



Social Protection in the Syrian Arab Republic



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Social Protection in the Syrian Arab Republic

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Leonie Harsch



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Abbreviations and acronyms

ACU	Agency for Combating Unemployment
AKAM	Aga Khan Agency for Microfinance
ATM	automated teller machine
BIDAYA	Boosting and Inspiring Dynamic Youth Achievement
CMC	Credit and Monetary Council
DEC	Development and Employment Commission
DoSAL	Directorate of Social Affairs
EC	European Commission
EU	European Union
ESCWA	Economic and Social Commission for Western Asia
FIRDOS	Fund for Integrated Rural Development of Syria
GDP	gross domestic product
GIZ	German Corporation for International Cooperation GmbH
GTZ	German Organization for Technical Cooperation
HRW	Human Rights Watch
HSMP	Health Sector Modernization Programme
IDMC	Internal Displacement Monitoring Centre
IDP	internally displaced person
ILO	International Labour Organization
IMF	International Monetary Fund
MENA	Middle East and North Africa
MoH	Ministry of Health
MoSAL	Ministry of Social Affairs and Labour
NASF	National Agenda for the Future of Syria
NSAF	National Social Assistance Fund
NGO	Non-Governmental Organization

NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SARC	Syrian Arab Red Crescent
SCPR	Syrian Center for Policy Research
SME	small and medium-sized enterprise
SSA	Social Security Administration
SYP	Syrian pound
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine
WFP	World Food Programme
WHO	World Health Organization

I. Introduction and methodological remarks

This country profile outlines the statutory social protection system in the Syrian Arab Republic including social insurance, social assistance, and social health-care provision. It furthermore contains a chapter on social housing due to the urgency of this matter in the context of the ongoing conflict. The conclusion identifies policy gaps and structural challenges in the social protection system and maps out additional challenges arising from the impact of the conflict since 2011. Based on this analysis, the report proposes recommendations for the development of future social protection policies in the Syrian Arab Republic, geared towards a sustainable system and the inclusion of all Syrian citizens.

The report builds on desk-based research, drawing on regional and country-specific reports and academic articles in English and Arabic. These secondary sources are complemented by an extensive review of available Syrian policy documents and legislative texts. Self-reported information from relevant institutions such as insurance funds, to the limited extent to which these have been updated and made publicly accessible since 2011, have also been considered. The report is furthermore based on consultations with other experts, a representative of the Syrian Ministry of Social Affairs and Labour (MoSAL), and a public-health expert from the American University of Beirut.

Experts from international organizations and agencies that used to advise and assist social protection policy making and reform processes in the Syrian Arab Republic were contacted for consultations, including the European Commission (EC), the German Corporation for International Cooperation GmbH (GIZ),¹ the International Labour Organization (ILO),² and the World Bank. Their active cooperation with the Syrian Government was, however, largely suspended upon the beginning of the conflict in 2011. All respondents agreed on the importance and immediacy of strengthening social protection measures and eventually aim to continue extending their support to Syrian policymakers. Some of these and other relevant international organizations, including the Economic and Social Commission for Western Asia (ESCWA), are currently joining efforts in the regional working group on social protection of the United Nations Development Group (UNDG) to strengthen social protection as a central element of crisis response in the country.³ This country profile responds to the working group's recommendation to map the statutory social protection system in the Syrian Arab Republic as a basis for its future development.

Existing reform plans are mostly based on assessments of the situation prior to 2011 and will have to be reconsidered in light of the sociodemographic and economic changes brought about by the conflict. Yawning gaps in the assessment and documentation of these changes complicate such attempts at this stage. Adding to the scarcity of reliable information on the conflict period, existing studies note a general paucity of information on social protection-related matters in the country. This has led comparative studies of social protection in the

¹ Formerly known as German Organization for Technical Cooperation (GTZ).

² Cooperations with ILO include a Joint Plan of Action for the period 2005-2007 between MoSAL and the ILO Regional Office for Arab States; one of four strategic objectives of this plan was to "enhance the coverage and effectiveness of social protection". The Syrian Arab Republic and ILO furthermore cooperated in the framework of the Decent Work Programme for Syria for the time between 2008 and 2010 in order to draft social security legislation in line with international labour standards, including a National Action Plan for Social Security. In addition, this cooperation aimed at reviewing the possibility of ratifying the Social Security (Minimum Standards) Convention of 1952 (no. 102). The Syrian Arab Republic has been a member of ILO since 1947. So far, the country has not ratified any social security-related conventions with the exception of branches (d) to (g) of the Equality of Treatment (Social Security) Convention no. 118. See: International Labour Organization (ILO), 2017a. Syria. Available at <http://www.social-protection.org/gimi/gess/ShowCountryProfile.action?id=212&aid=2> (accessed on 15 December 2017).

³ United Nations Development Group (UNDG), 2018. Advancing Inclusive and Sustainable Social Protection in the Response to the Syrian Crisis: Strategic Opportunities, Challenges, and Way Forward. Working Paper. Available at <https://unsdg.un.org/sites/default/files/Working-Paper-Social-Protection-in-the-Syria-Regional-Crisis-Response-Final.pdf> (accessed on 15 August 2018).

Arab region to exclude the Syrian case from in-depth examination.⁴ Few reports on social protection in the Syrian Arab Republic currently exist, with some notable exceptions, including a report of the Syrian Center for Policy Research (SCPR) from 2014. Thus, at the present moment, the data basis for policy assessments and consultations is thin. Given these circumstances, the country profile at hand maps out not only social protection policies in the Syrian Arab Republic, but also gaps in their coverage through research and policy reports. Its conclusions thus comprise an invitation for further data collection and assessment.

⁴ See, for example, Robalino and others, 2005. *Pensions in the Middle East and North Africa: Time for Change*. Orientations in Development Series. Washington, D.C.: The World Bank. Available at http://siteresources.worldbank.org/INTMENA/Resources/MENA_Pension_Reform_Complete.pdf (accessed on 15 December 2017); Devreux, Stephen, 2015. *Social Protection and Safety Nets in the Middle East and North Africa*. Institute of Development Studies Research Report, vol. 2015(80). Available at <https://www.ids.ac.uk/publication/social-protection-and-safety-nets-in-the-middle-east-and-north-africa> (accessed on 15 December 2017); and ESCWA, 2019. *Social Protection Reform in Arab Countries* (E/ESCWA/SDD/2019/1). Available at <https://www.unescwa.org/publications/social-protection-reforms-arab-countries-2019> (accessed on 15 February 2020).

II. Normative framework: Evolution of social protection policies in the Syrian Arab Republic

In order to contextualize the current social protection system and related challenges in the Syrian Arab Republic, its evolution shall briefly be outlined and situated within the country's broader development policies.

The public provision of services related to social insurance, social assistance and health care in the country historically relies on an implicit social contract between the citizens and the Government. In the first decade of the new millennium, the Syrian Government embarked on a transition from the State-led and centrally planned economic model it had been developing since the 1960s towards a liberal social market economy. These far-reaching reform plans under Bashar al-Assad were officially codified in the Tenth Five-year Development Plan for the period from 2006 to 2010, launched in 2005.

The Tenth Five-year Plan emphasized the principle of "human development first", which expressed an intention to not promote economic development at the expense of social welfare.⁵ To mitigate adverse social effects of the economic liberalization measures which the plan introduced, the Government intended to put in place social safety nets.⁶ The impetus for change resulted from the recognition that factors such as population growth, decreasing oil revenues and increased costs of modern medical treatment rendered the existing system unsustainable. The measures in place furthermore failed to reach those parts of society most in need of protection. Hence, one of the strategies and visions formulated in the plan is to establish appropriate social safety nets to protect the most vulnerable.⁷

The Tenth Five-year Plan thus called for a new social contract.⁸ Yet, the processes of economic liberalization and enhancing social protection measures, which had been envisaged to evolve in parallel, moved at disparate speeds. While economic reforms were implemented, public social spending as a percentage of the gross domestic product (GDP) decreased, and the Syrian Government palpably reduced its direct provision of social welfare.⁹ Public social protection expenditure decreased from 3.2 per cent of the GDP in the year 2000 to 1.9 per cent of the GDP by 2010.^{10; 11} In consequence, large segments of the Syrian society experienced the

⁵ Al_Ashqar, Ahmed and Manal F. Dayoub, 2013. The Tenth Five Year Plan in Syria: الخطة الخمسية العاشرة في سورية: أداة الانتقال إلى نظام اقتصاد السوق الاجتماعي Tanmiat Al-Rafidain. Mosul University, pp. 153-180. Available at <https://iasj.net/iasj?func=fulltext&aId=73035> (accessed on 15 December 2019), p. 156; and Government of the Syrian Arab Republic, State Planning Commission and United Nations Development Programme (UNDP) (n.d.). Technical Support for the Implementation of the Tenth Five Year Plan. Project No. SYR/08/004 Available at https://info.undp.org/docs/pdc/Documents/SYR/00049469_implementing%20FYP.pdf (accessed on 15 December 2019), p. 6.

⁶ Syrian Arab Republic and United Nations (n.d.). UN Development Assistance Framework 2007-2011. Available at https://www4.unfccc.int/sites/NAPC/Country%20Documents/Parties/8753-UNDAF_2007-2011.pdf (accessed on 15 December 2019), p. 3.

⁷ Ibid., p. 3.

⁸ European Commission (EC), 2009a. Annex 3: Action Fiche for Syria/ENPI/Social Protection. Available at https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/aap_syria_2009_ad3.pdf (accessed on 15 December 2017), p. 16.

⁹ Ruiz de Elvira, Laura and Tina Zintl, 2014. The End of the Ba'thist Social Contract in Bashar Al-Asad's Syria: Reading Sociopolitical Transformations through Charities and Broader Benevolent Activism. *International Journal of Middle East Studies*, vol. 46(2), p. 345.

¹⁰ ILO, 2017b. *World Social Protection Report 2017-2019: Universal Social Protection to Achieve the Sustainable Development Goals*. Available at http://www.ilo.org/global/publications/books/WCMS_604882/lang--en/index.htm (accessed on 31 March 2018), p. 146.

¹¹ In 2008, the Syrian Government spent only 1 billion Syrian pounds (SYP), corresponding to 0.2 per cent of its annual consolidated budget of SYP 600 billion, through MoSAL and SYP 7 billion (1.2 per cent of its budget) through the Ministry of Health (MoH). See: Ruiz de Elvira and Zintl, 2014, p. 331, based on figures from the Syrian Central Office of Statistics.

socioeconomic transformation of the second half of the 2000s as a gradual erosion, if not active abandonment, of the social contract that had been in place since the rise of the Baath Party under Hafez al-Assad.¹²

A number of authors argue that this experience was a central factor behind the uprising in 2011.¹³ Ruiz de Elvira and Zintl state that it undermined the tacit agreement on “the state’s provision of social welfare and development in exchange for the population’s renunciation of political participation”.¹⁴ In the face of the protests, the Syrian Government swiftly took policy measures aiming to reconfirm the old social contract and raised all public sector salaries and pensions,¹⁵ at a cost of approximately 4 per cent of the GDP.¹⁶ Yet, as the history of the past years shows, this strategy did not de-escalate the conflict.

The current constitution of the Syrian Arab Republic, in effect since 2012, firmly entrenches social protection within the country’s legislative framework. Chapter III on Social Principles states that “[t]he state shall guarantee every citizen and his/her family in cases of emergency, sickness, disability, orphan-hood and old age” and that “[t]he state shall protect the health of citizens and provide them with the means of prevention, treatment and medication”.¹⁷ The constitution declares health and social services as “basic pillars for building society” and strives for “balanced development among all regions of the Syrian Arab Republic”.¹⁸ These principles were, similarly phrased, already expressed in Articles 46 and 47 of the preceding Constitution of 1973.¹⁹ Social protection has thus been on the political agenda for a long time. In fact, the Syrian social protection system is one of the oldest in the Arab region.²⁰

Since the beginning of the conflict in 2011, reforms of the Syrian social protection system have largely been put on hold. In 2010, the Syrian Government approved the Eleventh Five-year Plan for the period 2011-2015. This draft continues and refines the focus on human development and the social protection policies of the Tenth Five-year Plan. Relevant objectives of the plan’s section on human development include reducing the poverty rate, expanding social protection and increasing access to safety nets.²¹ The plan considers social protection as an area relevant to human resources. To “increase [...] the quality of human resources for the sake of enhanced economic productivity”²² constitutes, in turn, one of the plan’s three major priorities.

¹² Ruiz de Elvira and Zintl, 2014, p. 331.

¹³ Ibid. See also: Butter, David, 2015. Syria’s Economy: Picking up the Pieces. Chatham House Research Paper. Available at https://www.chathamhouse.org/sites/files/chathamhouse/field/field_document/20150623SyriaEconomyButter.pdf (accessed on 15 December 2017), p. 7; and Haddad, Hassan, 2012. Syria, the Arab Uprisings, and the Political Economy of Authoritarian Resilience. *Interface: A Journal for and about Social Movements*, vol. 4(1), pp. 118 ff.

¹⁴ Ruiz de Elvira and Zintl, 2014, p. 330.

¹⁵ Compared to other countries in the Middle East and North Africa (MENA) region, these measures concerned a larger share of the current and former labour force. World Bank, 2012. *Jobs for the Syria of Tomorrow: Removing the Barriers to Productive Employment-intensive Development* (internal document), p. 45.

¹⁶ Ibid.

¹⁷ Syrian Constitution 2012, Article 22. In the constitution’s section on work, Article 40.3 furthermore states that “[t]he state shall guarantee social and health security of workers”.

¹⁸ Syrian Constitution 2012, Article 25.

¹⁹ Syrian Constitution 1973, Articles 46 and 47. Article 47 stated that “the state guarantees cultural, social, and health services. It especially undertakes to provide these services to the village in order to raise its standard”.

²⁰ ILO, 2017c. Syria: Social Security Programmes. Available at <http://www.social-protection.org/gimi/gess/ShowWiki.action?wiki.wikiId=707> (accessed on 15 December 2017).

²¹ Syria News Station, 2010.

²² The Syria Report, 2010. Syrian Government Adopts 5-Yr Plan with SYP 4.3 Trillion in Targeted Investments. Available at <http://www.syria-report.com/news/economy/syrian-government-adopts-5-yr-plan-syp-43-trillion-targeted-investments> (accessed on 15 December 2017).

However, the plan was neither officially ratified by the parliament nor published or implemented. Yet, in principle, the Government still plans to continue enhancing safety nets.²³

The repercussions of the conflict since 2011 have had significant implications for the mechanisms of providing social protection and exacerbated the Syrian society's needs for such protection measures, as outlined in later sections of this country profile. This concerns citizens residing inside the country as well as citizens who have sought refuge elsewhere. In conclusion, drawing up a new social contract by developing a strong social protection system for all parts of the Syrian population will be central to sustainable peacebuilding and post-conflict reconstruction.

²³ Personal communication with representative of the MoSAL.

III. Institutional set-up and schemes of the social protection system

A. Social insurance

1. Outline of social insurance schemes

Social insurance was first introduced in the Syrian Arab Republic in 1959 in the context of socialist reforms under President Gamal Abdel-Nasser. Law 92 of 1959 and its amendments continue to provide the main basis for the national social insurance scheme for the public sector and for the private and joint sectors. This scheme comprises old-age, disability and survivor's benefits. It is complemented by a fragmented system of additional, smaller-scale corporate schemes for members of certain professional groups.

Since the mid-1980s, the country is moving towards a unified management of the social insurance system by gradually phasing out separate insurance schemes for public-sector employees, military personnel, members of the internal security forces, and customs control personnel.²⁴ The General Establishment for Social Insurance has become the major social insurance fund in the Syrian Arab Republic covering a growing number of professional categories from the public, private and joint sectors. The General Establishment for Social Insurance is overseen by MoSAL and has a tripartite structure, comprising employers, the workers union and the Government. Its headquarters are located in Damascus.

The national social insurance scheme is funded through contributions from covered active participants in the labour market and their employers. Different conditions apply for the different sectors. In the public-sector scheme, the responsibility to contribute is equally split between the insured person and the employer, while the latter is responsible for the largest part of the sum in the private and joint-sector scheme. The scheme thus takes the form of a fully contributory pay-as-you-go system with defined benefits. Since 2001, the insurance fund may invest 50 per cent of its surplus funds.²⁵ Further details are provided in the relevant subsections below.

In addition to the primary social insurance scheme, social insurance for certain professional categories is provided by professional associations.²⁶ The role played by these associations differs depending on the profession. Most doctors and engineers, for example, are not registered with the General Establishment for Social Insurance so they rely on their professional association for social insurance coverage. Contributions to professional association schemes are only paid by the insured persons and not by their employers. Certain employers in the public sector furthermore offer corporate social insurance schemes for their staff. However, these are not widely used because the common knowledge of social protection and its application are limited.

²⁴ According to information obtained during personal communication with a representative of MoSAL, until 1984, the public-sector social insurance scheme differentiated between employees and workers. Public-sector employees used to be enrolled in a separate fund, the General Establishment for Insurance and Pensions, overseen by the Ministry of Finance. Since 1984, enrolment in this fund has stopped, and the scheme is gradually being phased out; all people working in the public sector are instead covered by the General Establishment for Social Insurance. In the past, military personnel, members of the internal security forces, and customs control personnel were covered by a military pension fund which is also being phased out.

²⁵ Article 3 of Law 78 of 2001.

²⁶ A number of professional associations offer their members social insurance benefits such as marriage, death or maternity benefits, and social or injury insurance at low contribution rates. See: Bensa, Giuliana, 2003. Health Insurance Schemes in Syria: Excerpts from a report to the Ministry of Health in Syria. In Detlef Schwefel, 2008a. *Towards a National Health Insurance System in Syria: Documents, Materials and Excerpts from Short-Term Consultancy Reports of Detlef Schwefel, 2003-2008*, pp. 108 ff. Available at <http://detlef-schwefel.de/246-Schwefel-Syria-health-insurance.pdf> (accessed on 15 December 2017). An example for this is the scheme of the Teachers Union. According to information from the early 2000s, teachers contribute 2 per cent of their salaries to the fund. About half of the contributions are distributed as retirement benefits in the form of a lump sum upon the beginning of retirement. (See: Schwefel, Detlef, 2007a. Report 14. In Schwefel, 2008a).

Paid sick leave and maternity protection fall under the employer's mandate. The regulations for the public and the private and joint sector are outlined in the relevant section below.

An unemployment insurance is currently not in place. It was supposed to be introduced in the framework of the Eleventh Five-year Plan for 2011-2015, which has not been implemented to date.

A comparative study of pension systems in Arab countries by Robalino and others from 2005 classified the Syrian Arab Republic among the countries in the region in the very early stages of a pension system reform process.²⁷ In the late 2000s, policy options for social insurance reforms were developed in a series of studies conducted by the World Bank in cooperation with the Syria Trust for Development. While statutory social insurance coverage has indeed been increased during recent years, as detailed in the respective section below, reform projects have, in general, been disrupted by the conflict.

2. Beneficiaries

The coverage of the national social insurance scheme has gradually been extended over the past years to include a variety of labour groups from the public as well as the private and joint sector. The following table provides an overview of the covered populations.

Table 1. Populations covered by the General Establishment for Social Insurance

Basis of coverage	Covered population	Eligibility for insurance type	
		Old-age, disability, survivor's	Work injury
Law 92 of 1959	Workers ^a (in the formal private and joint sector)	x	x
Law 78 of 2001	Employees subject to the provisions of the Basic Law for State employees ^b	x	x
	Judges and certain lawyers	x	x
	Employees of municipalities	x	x
	Workers appointed by proxy (except in the field of education and teaching)	x	x
	Members of educational, teaching, technical and laboratory bodies	x	x
	Muftis, secretaries of Fatwa and teachers of religion	x	x
	Military and armed forces	x	x
	Military personnel in the general intelligence	x	x
	Civil members of the general intelligence	x	x
	Elements of the internal security forces	x	x
	Customs control	x	x
	Technical staff and members of the Scientific Research Authority at the Scientific Research Centre, and members of the laboratory and of the Scientific Research Authority of the Atomic Energy Commission	x	x
	Scientific staff of the Arabic Encyclopedia body	x	x

²⁷ Robalino and others, 2005, pp. 16f.

Table 1 (continued)

Basis of coverage	Covered population	Eligibility for insurance type	
		Old-age, disability, survivor's	Work injury
Law 78 of 2001 (continued)	Cabin crew of the Syrian Arab Airlines and of the Syrian Shipping Company	x	x
	Temporarily employed persons under certain conditions	x	x
	Contractors under certain conditions	x	x
Law 28 of 2014	Agricultural workers	x	x
	Public-sector workers employed on a permanent basis, not on an annual or temporary contract	x	x
	Syrian employees working for international organizations and diplomatic missions operating in the Syrian Arab Republic	x	x
	Family members of the employer who are employed by him/her under certain conditions (sons and brothers who have reached age 16 and married daughters and sisters)	x	x
	Self-employed workers	x	–
	Agents in the field of education and teaching	(?)	x
	Syrian and non-Syrian domestic workers and educators	(?)	x
	Private drivers, guards and garden workers	(?)	x
Decision 758 of 2015 ^c	Employers and workers who are not registered in the institution (shall register themselves)	x	x
	Craftsmen and self-employed professionals	x	x
	Syrian domestic workers and those in charge of them	x	x
	Seasonal and temporary workers	x	x
Art. 34 of Law 78 of 2001 and Art. 8 of Law 28 of 2014; Decision 22 of 2015	Syrian expatriate workers (optional enrolment) ^d	x	– ^e

Sources: The laws mentioned in the 'Basis of coverage' column.

Notes: ^a At the time of issuing the original law, the social insurance scheme excluded workers employed in agriculture; in temporary jobs; seasonal work; dependent family members of employers; and domestic workers (Article 2 of Law 92 of 1959).

^b Law 50 of 2004, replacing Law 1 of 1985.

^c General Establishment for Social Insurance, 2017a. دليل الاشتراكات التأمينية. Available at http://taminat.gov.sy/ar/main_article.php?id=48 (accessed on 15 December 2017).

^d Ibid.

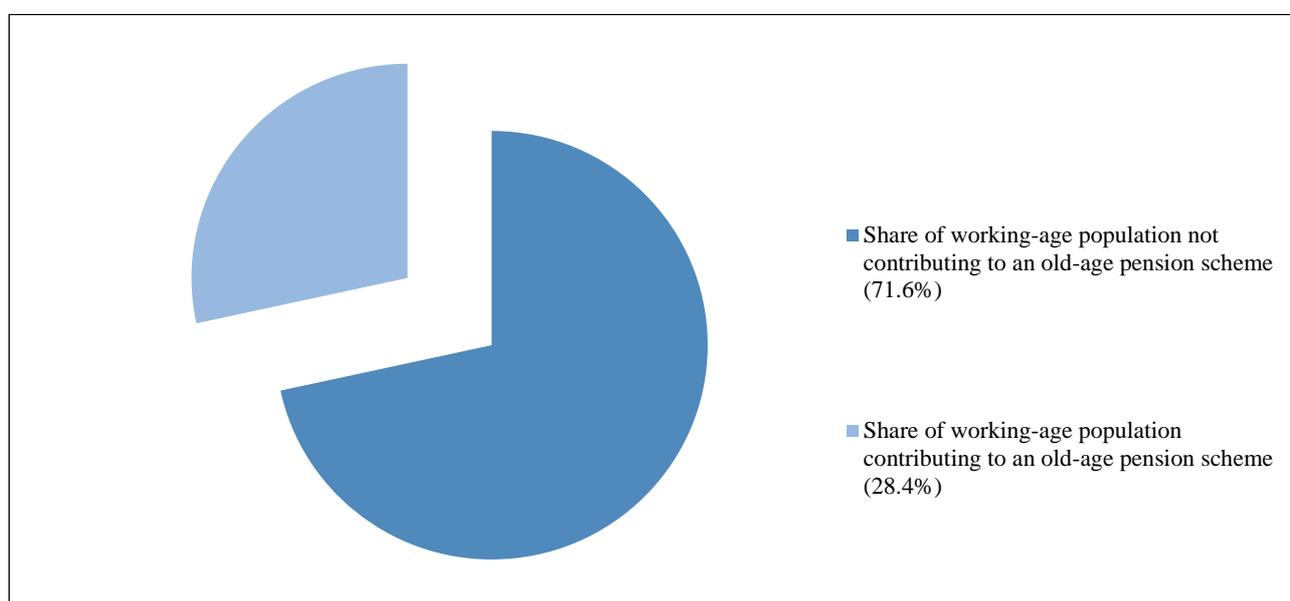
^e Ibid.

With regards to the private and joint sectors, it must be noted that employees of companies with less than five employees are only covered in the case of work injuries and are excluded from the pension schemes.

This regulation is based on the argument that high administrative costs and the lack of human resources departments would render their coverage too difficult.²⁸ In 2008 and 2010, this concerned some 5 per cent of the labour force.²⁹

According to ILO figures, 13.4 per cent of the working-age population, defined as age 15-64, and 28.4 per cent of the labour force were actively contributing to a pension scheme by 2008.³⁰ This is consistent with self-reported numbers from the General Establishment for Social Insurance cited in documents from the World Bank and SCPR, according to which 28 per cent of the Syrian labour force contributed to its scheme by 2009³¹ and 2010.³² This constitutes a significant increase by 10 per cent within a decade since 2001.³³ In a 2017 report, ILO estimated the total legal coverage of old-age pensions to stand at 36.9 per cent (women 10 per cent) of the working-age population.³⁴ It could be that the increase by around 8 per cent in nearly a decade is due to the legislative changes which increased the number of professional categories covered by the scheme or to the difference between active contribution and legal entitlement to it.

Figure 1. Share of the working-age population contributing to a social insurance scheme, 2008



Source: Percentages estimated according to ILO, 2017b, p. 358.

²⁸ World Bank, 2012, pp. 56 and 86.

²⁹ Ibid., p. 86; and Syrian Center for Policy Research (SCPR), 2014. National Report on Social Protection in Syria: Social Protection in the Shadow of the Syrian Crisis. From Social Protection to Human Protection, p. 39 (Arabic original title: التقرير الوطني للحماية الاجتماعية في سورية: الحماية الاجتماعية في ظل الأزمة السورية. من الحماية الاجتماعية إلى الحماية الإنسانية), referring to data from the General Establishment for Social Insurance.

³⁰ ILO, 2017c, p. 358.

³¹ World Bank, 2012, p. 54, referring to data from the General Establishment for Social Insurance.

³² SCPR, 2014, p. 39, referring to data from the General Establishment for Social Insurance.

³³ Ibid.

³⁴ ILO, 2017c, p. 323.

Table 2. Development of the number and social insurance coverage rate of the labour force, 2001-2010

		2001	2003	2005	2007	2010
Social insurance coverage						
Institutions of all sizes (full or limited social insurance)^a	Number of covered workers	1,169,004	1,405,923	1,594,625	1,730,448	1,804,786
	Coverage rate in %	23	28	31	32	33
Institutions with five or more employees (full social insurance)	Number of covered workers	952,827	1,168,802	1,331,066	1,459,473	1,527,256
	Coverage rate in %	18	23	26	27	28
Distribution of workers covered by social insurance according to sector						
Public sector	Number of covered workers	788,847	979,344	1,100,113	1,201,260	1,251,552
	Percentage of covered workers	67.48	69.66	68.99	69.42	69.35
Private sector	Number of covered workers	380,157	426,579	494,512	529,188	553,234
	Percentage of covered workers	32.52	30.34	31.01	30.58	30.65
Total labour force						
Total number of employed and unemployed workers		5,187,153	5,093,069	5,106,359	5,400,778	5,442,394
Total number of employed workers		4,650,066	4,522,288	4,693,497	4,945,978	4,847,898

Source: Adapted from SCPR, 2014, p. 39, referring to data from the General Establishment for Social Insurance, with some calculations adjusted by the author.

Note: ^a Including workers employed in companies with less than five employees who are only eligible for enrolment in work injury insurance.

Due to the variety of categories of family members who are protected by the social insurance scheme through the main insured person, the indirect coverage will be higher than the figures initially suggest. The majority of the population effectively covered by social insurance is employed in the public sector, which is rather large in the Syrian Arab Republic. According to Government figures, it employed 34 per cent of the total number of employees in 2016 (as compared to 30.1 per cent in 2011), while private-sector employees constituted 57 per cent of all employees (as compared to 69.9 per cent in 2011).³⁵ The relative decrease in the percentage of private-sector employees since 2011 may be attributed to the decline in employment opportunities in that sector as a consequence of the conflict.

³⁵ Central Bureau of Statistics in Syria, 2018a. Percent Distribution of Employees (15 Years and Over) by Employment Status (Main Job), Sector, & Sex 2016. Syria Statistical Yearbook 2017, p. 55. Available at <http://www.cbssyr.sy/yearbook/2017/Data-Chapter3/TAB-6-3-2017.pdf> (accessed on 1 November 2018).

3. Contributions

(a) Public sector

Members of the public-sector scheme contribute 10 per cent of their base wage to the old-age, disability and death insurance scheme. Their employers contribute 10 per cent of the payroll and an additional 3 per cent of the payroll for work injury insurance.³⁶

Members of the scheme can voluntarily opt to contribute an additional 1 per cent for supplementary disability and survivor's benefits.³⁷

(b) Private and joint sector

For the private and joint sector, contributions to the old-age, disability and death insurance scheme are divided between the employer, at 14 per cent, and the employee, at 7 per cent. Another 0.1 per cent are due from the employer in order to finance administrative services.³⁸ The contributions are calculated on the basis of the base wage without bonuses or other additional allowances.

Craftsmen and self-employed professionals, Syrian domestic workers and those in charge of them, and seasonal and temporary workers can voluntarily enrol in the scheme. They contribute to both the worker's and the employee's share of contributions, totaling 21.1 per cent of their declared monthly income.³⁹

Expatriate workers may likewise opt to contribute 21.1 per cent.⁴⁰ Their contributions are due three months in advance in foreign currency.⁴¹ In this case, the reference wage may not increase or decrease by more than 10 per cent per annum.⁴²

Where applicable,⁴³ employers contribute an additional 3 per cent of the payroll for work injury insurance.⁴⁴

Members of the scheme can voluntarily opt to contribute an additional 1 per cent for supplementary disability and survivor's benefits.⁴⁵

4. Benefits

General regulations

The right to a pension is automatically obtained once the beneficiary fulfils the conditions laid out by the relevant law, as detailed in the relevant sections below. Pensions can be combined and transferred.⁴⁶

³⁶ Article 21 of Law 92 of 1959.

³⁷ Article 64 (duplicated) of Law 92 of 1959.

³⁸ International Social Security Association (ISSA), 2016. Syrian Arab Republic: Scheme Description. Country Profiles. Available at <https://www.issa.int/en/country-details?countryId=SY®ionId=ASI&filtered=false#> (accessed on 15 December 2017).

³⁹ Decision 758 of 2015. See: General Establishment for Social Insurance, 2017a.

⁴⁰ General Establishment for Social Insurance, 2017a.

⁴¹ Ibid.

⁴² Article 34 of Law 78 of 2001; and amending Article 121 of Law 92 of 1959.

⁴³ For eligibility, see table 1 above. RE: That's right. It refers to table 1 on pp. 7-8.

⁴⁴ Article 21 of Law 92 of 1959.

⁴⁵ Article 64 (duplicated) of Law 92 of 1959.

⁴⁶ Article 90 (duplicated) of Law 92 of 1959, amended by Article 22 of Law 78 of 2001.

Beneficiaries who permanently reside outside the Syrian Arab Republic can request the transfer of their pension to the respective country under certain conditions.⁴⁷ Persons who are entitled to a pension but reside outside the country can furthermore request the replacement of the pension through a single payment.⁴⁸ In light of the large-scale migration outside the Syrian Arab Republic due to the conflict and the uncertain conditions of return, such regulations will gain central importance to a significant number of citizens who have left the country.

(i) *Old-age benefits (Old-age pension)*⁴⁹

a. *Conditions*

Men who have reached age 60 and women who have reached age 55 are eligible for an old-age pension. It is currently being considered to increase the retirement age to 64 years for men. In order to become beneficiaries, workers must have completed a minimum of 15 years of pensionable service. If the years of service amount to 20, the age requirement is lowered to 55 for men and 50 for women. An insured person who has reached retirement age 60 before fulfilling the conditions for an old-age pension is allowed to complete the required service period up to the age of 65 or under certain conditions.⁵⁰ Special conditions apply to workers in physically demanding or dangerous occupations; they are entitled to pension after completing 15 years of service irrespective of their age.⁵¹

Early retirement is available upon request irrespective of the retiree's age, provided that he/she has completed 25 years of pensionable service.⁵²

b. *Benefits*

Old-age and early retirement pensions are calculated on the basis of the average monthly wage which the beneficiary received during the last year before retirement. The pension amounts to 2.5 per cent of the reference wage for each year of pensionable service.⁵³ Any increase in the wage which exceeds 15 per cent during the last two years of service or 30 per cent for five consecutive years during the last 10 years of service is not included in the calculation. The total pension cannot exceed 80 per cent of the reference wage⁵⁴ and cannot be less than the general minimum wage.⁵⁵

For members of the social insurance scheme who are employed in the public sector, pension rates have repeatedly been adjusted since the beginning of the conflict. In March 2010, in response to the uprisings,

⁴⁷ Law 46 of 1980. A condition for the transfer of the pension to another country is reciprocity, meaning that the other country grants the same right to nationals staying in the Syrian Arab Republic.

⁴⁸ Article 94 of Law 92 of 1959, amended by Article 24 of Law 78 of 2001.

⁴⁹ The regulations outlined in this section refer to Article 57 of Law 92 of 1959 and its amendments unless indicated otherwise.

⁵⁰ Law 28 of 2014.

⁵¹ For further details on the conditions related to the employee's benefit from the provisions of Decree 346 of 2006 regarding hard and hazardous work and occupations, please refer to Decision 1313 of 2015.

⁵² Article 57 of Law 92 of 1959, confirmed by Article 9 of Law 78 of 2001. Interruptions of service which exceed one month are considered in the calculation of pensionable years.

⁵³ In the calculation of the total years of service, fractions of a year count as a full year.

⁵⁴ Article 10 of Law 28 of 2014. Law 28 raised the maximum percentage of an old-age pension relative to the reference wage from 75 to 80 per cent.

⁵⁵ In 2015, the minimum wage for employees in the private, cooperative and joint sectors who are not covered by Law 50 of 2004 (Basic Law for State Employees) and its amendments was increased to SYP 16,175 per month (Article 3 of Legislative Decree 41 of 2015). In 2013, the minimum wage for these categories of workers had already been increased to SYP 13,670 on the basis of Article 3 of Legislative Decree 38 of 2013.

public-sector old-age pension rates were increased by SYP 1,500 plus 25 per cent of the original amount.⁵⁶ Both in 2013⁵⁷ and 2015,⁵⁸ public-sector old-age pension rates were further raised in the attempt to adjust their value to the massive inflation, which has since continued to rise.

(ii) *Lump-sum payments*

a. *Conditions*

If a worker ends the service before fulfilling the conditions for an old-age pension, he/she is entitled to receive an old-age settlement in the form of a lump sum.

A female member of the social insurance scheme who resigns from her service within six months after marriage or the birth of her first child before reaching the age of 60 is likewise entitled to a grant in the form of a lump sum.⁵⁹

Moreover, members of the scheme receive lump-sum payments if they are aged above 60 and continue to work beyond the completion of 30 years of service, which is the maximum number of service years that can count towards the final pension scheme.

b. *Benefits*

The grants paid out in the first two above-mentioned cases are calculated on the basis of the worker's average wage during the last two years of service. The sum amounts to 15 per cent of the reference wage for each year of pensionable service.⁶⁰ If the worker has contributed to the scheme for less than 120 months, or 10 years, the percentage on which the amount of their old-age settlement is calculated is reduced to 13; if the worker has contributed for less than 60 months, or five years, it is reduced to 11.⁶¹

The grant to which a beneficiary who continues to work after 30 years of pensionable service is entitled is equivalent to a monthly wage for each additional year,⁶² limited to five years.⁶³

(iii) *Disability pension*

a. *Conditions*

In order to be eligible for a disability pension, an insured person must have lost 80 per cent or more of their working capacity or, in other words, must have a full disability. The disability must have been acquired

⁵⁶ World Bank, 2012, p. 45.

⁵⁷ In 2013, the monthly old-age and survivor's pension rates for the public sector were raised on the basis of the following calculation: 25 per cent for the first SYP 10,000 of the pension; 20 per cent for the second SYP 10,000 of the pension; and 10 per cent for any additional amount of the pension (Articles 1 and 2 of Decree 39 of 2013). In analogy to this pension raise, based on Legislative Decree 38 of 2013, the salaries of civil servants and members of the military were also increased according to the following calculation: 40 per cent for the first SYP 10,000 of the salary; 20 per cent for the second SYP 10,000 of the salary; 10 per cent for the third SYP 10,000 of the salary; and 5 per cent for any further amount of the salary.

⁵⁸ In 2015, old-age and survivor's pensions were increased by SYP 2,500 (Article 1 of Legislative Decree 42 of 2015). In analogy to this pension raise, the monthly salaries of civil servants and military members were also increased by SYP 2,500 (Article 1 of Legislative Decree 41 of 2015).

⁵⁹ Article 12 of Law 78 of 2001.

⁶⁰ Article 59 of Law 92 of 1959 and its amendments; and Article 12 of Law 78 of 2001.

⁶¹ Article 59 of Law 92 of 1959 and its amendments.

⁶² Periods of continued service which last less than a year are not considered in this calculation.

⁶³ Article 59 of Law 92 of 1959 and its amendments.

during the time of service or within six months following its termination. The disability may not result from a work injury.⁶⁴ In order to be eligible for pension, a worker must be below the age of 65 when the disability occurs,⁶⁵ and must have contributed to the social insurance scheme for at least six consecutive or twelve intermittent months.⁶⁶

b. *Benefits*

The disability pension is calculated on the basis of the monthly average wage during the last year. The amount of the pension corresponds to 40 per cent of the reference wage plus 2 per cent of the reference wage for each year of service.⁶⁷ The pension may not exceed 80 per cent of the reference wage or the respective old-age pension, whichever is better.⁶⁸

A partial disability does not entitle to a pension, but the worker enjoys a certain employment protection in this case. The labour law for the private and joint sector holds that the contract of a worker with a partial disability cannot be terminated unless the employer can prove that there is no alternative position which is compatible with the worker's abilities.⁶⁹ The employer may, however, reduce the wage if productivity is substantially reduced.⁷⁰

(iv) *Work injury benefits (work injury insurance)*

a. *Conditions*

If a worker is injured during service or on the way to and from the workplace,⁷¹ or suffers from an occupational disease, and therefore loses his/her ability to work, he/she is eligible to benefits if he/she is covered by work injury insurance. Work injury benefits can be combined with other pension entitlements.⁷² Special regulations apply if the injured person already had a pre-existing condition caused by work injuries.⁷³

b. *Benefits*

During the first month following the work injury, an insured person receives a daily allowance equaling to 80 per cent of their daily wage. After this month, and until one year after the injury, the amount is raised to the full wage.⁷⁴ The allowance may not be less than the general minimum wage. It is granted until either permanent disability has been certified, the beneficiary dies, or the year of eligibility expires.⁷⁵

If the inability to work continues after this year and develops into a full disability with a degree of 80 per cent or more, the insured person receives a pension. This pension is calculated on the basis of the worker's

⁶⁴ Article 62 of Law 92 of 1959; and Article 13 of Law 78 of 2001. See also the section on work injuries of this country profile.

⁶⁵ Article 62 of Law 92 of 1959 and its amendments.

⁶⁶ Article 63 of Law 92 of 1959 and its amendments.

⁶⁷ In this calculation, fractions of a year of one month or more are taken into account.

⁶⁸ Article 64 of Law 92 of 1959, amended by Article 14 of Law 78 of 2001.

⁶⁹ Article 62 of Law 17 of 2010.

⁷⁰ Article 130 of Law 17 of 2010.

⁷¹ Article 1 of Law 78 of 2001, amending Article 1 of Law 92 of 1959.

⁷² ISSA, 2016.

⁷³ Article 33 of Law 92 of 1959.

⁷⁴ Article 29 of Law 92 of 1959.

⁷⁵ Article 28 of Law 92 of 1959 and its amendments.

monthly average wage during their last year of service. The pension corresponds to 75 per cent of this reference wage.⁷⁶

If the permanent disability caused by the work injury is partial with a degree of 35 per cent or more, this pension is calculated in line with the disability degree, multiplying this degree with the reference wage, which is, in turn, multiplied by 75 per cent.⁷⁷

In the case that a work injury results in a disability degree lower than 35 per cent, an insured person receives a lump-sum payment calculated in line with the disability degree. To calculate this sum, the disability degree is multiplied by the value of 75 per cent of the reference wage, which is multiplied by 66 months (5.5 years).⁷⁸

Following a work injury, a person covered by the scheme furthermore receives treatment at the employer's expense, at an institution assigned by the latter. The coverage includes services of doctors and other specialists; hospitalization and home visits by the doctor as required; surgery and radiographs as required; and costs for medications.⁷⁹

(v) *Voluntary insurance*

a. *Conditions*

If the insured person has chosen to participate in the voluntary disability and survivor's insurance scheme, he/she receives a lump-sum payment if a disability occurred during service. Unlike the general social insurance scheme, this optional insurance includes cases resulting from work injuries as well as partial disabilities. The disability degree must be above 35 per cent.⁸⁰ Lower disability degrees are not covered.

b. *Benefits*

In the case of a full disability, the insured person receives a lump sum equaling the wage during their last year of service. If the disability is partial with a degree of 35 per cent or more, the lump sum is reduced to half the amount. If the disability occurred as a result of a work injury, the amount of the lump sum is increased by 50 per cent.

(vi) *Survivor's pension*

a. *Conditions*

If an insured person dies from non-work-related injury, the dependents have the right to a survivor's pension. Eligibility for this pension requires that the injury occurred during the time of the worker's service or within six months after its termination, at an age below 65.⁸¹ The insured person must have furthermore fulfilled the contribution requirements for the disability pension or been a pensioner at the time of death.⁸² The

⁷⁶ Article 29 of Law 92 of 1959.

⁷⁷ Article 30 of Law 92 of 1959.

⁷⁸ Article 31 of Law 92 of 1959.

⁷⁹ Article 83 of Law 92 of 1959.

⁸⁰ Article 64 (duplicated) of Law 92 of 1959 and its amendments.

⁸¹ Article 62 of Law 92 of 1959, amended by Article 13 of Law 78 of 2001.

⁸² Social Security Administration (SSA), 2016. Syria. Available at <https://www.ssa.gov/policy/docs/progdesc/ssptw/2016-2017/asia/syria.html> (accessed on 15 October 2018).

main insured person must have been contributing to the social insurance scheme for at least six consecutive or twelve intermittent months.⁸³

If a male worker passes away, a wide range of categories of dependents are eligible to a survivor's pension, including the following:

- The surviving wife receives a pension until she remarries or takes up a profession. If there is more than one widow, the respective amount is equally shared among them;⁸⁴
- Sons and dependent brothers receive a pension until the age of 21, or until the age of 24 if they are enrolled in an educational institution. They are furthermore eligible for a survivor's pension if a full disability prevents them from generating an income;
- Widowed, divorced,⁸⁵ or unmarried daughters and dependent sisters receive a pension until they get married or take up a profession. If a widow or sister of the deceased worker gets married and thus ceases to be eligible for a survivor's pension, she receives a grant equal to the value of her pension for six months;⁸⁶
- Dependent parents are entitled to a pension unless the mother remarries after the father's death.⁸⁷

Widows and children are additionally entitled to receive a family benefit under certain conditions.⁸⁸ If a female worker passes away, the categories of dependents who have the right to a survivor's pension are considerably more restricted; for example, the surviving husband is entitled to a survivor's pension only if he was unable to work due to a full disability at the time of her death.⁸⁹

In the case of disappearance of the insured person, his/her dependents receive a pension equivalent to the death pension until he/she is found. If he/she has not been found after four and a half years from the date on which he/she went missing, the payment is suspended unless he/she is officially declared dead.⁹⁰ If an insured person is abducted or goes missing, further regulations apply to benefits for his/her dependents.⁹¹ It is unclear to what extent these regulations are applied in the context of the current conflict, in which they could imply immense costs, yet would also hold immense importance for the social protection of a potentially large numbers of individuals.

b. *Benefits*

The survivor's pension is calculated on the basis of the main insured, deceased person's average wage during their last year of service.⁹² The amount of the pension corresponds to 40 per cent of the reference wage, to which 2 per cent for each year of service are added.⁹³ The total pension cannot exceed 80 per cent of the reference wage or the equivalent of the old-age pension for the respective service, whichever amount is

⁸³ Article 63 of Law 92 of 1959.

⁸⁴ Article 20 of Law 28 of 2001, amending Article 89 of Law 92 of 1959.

⁸⁵ The divorce or widowhood must have occurred within 10 years from the date of the main beneficiary's death.

⁸⁶ Article 97 of Law 92 of 1959.

⁸⁷ Articles 89 and 90 of Law 92 of 1959.

⁸⁸ Article 20 of Law 78 of 2001, amending Article 89 of Law 92 of 1959. The entitlement to this family grant is based on Legislative Decree 146 of 1952 and its amendments.

⁸⁹ Article 89 of Law 92 of 1959.

⁹⁰ Article 68 of Law 92 of 1959.

⁹¹ See Decision 2378 of 2014.

⁹² Or during the period of insurance if it is less than a year.

⁹³ In this calculation, a fraction of a year equal to a month or more is included.

larger.⁹⁴ If the main insured person was a pensioner at the time of death, the survivor's pension distributed among the beneficiaries equals 100 per cent of his/her pension.⁹⁵ For the public sector, survivor's pension rates have been raised in 2013⁹⁶ and 2015⁹⁷ in response to inflation.

The regulations for the beneficiaries' share of the survivor's pension are outlined in table 3. If one of the beneficiaries ceases to be eligible for a pension, the respective amount is equally distributed among the remaining beneficiaries.⁹⁸

Table 3. Distribution of survivor's pensions, if death not due to work injury

Scenario	Beneficiaries	Part of the pension (Percentage)			
		For widows	For children	For dependent parents	For siblings
Widow or dependent husband	Widow(s) or dependent husband without children	50	-	12.5 for each of them	-
	Widow(s) or dependent husband with one child ^{a/}	50	25	-	-
	Widow(s) or dependent husband with more than one child ^a	50	37.5	-	-
No widow or dependent husband	One child	-	50	-	-
	More than one child	-	75	-	-
	Father or mother or both with children	-	-	12.5 for each of them	-
	Father or mother or both without children	-	-	25 for each of them	-
No widow, dependent husband, children or parents	Brother or sister	-	-	-	25
	All siblings (two or more)	-	-	-	33.3

Source: Adapted from table 3A accompanying paragraph 89 of the Social Protection Law 92 of 1959 on the website of the General Establishment for Social Insurance (General Establishment for Social Insurance), 2017b. الجدول رقم (3) المرافق للمادة من القانون. والمتضمن كيفية توزيع معاشات الشيخوخة والعجز والوفاءة على المستحقين. Available at http://www.taminat.gov.sy/tamin_law/tables/tab3.htm (accessed on 15 December 2017).

Note: ^a In the case that there are two parents, the widow's share is reduced by 12.5 per cent, which are given to the parents or to one of them.

⁹⁴ Article 64 of Law 92 of 1959, amended by Article 14 of Law 78 of 2001.

⁹⁵ World Bank, 2012, p. 57.

⁹⁶ In 2013, the monthly old-age and survivor's pension rates for the public sector were raised on the basis of the following calculation: 25 per cent for the first SYP 10,000 of the pension; 20 per cent for the second SYP 10,000 of the pension; and 10 per cent for any additional amount of the pension (Articles 1 and 2 of Decree 39 of 2013).

⁹⁷ In 2015, old-age and survivor's pensions were increased by SYP 2,500.

⁹⁸ Article 21 of Law 78 of 2001.

(vii) *Survivor's pension in case of death due to work injuries*

a. *Conditions*

If a person dies as a result of a work injury, the dependents receive a survivor's pension if the person was covered by the work injury insurance. Eligibility criteria concerning beneficiaries are the same as in the case of the general survivor's pension.⁹⁹ For details, please refer to the relevant section above.

b. *Benefits*

The pension is calculated on the basis of 75 per cent of the main insured person's monthly average wage during the last year of service.¹⁰⁰ The regulations for the beneficiaries' share of the survivor's pension differ from the regulations in case of a non-work-related injury and are outlined in table 4. All survivor's pensions combined may not exceed 80 per cent of the reference pension.¹⁰¹

Table 4. Distribution of survivor's pensions, if death due to work injury

Scenario	Beneficiaries	Part of the pension (Percentage)			
		For widows	For children	For dependent parents	For siblings
Widow or dependent husband	Widow(s) or dependent husband without children	62.5	-	12.5 for each of them	-
	Widow(s) or dependent husband with one child ^a	50	37.5	-	-
	Widow(s) or dependent husband with more than one child ^{a/}	50	50	-	-
No widow or dependent husband	One child	-	62.5	-	-
	More than one child	-	75	-	-
	Father or mother or both with children	-	-	12.5 for each of them	-
	Father or mother or both without children	-	-	25 for each of them	-
No widow, dependent husband, children or parents	Brother or sister	-	-	-	25
	All siblings (two or more)	-	-	-	33.3

Source: Adapted from table 3 accompanying paragraph 89 of the Social Protection Law 92 of 1959 on the website of the General Establishment for Social Insurance (General Establishment for Social Insurance, 2017b).

Note: ^a In the case that there are two parents, the widow's share is reduced by 12.5 per cent, which are given to the parents or to one of them.

⁹⁹ Articles 89 and 90 of Law 92 of 1959.

¹⁰⁰ Article 29 of Law 92 of 1959.

¹⁰¹ ISSA, 2016.

(viii) *Survivor's lump sum payments (voluntary insurance)*

a. *Conditions*

If the main insured person is enrolled in the voluntary disability and survivor's insurance scheme, an eligible survivor receives an additional lump sum in the event of his/her death. The death may have occurred due to a work injury.

b. *Benefits*

This lump sum corresponds to the amount of the deceased person's annual wage during the last year of service. A 50 per cent increase is paid if the death was the result of a work injury.¹⁰²

(ix) *Death grant*

A death grant is paid to the deceased insured person's family or an otherwise designated person who bears the funeral expenses. This grant amounts to three times the monthly wage or pension of the deceased or three times the general minimum wage, whichever is more.¹⁰³ If the death results from a work injury, and the deceased person is covered by the voluntary work injury insurance, the survivors receive an additional death grant equal to one monthly wage of the deceased.¹⁰⁴

5. *Paid sick leave*

Workers in the public, private and joint sectors are eligible to receive paid sick leave from their employer.

(a) *Public sector*

Public and civil servants are entitled to paid sick leave for up to 200 days, consecutive or intermittent, per year. During the first 30 days of sick leave, they receive 80 per cent of their wage, and full pay for the following 170 days.¹⁰⁵

(b) *Private and joint sector*

Workers in the private and joint sector are entitled to sick leave with 70 per cent of their wage for the first 90 days and 80 per cent of their wage for the following 90 days, for each contractual year.¹⁰⁶

6. *Maternity protection*

Female workers in the public, private and joint sectors are eligible to receive maternity benefits. These fall under the employer's mandate rather than social insurance schemes.

¹⁰² Article 64 (duplicated) of Law 92 of 1959; and ISSA, 2016.

¹⁰³ Article 62 of Law 17 of 2010; and Article 98 of Law 92 of 1959, amended by Article 26 of Law 78 of 2001.

¹⁰⁴ ISSA, 2016.

¹⁰⁵ Article 48 of Law 50 of 2004.

¹⁰⁶ Article 167 of Law 17 of 2010.

(a) *Public sector*

A female employee in the public sector has the right to maternity leave for 120 days for the first child, 90 days for the second and 75 days for the third, with a full wage. Nursing mothers are entitled to a one-hour nursing time per day during the first year after childbirth.¹⁰⁷

(b) *Private and joint sector*

Female workers in the private and joint sector are also entitled to paid maternity leave.¹⁰⁸ In order to be eligible, they must have completed six consecutive months of service with their current employer.¹⁰⁹

The duration of maternity leave is 120, 80 and 75 days for the first, second, and third child, respectively. During this period, the employer is obliged to continue paying the full wage. Mothers can request an additional month of unpaid leave. Nursing mothers have the right to one hour of paid nursing time for the first two years after childbirth.¹¹⁰

The labour law also regulates the provision of day care for the children of female employees, depending on their numbers and the respective establishment's size.¹¹¹ Workers on maternity leave are furthermore protected from dismissal.¹¹²

7. *Unemployment insurance*

The Syrian Government had prepared to reform and extend the social insurance system during the 2000s, but the conflict put these measures on hold. An important element of the reform plans was the introduction of an unemployment insurance scheme.¹¹³ It was mentioned in the Tenth Five-year Plan and supposed to be introduced in the framework of the Eleventh Five-year Plan for the period of 2011-2015, which was never implemented. The introduction of an unemployment insurance was motivated by a shift in the Government's priorities to protecting the income position of workers rather than protecting particular jobs.¹¹⁴

The envisaged scheme was supposed to be funded through mandatory savings, consisting of a part of the employer's and employee's social insurance contributions, to which – including returns – the insured person would have access in the case of unemployment. Such a financing mechanism on the basis of individuals' accounts was supposed to render illegitimate claims to benefits unattractive.¹¹⁵

¹⁰⁷ Article 53 of Law 50 of 2004.

¹⁰⁸ Agricultural workers, family members working for the employer, domestic servants, workers in charity associations, casual workers, and part-time workers below two hours per day are excluded from these regulations. See: Article 5 of Law 17 of 2010.

¹⁰⁹ Article 121 of Law 17 of 2010.

¹¹⁰ Article 121 of Law 17 of 2010.

¹¹¹ Article 126 of Law 17 of 2010.

¹¹² Articles 57 and 122 of Law 17 of 2010.

¹¹³ Two technical committees including members from MoSAL and the General Establishment for Social Insurance collaborated with the World Bank in order to develop an unemployment insurance scheme.

¹¹⁴ World Bank, 2012, p. 61.

¹¹⁵ *Ibid.*, p. 61.

B. Social assistance

1. Subsidies

The Syrian Government provides production and consumption subsidies. Consumption subsidies, in particular, are an instrument of social assistance and include subsidized energy and food.¹¹⁶ For decades, subsidies used to be the main policy tool designed to reduce poverty in the Syrian Arab Republic.¹¹⁷ The Tenth Five-year Plan envisaged a transition from such universal support towards targeted social assistance.

Reasons for the policy change from universal subsidies towards targeted assistance were the generally regressive nature of universal subsidies, meaning that subsidies tended to mostly benefit households that were wealthier and could proportionally afford more consumption than poorer households. It must, however, be noted that some types of consumption subsidies may be more progressive than others. While fuel subsidies tend to be regressive in most parts of the world because bigger percentages of fuel are consumed by the richer quintiles of the population who, thus, capture high percentages of the subsidies, some types of subsidized energy are predominantly consumed by poorer populations. This also concerns certain food products such as flour. Evidence from the Syrian Arab Republic concerning this question is scarce. The example of Egypt, however, provides some data that may give indications for the Syrian case. In Egypt, certain energy sources such as diesel and kerosene are central for the poorest quintiles of the population, while others are mostly consumed by the quintiles with the highest incomes.¹¹⁸ Subsidy cuts that do not differentiate between different types of energy may thus have significant negative effects on the poor despite the overall regressive nature of universal energy subsidies. A second finding from Egypt which may also apply to the Syrian case, especially in light of the impact of the conflict, is that large parts of the top quintiles of income distribution actually include middle class and even poor people, which implies that it is not only the rich who benefit from the subsidies.¹¹⁹

The implementation of the subsidy reforms was still in an early stage by 2011.¹²⁰ Prior to that, the Syrian Government used to spend one billion Syrian pounds annually on fuel subsidies alone. Based on a detailed study of the expected effects of phasing out the fuel subsidy scheme, a model for the reallocation of fuel prices had been developed. It was planned to gradually raise fuel prices to international price levels over a period of 10 years. Advocacy campaigns were launched to communicate the reasons for this change to the population. However, fuel subsidies were significantly reduced in early 2011. This caused a sudden, steep increase in fuel prices, negatively affecting essential areas such as heating, agriculture and transportation. The Government reacted to public protests by lowering the prices again in March of the same year.¹²¹

¹¹⁶ Khalaf, Rana, 2010. Poverty Reduction, Employment and Social Protection in Syria: Policies and Programs (1990-2010). Background Paper for a UNDP Bureau for Development Policy Study (internal document), p. 15.

¹¹⁷ World Bank, 2008. *Agriculture in Syria: Towards the Social Market. Agriculture Sector Note and Technical Note on Agricultural Subsidies*. Available at <http://documents.worldbank.org/curated/en/890301468304199912/475460WP0P11051ds0the0Social0Market.doc> (accessed on 15 December 2017), p. 19. The relevant section of this report specifically pertains to rural poverty.

¹¹⁸ Fathy and others, 2016. Can Fuel Subsidy Reforms in Egypt Reduce Budget Deficit without Harming the Poor? Draft Conference Paper. Available at <https://www.gtap.agecon.purdue.edu/resources/download/8088.pdf> (accessed on 1 November 2018).

¹¹⁹ For more on energy subsidies in Egypt, see ESCWA, 2020.

¹²⁰ Butter, 2015, p. 10.

¹²¹ Cuyler, Zachary Davis, 2015. Fuel Subsidy Policy and Popular Mobilization in Syria. *Middle East Research and Information Project* (16 March). Available at <http://www.merip.org/fuel-subsidy-policy-popular-mobilization-syria> (accessed on 15 December 2017).

In the wake of the conflict, the Syrian Government made further subsidy cuts due to the loss of revenue,¹²² and energy prices heavily increased for this and other reasons. By 2015, *mazout* was nine times the price of 2011.¹²³ Electricity for households continues to be subsidized to a certain, unclear extent.¹²⁴

Subsidies on basic food products such as bread, rice, sugar, and water have been reduced by the Government since 2014, and, according to some sources, Government-run bakeries do not operate in opposition-controlled regions.¹²⁵ Combined with general shortages and inflation, this caused prices to rise significantly, leading to enormous proportional expenses of households for food.¹²⁶

2. *In-kind assistance*

In order to mitigate the effects of the withdrawal of subsidies during the transition phase towards a yet-to-be-established social assistance fund and targeting mechanism (outlined in the chapter on the National Social Assistance Fund (NSAF) below), parts of the budget for subsidies were reallocated and in-kind assistance was introduced during the late 2000s. Prior to the conflict, coupons for the purchase of rice, tea and sugar were distributed twice a month to everyone who had a family book, irrespective of economic status. This targeting strategy led to severe exclusion errors. For example, it excluded unmarried and divorced women from receiving social assistance.

In 2009, attempts were made to tie eligibility criteria to socioeconomic indicators such as income, electricity bills and phone bills. All those who felt qualified to receive social assistance were asked to register and undergo an evaluation process. The procedure led to chaotic scenes, as the administrative staff were overwhelmed by the crowds who sought to register. Furthermore, the fact that the registry existed only on paper opened the doors to corruption. As a result, it was discovered that the actual number of 5.5 million eligible families had been increased by a million and funds were accordingly misused.¹²⁷

The introduction of in-kind assistance was accompanied by political debates over the advantages and implications of a coupon system, compared to one with direct cash transfers. In the current conflict setting, the Syrian Government's policy gives preference to vouchers, which function like credit cards through which beneficiaries can purchase necessary commodities such as food or winter clothes at specific shops. This strategy aims to prevent the purchase of so-called unnecessary items, while at the same time respecting people's dignity by giving them a certain freedom of choice. It is furthermore supposed to benefit local shops with which the scheme cooperates, following the example of Iraq.¹²⁸

¹²² Butter, 2015, p. 3.

¹²³ World Bank, 2017. *The Toll of War: The Economic and Social Consequences of the Conflict in Syria*. Available at <http://www.worldbank.org/en/country/syria/publication/the-toll-of-war-the-economic-and-social-consequences-of-the-conflict-in-syria> (accessed on 15 December 2017), p. 69.

¹²⁴ *Ibid.*, pp. 33 and 69.

¹²⁵ Martínez, José Ciro and Brent Eng, 2015. Assad's Bread Problem. *Carnegie Endowment for International Peace*. Available at <http://carnegieendowment.org/sada/?fa=58941> (accessed on 15 December 2017); and International Monetary Fund (IMF), 2016. Syria's Conflict Economy. IMF Working Paper. Available at <https://www.imf.org/external/pubs/ft/wp/2016/wp16123.pdf> (accessed on 15 December 2017), p. 8.

¹²⁶ IMF, 2016, p. 13.

¹²⁷ Also taking into account assistance provided by humanitarian non-State actors, by December 2016, 5.8 million Syrians received in-kind food assistance, mainly through the World Food Programme (WFP). See: World Bank, 2017, p. viii.

¹²⁸ Personal communication with representative of MoSAL.

Following the beginning of the conflict, neighbourhood committees were instituted to provide 200 liters of *mazout* per year to families which are identified through the family book. This is used for agriculture and heating.

3. Cash transfer schemes

(a) Cash transfers in the framework of the Tenth Five-year Plan

One of the central elements of the social protection system, outlined in the Tenth Five-year Plan, are direct cash transfers.¹²⁹ Target groups mentioned in the plan include people who are unable to work due to chronic illness, disability and ageing, or due to social reasons such as widowhood or divorce; they furthermore include minors and orphans.¹³⁰

Payments were first distributed in the late 2000s, ranging from SYP 4,000 to SYP 18,000 per month. The selection of beneficiaries of this scheme was supposed to be based on proxy means testing, but many practical challenges were faced in the actual targeting process. This cash transfer programme was implemented in parallel to the establishment of the social protection fund described in the following section. It was suspended in 2010.

(b) National Social Assistance Fund

NSAF was established as the main implementing agency of social assistance through the Syrian Government in the context of the Tenth Five-year Plan. The vision was to develop it into a central social protection instrument¹³¹ and to consolidate a variety of previously existing social assistance schemes into a unified national programme.¹³² The fund played a central role in the Syrian Government's strategy to accompany the economic transition towards a social market economy with the development of a strengthened and better-targeted social safety net.¹³³

After an initial pilot phase, NSAF was officially created in 2011.¹³⁴ It is managed by MoSAL in cooperation with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) and has also received funding from the European Union (EU).¹³⁵ The World Bank was involved in developing a targeting mechanism for the scheme. By 2012, the fund's staff included 950 social workers, supervisors and administration staff in the NSAF headquarters and 63 district centres.¹³⁶

¹²⁹ Tishori, Abdul Rahman, 2010. Social Welfare Fund. (Arabic original title: عن صندوق الرفاه الاجتماعي). Available at <http://www.ahewar.org/debat/show.art.asp?aid=209168&r=0> (accessed on 15 December 2019).

¹³⁰ Ibid.

¹³¹ Personal communication with representative of MoSAL.

¹³² ILO, 2017c.

¹³³ Abdul Aziz, Linda, 2012. Final Report. Project: Establishing the National Social Aid Fund 'NSAF' in Syria. Available at <https://info.undp.org/docs/pdc/Documents/SYR/NSAF%20Final%20Report.pdf> (accessed on 15 December 2017), p. 6.

¹³⁴ NSAF was created on the basis of Legislative Decree 9 of 2011.

¹³⁵ Machado and others, 2018. Overview of Non-contributory Social Protection Programmes in the Middle East and North Africa (MENA) Region through a Child and Equity Lens. United Nations Children's Fund (UNICEF) and International Policy Centre for Inclusive Growth (IPC-IG). Available at http://www.ipc-undp.org/pub/eng/JP18_Overview_of_Non_contributory_Social_Protection_Programmers_in_MENA.pdf (accessed on 30 March 2018), p. 294.

¹³⁶ Abdul Aziz, 2012, p. 6.

NSAF was created with the purpose of providing nation-wide cash transfers to especially poor and vulnerable groups to support eligible beneficiaries directly.¹³⁷ The transfers are paid to the head of the beneficiary household.¹³⁸ The gradual introduction of conditionalities related to school attendance and child vaccinations was part of the original plans for the scheme, in an effort to reduce the intergenerational transmission of poverty.¹³⁹

Beneficiaries of the cash transfers are supposed to be identified through a proxy means targeting method. This method originally drew on a household income and expenditure survey for the Syrian Arab Republic from 2006/2007, using a set of variables. These include household size and characteristics, employment type, housing characteristics, ownership of specific items, and electricity bill. In order to account for regional differences, eight different formulas were developed.¹⁴⁰ Eligible applicants should fulfil additional criteria, such as not having formal employment or social security benefits, and belonging to labour-constrained families with members who are elderly, have disabilities or are orphaned.¹⁴¹ Mobile centres were set up to conduct home visits in remotely located villages to reach families that were unable to apply to the scheme in one of the NSAF centres.¹⁴²

In its early phase, around 2011, NSAF aimed to cover the 6 per cent of the Syrian population then considered as ultrapoor.¹⁴³ For the period between September 2007 and March 2012, the fund had a total budget of \$6,784,582.¹⁴⁴ In February and July 2011, the first, and so far only, two cash payments were made to 439,000¹⁴⁵ beneficiary households¹⁴⁶ through 300 post offices.¹⁴⁷ A third payment, which had been scheduled for October 2011, was suspended following a Government decision to postpone it.¹⁴⁸

According to the United Nations Children's Fund (UNICEF), the Government is currently negotiating ways of continuing the cash transfer programme and of adjusting it to the changes brought about by the conflict.¹⁴⁹ In fact, the Syrian Government included NSAF in its 2017 budget, allocating it SYP 353,425,000 (worth \$685,862) on 1 January 2017 and SYP 15 billion in 2019.¹⁵⁰

In light of the altered landscape of needs and budget limitations in the wake of the conflict, NSAF currently provides microfinance grants to small and medium-sized enterprises (SMEs) instead of cash transfers

¹³⁷ Ibid., p. 4.

¹³⁸ Machado and others, 2018, p. 294.

¹³⁹ Abdul Aziz, 2012, p. 24.

¹⁴⁰ These formulas differentiated between rural and urban households in north-eastern, coastal, central, and southern parts of the Syrian Arab Republic. See: Abdul Aziz, 2012, p. 8.

¹⁴¹ Machado and others, 2018, p. 294; and Abdul Aziz, 2012, p. 17.

¹⁴² Abdul Aziz, 2012, p. 20.

¹⁴³ Ibid., p. 4.

¹⁴⁴ \$4,441,245 of the funding came from UNDP; \$235,000 from UNFPA; \$2,868,900 from MoSAL; and \$3,239,437 from the EU. EC, however, suspended the funding agreement in May 2011 and only contributed a part of this amount. See: Abdul Aziz, 2012, p. 4.

¹⁴⁵ Another source from 2012 mentions 430,000 beneficiary households instead of 439,000. See: Abdul Aziz, 2012, p. 18.

¹⁴⁶ Ibid., pp. 7 and 21.

¹⁴⁷ Ibid., p. 18.

¹⁴⁸ Ibid., pp. 7 and 21.

¹⁴⁹ Machado and others, 2018, p. 290, referring to information from UNICEF Syria.

¹⁵⁰ The Syria Report, 2017. 2017 Budget Expenses: Full Details. Available at <http://www.syria-report.com/library/budgets/2017-budget-expenses-full-details> (accessed on 15 December 2017).

to individuals and families. MoSAL covers parts of the interest rates of these grants. From a policy perspective, the provision of microfinance grants instead of cash transfers reflects a shift towards a development approach with the aim of enhancing the provision of livelihood opportunities. Targeting and funding goals are realized in cooperation with national non-governmental organizations (NGOs). In general, supporting families to transition from dependency on aid to gaining livelihoods is high on the agenda of the current Syrian social protection policies.¹⁵¹

While the NSAF plans to maintain its original targeting mechanisms, the criteria have been revised. In the past, targeting was based on an assessment of income and assets. The poverty indicators are now calculated in different ways in order to account for the changes resulting from the conflict. The scheme currently targets internally displaced persons (IDPs) and poor families that depend on international assistance, giving priority to female-headed households, people with disabilities, families with many children, wounded people, and orphans.¹⁵² For MoSAL, it is an open question whether proxy means testing for eligibility can be a solution for the years during and past the conflict, or whether the criteria will have to be based on simple categories such as people with disabilities or the biggest food insecurity. This is because needs have become so broad that it might not be worthwhile to spend money needed elsewhere on more elaborated testing and administration.¹⁵³

In addition to the cash transfers, NSAF is envisaged to offer social support to beneficiaries through case management units. This assistance is designed to take primarily the form of referrals to educational, employment and entrepreneurial opportunities in the area in which the beneficiaries live.¹⁵⁴

(c) *Cash-based transfers to people with disabilities*

A nation-wide Government-funded, unconditional cash transfer scheme targets Syrian citizens, especially children, with cerebral palsy. The programme is implemented by MoSAL and the Directorate of Social Affairs (DoSAL).¹⁵⁵ A condition for enrolling in the scheme is the verification of the disability through medical certificates and the inclusion in the disability registry.¹⁵⁶ The benefits are transferred to the head of the household. Benefits previously amounted to SYP 3,000 per month and were increased by 40 per cent in early 2018.¹⁵⁷

(d) *Social protection scheme for children with complex disabilities*

With funding from UNICEF, MoSAL coordinates and oversees a social protection scheme, introduced in 2016, for children with complex disabilities and children who are out of school. DoSAL is involved in the programme by training its social workers for case management.

The scheme targets children up to the age of 17 who have complex disabilities such as cerebral palsy, paraplegia, quadriplegia, down syndrome, autism, and profound, severe or moderate mental retardation; all conditions must be verified with medical certificates.¹⁵⁸ In addition to these categorical selection criteria, there is a geographical component to the targeting mechanism: the scheme currently covers 4,500 children in the

¹⁵¹ Personal communication with representative of MoSAL.

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ Abdul Aziz, 2012, p. 6.

¹⁵⁵ Machado and others, 2018, p. 293.

¹⁵⁶ This registry is currently not being updated. See: Machado and others, 2018, p. 293.

¹⁵⁷ Personal communication with representative of MoSAL.

¹⁵⁸ However, currently there is no functional assessment in place. See: Machado and others, 2018, p. 296.

Governorate of Aleppo and 1,550 in Latakia. It is planned to extend the coverage to Tartous and rural Damascus.¹⁵⁹ These areas were selected because they have “vulnerabilities in the early livelihood and recovery sector; a high percentage of displaced people; relatively stable operating environment; interest of local counterparts; and assessed presence of NGOs that could be involved as implementing partners”.¹⁶⁰

Families of children who benefit from the scheme receive \$40 per eligible child per month in the form of unconditional cash transfers. These are distributed to the appointed caregiver on a bimonthly basis for a period of twelve months. It is envisaged to extend this period, sufficient funding provided. In addition to the cash transfers, beneficiaries receive case management support through trained social workers.¹⁶¹

4. *Microfinance schemes*

In 2007, the Syrian Government issued the General Microfinance Decree.¹⁶² It was the first legislative document in the MENA region which directly and exclusively related to microfinance. The legislative framework in place before 2007, including the private banking law¹⁶³ and the Islamic banking law,¹⁶⁴ had already permitted microfinancing-related activities.¹⁶⁵ The General Microfinance Decree enables the Credit and Monetary Council (CMC) of the Syrian Central Bank to license Syrian as well as foreign social financial banking institutions¹⁶⁶ to offer deposit-taking, microcredits and microinsurance services linked to the provided loans.¹⁶⁷

A report from 2008 estimated that there were at least one million potential clients for microfinance products, while only 41,500 clients were receiving such loans.¹⁶⁸ Microfinance services were provided through State-, NGO- or other donor-sponsored programmes. Providers included the United Nations Relief and Works Agency for Palestine (UNRWA), the United Nations Development Programme (UNDP) and the Syrian non-profit NGOs Fund for Integrated Rural Development of Syria (FIRDOS) and Boosting and Inspiring Dynamic Youth Achievement (BIDAYA). The biggest provider of microfinance products in the Syrian Arab Republic was the international NGO Aga Khan Agency for Microfinance (AKAM) with 11,000 clients.¹⁶⁹ AKAM provided loans up to a maximum of SYP 141,000 (worth \$3,000 prior to the conflict).¹⁷⁰

The Agency for Combating Unemployment (ACU) had originally been in charge of microfinance schemes managed and funded by the Syrian State. In 2006, ACU was transformed into the Development and

¹⁵⁹ Ibid., p. 296.

¹⁶⁰ Ibid., p. 296, referring to United Nations Children’s Fund (UNICEF), 2017. *Resilience Development for the Most Vulnerable Children in Syria: Promoting Cash Transfers and Social Protection Integrated Services*. Damascus: United Nations Children’s Fund Syria (internal document).

¹⁶¹ Machado and others, 2018, p. 296.

¹⁶² Legislative Decree 15 of 2007.

¹⁶³ Law 28 of 2001.

¹⁶⁴ Law 35 of 2005.

¹⁶⁵ Consultative Group to Assist the Poor (CGAP), 2008. *Policy and Regulatory Framework for Microfinance in Syria*. Available at <http://documents.worldbank.org/curated/en/126971468132270230/pdf/434330WP0Syria10box032736801PUBLIC1.pdf> (accessed on 15 December 2017), pp. 15 and 26.

¹⁶⁶ Article 1a of Legislative Decree 15 of 2007.

¹⁶⁷ Article 2 of Legislative Decree 15 of 2007.

¹⁶⁸ CGAP, 2008, p. 15.

¹⁶⁹ Ibid.

¹⁷⁰ Bacci, Alessandro, 2009. *The Significant Demand for Microfinance in Syria*. Available at <https://www.alessandrobacci.com/2009/12/the-significant-demand-for-microfinance.html> (accessed on 15 December 2017), p. 3.

Employment Commission (DEC) and ceased to offer credit.¹⁷¹ Two Syrian public banks, the Savings Bank and the Agricultural Cooperative Bank, used to offer small loans similar to microfinancing programmes.¹⁷² The Savings Bank furthermore operated a microcredit scheme which specifically targeted housewives.¹⁷³

Under the framework of the Tenth Five-year Plan, a poverty alleviation and women empowerment programme was introduced with the aim to reduce poverty especially in poor rural areas. The scheme was managed by MoSAL with technical assistance from UNDP.¹⁷⁴ The major part of the funding was allocated from the State budget, namely, 0.25 per cent of the Government's investment budget over a period of five years, from 2006 to 2010, supplemented by funding from UNDP.¹⁷⁵ The programme encompassed the provision of microfinance services for poor women, alongside the development of new economic and job opportunities for poor women by supporting them in creating businesses.¹⁷⁶

In general, most microfinance schemes in the Syrian Arab Republic have focused on rural areas in which poverty is more prevalent than in urban regions.¹⁷⁷

Some of the schemes have attempted to render the loans compatible with Islamic principles.¹⁷⁸ A number of microfinance institutions have continued to provide loans during the conflict, in particular the Aga Khan Foundation. However, cash distribution proves to be very challenging under the current circumstances, and many loans have had to be written off.¹⁷⁹

5. Social assistance through Government-supported charities

Social assistance is furthermore delivered through Government-supported charities focused on poverty alleviation.¹⁸⁰ Some 1,500 NGOs are registered with MoSAL, most of which are charities.¹⁸¹ In light of the needs arising from the circumstances, any NGO is currently allowed to distribute food and other in-kind assistance, even if their original objective is related to other fields.¹⁸² During the 2000s, several NGOs providing social assistance, education and other services were established. In 2007, some of these organizations were united under the umbrella of the Syria Trust for Development.¹⁸³

In light of the large increase in needs through the conflict, the Syrian Government is currently establishing cluster services for social assistance, education and health. It is envisaged that in each geographical sector of the Government-controlled areas of the country, four NGOs will provide these services.

¹⁷¹ CGAP, 2008, p. 16.

¹⁷² Ibid.

¹⁷³ Bacci, 2009, p. 4.

¹⁷⁴ Government of the Syrian Arab Republic Ministry of Social Affairs and Labour (MoSAL) and United Nations Development Programme (UNDP) (n.d.) Initiation Plan: Poverty Alleviation and Women Empowerment in Syria. Available at https://info.undp.org/docs/pdc/Documents/SYR/00048097_women%20empowerment%20.pdf (accessed on 15 August 2018), p. 1.

¹⁷⁵ Ibid., p. 2.

¹⁷⁶ Ibid., p. 7.

¹⁷⁷ CGAP, 2008, pp. 16f.

¹⁷⁸ Ibid., p. 13.

¹⁷⁹ World Bank, 2017, p. 68.

¹⁸⁰ The legislative basis for the work of NGOs is the Law for NGOs 93 of 1958.

¹⁸¹ It is not clear, however, whether all these NGOs are supported by the Government beyond registration.

¹⁸² Personal communication with representative of MoSAL.

¹⁸³ Ruiz de Elvira and Zintl, 2014, p. 335.

NGOs from areas that were previously not under Government control, such as Ghouta, are officially considered stopped, but can re-register with the Government in order to be reactivated.

6. *Martyr's support fund*

The Martyr's Support Fund operates under the supervision of the Ministry of Defense. Its mission is to document the number of people who died in conflict and to provide their families with assistance. Nowadays, the fund also provides support to those who have been wounded in the ongoing conflict. Among other measures, the fund runs hospitals for their treatment. Through a cooperation of MoSAL with a number of NGOs, the fund is able to distribute prostheses.

7. *Housing*

Affordable housing, especially for people with lower income, has been a longstanding issue in the Syrian Arab Republic. Prior to the conflict, up to 40 per cent of the Syrian population were living in informal settlements for this reason.¹⁸⁴ Although the construction of these settlements bypassed official rules and regulations, the Syrian State provided them with basic services.¹⁸⁵ The liberalization reforms introduced in the 2000s are seen to have increased housing-related challenges for many Syrians, as the increase in privatization led to the eviction of inhabitants from low-cost, informal housing.¹⁸⁶

Both the Tenth and the Eleventh Five-year Plan highlight housing as a foundation of development.¹⁸⁷ They outline plans to upgrade informal settlements and define the State's role as a facilitator of housing development, for example through the provision of finance initiatives and serviced lands.¹⁸⁸ The Syrian National Report to the 2012 United Nations Conference on Sustainable Development likewise recognizes the lack in affordable housing for low-income households. It mentions the housing sector as "one of the cornerstones of the pyramid of development",¹⁸⁹ thus giving it central importance in social development.

In the period preceding the conflict, the Syrian Government addressed housing challenges by providing land for the construction of housing units, launching a number of cooperative housing projects and providing State funding for a percentage of required investments.¹⁹⁰

The damage of housing units during the conflict and the displacement of large parts of the population has aggravated the shortage in adequate housing. As an immediate response, the Syrian Government

¹⁸⁴ Clerc, Valérie and Armand Hurault, 2010. Property Investments and Prestige Projects in Damascus: Urban and Town Planning Metamorphosis. *Built Environment*, vol. 36(2), pp. 162-175. Available at <https://halshs.archives-ouvertes.fr/halshs-00554925/document> (accessed on 15 December 2017), p. 165. A report by Goulden furthermore estimates the proportion of informal housing among the total housing stock for the pre-conflict period at 30-40 per cent. See: Goulden, Robert, 2011. Housing, Inequality, and Economic Change in Syria. *British Journal of Middle Eastern Studies*, vol. 38(2), p. 188.

¹⁸⁵ Government of the Syrian Arab Republic (2012). *Humanitarian Assistance Response Plan*. Available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/sharp_september_2012.pdf (accessed on 15 December 2017), p. 37.

¹⁸⁶ Khalaf, Rana, 2013. Syria: Social Protection as Development? Beirut: Unpublished background document for the Economic and Social Commission for Western Asia (ESCWA), p. 7.

¹⁸⁷ ESCWA, 2017. *Social Housing in the Arab Region: An Overview of Policies for Low-Income Households' Access to Adequate Housing*, p. 21.

¹⁸⁸ *Ibid.*, pp. 21f.

¹⁸⁹ Syrian Arab Republic, Ministry of State for Environment Affairs, 2012, p. 38.

¹⁹⁰ *Ibid.*

introduced some minimum standard prefabricated shelters for IDPs.¹⁹¹ Early on in the conflict, the Ministry of Local Administration announced a cash compensation scheme for persons who return after displacement and for people who stay in their original places to enable them to repair their houses.¹⁹² In view of the long-term challenge of reconstructing damaged and destroyed infrastructure, the Government has furthermore introduced a new and, in terms of percentage, comparably small reconstruction tax. A committee affiliated with the Council of Ministers has been established to provide aid to affected families through offices in all governorates. Subcommittees are tasked with estimating the damage and amount of compensation after the families have presented a formal document to the authorities in charge. The compensation, however, only covers some 25 per cent of the real damages. A central question with regard to housing is how to ensure property rights and avoid dispossession in the context of the conflict. A recently passed property law, namely, Law 10 of 2018, provides a basis for creating so-called redevelopment zones designated for reconstruction. Briefly summed up, the law makes it possible to set a deadline of 30 days for house owners to prove their ownership. Otherwise, the building goes to the respective province, town or city without compensation.¹⁹³

C. Health care

1. Public health-care provision: major actors

On the basis of the Syrian constitution, a range of health-care services and medications are provided free of charge or, in some cases, at reduced costs.¹⁹⁴ Iraqi refugees residing in the Syrian Arab Republic are entitled to access the same services as Syrian citizens. Health care to Palestinian refugees, however, is administered by UNRWA.¹⁹⁵ The Syrian public health-care system can be described as both centralized and fragmented.¹⁹⁶ Its overall administration lies in the hands of the Ministry of Health (MoH). The Syrian Government's expenditures on health amounted to 3.3 per cent of the GDP in 2013, which was low in regional comparison.¹⁹⁷ The following sections outline structure and recent policy developments in the sphere of health care.

Public hospitals and health centres are the main providers of health-care services, offering primary, secondary and tertiary care.¹⁹⁸ They operate under the auspices of and with funding from a variety of ministries,¹⁹⁹ including MoH, the Ministry of Higher Education, the Ministry of Local Administration, the Ministry of Defense, the Ministry of Interior, and MoSAL.²⁰⁰

¹⁹¹ United Nations Human Settlements Programme (UN-Habitat), 2013. *Urban Syria. Urban Snapshots 2*. Nairobi: United Nations Human Settlements Programme, pp. 1f.

¹⁹² Ibid.

¹⁹³ Human Rights Watch (HRW), 2018. Q&A: Syria's New Property Law (May 29). Available at https://www.hrw.org/news/2018/05/29/qa-syrias-new-property-law#_What_is_Law (accessed on 15 July 2018).

¹⁹⁴ Lists of treatments and medications which are available through the public health-care system can be accessed on the website of the Ministry of Health (MoH) (list of treatments, available at <http://www.moh.gov.sy/Default.aspx?tabid=410&language=ar-YE>; list of medications, available at <http://www.moh.gov.sy/Default.aspx?tabid=433&language=ar-YE>).

¹⁹⁵ EC, 2009a.

¹⁹⁶ Hatem, Rawan, 2011. *The Expected Impact of the Introduction of the Social Health Insurance on the Syrian Public Hospital Management*. Doctoral Dissertation, Ernst-Moritz-Arndt-Universitaet Greifswald. Available at <https://d-nb.info/1010669818/34> (accessed on 15 December 2017), p. 61.

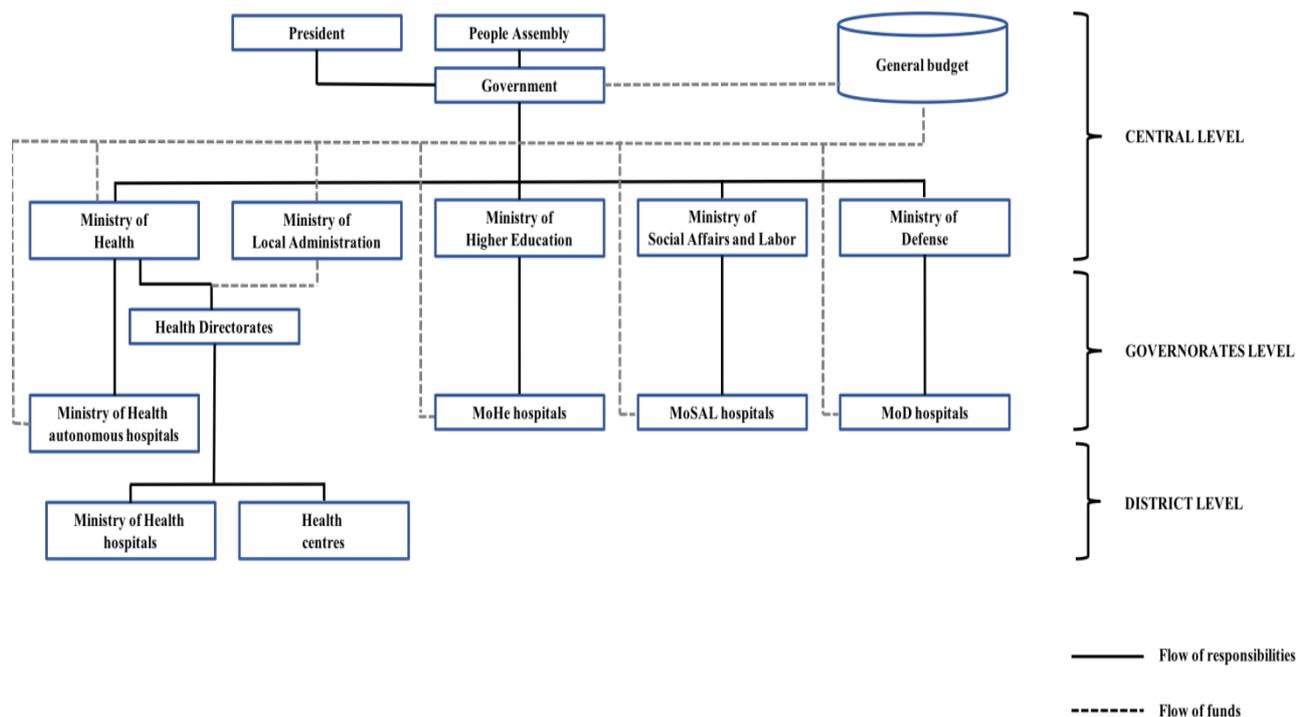
¹⁹⁷ World Health Organization (WHO), 2016. *Strategy, responsiveness and preparedness of the Syrian health care system in the short, mid and long term*. Available at http://applications.emro.who.int/docs/COPub_SYR_2016_EN_18985.pdf?ua=1 (accessed on 15 December 2017), p. 11.

¹⁹⁸ Hatem, 2011, pp. 12 and 75.

¹⁹⁹ Ibid., p. 68. Thus, they are funded through the general Government budget.

²⁰⁰ Ibid., pp. 62 and 63.

Figure 2. Government involvement in the public health-care system



Source: Adapted from Hatem, 2011, p. 63.

Under the framework of decentralizing public health-care provision, health directorates for each of the 14 governorates were established in the 1990s. These directorates oversee public health centres and independently allocate budgets to them.²⁰¹ Health centres provide primary health-care services such as vaccinations, family planning, mother-and-child care, treatment of communicable and endemic diseases, oral hygiene and treatment, and health education.²⁰² In the two decades preceding the conflict, the Syrian health-care infrastructure was expanded, with the total number of health centres increasing from 1,114 in 2002 to 1,685 in 2016.²⁰³ Some health-care services are provided at rural community development centres.²⁰⁴

According to Government figures, in 2016, there were 112 public hospitals with a total number of 20,667 beds as compared to 393 private hospitals with 10,152 beds.²⁰⁵ Generally speaking, most health-care facilities are concentrated in the centres of cities and big governorates.²⁰⁶ Data from the Central Bureau of Statistics in the Syrian Arab Republic reveals tendencies of stark regional disparities in the provision of health infrastructure. For 2016, the overall hospital bed supply was estimated at 1.4 per 1,000 population. A report by Yassin and others from 2005 found this figure to be similar to other countries in the region.²⁰⁷ However,

²⁰¹ Galdo, Anna, 2004. *Welfare in the Mediterranean Countries: The Syrian Arab Republic*, p. 7; and Hatem, 11, p. 62.

²⁰² Hatem, 2011, p. 75, citing Syrian Arab Republic, Ministry of Health, 2005. *The Primary Health Care in Syria*. Damascus.

²⁰³ Central Bureau of Statistics in Syria, 2018b. *Number of Public and General Health Centers 2002-2016*. Syria Statistical Yearbook 2017, p. 325. Available at <http://cbssyr.sy/yearbook/2017/Data-Chapter12/TAB-7-12-2017.PDF> (accessed on 1 November 2018).

²⁰⁴ Hatem, 2011, p. 65.

²⁰⁵ Central Bureau of Statistics in Syria, 2018b.

²⁰⁶ Hatem, 2011, p. 144.

²⁰⁷ Yassin and others, 2005. *Hospital Care Supply in Syria: Adequacy, Appropriateness and Future Needs*. Health Sector Modernisation Programme. Damascus: Ministry of Health, p. 10. These numbers include hospital beds from the public and private sectors, with the latter providing the smaller part.

when looking beyond this national average, it becomes clear that the supply in hospital beds in Damascus, with 2.6 beds per 1,000 population in 2016, is significantly higher than in governorates such as Idlib and Al-Hasakeh, each with some 0.8 beds per 1,000 population in 2016.²⁰⁸ In 2005, the regional disparity was even larger; at that time, the supply in Damascus, with 4.2 beds per 1,000 population, was comparable to the average in the United States, while the supply in governorates such as Idlib and Al-Hasakeh, with 0.6 and 0.9 per 1,000 population, respectively, corresponded to that in Sub-Saharan African countries.²⁰⁹ Similar regional differences apply to the distribution of hospital staff, with 24 physicians per 10,000 population in Damascus compared to only 8 physicians per 10,000 population in Idlib and 9 in Al-Hasakeh in 2016.²¹⁰

Public health-care providers are supplemented by private hospitals, clinics and pharmacists.²¹¹ Private health-care providers are a common phenomenon, and most physicians who work in public hospitals in addition practice in their own private clinics. Low salaries in the public sector are considered one reason for this.²¹² Furthermore, patients have higher expectations of private health services. Thus, although Syrian citizens formally receive health care free of charge, in practice, there are high out-of-pocket expenditures for health-care services.^{213; 214} In 2012, almost 54 per cent of current health expenditures were paid out of pocket by Syrian households.²¹⁵

2. Health-care provision through corporate schemes and professional associations

Various employers in the public sector such as ministries and public companies, in addition to professional associations, offer additional health-benefit schemes to their employees without or, in some cases, at low contribution rates. Sometimes, these schemes also cover family members.²¹⁶ Retirees, however, are often excluded.²¹⁷ Before the beginning of the conflict, these schemes were estimated to cover between 15 and 22 per cent of the Syrian population.^{218; 219} The percentages vary according to different sources. The schemes are highly atomized and partially overlapping. Among others, they include the ones listed in the following overview.

²⁰⁸ Central Bureau of Statistics in Syria, 2018c. Distribution of Hospitals, Sanitariums and Beds, 2011-2016. By Governorates in 2016. Syria Statistical Yearbook 2017, p. 322. Available at <http://cbssyr.sy/yearbook/2017/Data-Chapter12/TAB-4-12-2017.PDF> (accessed on 1 November 2018).

²⁰⁹ Yassin and others, 2005, p. 10. These numbers include hospital beds from the public and private sectors, with the latter providing the smaller part.

²¹⁰ Central Bureau of Statistics in Syria, 2018d. The Medical Professional, 2011-2016. Distribution by Governorate in 2016. Syria Statistical Yearbook 2017, p. 319. Available at <http://cbssyr.sy/yearbook/2017/Data-Chapter12/TAB-2-12-2017.PDF> (accessed on 1 November 2018)

²¹¹ Hatem, 2011, p. 61.

²¹² Ibid., p. 66.

²¹³ Ibid., p. 66.

²¹⁴ These out-of-pocket expenditures were estimated at 55 per cent of total health-care expenditures in 2008. See: ILO, 2017c.

²¹⁵ World Bank Data Bank. World Development Indicators. <https://databank.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/1ff4a498/Popular-Indicators> (accessed on 1 November 2018).

²¹⁶ Hatem, 2011, p. 65.

²¹⁷ Schwefel, Detlef, 2008b. Annex 47: Draft Tender Dossier on Private Health Insurance. In Schwefel, 2008a, p. 579.

²¹⁸ Schwefel, Detlef, 2003a. Report 1. In Schwefel, 2008a, p. 7.

²¹⁹ Schwefel, Detlef, 2008c. Annex 48: The New Health Financing System of Syria. In Schwefel, 2008a, p. 591; referring to studies by the Health Sector Modernisation Programme (HSMP).

Table 5. Health-care provision through corporate schemes and professional associations

Central Bank	<ul style="list-style-type: none"> Health insurance is financed through contributions shared between employer and employee of the Central Bank.
Damascus Electricity Company	<ul style="list-style-type: none"> This State company provides a particularly generous health insurance scheme for its employees free of charge; Employees can opt to enrol family members for contributions of 1 per cent of their wage; Free primary health care is provided directly through ambulatories in each division of the company; Beneficiaries receive free health services through contracted family doctors and public and private hospitals; For the main beneficiary, the coverage of treatment costs is unlimited; For insured family members, certain expenditure limits apply; Costs are covered directly by the company. In 2003, the annual costs of the scheme were estimated to amount to SYP 18,000,000.
Port Authority	Details unknown.
Teachers Union	<ul style="list-style-type: none"> In the 2000s, this scheme covered 280,000 teachers and their families; the total number of beneficiaries has been estimated at one million; To enrol, teachers must also be enrolled in the General Establishment for Social Insurance; they are covered by both insurance schemes; The Teachers Union runs pharmacies and health units in schools and nearby, and contracts physicians; The scheme includes health and survivor's benefits. Different sources disagree on whether or not the scheme also provides or provided retirement benefits in the form of a lump sum; Beneficiaries of the scheme receive free primary health care in health units run by the Teachers Union. Costs for medication as well as secondary and tertiary health-care fees are reimbursed to the beneficiaries according to specified percentages: 90 per cent reimbursement for fees paid for treatment in a public hospital and 60 per cent reimbursement for treatment in a private hospital; The contributions amount to 2 per cent of the insured person's salary per month.
Trade Union	<ul style="list-style-type: none"> Practically all workers in the formal sector belong to a professional association. The Trade Union is a federation of the associations for workers in transport, food industries, metal and electrical industries, mining, printing, general services, tourism, textile and yarning. Members of these associations can choose to participate in voluntary insurance schemes managed by the associations, each of which follows specific regulations; Average contribution rates amount to about 1 per cent of the member's wage; Since employees of the public sector who are enrolled in such schemes are additionally eligible to health benefits covered by their employer, the schemes tend to complement each other. For example, 60 per cent of private health-care expenses for an employee of the Electricity Company would be covered by the company itself, while the relevant professional association would contribute the remaining 40 per cent.
Workers Union	<ul style="list-style-type: none"> The Workers Union provides a health insurance scheme for its members, but not their families; The number of beneficiaries was estimated at one million in the 2000s.

Sources: Bensa, 2003, pp. 106-109; Schwefel, 2007a, p. 86; Schwefel, 2008b, p. 578; Schwefel, 2008c, p. 591, referring to HSMP studies; and personal communication with a representative of MoSAL.

In the private and joint sector, employees are entitled to provision of medical care through their employer under certain conditions. Employers with 100 to 200 workers in one single location or within a radius of 15 km are obliged to employ a dedicated nurse and physician, and to provide medicine, x-rays and medical consultations free of charge.²²⁰ Employers with more than 200 workers have to cover all medical treatments requiring specialist physicians, surgeries and medicine in addition to the above. They are, furthermore, required to cover costs for treatment and medicine during stays in public or charity hospitals.²²¹

3. Health-care provision through Government-supported charities

The maintenance, management and, often, financing of some health centres is provided through Government-supported charities.²²² An example of such a charity is the BASMA Children with Cancer Support Association, founded in 2005/2006. By 2014, more than 1,700 children with cancer had benefitted from BASMA's support, and the charity had also established a specialized unit for the diagnosis and treatment of childhood cancer at a university hospital in Damascus.²²³ The Syrian Organization for the Disabled, AAMAL, founded in 2002, may be mentioned as a further example. By 2014, it had treated 8,000 persons with speech disorders, some 70 autistic children and 30 children with hearing difficulties.²²⁴

The Syrian Arab Red Crescent (SARC) runs health centres across the country and has also led vaccination campaigns.²²⁵ It furthermore used to operate mobile clinics in order to reach population groups at the edges of the Syrian Desert.²²⁶ During the conflict, SARC has continued to provide essential emergency response and health care.

Due to the conflict, health-care provision currently significantly depends on NGOs. The Government considers establishing a form of civil-health management system with relevant NGOs to transfer cases to organizations which can offer the necessary treatment. This initiative has been started in the capital, where the Union of Charity Organizations in Damascus coordinates a referral system between health-care institutions and NGOs. The plan is to expand the system to other, Government-controlled, regions. All NGOs involved are local Syrian NGOs. Cooperation with international NGOs only concerns funding.²²⁷

4. Social health insurance

The introduction of a social health insurance scheme as a new financing mechanism of health care, shifting a tax-based health-care system to a contribution-based model, has been on the Syrian political agenda for several decades. Factors behind the intention to develop alternative ways of financing the health system included challenges in economic development, deficits of public households and high population growth, which rendered the existing system unsustainable.²²⁸ The development of a health insurance system started with Law 1 of 1979, which outlined a scheme for the public sector. This scheme was supposed to be funded through contributions from employees at 3 per cent of their wages and contributions of 6 per cent from the

²²⁰ Article 94 of Law 17 of 2010.

²²¹ Ibid.

²²² Ruiz de Elvira and Zintl, 2014, p. 337.

²²³ Ibid.

²²⁴ Ibid., pp. 337f.

²²⁵ Hatem 2011, pp. 61 and 66.

²²⁶ Ibid., p. 66.

²²⁷ Personal communication with representative of MoSAL.

²²⁸ Hatem, 2011, p. 30, citing Greiner, Wolfgang and others, 2001. Innovations in Health Care Financing in Developing Countries: A Case Study from Uganda. *Journal of Public Health*, vol. 9(3), pp. 261-272. Available at <https://link.springer.com/article/10.1007/BF02956498> (accessed on 30 March 2018), p. 261.

employer's payroll.²²⁹ Although the scheme does not seem to have been implemented yet, MoH since includes an empty line for health insurance in its budget.²³⁰

During the first decade of the new millennium, the project of a social health insurance gained renewed momentum. A reason for this were decreasing revenues, while medical costs were on the rise due to new and more expensive treatment options. This rendered public-health financing less and less viable.²³¹ A committee appointed by MoH drafted a new health insurance law. The law was approved in 2003, replacing the regulations of the law of 1979.

The new health insurance law provides a legal framework for the creation of a General Organization of Health Insurance, overseen by MoH and based in Damascus with branches in the governorates.²³² As benefits of the scheme, the draft law includes diagnostic, curative, surgical, and preventive services,²³³ for which relevant institutions, physicians, dentists, and others would be contracted.²³⁴ The scheme was envisaged to be funded through monthly contributions from subscribers in the public, private and joint sectors, public institutions or occupational syndicates, and retirees. Rates should not exceed 3 per cent of the respective wage or pension, and employers' contributions are set at 6 per cent of the payroll.²³⁵

During the same time period, from 2003 to 2010, the EU-funded HSMP was developed in cooperation between MoH, EC and GTZ. It aimed to advise on how to increase equity, efficiency, effectiveness, and quality of health services.²³⁶ Studies conducted in the framework of HSMP informed the Tenth Five-year Plan and the draft for the eleventh one.

The Tenth Five-year Plan for 2006-2010 promoted a change in health financing mechanisms towards a social health insurance.²³⁷ It states the intention that the health sector should "provide the basic health services to all citizens apart from their capability to pay [...]".²³⁸ At the same time, the plan developed a new health financing structure which comprised fees for previously free non-basic services. It outlines a system in which health services are provided on a contractual basis and covered through patients' co-payments.²³⁹ Since the beginning of the plan's implementation in 2006, such payments have been introduced at public hospitals. Yet, price levels still remain lower than in the private sector.²⁴⁰ The Tenth Five-year Plan stated the target to raise the individual average share of total health expenditure to some \$100 per year, with a minimum of \$75 in any geographical region or social category, while simultaneously ensuring the provision of basic health services to all citizens through a national fund.²⁴¹ (The long-term aim stated in the plan was to raise each citizen's average

²²⁹ Schwefel, Detlef, 2008d. Report 17. In Schwefel, 2008a, p. 96.

²³⁰ Ibid.

²³¹ EC, 2009b. *European Neighbourhood and Partnership Instrument: Syrian Arab Republic. Revised National Indicative Programme 2008-2010*. Available at <https://library.euneighbours.eu/content/syria-revised-national-indicative-programme-2008-2010> (accessed on 15 December 2017), p. 16.

²³² Article 2 of Draft Health Insurance Law of 2003. See: Schwefel, 2008a, pp. 119ff.

²³³ Article 4 of Draft Health Insurance Law of 2003. See: Schwefel, 2008a, pp. 119ff.

²³⁴ Article 5 of Draft Health Insurance Law of 2003. See: Schwefel, 2008a, pp. 119ff.

²³⁵ Draft Health Insurance Law of 2003. See: Schwefel, 2008a, pp. 119ff.

²³⁶ Schwefel, 2008a, p. 6.

²³⁷ Syrian Arab Republic, State Planning Commission (n.d.). 10th Five-year Programme (2006-2010): Chapter 20. Health (internal document), p. 15.

²³⁸ Ibid., p. 9.

²³⁹ Ibid., p. 12.

²⁴⁰ SCPR, 2014, p. 31.

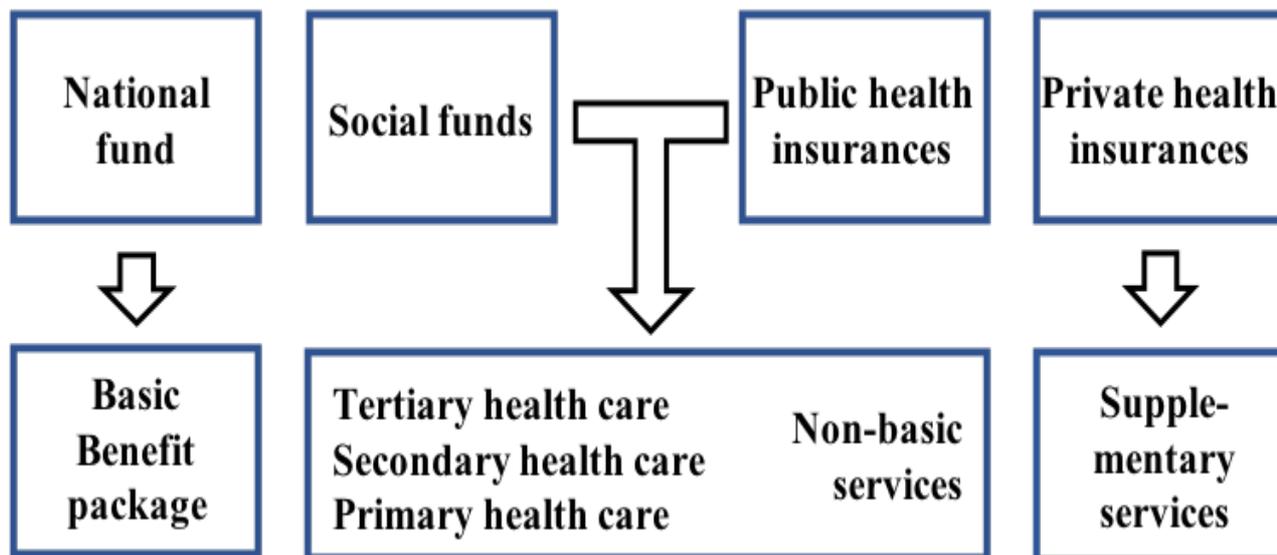
²⁴¹ Syrian Arab Republic, State Planning Commission, n.d., p. 12.

share of health expenditure to more than \$120 per year, with a minimum of \$100).²⁴² As a way to achieve this, the plan envisaged a health insurance scheme which would gradually be extended from the public to the private sector and finally to people living in poverty. Existing health insurance schemes such as those run by the Teachers Union, the Workers Union and public State companies, summarized above, were supposed to be integrated into the new programme, serving as starting points.

The envisaged health-care system was inspired by the essential package system proposed by the World Bank.²⁴³ Its financing system was planned as a tripartite structure, as follows:²⁴⁴

- A national fund for managing and financing health services, into which all Government channels for public health funding are merged,²⁴⁵ covers a portfolio of basic preventive and curative health services;
- Non-contributory social funds cover all non-basic services for the poor and for those with limited ability to pay;²⁴⁶
- A fee system is introduced in all health institutions to finance non-basic services for the solvent during a transitional phase. In the longer term, this payment system is developed into a health insurance scheme funded through contributions paid by those insured who can afford them.²⁴⁷

Figure 3. Overview of the health financing structure envisaged in the Tenth Five-year Plan



Source: Adapted from figure 9 in Schwefel, Detlef, 2007b. Report 15. In Schwefel, 2008a, pp. 94-96.

²⁴² Ibid., p. 10.

²⁴³ Sen, Kasturi and Waleed al Faisal, 2012. Syria: Neoliberal Reforms in Health Sector Financing. Embedding Unequal Access?. *Social Medicine*, vol. 6(3), p. 178.

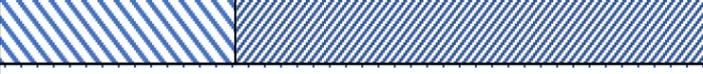
²⁴⁴ Schwefel, 2008c, p. 589; and Hatem, 2011, p. 83.

²⁴⁵ Syrian Arab Republic, State Planning Commission, n.d., p. 15.

²⁴⁶ During the planning phase of the scheme, 30 per cent of the Syrian population were considered poor. See: Hatem, 2011, p. 83.

²⁴⁷ During the planning phase of the scheme, some 60 per cent of the Syrian workforce were considered to fall into this category. See: Schwefel, 2008c, p. 590.

Figure 4. Health financing system as foreseen by the Tenth Five-year Plan

Target groups Services	The poor	The better-off in informal sector	Formal sector/ public companies
Primary care	Basic services		
			
Secondary care			
	Emergencies and catastrophic cases		
Tertiary care			
			
Supplementary care			

Legend: Financed through ...

-  National fund
-  Social funds
-  Public health insurance
-  Private health insurance

Source: Adapted from figure 10 in Schwefel, 2007b, p. 95.

Introducing a health insurance scheme implies a transition from nominally free or almost free health-care provision to partially paid services.²⁴⁸ Each third of the income through the aforementioned fees was planned to be spent on the improvement of services; on subsidized services for emergencies and catastrophic cases and subsidized services for the poor; and on performance-oriented incentives for the health staff. Better equipment was supposed to enable public hospitals to compete with private-sector establishments.²⁴⁹ In this vision, additional private health insurances, which traditionally have marginal coverage rates in the Syrian Arab Republic, cover supplementary services.²⁵⁰ In 2007, Schwefel and Holst calculated that such a social health insurance scheme would have the capacity to cover more than ten million beneficiaries, provided that family members of employees would be included.²⁵¹

In 2009, on the basis of Legislative Decree 65, an optional contributory health insurance for public-sector workers was introduced. The decree allows public institutions to conclude health insurance contracts for their employees as an alternative to securing health-care provision directly.²⁵² Coverage rates remain

²⁴⁸ Hatem 2011, p. 144.

²⁴⁹ Syrian Arab Republic, State Planning Commission, n.d., p. 15ff.; and Schwefel, 2008c, p. 590.

²⁵⁰ A report from 2008 estimated that less than 0.1 per cent of the Syrian population had a private health insurance at that time (see: Schwefel, 2008d, p. 99). The Syrian Insurance Company, founded in 1952 as the only public insurance company in the country, used to be the only provider of private health insurance (see: Bensa 2003, p. 108; and Schwefel, 2008d, p. 99). While this national institution remains the major provider of health insurance (see: SCPR, 2014, p. 39), Legislative Decree 43 of 2005 opened the Syrian insurance market to private companies, including providers of health insurance (see: Hatem, 2011, p. 70). These are overseen by the Syrian Insurance Supervisory Authority on the basis of Law 68 of 2004 (see: Schwefel, 2008d, p. 99).

²⁵¹ Schwefel, Detlef and Jens Holst, 2007. A Possible Roadmap towards a National Health Insurance System in Syria: Result Six of the HSMP. In Schwefel, 2008a, p. 489.

²⁵² SCPR, 2014, p. 30.

limited. A report from 2014 states that, on the basis of the latest available numbers, some 700,000 Syrian citizens are covered by health insurance, the majority of whom are employed in the public sector.²⁵³

At around the year 2010, the feasibility of a social health insurance scheme was pilot-tested in the three governorates of Dara'a, Latakia and Al Raqqa.²⁵⁴ The draft of the Eleventh Five-year Plan continued the health financing policies of the Tenth Five-year Plan in principle, but the further development of health insurance was interrupted when the conflict began. The extent to which the expansion of the scheme is possible after the end of the conflict, under massively changed conditions, remains to be seen. Currently, the Syrian Government orients its policies towards the parts of the Eleventh Five-year Plan which can still be applied. In light of immense socioeconomic changes, however, yet to be developed new health financing policies will be necessary.²⁵⁵

5. *Family Protection Unit*

The Family Protection Unit was established in March 2017 under the auspices of MoSAL. Its programme aims to protect women and children from violence and includes health services and psychosocial support. The respective working group includes, among others, a medical team, consisting of a gynecologist, a psychologist, a psychotherapist, and nurses. The psychosocial support team is composed of social and psychological specialists, in addition to case managers.²⁵⁶

6. *Support for female-headed households*

In late 2017, the Syrian Commission for Social and Family Affairs has drafted a national programme for support to women in the time after the conflict, supported by UNFPA. This programme targets female-headed households, the number of which has increased significantly through the conflict. It includes a focus on health and disability.²⁵⁷

²⁵³ Ibid., p. 39.

²⁵⁴ Schwefel, Detlef, 2006. Report 9. In Schwefel, 2008a, pp. 54 ff. For detailed reports on previous studies about health schemes in these governorates, see the annexes in Schwefel, 2008a.

²⁵⁵ Personal communication with representative of MoSAL.

²⁵⁶ Saad, Fadi, 2017. افتتاح وحدة حماية الأسرة بداية (Family and Population Council). Available at <http://www.scfa.gov.sy/2017/03/08/%D8%A7%D9%81%D8%AA%D8%AA%D8%A7%D8%AD-%D9%88%D8%AD%D8%AF%D8%A9-%D8%AD%D9%85%D8%A7%D9%8A%D8%A9-%D8%A7%D9%84%D8%A3%D8%B3%D8%B1%D8%A9-%D8%A8%D8%AF%D8%A7%D9%8A%D8%A9/> (accessed on 15 December 2017).

²⁵⁷ Personal communication with representative of MoSAL.

IV. Structural Challenges of the Social Protection System

A. Social insurance challenges

1. Low coverage rates

Despite efforts to include a large range of labour groups in the national social insurance system, large parts of the society remain unprotected, especially in the informal work sector. This constitutes one of the major challenges of the Syrian social insurance system. Effective coverage is limited to around one third of the working-age population.²⁵⁸ In regional comparison, the share of the Syrian labour force not contributing to social security schemes is fairly high. Based on numbers covering the period from 1999 to 2007, it was reported that, at 73.3 per cent, this share was the fourth-highest among twelve countries in the MENA region.²⁵⁹ Data on additional social insurance coverage through professional associations is unavailable.

The majority of the members of the social insurance scheme are employed in the public sector and thus already belong to social groups in more stable conditions with more secure and better-paying jobs.²⁶⁰ This implies that some of the most vulnerable population groups are among those who are excluded from social insurance coverage.

During recent years, legal social insurance coverage has been significantly expanded. This has contributed to the consolidation of a fragmented social security system. The umbrella of social insurance in the labour market continues to be a priority of the Syrian Government's social protection policies.²⁶¹ However, at the same time, employers' evasion of registering workers who would legally be eligible to enrol in order to keep from paying the relatively high contribution rates and thus reduce labour costs continues to be widespread. Enforcement of the social insurance scheme's implementation should thus be enhanced.

The proportion of workers who are only eligible to participate in the social insurance scheme's work injury branch because their company has less than five employees amounted to 5.1 per cent of the labour force in 2008.²⁶² Hence, these regulations do not apply to a large share of the population. Yet, for the people concerned, the absence of social insurance constitutes a major concern.

The voluntary inclusion of self-employed persons into the national social insurance scheme in 2014 can be considered a significant progress. This new regulation concerns a large part of the Syrian labour force, namely, 29.8 per cent of all employees and 52.5 per cent within the private sector according to Government statistics for the year 2016.²⁶³ However, if self-employed persons opt to register, they bear very high contribution rates of 21.1 per cent; this is twice the employee's contribution rate in the public sector and three times the employee's contribution rate in the private and joint sectors. This raises the question how many self-employed people can realistically afford membership in the social insurance fund.

²⁵⁸ As detailed in chapter III, section A, on social insurance coverage, ILO estimated, in 2008, that 28.4 per cent of the working-age population are contributing to a social insurance scheme, and, in 2017, that 36.9 per cent of the working-age population are legally covered by the old-age pension scheme. See: ILO, 2017b, pp. 358 and 323, respectively.

²⁵⁹ Gatti and others, 2014. *Striving for Better Jobs: The Challenge of Informality in the Middle East and North Africa*. World Bank Group. Available at <http://documents.worldbank.org/curated/en/445141468275941540/Striving-for-better-jobs-the-challenge-of-informality-in-the-Middle-East-and-North-Africa> (accessed on 15 December 2017), p. 9.

²⁶⁰ World Bank, 2012, p. 59.

²⁶¹ Personal communication with representative of MoSAL.

²⁶² World Bank, 2012, p. 86.

²⁶³ Central Bureau of Statistics in Syria, 2018a.

2. Sustainability of the scheme

While the direct coverage of the labour force through the national social insurance scheme is limited, the overall social insurance coverage rates might be higher than figures suggest at first sight. The reason for this is the extensive coverage of the dependents of the main insured person's dependents in the case of his/her death, in combination with the young average age of Syrian society, which is a positive point to note. At the same time, broad indirect coverage raises the question of sustainability of the scheme.

Furthermore, the pension benefits offered by the national social insurance scheme are rather generous. Replacement rates of up to 80 per cent are high, and not significantly reduced if the beneficiary retires before reaching the official retirement age. If a worker opts for early retirement after completing 25 years of service and thus becomes eligible for the full equivalent of an old-age pension, he/she may still be fairly young and have many years of working age ahead. Beneficiaries of the scheme who have completed 20 years of pensionable service and retire early at age 55 for men and age 50 for women do not face any cutback in their pension in comparison to a regular old-age pension either. As in many countries of the region, these replacement rates imply limited sustainability of the scheme and burden onto future generations.²⁶⁴

Moreover, the calculation of pensions is only based on the wages from the last year or the last two years. Therefore, the amount of benefits does not necessarily correspond to the amount of contributions paid during the entire career. This regulation may furthermore induce underreporting on wage levels during the insured person's early career, and declaring high wages during the last years before retirement.²⁶⁵ However, when considering to extend the basis for the calculation of pensions to the full career, it is important to account for inflation rates in order not to devalue the pension.²⁶⁶

A related challenge are low incentives to pay contributions to the social insurance scheme over a long duration of time. The fairly low number of 15 years of service required for a full old-age pension renders this unattractive. From the beneficiary's perspective, the highest gains thus stem from a combination of formal and informal employment.²⁶⁷ The scheme, therefore, "reward[s] individuals who evade or game the system".²⁶⁸

3. Gender inequality

Considered through a gender lens, a number of aspects of the Syrian social insurance system indicate that it both reflects and potentially perpetuates socioeconomic gender inequality. According to an assessment conducted by the World Bank, data disaggregated by sex show that employers in the Syrian Arab Republic do not seem less likely to register female workers in the social insurance scheme in comparison to male workers.²⁶⁹ Yet, the number of women contributing to the scheme is lower than the number of men. This can be explained by the participation rate of women in the labour market, which is exceptionally low in the country, also in regional comparison. As a consequence, a large part of the female population is either not covered by social insurance or only indirectly covered through a male family member.²⁷⁰ This may lead to dependency on husbands and weaken women's socioeconomic position, furthermore rendering them vulnerable in the case of a divorce. Such differences related to social roles attributed to female and male members of society should be

²⁶⁴ See also Robalino and others, 2005, pp. 9f.

²⁶⁵ Ibid., p. 72.

²⁶⁶ Ibid.

²⁶⁷ For a discussion of these challenges, see also World Bank, 2012, p. 56.

²⁶⁸ Robalino and others, 2005, p. 8.

²⁶⁹ World Bank, 2012, p. 15.

²⁷⁰ Milazzo, Annamaria, forthcoming. Non-contributory Social Protection and Gender in the Middle East and North Africa Region: Analytical Report. UNICEF Middle East and North Africa Regional Office (MENARO), p. 8.

taken into account when designing social transfer programmes.²⁷¹ One implication of the lower direct social insurance coverage for women is that their need for other forms of support, such as social assistance, is greater.²⁷² Moreover, labour market policies, which exceed the scope of this country profile, should promote the inclusion of working women into the formal labour market in order to ensure their direct social insurance coverage.

The significantly more generous conditions for survivors of a male worker who passes away as compared to survivors of a female worker may reinforce traditional distribution of paid and unpaid labour between spouses. Under the given circumstances, it may seem more rational to families that the main insured person is male, thereby heightening women's financial dependency on their husbands.

The regulations for maternity protection may result in further challenges to the inclusion of women into the labour market under equal conditions. Placing the financial burden of maternity benefits onto the employer instead of including them into social insurance schemes may lead to discrimination against female workers in the recruitment process, as the employment of women is potentially related to higher costs relative to the employment of men.²⁷³ It should, therefore, be considered to incorporate maternity protection into the umbrella of the General Establishment for Social Insurance, or, in the longer term, to work towards the equal involvement of men into childcare.

4. Absence of unemployment protection

The absence of protection in the case of unemployment constitutes a major gap in the Syrian social insurance system. The Eleventh Five-year Plan attempted to introduce protection measures for the unemployed, but these have not yet been implemented. The necessity to introduce unemployment benefits has been recognized by the Government, and plans for a respective scheme have been drafted. The envisaged design corresponds to the individual accounts model, recommended by the World Bank. The challenge lies in implementing and funding a sustainable system to protect unemployed workers from poverty. This should be paralleled by policies aiming to bring them into paid labour under decent working conditions.

B. Social assistance challenges

1. Targeting

A major challenge regarding social assistance lies in effective targeting of the poorest. In the context of the reforms through the Tenth Five-year Plan in the late 2000s, before the conflict, universal subsidies were partially replaced by more targeted social assistance schemes in order to reach those most in need. NSAF was introduced as the main agency to implement this vision based on proxy means testing. Its creation can furthermore be seen as an important step towards consolidating a fragmented array of social assistance programmes. However, NSAF had not turned fully operational when its cash transfer scheme was interrupted at the beginning of the conflict. The impacts of the conflict compound the challenge of developing appropriate targeting mechanisms, as further discussed in chapter V.

2. Acceptance and implementation of microfinance schemes

Policies from the years before the conflict, including those codified in the Tenth Five-year Plan, have promoted the introduction of microfinance schemes. A report from 2009 noted that the number of potential additional clients exceeded the scope of then available schemes,²⁷⁴ thus pointing to the possibility of expanding

²⁷¹ Ibid., p. 7.

²⁷² Ibid., p. 24.

²⁷³ See also World Bank, 2012, p. 16.

²⁷⁴ Bacci, 2009, pp. 4f.

them. The implementation of microfinance programmes in the Syrian Arab Republic has sometimes been complicated by their perceived incompatibility with Islamic principles due to the confusion of service charges with interest rates.²⁷⁵ Another challenge in the implementation of such schemes pertains to the paperwork required on the part of potential clients, which reportedly poses difficulties in an otherwise informal labour market.²⁷⁶ This should be considered in programme design when looking to further develop microfinance in the country.

3. *Availability and affordability of housing*

Assessment of Syrian housing policies and cooperative housing projects launched by the Government during the years before the war highlight challenges related to corruption.²⁷⁷ Other policies implemented in the Syrian Arab Republic were even reported to have unintended effects on the actual availability of housing: rental laws intended to prevent the exploitation of tenants by landlords instead led some landlords to not rent out their property at all because they saw no economic incentive to do so.²⁷⁸ The resulting imbalance between available, affordable housing, on the one hand, and vacant housing units, on the other hand, was recognized by the Syrian Government in a statement from 2012.²⁷⁹ In light of the damage of housing as well as population movements brought about by the conflict, further discussed in chapter V, comprehensive social housing policies will be key to ensuring adequate living conditions for all parts of the Syrian population.

C. **Social health-care challenges**

1. *Access to health care*

The health sector faces several structural challenges which lead to unequal access to health-care provision. The primarily urban location of public hospitals causes accessibility challenges due to the significant transportation cost and time requirements to reach a hospital from rural and remote areas,²⁸⁰ obstacles which may prevent inhabitants of these areas from receiving adequate, timely care. The same geographical inequality concerns the distribution of medical personnel, which used to be the case already prior to the conflict, as the numbers of doctors relative to population numbers in different regions illustrate. In 2011, one physician served 1,185 citizens in Idlib and 1,157 citizens in Al-Hasakeh, for example, compared to one physician per 340 citizens in Damascus, but 858 citizens in the Damascus countryside.²⁸¹ Challenges related to accessing health care and coverage through public services furthermore concern Bedouins, approximately 50,000 of whom move continuously, according to numbers from 2003.²⁸²

Although the health infrastructure expanded and the number of health workers increased during the years before the conflict, this did not result in a significant improvement of the quality and availability of medical services.²⁸³ It has been noted that, in the absence of comprehensive planning of the health sector, the

²⁷⁵ Ibid.

²⁷⁶ Ibid.

²⁷⁷ Goulden, 2011, p. 196.

²⁷⁸ Ibid.

²⁷⁹ Government of the Syrian Arab Republic, 2012, p. 37.

²⁸⁰ Hatem, 2011, p. 144.

²⁸¹ Central Bureau of Statistics in Syria, 2012. The Medical Professional, 2006-2011, and Distribution by Governorate, 2011. Syria Statistical Yearbook 2012, p. 329. Available at <http://cbssyr.sy/yearbook/2012/Data-Chapter12/TAB-2-12-2012.pdf> (accessed on 1 November 2018).

²⁸² Bensa, 2003, p. 109. These numbers may have changed since 2003.

²⁸³ Fouad, Fouad, forthcoming. The Health Sector. National Agenda for the Future of Syria.

decision to establish health facilities in certain areas tended to be influenced by powerful individuals and political agendas rather than an objective assessment of the situation based on specified criteria.²⁸⁴

2. Quality and affordability of health care

A further challenge pertains to the disparity in quality between public and private health-care facilities. While health care is, in theory, provided free of charge or at affordable costs in publicly funded hospitals and health centres, many perceive health care of good quality to be available only in the private sector. Reasons for this disparity include the low financial and material incentives for medical staff working in the public sector, which leads many of them to work in private clinics in addition to their work in public facilities.²⁸⁵ This results in disproportionately high out-of-pocket expenditures for medical treatment.

Additional payments for medications that are not covered by the free or low-cost public health-care system may further increase costs for individuals who may not be able to cover them out of their own pockets. An example for this are organ transplants: while the medical services are accessible through public health care, the patient needs to purchase, at his/her own expense, the essential medications which are not available at the hospital.²⁸⁶

3. Introduction of health insurance

During the years before the conflict, the introduction of a social health insurance, in combination with social health-care funds for those who are economically unable to pay contributions, was planned. An EU-funded evaluation during the planning phase of the social health insurance commented that the calculation of contribution rates for such a scheme should be based on an employee's full income, rather than his/her official wage, which is, in many cases, complemented through gains from additional work in the afternoon.²⁸⁷ It furthermore noted that establishing a health insurance system might be complicated by negative connotations of insurance among Muslim parts of the Syrian society and a general lack of knowledge of the concept, requiring broad awareness-raising campaigns for such a scheme to be accepted.²⁸⁸ So far, a health insurance scheme has been activated for parts of the public sector only.

²⁸⁴ Ibid.

²⁸⁵ Hatem, 2011, p. 66.

²⁸⁶ Hatem, 2011, p. 144.

²⁸⁷ Schwefel, 2006, p. 56.

²⁸⁸ Schwefel, Detlef, 2003b. Report 3. In Schwefel, 2008a, pp. 19; and Schwefel, 2006, p. 55.

V. Challenges arising from the impact of the conflict since 2011

A. General socioeconomic challenges

The repercussions of the conflict have compounded the systemic challenges to the Syrian social protection system outlined in the previous chapter. Since 2011, the provision of social protection has been severely disrupted and politicized. The denial of access to social protection measures has been instrumentalized as a war tool by different parties to the conflict. This was done through sieges, damage or destruction of critical infrastructure such as hospitals and bakeries and the suspension of social services in areas which are or were temporarily not controlled by the Government.²⁸⁹ It has been reported that the Government has focused its spending, including the provision of food, fuel and public-sector wages and pensions, on areas under its control.²⁹⁰

While some laws pertaining to social insurance have been issued during the past years, reforms of the social protection system have generally been put on hold. International partners in the development of social protection schemes such as EC, GTZ, ILO, and WB have suspended operations and cooperation programmes following the onset of the conflict in 2011.²⁹¹

1. Demographic changes

The conflict has brought about major demographic changes which critically affect the current and future provision of social protection in the Syrian Arab Republic. By 2016, the population living in the country had shrunk by 20 to 30 per cent as compared to pre-conflict numbers, and 50 per cent of the remaining population was internally displaced.²⁹² These population movements intensified existing processes of migration from rural to urban areas. Demographic changes furthermore resulted in a variety of new vulnerabilities faced by certain groups such as IDPs, women who find themselves alone in the absence of their spouses, orphans, and elderly people who stayed behind after their families had fled. The Internal Displacement Monitoring Centre (IDMC) and the Norwegian Refugee Council (NRC) state a high probability that a large number of IDPs will not return to their original neighbourhoods out of concerns over the area's ethnic and religious composition.²⁹³ The future demographic landscape of the Syrian Arab Republic hence remains uncertain. This poses a challenge to concrete, long-term planning for social protection measures for the post-conflict phase and renders it imperative to adapt existing plans and policies accordingly.

2. Lack of identity documentation

Lack of valid identity documents might further restrain repatriation of Syrian people and their access to basic social services at home. A survey of 580 Syrian refugee households in Lebanon, Jordan and Iraq revealed that 24 per cent of the respondents are not registered in family books, more than 70 per cent of refugees over 14 years old lack a national identity card, more than 20 per cent of children under five do not have a medical birth notification, and approximately 52 per cent of interviewed married Syrian refugees do not have a

²⁸⁹ SCPR, 2014, p. 40.

²⁹⁰ IMF, 2016, p. 17.

²⁹¹ ILO 2017c; The Syria Report, 2011. EU Suspends Cooperation Programmes in Syria. Available at <http://www.syria-report.com/news/economy/eu-suspends-cooperation-programmes-syria> (accessed on 15 December 2017); and World Bank, 2017.

²⁹² IMF, 2016, p. 20.

²⁹³ Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), 2014. Syria: Forsaken IDPs Adrift Inside a Fragmenting State. Available at <https://www.alnap.org/help-library/syria-forsaken-idps-adrift-inside-a-fragmenting-state> (accessed on 15 December 2017), p. 13.

document certifying their marriage.²⁹⁴ Many refugees claim that their documents are lost, destroyed or confiscated. Absence of these documents may significantly impede access to basic services such as education and the ability to legally move and stay in either the Syrian Arab Republic or a country of displacement and register vital events, including birth of children or marriage.

3. *Changes in the social position of women*

In light of the socioeconomic changes in the structure of the Syrian society and families brought about by the conflict, developing a gendered perspective on social protection is of particular importance. In conflicts, the mortality rate of men tends to be higher than that of females. This, as well as the absence of men who are enrolled in military service, requires many women to cope on their own, often in situations of displacement.²⁹⁵ This is also the case of the current conflict in the Syrian Arab Republic. Many Syrian women have thus assumed the role of the head of the household and are faced with new responsibilities.²⁹⁶ Hence, it is essential that social protection schemes be geared towards the inclusion of women in their own right, not only as a dependent spouse.

4. *Limited funding and institutional capacities*

A massive challenge to the provision of social protection are the limited funds currently available for social protection. While spending on the military sector has increased, the Government's overall budget has been reduced in the context of the conflict.²⁹⁷ Factors behind this reduction include losses in tax and oil revenues, the effects of sanctions on international trade, growth of the informal economy, and weak administrative tax collection capacity. Fiscal revenues declined from 23 per cent of the GDP in 2010 to less than 3 per cent of the GDP in 2015.²⁹⁸ For 2018, based on an estimated assessment of needs, the Syrian Government has allotted a budget of \$1.3 billion for social protection, and \$1.7 billion for economic assistance, out of an overall budget of \$8 billion.

SCPR highlights the active role which civil society has assumed in light of the crisis and very limited capacities or absence of State institutions in providing social protection in some areas. Actors at the family and local levels have offered immense support and solidarity in response to the humanitarian needs arising from the conflict despite limited and declining capabilities and resources.²⁹⁹ Individuals residing outside the country also play an important role in this regard by providing families with financial support through remittances.³⁰⁰ While the weakened role of the State in social service provision certainly implies challenges in ensuring social protection, the increased organizational and administrative capacities at the local level, fostered

²⁹⁴ Norwegian Refugee Council (NRC), 2017a. Syrian Refugees' Right to Legal Identity: Implications for Return. Briefing Note (January). Available at <https://www.nrc.no/globalassets/pdf/briefing-notes/icla/final-syrian-refugees-civil-documentation-briefing-note-21-12-2016.pdf> (accessed on 15 October 2018), p. 2.

²⁹⁵ Buvinic and others, 2013. Violent Conflict and Gender Inequality: An Overview. World Bank Policy Research Working Paper 6371. Available at <http://documents.worldbank.org/curated/en/270811468327340654/pdf/wps6371.pdf> (accessed on 15 December 2017).

²⁹⁶ Milazzo, forthcoming, p. 29; and United Nations High Commissioner for Refugees (UNHCR), 2014. *Woman Alone: The Fight for Survival by Syria's Refugee Women*. Available at <http://www.unhcr.org/ar/53bb8d006.pdf> (accessed on 15 December 2017).

²⁹⁷ World Bank, 2017, p. 63.

²⁹⁸ *Ibid.*, p. vii; and SCPR, 2014, p. 21.

²⁹⁹ SCPR, 2014, pp. 18, 23f., 40, and 52.

³⁰⁰ *Ibid.*, pp. 24 and 40.

through the emergence of local councils in many regions, most of which are or were not under Government control,³⁰¹ hold chances for the decentralization of the Syrian social protection system.

In response to the humanitarian impact of the conflict on the Syrian population, the Government's focus has moved from social protection to emergency response.³⁰² Foreign aid to the Syrian Arab Republic has increased by 131 per cent annually between 2011 and 2016.³⁰³ In addition to the above-mentioned contributions from civil society, the State's role has been increasingly supported and supplemented by United Nations agencies in order to provide people in the country with basic essentials and health services.³⁰⁴ Given that non-State measures related to social protection are not the focus of the country profile at hand, a separate mapping of relevant programmes implemented by humanitarian actors in the Syrian Arab Republic should be undertaken.

The following sections discuss challenges facing the social protection schemes outlined in this country profile in the wake of the conflict.

B. Social insurance challenges

1. Low coverage rates

Unemployment figures in the Syrian Arab Republic have risen sharply as a consequence of displacement, safety concerns, and the damage and closing down of businesses and factories. While the Government generally continues to pay public-sector salaries and insurance benefits, large numbers of workers in the private sector have lost their jobs.³⁰⁵ It is estimated that an average of 538,000 jobs were destroyed annually between 2010 and 2015. Today, among the country's working-age population, 2.9 million people are unemployed and 6.1 million are inactive, in other words, neither employed nor looking for work.³⁰⁶ Unemployment is particularly high among youth; in 2015, it stood at 78 per cent.³⁰⁷ As a result, social insurance contributions are interrupted for many, and informal working conditions are on the rise. These developments raise concerns over access to social insurance benefits in the future,³⁰⁸ in addition to the already limited social insurance coverage, especially regarding the enrolment of young people.

However, somewhat paradoxically, it must also be noted that ILO mentions the Syrian Arab Republic as one of the countries in the region in which overall pension coverage has actually increased over the last few years. This is explained by the fact that pensions are seen as a relatively reliable channel to provide income security in the instable times of conflict.³⁰⁹

³⁰¹ Swisspeace and others, 2016. *Inside Syria: What Local Actors Are Doing for Peace*. Available at https://civilsociety-centre.org/sites/default/files/resources/160107-insidesyria-en-def_0.pdf (accessed on 1 November 2018).

³⁰² SCPR, 2014, p. 23.

³⁰³ World Bank, 2017, p. 72.

³⁰⁴ Butter, David, 2016. *Salvaging Syria's Economy*. Chatham House Research Paper. Available at <https://syria.chathamhouse.org/assets/documents/2016-03-15-syria-economy-butter.pdf> (accessed on 15 December 2017), p. 6. - RE: a new source is added

³⁰⁵ SCPR, 2014, p. 39; and personal communication with representative of MoSAL.

³⁰⁶ World Bank, 2017, pp. 68f. For the definition of 'inactive', see Eurostat (n.d.). *Statistics Explained*. Available at <http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Inactive> (accessed on 30 March 2018).

³⁰⁷ ESCWA and University of St Andrews, 2016. *Syria at War: Five Years on (E/ESCWA/EDID/2016/2)*. Available at <https://www.unescwa.org/publications/syria-war-five-years> (accessed on 15 December 2017), p. 28. Calculation are based on data from the Syrian Central Bureau of Statistics from 2014.

³⁰⁸ SCPR, 2014, p. 39.

³⁰⁹ ILO, 2017b, p. 143.

2. Increased number of beneficiaries

Due to the high number of deaths caused by the conflict, the number of people entitled to a survivor's pension can be expected to rise significantly. The same applies to disability rates due to conflict-induced injuries. This raises the question to what extent the existing social insurance scheme will be able to cope with a large increase in the number of beneficiaries eligible for survivors and disability pensions and lump-sum payments.

3. Access to pensions

How to ensure the right to receiving a pension is a key question in the given situation characterized by conflict and displacement. Officially, pensions have continuously been paid out across the country, including areas outside the Government's control. In principle, they can be withdrawn with special cards from certain Government banks and automated teller machines (ATMs) in such regions.³¹⁰ However, other sources have reported that this is not always the case and that pensions for some parts of the population have been withheld, with significant variations depending on the area.³¹¹

For a large number of Syrians who have left the country, it is furthermore of central importance how they can stay enrolled in social insurance and receive pensions and other cash benefits for which they are eligible. If a member of the national social insurance scheme resides outside the Syrian Arab Republic but has relatives who remained inside the country, he/she can issue an authorization which enables the other person to claim the pension in his/her name.³¹² According to a representative of MoSAL, employees who reside outside the Syrian Arab Republic are furthermore legally entitled to take up to four years of unpaid leave. On this basis, people who temporarily leave the country and return are able to remain enrolled in the social insurance scheme under certain conditions.³¹³ It is, however, the insured person's responsibility to clarify his/her situation, and it remains unclear to what extent this is technically feasible under circumstances of forced displacement. A big share of the people who have been displaced outside the Syrian Arab Republic and will potentially return there one day will furthermore have exceeded the four-year limit. In a long-term perspective, social insurance schemes will need to develop strategies for the (re-)inclusion of returning citizens and ensure the portability of pensions for those who left the country permanently.

The question of legal identity and documentation constitutes another crucial challenge arising from the conflict. It may constitute a major obstacle to claims of pensions, including survivor's pensions for people who have no death certificate for disappeared relatives.

4. Devaluation of pensions

The steep decline in the value of the Syrian currency has decreased the value of pensions significantly. Although pensions for civil servants and military personnel were raised in 2013 and 2015, inflation has already devalued these increases. As people with fixed incomes, pensioners are, therefore, among those who are most severely affected by increased price levels of food and other essential goods.³¹⁴ A mechanism for adapting pensions to the actual value of the currency should therefore be developed.

³¹⁰ Personal communication with representative of MoSAL.

³¹¹ Khalaf, 2013, p. 27; and IMF, 2016, p. 17.

³¹² Personal communication with representative of MoSAL.

³¹³ Personal communication with representative of MoSAL.

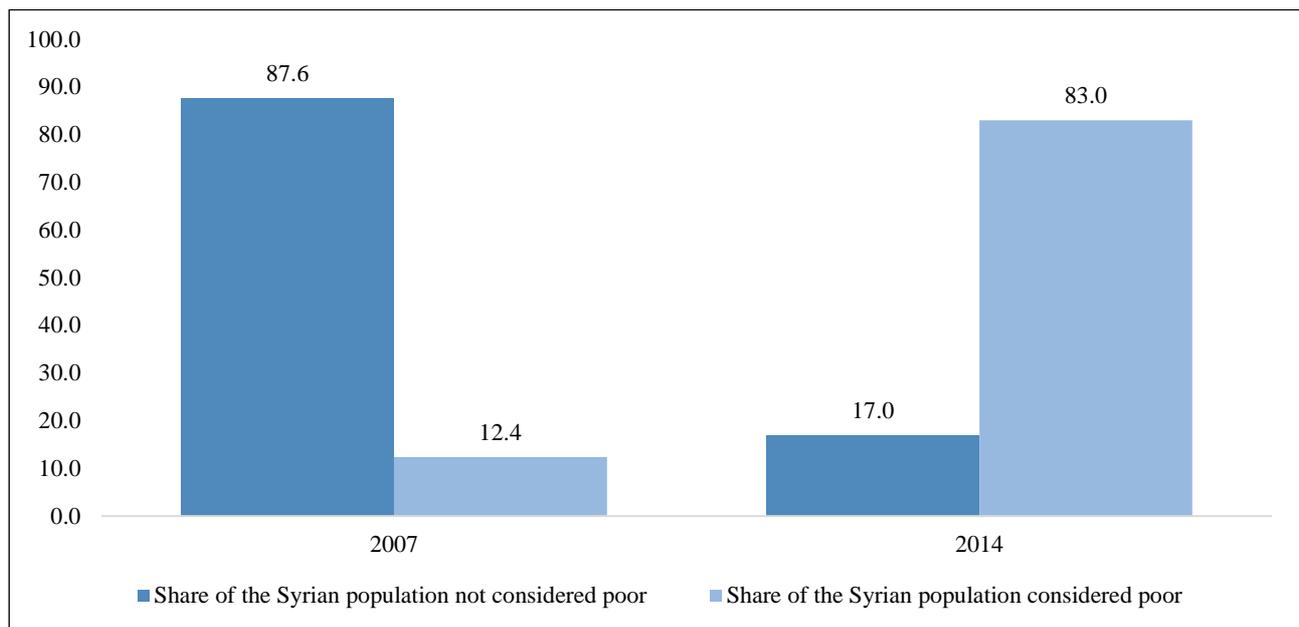
³¹⁴ Lyme, Rune Friberg, 2012. Sanctioning Assad's Syria: Mapping the Economic, Socioeconomic and Political Repercussions of the International Sanctions imposed on Syria since March 2011. DIIS Report 2012:13. Available at https://www.diis.dk/files/media/publications/import/extra/rp2012-13_sanctioning_assads_syria_web_1.pdf (accessed on 15 December 2017), p. 60.

C. Social assistance challenges

1. Targeting

Poverty rates have massively increased across the Syrian Arab Republic as a result of the conflict. Therefore, a central challenge to the provision of social assistance is how targeting mechanisms can be adapted to the altered socioeconomic situation. By 2014, 83 per cent of the Syrian population were considered poor, as compared to 12.4 per cent in 2007.³¹⁵ Since then, poverty rates have risen further. Six in ten Syrians are now considered to live in extreme poverty, unable to meet their most basic needs.³¹⁶ At the same time, the funds available for social assistance have declined, and subsidies for food, electricity, fuel, and others have been cut.³¹⁷

Figure 5. Poverty rates among the Syrian population, 2007 and 2014 (Percentage)



Source: Based on data from IMF, 2016, p. 7.

The Government's policies continue to envisage a shift from universal subsidies to targeted schemes in the long term. On the basis of pre-conflict eligibility criteria, the largest part of the Syrian population would now be entitled to social assistance, yet the limited available funds necessitate prioritization.³¹⁸ Large gaps in relevant data will render it challenging to implement elaborate targeting methods such as proxy means testing in the near future. Therefore, it is currently being considered to return to categorical eligibility criteria for NSAF.³¹⁹ Traditional targeting methods, however, have to be adapted to changes in the population's living circumstances. An example which illustrates this need is the eligibility criterion of a household's electricity consumption, which is no longer viable. The common assumption is that wealthier families consume more

³¹⁵ IMF, 2016, p. 7.

³¹⁶ World Bank, 2017, p. 71.

³¹⁷ IMF, 2016.

³¹⁸ Personal communication with representative of MoSAL.

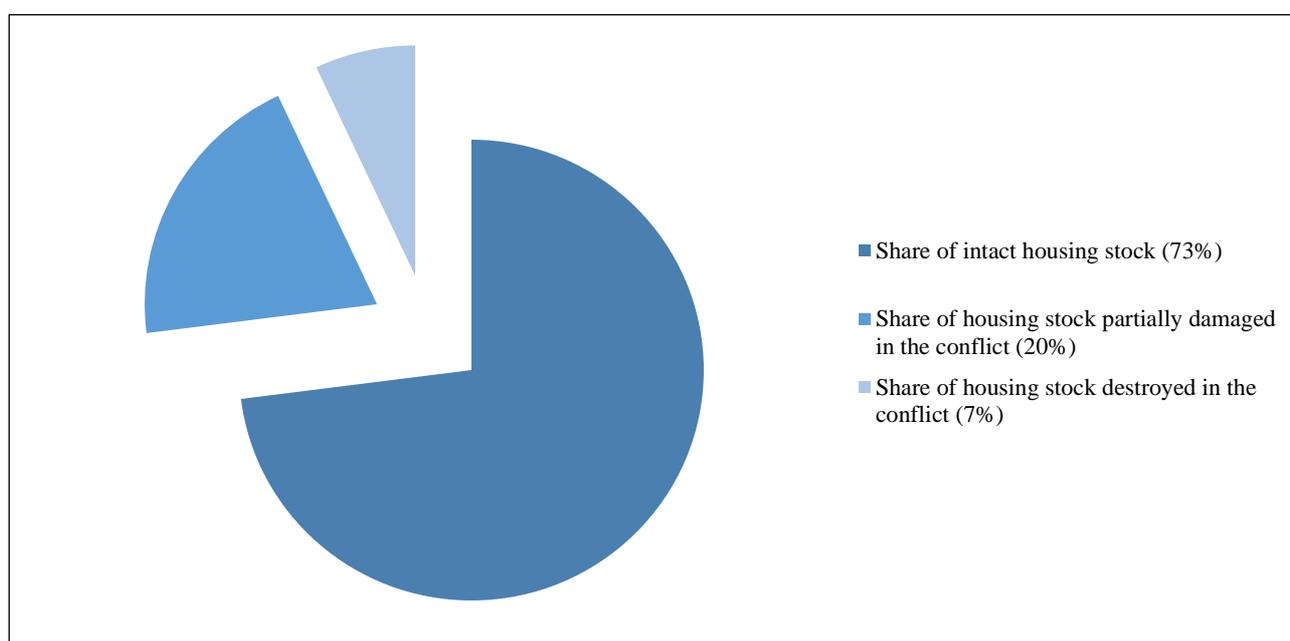
³¹⁹ Personal communication with representative of MoSAL.

electricity; yet, as a consequence of the conflict, many families currently share apartments and rooms. Relying on this targeting criterion would thus lead to massive exclusion errors.³²⁰

2. Housing

The conflict has had a devastating impact on housing. The challenge of availability and affordability of adequate housing, which already constituted a challenge to the population prior to 2011, has thus been severely compounded. In early 2017, an assessment conducted by the World Bank found that 316,649 housing units, or 27 per cent of the housing stock, had been damaged (20 per cent) or fully destroyed (7 per cent) in the cities examined in the study. Especially affected are Aleppo, with a share of 64 per cent of the damage in the assessed cities, and Homs, with 16 per cent.³²¹ The resulting non-availability of housing, coupled with internal displacement, has led many people to live in inadequate conditions.³²² A related effect is that rental rates in areas which are perceived as relatively safe are soaring, having increased between 500 and 1,000 per cent since the onset of the conflict.³²³

Figure 6. Damage of housing stock through the conflict, 2017



Source: Based on data from World Bank, 2017, p. 22.

For the reconstruction process, the World Bank has suggested establishing an Advance-purchase Commitment Fund for building materials in order to use local materials rather than imported ones. This is supposed to ensure that Syrians will benefit from new employment opportunities, similar to the reconstruction process in Germany after World War II.³²⁴ Reconstruction plans certainly need to take the altered demographic

³²⁰ Personal communication with representative of MoSAL.

³²¹ World Bank, 2017, p. 22.

³²² United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 2016. *Humanitarian Needs Overview 2017: Syrian Arab Republic*. New York: UNOCHA. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/2017_Syria_hno_161205.pdf (accessed on 15 December 2017).

³²³ World Bank, 2017, p. 26.

³²⁴ World Bank, 2016. *The Importance of Planning Syria's Eventual Reconstruction* (May 24). Available at <http://www.worldbank.org/en/news/feature/2016/05/24/the-importance-of-planning-syria-s-eventual-reconstruction> (accessed on 15 December 2017).

landscape into account, as this impacts the ability and willingness of IDPs to return to their neighbourhood of origin. Therefore, regional needs for housing may have changed in comparison to the time before the conflict.

A further challenge with regard to housing is to ensure tenure security.³²⁵ Law 10 of 2018 on housing property rights has been heavily criticized for contradicting international law and for violating both the Universal Declaration of Human Rights and the Arab Charter on Human Rights.³²⁶ The procedures which it regulates constitute a serious concern for thousands of Syrian citizens, especially those who have been displaced. In particular those who have left the country face the danger of dispossession through the application of the law, which would strongly affect their ability to return to their area of origin.

Furthermore, a series of interviews carried out by NRC during 2015-2016 with 580 Syrian refugee families in Lebanon, Jordan and Iraq revealed that many of them lacked basic documents proving their ownership rights over property. Only 17 per cent of refugees who ever had documents for their most important piece of property in the Syrian Arab Republic reported that they still possess these documents in the country of displacement. In the majority of cases, documents were lost, destroyed or left somewhere else, for instance, hidden or left with someone.³²⁷ Moreover, some 70 per cent of respondents mentioned that their document was in another person's name due to historical practices of property transfer within families without registering it with relevant authorities or in the name of male heads of household.³²⁸

D. Social health-care challenges

1. Destruction of medical infrastructure

The provision of health care has been severely constrained through the impact of the conflict. An analysis commissioned by the National Agenda for the Future of Syria (NAFS) concluded that, in light of fragmentation through the conflict, the Syrian health-care system can currently hardly be considered as such.³²⁹ The destruction of medical infrastructure, including buildings and equipment, and reduction of human resources due to the death and displacement of medical personnel constitute major limitations to the provision of health care. The conflict's general impact on health facilities and staff has been exacerbated by targeted attacks.³³⁰

By early 2017, six in ten health facilities in ten cities examined in a study conducted by the World Bank, including hospitals, medical centres, medical points, and polyclinics, had been damaged. 16 per cent had been completely destroyed and 42 per cent partially damaged.³³¹ WHO concluded that, as of December 2015, only 43 per cent (49) out of 113 assessed public hospitals were functioning, while 31 per cent (35) were partially functioning and 26 per cent (29) were non-functioning, representing 49, 35 and 29 hospitals, respectively.

³²⁵ Butter, 2016, p. 22. According to IDMC and NRC, 2014, p.12, the destruction of archives and cadastral records, in addition to the general absence of documentation for IDPs, causes impediments for property owners to claim their rights. IDMC and NRC highlight that this problem especially concerns residents of poorer neighbourhoods, who faced challenges regarding tenure security prior to the conflict.

³²⁶ HRW, 2018.

³²⁷ NRC, 2017b, p. 2.

³²⁸ NRC, 2017b, p. 2.

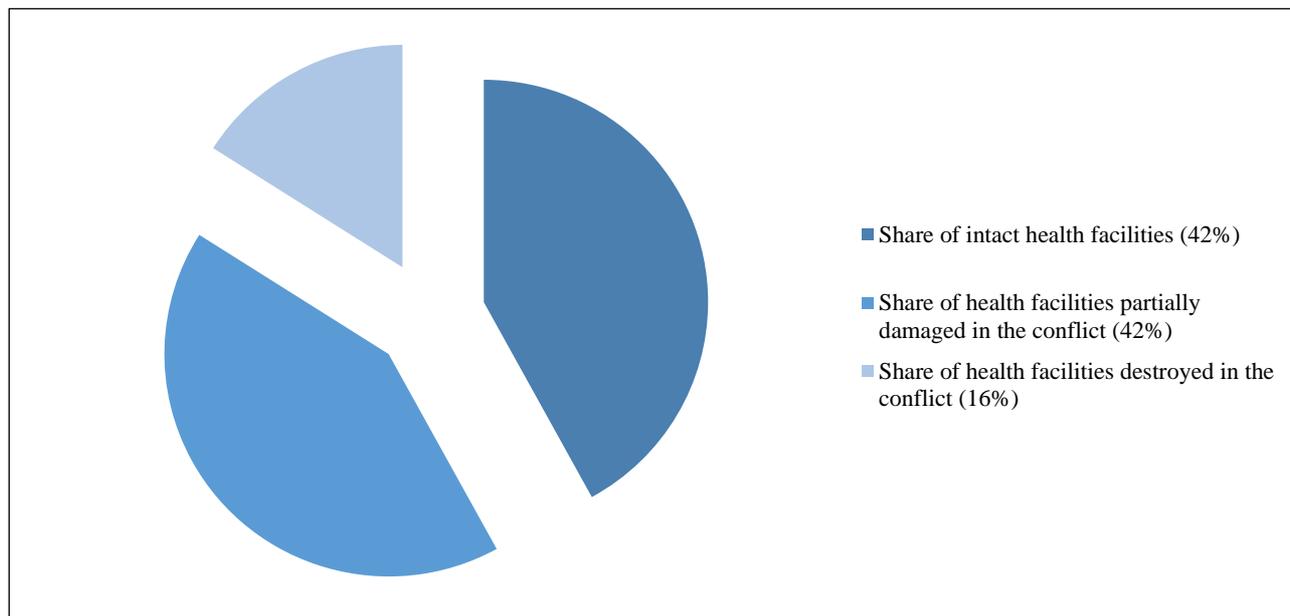
³²⁹ Fouad, forthcoming.

³³⁰ Physicians for Human Rights, 2015. *Doctors in the Crosshairs: Four Years of Attacks on Health Care in Syria*. Available at https://s3.amazonaws.com/PHR_Reports/doctors-in-the-crosshairs.pdf (accessed on 15 December 2017), p. 3; and World Bank, 2017, p. 38.

³³¹ World Bank, 2017, p. 38.

WHO furthermore notes challenges pertaining to the coordination of available resources.³³² As a result, the population's access to health-care services is extremely limited. In many cases, neither emergency medical care nor treatment of non-communicable diseases, chronic conditions, maternal and child care, mental health services, or preventive disease surveillance are available.³³³

Figure 7. Damage of health facilities through the conflict, 2017



Source: Based on data from World Bank, 2017, p. 38.

The numbers of medical personnel present in the Syrian Arab Republic, including physicians, nurses and other health workers, have drastically decreased. Female doctors are especially scarce, which strongly affects women's health.³³⁴ In the near term, as the WHO suggests, this shortage could be mitigated through upscale trainings, for example trainings in midwifery techniques for nurses, and even training for individuals with no formal medical education in remote areas.³³⁵ In the long term, student numbers in medical education programmes should be increased in order to substitute the losses, as most highly-skilled professionals who have left the country are not expected to return. This, however, will require much time and resources, especially regarding the education of doctors.³³⁶

2. Availability and affordability of medication

Limited availability and significantly increased prices of medication likewise pose major challenges. Prior to the conflict, 90 per cent of required medicines used to be produced locally. The destruction of factories

³³² WHO, 2016, pp. 9 and 18. WHO thus called for enhanced cooperation between public and private health-care facilities in the current emergency context. The report mentions the example of the city of Daraa, in which a regulation obliges private hospitals to provide 24-hour care free of charge in emergencies.

³³³ World Bank, 2017, p. 38.

³³⁴ Ibid., p. 40.

³³⁵ WHO, 2016, p. 23.

³³⁶ Ibid., p. 25.

and the migration of professionals has brought medication production to a halt. Thus, the supply now depends on imports, which are more expensive and complicated by sanctions.³³⁷

3. Changes in health-care needs

The conflict has increased the overall need for health-care provision by causing casualties, mental health problems and the re-emergence of diseases due to lack of medical infrastructure and vaccination coverage. A central long-term question will be how to deal with the strong increase in disability rates. Moreover, the demographic changes brought about by the conflict and the population movements it caused should be taken into account in the process of re-establishing medical infrastructure. Given that the Syrian public health-care system is hospital-based, its reconstruction will not only be a question of rehabilitating the damaged health-care facilities. Rather than simply rebuilding hospitals and health centres in their locations prior to the conflict, reconstruction should be based on a thorough assessment of the new population composition in each area in order to adapt to the new health-care needs.

4. Public health-care financing

The decrease of the State budget through the conflict poses a big challenge to funding the provision of public health care. Corporate health benefit schemes have likely also been affected by the conflict. The current socioeconomic situation compromises the pre-conflict plans for health-care financing reforms. In view of the above-mentioned demographic changes and the increase in poverty induced by the conflict, the financing mechanisms of the initially proposed structure of a social health insurance fund will no longer be feasible. Original plans for such a scheme were based on the assumption that some 30 per cent of the Syrian population are counted as poor. Today, however, the majority of the population lives below the poverty line and would thus unlikely be able to contribute to an insurance fund in a substantive way in the foreseeable future. A policy option would be to first place the focus on rebuilding the publicly funded health system, taking regional and qualitative changes in the need for health-care provision into account. In parallel, the insurance scheme currently in place for parts of the public sector could be expanded to wider parts of the population with minor contribution rates, while maintaining public funding of the health-care system. This approach could serve the creation of an infrastructure which would later on enable a gradual transition towards social health insurance as a financing mechanism.

³³⁷ Fouad, forthcoming.

VI. Conclusion

Strengthening social protection measures, adapted to the needs and challenges arising from the socioeconomic upheavals brought about by the conflict, should be at the core of any strategy to foster sustainable peace in the Syrian Arab Republic. Recreating a social contract between the political leadership and diverse population groups from all parts of the Syrian society within the country and in displacement will play a vital role in post-conflict reconciliation to overcome social division and achieve long-term developmental aims.³³⁸ As SCPR also argues, the societal effects of social protection go beyond material aspects and relate to social justice, an understanding of citizenship as based on rights and duties, respect and dignity for the human beings, and acceptance of others.³³⁹ Peacebuilding and reconstruction policies should, therefore, interlink social and economic components from the onset, with the citizen at their centre.

Similarly, trust is central to any social insurance system. Trust between the Government and large parts of the Syrian population, in particular those who have left the country, has been most severely challenged by the conflict. How to develop such trust after the conflict, how this affects the future of social insurance in the country and what role social insurance may play in the recreation of trust are questions which policymakers should bear in mind.

In light of the demographic changes brought about by the conflict, a new policy infrastructure, for example through registering household addresses, needs to be created in order to reach potential beneficiaries and develop appropriate targeting mechanisms. Political will is needed to assess the new situation and to develop strategies accordingly. The implementation of social protection schemes will crucially depend on good governance and a strong legal system, as well as significant investments in order to fund the respective programmes.

Plans for social protection measures in the country should, in the long term, be linked to exit strategies from humanitarian assistance in order to reduce the reliance on foreign aid and to transition from emergency responses to programmes geared towards sustainable development. Therefore, policies should aim to reduce the current dependency on international humanitarian organizations and NGOs in order to restore the State's role as main provider.

Policymakers should also be aware that the importance of social protection policies reaches beyond the borders of the Syrian Arab Republic. Developments in the field of social protection will be a factor in the decision of displaced individuals and families whether to return to the country. Therefore, they have a regional and international dimension and indirectly affect host communities of refugees.

³³⁸ For a similar point, see SCPR, 2014, p. 60ff.

³³⁹ Ibid.

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