENA region shows considerable gaps. Data gathered from different sources from 2003-2010 (He et al., 2016, p.159), in six MENA countries (Libya, Bahrain, Kuwait, Oman, Qatar, and the UAE) demonstrates the deficit in universal health protection, expressed as the share of total population³ without health protection, as nil or close to nil. In five countries (Egypt, Morocco, Lebanon, Saudi Arabia and Yemen) the numbers are around 50% or higher. Finally, Algeria, Tunisia, Jordan and Syria, present universal health protection deficits ranging between 10 and 25%. These percentages indicate nothing concerning the range of health care access or its quality.

On the other hand, academic research highlights the growing involvement of NGOs (often newly created) and benevolent private schemes in these countries. In the course of the 2000s, in a collective academic project, we demonstrate how “the redeployment of public action [in the Maghreb] tries to contain the possible ‘overflow’ of social issues”; in an edited volume presenting the results of this research, we argued that “the idea that a ‘modern’ state needs to be ‘modest’ [...] produces a reconfiguration of public intervention, which makes much room for the private sector, calls for more involvement of « civil society » and pleads for the « decentralization » of development (Destremau et al., 2004, p.4). Authors with similar perspectives, include Baylouny (2010) who focuses on “privatization of welfare” in Jordan and Lebanon. Ben Nefissah, Abd Al-Fattah and Hanafi (2005) study “the rejuvenated NGO scene in the Arab world”. The volume edited by Abu-Saada and Challand (2012) examines the growing involvement of NGOs and associations in the “production of public action” in several Arabic countries (Morocco, Yemen, Lebanon, Syria, Jordan, and Palestine). In his book *Life as politics*, Bayat (2010, p.83) speaks of “the explosive growth of NGOs in the Middle East in general” in the course of the 1980s and 1990s and analyzes it in these terms:

NGOs in the region fall into four general types in terms of their rationale or the impetus behind their activities. The religiously motivated associations are organized by mosques and Islamic figures or by churches and Christian institutions. [...] Classical welfare associations, run mostly by upper-class families, have now incorporated some developmental functions, such as income generation, training, and community upgrading. Professional NGOs are managed largely by upper-middle-class professionals and, at times, by development experts who are driven by their training and humanistic urge or simply by material self-interest. And, finally, there are a host of state-sponsored “NGOs,” [which] remain, in effect, an extension of the state.

³ Presumably based solely on national population, although the report does not state it.

[...] Several factors have contributed to the spectacular growth of the NGOs. First, as elsewhere, there was a need in the region's poorer countries (such as Egypt, Jordan, and Tunisia) to fill the gap left by the states' inability and unwillingness to face the challenge of social development following the implementation of neoliberal policies. [...] The second factor is the flow of foreign funding resulting from new donor policies that extend aid largely to NGOs rather than to individual states. External funding not only encouraged the establishment of NGOs but also often influenced their activities. [...] Third, there seemed to be a unique consensus along the political spectrum—among neoliberals, the World Bank, governments, and liberal and leftist opposition groups—in support of the NGOs. The conservatives wanted to shift the burden of social provisions from the state to individuals. For them, NGOs acted as a safety net to offset the possibility of social unrest caused by the repercussions of neoliberal policies". (Bayat, 2010, p.85)

The majority of NGOs' activities aim at coping with or fulfilling, social needs for which the state does not take responsibility. The market only offers solutions to the most affluent parts of the population. In this paper, I wish to focus on three social arenas where public policy is lagging, and private charities and NGOs are playing a prominent role: poverty and exclusion, youth integration, and the care needs stemming from aging societies. These issues represent significant challenges to social protection policy in the MENA region and concur to the multidimensional crises many Arab countries are presently undergoing.

The political crisis finds expression in reinforced authoritarianism and warfare. The economic crisis manifests as the slackening of economic growth and the rise of unemployment. The social crisis is exhibited in the weakening of social cohesion, tensions around family structures and functions, increased drug use, spreading dissatisfaction, and strong outmigration flows. Multiple studies have shown that the frustration and dissatisfaction voiced during the « Arab Spring revolutions » were related to the dysfunctions, the shortcomings and the residual dimension of social systems and policies (Catusse, Destremau and Verdier, 2011; Ben Nefissah and Destremau, 2011, among others). While some of these countries have undergone warfare since the beginning of the decade, others have initiated social policy reforms. None, however, have succeeded in attaining the consolidation of institutionalized and redistributive solidarity, expressing an effective sharing of responsibility. I argue that the proliferation of benevolent and voluntary schemes is not liable to respond to the needs expressed in these three spheres, but merely provide frameworks of humanitarian government and containment.

While supported by relevant scholarship, this paper is mainly based on years of personal experience in social policy research and expertise, particularly in the Arab world, published as academic journal articles and book chapters (see reference list), as well as reports of expertise and consulting mandates with international institutions. The present reflection is built on somewhat normative grounds, a methodological framework which forms an explicit or implicit part of social policy scholarship: the discussion on what is, or ought to be, the role of social policy and social protection regarding social issues, social regulation, and social crisis. It raises the questions of what is, or ought to be, the role of the state in this regard, and to what extent are public authorities *accountable*, or *duty bearers*?

Poverty and impoverishment: are benevolent schemes sustainable responses?

Poverty and exclusion emerged as global concerns at the beginning of the 1990s. This was the decade after many countries from the Global South submitted to structural adjustment programs.

The results of constrained public action, curtailed social budgets, and liberalized national economies to international capitalism emerged as public problems of multidimensional deprivation and social exposure to risks. During the 1990s, according to World Bank comparative indicators, the MENA region was considered much less affected by poverty than Asia, Africa and even Latin America (Iqbal, 2006; Destremau, 1998). The main reason advanced to explain this phenomenon was that the Middle East, blessed by oil resources, produced enough wealth to redistribute on an extended basis, through public policies, migration, and aid funds. Poverty and inequality were not openly considered as political problems. Entrepreneurship and the emerging private sector, hitherto muffled by the overwhelming weight of state-led firms and organizations was deemed a way out of the looming threat of the second phase of demographic transitions, youth bulges, and unemployment.

At the end of the 1990s, international organizations began to express concern that poverty, and more precisely the process of impoverishment of the middle classes pushed to the ranks of the poor (Loewe, 2013), could partly account for growing signs of popular dissatisfaction and political contestation. Impoverishment emerged as a political issue, undergirded by growing income disparities and the maintenance of privileges, threatening the “social contract,” and jeopardizing social cohesion as well as institutional legitimacy (Destremau, Deboulet and Ireton, 2004). Poverty, although not measured as so “abject” as in other regions, produced a sense of hopelessness, and an absence of vision for the future widespread among the youth, that eventually culminated in the so-called Arab Spring revolutions.

A few determining matrices of impoverishment and poverty were identified. These included the highly unequal access to gainful employment, hindered by the shrinking and increasing selectivity of public employment; the weaknesses of spatial planning and local development, resulting in deep territorial discrepancies and the feeling for whole sectors of societies of being ignored by public policies; an intergenerational deadlock and the lack of transmission of resources and capacities from one generation to the next; and social norms enforcing structural gender inequalities. In other words, an intersectional matrix of government choked the potential for development, while maintaining in power conservative elites, primarily concerned with protecting their interests and reproducing power structures. “In the meantime,” as highlighted by Bayat (2010, p.67), “states have gradually been retreating from the social responsibilities that characterized their early populist development. Many social provisions have been withdrawn, and the low-income groups largely have to rely on themselves to survive ».

« How do the Middle Eastern poor manage to live in the current neo-liberal times, and what does their life struggle mean to urban politics in the region? », wonders the same author (2010, p. 66). Charities have played a significant role in the equation. Redistribution of small portions of accumulated wealth, under the guise of religious alms, compassionate engagement, or political network building, is all the more flourishing that it has become part of the political competition:

No doubt, Islamist movements—notably, “social Islam”—represent a significant means through which some disadvantaged groups survive hardship or better their lives. The Islamist movements contribute to social welfare first by directly providing services such as health care, education, and financial aid [...]; Second, the Islamist movements tend to foster social competition wherein other religious and secular organizations are compelled to become involved in community work. Finally, the governments, in order to outmaneuver the Islamists and regain legitimacy, are often forced to implement social policies in favor of the poor. [...] The grassroots activities of the Islamists, in the meantime, compelled other social forces to enter into the competition, hoping to share this political space. (Bayat, 2010: 80)

Concerning development and welfare NGOs, the author then adds:

Most studies confirm that the sector is “a vital component of the nations’ social safety net and important provider of valued social services.”⁴ [...] In addition, given the growing privatization and high costs of health care and education, the poorest segments of society would hardly be able to afford their increasing costs without these associations. In a sense, NGOs assist the declining public sector on which millions of citizens still rely. (Ibid, p. 86)

In many Arab countries, however, in the past two decades, states have developed or systematized welfare schemes that distribute cash transfers to selected households. These policy steps were taken in the wake of structural adjustment programs, economic liberalization, and reduction of public subsidies to staple goods and services, generally within frameworks supported by international organizations, e.g., social funds promoted by the World Bank. They primarily targeted women heads of households, but also families affected by disabilities, imprisonment or disease of the primary (male) provider. These public schemes, however, are far from successful in alleviating poverty, not only in terms of quantities of goods or cash distributed but in terms of regularity, sustainability, and reliability.

For the Unesco/ Most report quoted above (2011, p. 32-33),

The documented effects highlighted in the reports show the [...] porosity of distribution systems: social aid is not reaching the real poor, i.e. the true poor and vulnerable categories, but is rather diverted since it is managed according to vote - catching and political logics (Algeria, Syria, [SEP]Jordan).

Furthermore, far from altering the social distributive structure, benevolence is not liable to alter patterns of poverty and inequality production, reproduction and transmission from one generation to the next, let alone to favor significant social and economic mobility. Instead,, it contributes to maintain and legitimize positions of privileges and dependency, which lay at the root of poverty. In her book, *Charity and Activism. Middle-Class Networks and Social Welfare in Egypt, Jordan, and Yemen*, Janine Clark (2003), demonstrates that charitable organizations are run by and for the middle classes, and do not serve the poor to the extent generally assumed and advertised.

The many tensions expressed in MENA countries around distribution matters appear to demonstrate that neither residual cash transfer programs nor charitable distribution represent sustainable and structural responses for the social and economic conflicts expressed by impoverishment, insecurity, and inequalities. To a large extent, these tensions foster around “youth issues.”

The Youth issue: tackling the problems of youth or containing youth as a problem?

Youth represent a significant challenge for social protection schemes and social policies. More than anything else, Arab youth are often represented in the media and institutional communication as “a problem”, although it is not always clear whether what is at stake are the problems youth meet in their life-course and transition to social adulthood, or those that they cause to society (Catusse and Destremau, 2016). The demographic evolution expected to generate a fantastic “dividend” or to offer a “window of opportunity” has turned to an accumulation of problems, crystallized in large numbers of unemployed or underemployed, frustrated and angry

⁴ Nowrooz, 16 Tir AH 1380/July 7, 2001 (quoted by the author). [SEP]

youth, unable to fare for themselves, build a family, let alone fulfill their filial duties towards their parents and kin. In this perspective, rather than pointing to an abundant labor force, producing resources for development and wellbeing, the often mentioned “youth bulge” refers to a burden. As the results of an EU funded international research project, *Power2youth*⁵ demonstrate the “youth crisis” is not the consequence of an arithmetic imbalance between resources and needs. It stems rather from the political economy of resource attribution, intense competition *between* youth, and between the youth and the older generations.

“Developmental” Arab states (Picard, 2006; Catusse, 2006) have set the bases for youth integration and productivity, feeding aspirations and expectations. They have established educational systems, which benefitted the growing proportions of children from all origins. They have provided graduates, both boys, and girls, employment positions in the public service. In most countries, they have managed to produce an educated, urban, middle class, made of bi-active couples, having fewer children, and accessing independent housing, building up relatively “modern” urban societies and accumulating human capital. Policies, not directly targeting Youth, have also affected the sector. These include health, environment, migration, family, transportation and spatial planning policies (Catusse and Destremau, 2016). They have not, however, succeeded in reducing the gap between vocational training systems and employment markets (Destremau, Catusse and Verdier, 2011).

In the last decades, parallel to the advance of economic liberalization, policies directed to “social investment” in youth have stalled. Public educational services have tended to deteriorate, while the private sector has developed, generating two-tier educational systems, that tend to reproduce and amplify existing discrepancies and inequalities, for the next generation (Catusse et al, 2011). Vocational training and higher education schemes in the MENA are knowingly inadequate in meeting labor market requirements. While the crisis curtails recruitment and the private sector is incipient, strong biases exist. Clientelism and bribing practices, offer employment to the most affluent, well connected, and those possessing the highest value or social capital. Not all youth are “problem youth” or “youth in crisis” (Fehling et al., 2016). In order to overcome common stereotypes, an intersectional research methodology is essential to examine patterns of transmission and reproduction of inequalities of position and chances across gender, classes, confessions, and territories (Schwarz and Oettler, 2017). “Good” youth are individuals succeeding in performing transition to adulthood according to social norms, market requirements, and political stability. The others are deemed “marginal,” “deviant,” or “dangerous.”

The main narrative about the 2011 “Arab revolutions” attributes the outbreaks to a deep dissatisfaction amongst youth. Unemployment and incapacity to emancipate themselves and reach “adulthood” with the required attributes: a job, a place to move out from their parents’ dwelling, the capacity to marry and establish a family all contributed to flare the anger of the young generation. A lack of freedom to make choices, and the incapacity to build places of some value to earn acknowledgment in society (this value is different for young men and women) heightened the malaise amongst youth and propelled the outbreaks.

The studies conducted in the framework of the European project *Power2youth*, mentioned above, concur in showing that, following the 2011 events, no country has significantly curbed or

⁵ Power2youth,: ‘Freedom, dignity and justice’: A comprehensive approach to the understanding of youth exclusion and the prospects for youth inclusion and overall change in the South and East Mediterranean (Call identifier FP7-SSH-2013-2), 2013-2017. Available from [http://power2youth.iai.it/publications/publications-for/Governing%20Youth%20-%20Managing%20Society%20\(Macro-Level\).html](http://power2youth.iai.it/publications/publications-for/Governing%20Youth%20-%20Managing%20Society%20(Macro-Level).html)

reshuffled policy towards the youth. The responses of public policies to this publicly expressed dissatisfaction have been predominantly cosmetic. Empty shell policies and words have resulted in greater distrust towards the state. The labor markets have not opened to “youth” across genders, social classes, confessional and territorial origins. Educational systems have not reformed to offer better preparation for professional lives. The multiplication of microcredits and short training sessions have produced framing and containment but are not liable to respond to growing the unemployment, and exasperation of a whole generation of young men and women. Youth councils, sports centers and the like, mainly destined for the poor and marginal (mainly male) youth, have not been equipped, manned and tended as promised. Power, positions, leadership, and information are to a large extent controlled by elites, and among them older males. Intergenerational transmission of resources that include power, funds, opportunities, networks, and recognition is mainly taking place within families, or, at best, social classes, thus hindering a more extensive circulation and redistribution.

How then is society holding together? When institutions concur in social and political youth containment four components emerge (Catusse and Destremau, 2016): First, social and moral norms still provide efficient frameworks to contain aspirations for change, and this is particularly true for girls. Frustration does not break down social systems, on the contrary: despite visible “transgression,”⁶ or perhaps because practices deviating from conservative social norms are described as transgressive, these norms are still operating. They prescribe social discipline, contain sexuality and gender behaviors. These guidelines are not exclusive to women. Men who do not manage to build adult life courses within prescribed norms, namely job and family within a heterosexual couple are also affected. As Asef Bayat argues (2010, p. 125): “In an ingenious *subversive accommodation*, many youngsters utilized the prevailing norms and institutions, especially religious rituals, to accommodate their youthful claims, but in doing so they creatively redefined and subverted the constraints of those codes and norms. »

Secondly, “civil society” organizations, such as organized sports, and schemes aimed at channeling youth towards an uncertain self-employed status are also deployed to contain dissatisfaction and frustration (Abu-Saada and Challand, 2012). Thirdly, many marginalized youths, particularly men, find few constructive choices for building a future aside from the more drastic options of attempting to migrate, joining armed forces, or radical religious groups and militias. Finally, repression is used to quash youth expressing dissatisfaction in public places, demonstrating or organizing social movements.

Volunteer, non-governmental and charitable organizations play an essential role, in enrolling a young idle labor force as voluntary workers, but also in developing schemes that offer training, enable participation in community services, or keep young people busy in low-profit productive activities. Young women, for example, participate in embroidery and sewing workshops or hairdressing training. Again, however, an apolitical framework, that aims more toward political containment than tackling social conflict, seems rather impotent at curbing the crisis, whereas a structural and redistributive social policy might play a role of social regulation and social cohesion.

While “youth issues” are made highly visible, a more silent social problem is growing as an upcoming challenge for intergenerational relationships: aging and the elderly’s need for care. As

⁶ Especially visible in social movements’ creativity, movies, literature, and arts.

Saxena observes (2008, p. 37), “the interplay of emigration of young adult population with the ongoing fertility and mortality transition may accelerate demographic ageing. »

Aging and the challenge of care: dividing labor between women-in-the-family and charitable organizations?

Middle Eastern and North African countries form part of a global demographic trend regarding aging populations. A significant number of authors⁷ have observed and analyzed these transformations and Sibai et al. (2014) describe them as follows:

Earlier decades of high fertility rates coupled with declines in infant mortality and increases in life expectancy have led to an imbalance in the age structure of the population, with rapid increase in the number of youth and a slow, yet consistent, increase in the number and proportion of older persons. However, future projections indicate a much faster pace for ageing for the majority of countries, with subsequent rectangularization of the population pyramid. For example, while it took Arab countries around 30 years to increase the percentage of people aged 65 years and over from 3.4 percent in 1980 to 4.1 percent in 2010, it will take only 20 years to almost double this percentage between 2030 and 2050 (from 6.7 percent to 11.9 percent). The oldest old (80 years and above) followed a steeper trend. While this age segment in the Arab region made up only 0.4 percent of the total population in 1980, by the year 2050 this proportion is expected to increase fivefold to a total of 2.1 percent (13.5 million).

Currently, Lebanon and Tunisia have the highest percentage of older people (7.3 percent and 7.0 percent, respectively). This is in contrast to the remaining countries where the percentage of older people does not exceed 5.5 percent and goes as low as 0.4 percent in the UAE. By the year 2050, the proportion of older persons (65+) will exceed 20 percent in 6 out of the 22 Arab countries and will range between 12 percent and 19 percent in 8 others, with the highest being 28 percent in the UAE. It is worth noting that, according to population projections from the World Population Prospects (2010), several GCC countries will experience a phenomenal increase in the percentage of older persons by 2050. [...] Although the percentage of the population aged 65 and older is expected to be only about 6.7 percent of the Arab world by 2030, the absolute number of older persons will be substantial. » (Sibai et al., 2014, p. 9-10).

In the report on *An Aging World*, He et al. (2016) remark that the absolute numbers of oldest old (80+) will double or triple in all of MENA countries, as will the percentage of these oldest-old among the 65+. The composition of dependency ratios will tend to shift, albeit to various extents, from children toward older dependents⁸.

Longevity brings with it chronic diseases, and an increase in the use of health care resources. Middle Eastern countries are unequally prepared to handle them, since, as is well known: “resources, coverage and benefits provided to older persons vary considerably amongst and within Arab countries. While free health services are provided in oil-rich countries such as the GCC countries, out-of-pocket health expenditures represent the most important source of

⁷ See Iqbal, 2006; Abyad, 2006; Saxena, 2008; Hussein and Ismail, 2017; Hajjar et al., 2013, Yount and Sibai, 2009

⁸ The total dependency ratio is the sum of the older dependency ratio and the youth dependency ratio. The older dependency ratio is generally defined as the number of people aged 65, and over per 100 people of working ages, 15 or 20 to 64, and the youth dependency ratio is the number of people aged 0 to 15 or 19 per 100 people aged 15 or 20 to 64.

financing healthcare. Generally, the poorer the country, the larger the share of out-of-pocket expenses ». (Sibai et al., 2014 p.39). Additionally, there is a deficit in geriatricians and other specialists of old-age diseases, whereas the increase in the absolute and relative numbers of older persons in the Arab region generates a concomitant rise in chronic degenerative diseases.

The elderly's health care needs are only the tip of the iceberg, however: personal and home care and daily assistance constitute the bulk of it. Nevertheless,

the current evidence base indicates that many countries in the region are not paying attention to this demographic phenomenon. This is a particular concern as longevity is often accompanied by many years of ill health and disability and most of the countries in the region continue to rely on the family as the primary source of elder care. While the family, and particularly women, is expected to provide increasing support for longer, they are faced by a set of socio-demographic changes that may hinder their ability to provide such care.

[...] Many informal carers might not be equipped to the type of care associated with ageing, such as complex and dementia needs. [...] Unlike the care of children, which follows a fairly predictable time schedule, care for older or disabled people is unpredictable in duration and intensity; it may also increase in intensity over the course of the care trajectory» (Hussein and Ismail, 2017, pp. 274; 279; 286).

Indeed, population aging is occurring in contexts where intergenerational family support systems are changing, threatening traditional forms of family-based long term home care. Families are caught in several transitions: demographic, health and economic transitions, social transitions between traditions and modernity, political tensions, wars and conflicts (Sibai et al. 2014, p. 45-46). More and more women are joining the labor market, developing other aspirations, claiming more freedom and autonomy. They may not or do not wish to dedicate themselves to reproductive and care work as much as they or their mothers did in the past. The transformation of family structures (less extended households, more migration) further disturbs patterns of care providing. Increasing proportions of older women are living alone, a situation that has been exacerbated by migrations. Young men, in particular, leave their wives and children behind with their aging parents (Fargues, 2006).

Care needs and deficits may be exacerbated when the elderly's financial insecurity is growing. This is especially true for older women (Saxena, 2008). The majority of the elderly do not receive a retirement pension but rely on their relatives' income. « Pension systems in the region tend to be highly fragmented, providing coverage only to a limited portion of the population (on average, around 32 percent of the labor force)» (Sibai et al., 2014, p. 16). The same authors also highlight the « inequitable coverage by sector of employment and gender » (ibid, p. 29). Due to the poor coverage of pension systems and the low level of retirement benefits relative to the cost of living, old people tend to lose their economic independence when ceasing to earn wages and to fall either into poverty, or into structural dependency towards their relatives. The increase in the dependency burden has an impact on the households' wellbeing.

According to the United Nations (2008) most countries in the Arab region view population aging to be a 'minor' concern. Nevertheless, some governments have recognised the need to meet future challenges associated with expected population ageing. » (Hussein and Ismail, 2017, p. 281). Several countries have developed schemes, such as support to home care services, the implementation of long term care insurance, the establishment of mobile health care units, provision by volunteers of basic health and care services, the formation of long term care day centers. Although it does note some institutional progress, the Report on Aging in the Arab

World (Sibai et al., 2014, p.16) concludes that “responses from the regional mapping indicated limited productivity and achievements”. To a large extent, home care relies on paid migrant domestic workers, often blending in as a “part of the family”, and denied as full-fledged wage workers (Destremau, 2007).

As in many countries where cultural norms ascribe younger women to care for the elder generations, few formal institutional care alternatives have developed: “the proportion of institutionalized older persons [in nursing homes or day-care centers] in countries of the region remains very low (<5 per thousand of older persons), with the exception of Lebanon (13 per thousand older persons) » (Sibai et al., 2014, p.52). Social stigma is still attached to such choices of externalization of care. However, in some of the region’s countries, aging is emerging as a public health concern and encouraging public or private initiatives.

How do charitable organizations play a role in this framework? Three main types of contributions of civil society organizations may be highlighted. The first consists of providing health and home care services for some elderly, sometimes with public subsidies, as in Tunisia, Morocco, Egypt, Bahrain, Lebanon, Palestine, Jordan and Kuwait (Ibid, 2014). The second resembles what was mentioned above with regards to poverty: relieving elderly precariousness by providing benefits in kind or cash contributes to alleviating care needs when they are related to material destitution. The third contribution of charitable initiatives is in initiating, running and managing long-term care (nursing homes and day-care centers). Some Christian institutions have been doing so for decades. The authors of the above-mentioned report *Ageing in the Arab Region: Trends, Implications and Policy options* (Sibai et al., 2014, p. 42) deem their role crucial:

Civil society organizations are very influential in the Arab region and play an important role in addressing the needs of older people at grassroots level, with charities and religious associations playing a major role in providing care. In most countries, these are associated with the Ministry of Social Affairs and the Ministry of Public Health through established agreements to expand their services to include support of poor older people both in institutions and at home. Almost all Arab countries, including GCC countries (Bahrain, Kuwait, Qatar, Saudi Arabia and the UAE), reported significant and effective participation of civil society in elderly health care (Executive Board of The Health Minister's Council for G.C.C States, n.d.). The role of civil society has been particularly prominent in countries in conflict, filling a vacuum caused by the weakened role of the state and lack of public services. This is the case in Lebanon where up to 160 organizations (including 49 long-term in-patient elderly homes) provide various forms and levels of support to older persons.

The degree of accessibility and affordability of these institutions for middle and lower-income families depends on the level of public subsidies and private donations. Conversely, publicly funded means-tested institutions reserved for the destitute seemingly offer low-quality care and accommodation. Overall, concerning care provision,

in several Middle Eastern countries, civil organizations and charity and religious associations have assumed a prominent role in care for older people; yet, their role has traditionally focused on institutionalized older people despite a culture that is unreceptive and intolerant regarding placing older parents in nursing homes and care centers. The majority of vulnerable frail, severely ill or disabled older people remain in their homes. Consequently, there is an increasing demand for home-based care, yet this service remains underdeveloped and is rarely recognized by either the state or civil society in the region (Hajjar et al., 2013, p. vii 12).

Signs of concern and initiatives favoring support to family caregivers, and the development of alternatives should be heeded positively. Several studies consider that the charitable potential of the region ought to be mobilized in the direction of elder's care, provided attention is paid to the accessibility and distribution of such services across social and economic groups, whatever their religious affiliation, place of residence and level of financial resources. Enhancing the role of the third sector in this way does not dispense public authorities from overlooking and coordinating such services, building their capacity, and support family caregivers, as well as providing them financial incentives and subsidies. They could be engaged in balancing family, generation and gender roles transformation with emerging care needs.

Conclusion and further research avenues: doing good, taking care, and social policy in the Arab world

In this contribution I have highlighted three significant challenges to social policies in the MENA region: poverty and impoverishment; youth integration, employment and dissatisfaction; and aging, with the corresponding needs for health, social and home care. In the three cases, practices of “doing good” and signs of “taking care” emerging from the public and private benevolent actors seem to outweigh public policies that propose welfare mixes in response to acute social challenges and expressions of conflict.

In conclusion, two points deserve underscoring, as they raise research questions and open avenues of exploration. The first remark is that, within a context of increasingly affirmed neoliberal policies, philanthropic and benevolent practices should not be analyzed in isolation from other manifestations and forms of solidarity and redistribution. The needs that they do or do not satisfy cannot be dissociated from the needs for legitimation emerging from the powers in place and their modes of appropriation of resources. I contend that it is in this systemic and multidimensional perspective only that benevolent practices are liable to make sense for a social scientist.

Furthermore, the current welfare, solidarity or redistribution mixes prevalent in the MENA region – and beyond – since the 1990s are fundamental in contemporary neoliberal economic and political settings, in which the three social issues highlighted above are embedded. Thus blurring borders between public and private spheres of social action and entrepreneurship, in the arena of doing good, reflect neither lack of modernity nor a cultural trait specific to the “Arabic” or “Muslim” societies. Instead, they consecrate privatization of the public, publicization of the private, and a reduction of the scope of State intervention in favor of complexification and privatization of welfare constellations. These characteristics of neoliberal economic, social and moral governance reinforce the value of “taking care” as a source of political legitimacy for prominent individuals and institutions alike⁹.

The second remark concerns the moral dimension of “doing good” in the MENA region. Practices designed to “do good” develop and find structure in contexts of social and economic crises associated with periods of national states' institution building, and the demands for adjustments brought on by economic liberalization, where conflict and contestation of redistributive compromises are generated and expressed. As economies become less concerned with development and increasingly market-oriented and unequal, and as social movements rebel

9 Similar trends have been analyzed in Latin America (see Destremau and Georges, 2017).

against perceived unjust distributive patterns that include, skewed access to remunerative employment, private property concentration, clientelism within public institutions, restriction in access to civic, social, economic and political rights, a greater demand for new forms of moral absolutism, or compensation emerges so as to uphold political legitimacy and social stability.

Benevolence and its minimal forms of redistribution are thus expected to remedy the moral economy of both institutions and individuals as neopatrimonial¹⁰ power structures are reinforced, without questioning (re)distributive foundations, nor the encroachment of the market on social justice. The moral stakes of doing good and taking care thus appear crucial, and need to be publicized and made visible (Destremau and Georges, 2017).

By deploying benevolent policies and programs, by rendering social intervention more “humanitarian” and charitable, states and wealthy personalities show signs of care and compassion for the destitute and vulnerable. A vocabulary of suffering is fostered while that of social justice is muted, which in turn depoliticizes or negates social and political conflicts of class, generation, and gender.

When public policies compete with powerful benevolent actors, they tend to prefer short-term schemes that exhibit signs of “caring states.” Rather than institutionalize mechanisms such as social security and protection for those most in need and who are unable to obtain them from the market, they attract attention to visible charitable deeds. Concurrently they cast shadows that hide the structures of places, powers and access to resources and they contain dissatisfaction, as they generate a passive consent from the “beneficiaries” of benevolence. Accordingly, social and moral borders, as well as segmentation, are thus reproduced.

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10 For Ghassan Salamé (1991 :328), neo-patrimonialism, the other name of paternalist populism, « consists of developing, behind the modernizing façade, networks of clientelism going through the state and developing in its margins ».

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