



Welfare in the Mediterranean Countries

The Syrian Arab Republic



Anna Galdo

CONTENTS

Summary

1- The Health Care System

1.1 Past Reforms and New Health Plan

1.2 International Cooperation in the Health Sector

2- Population Policy: a vital task

2.1 Government Commitment and International Assistance

3- Gender Equality and Woman Empowerment

3.1 Institutional Initiatives and Civil Society

4- Challenges in the Labour Market

4.1 Absence of a "culture toward information" and Lack of employment services

4.2 Recent Developments in Labour Policies

Bibliography

Summary

The Syrian Arab Republic is a middle-income, developing country. However compared to developing countries with the same GDP, it presents fairly good living conditions thanks also to its socialist system. The 1973 Syrian Constitution binds the State to providing extensive welfare services free of charge or at token charges to citizens and government has constantly placed emphasis on people's well-being and the development of its human capital. As a result, notable progress has been made in the provision of basic amenities (including health, education and social services) due to large investments in basic infrastructure, social facilities and rural development. Highlighting this performance social indicators registered notable progress, as showed in the table below.

	1993	2002
life expectancy (years)	67.1	71.5
infant mortality (per 1,000 live births)	34.6	18
child mortality (per 1,000 live births) ¹ .	41.7	20
maternal mortality (per 100,000) ²	107	6.5

However welfare tendencies in Syria cannot easily be evaluated. The Syrian Arab Republic still lacks efficient monitoring procedures and those already in function are not coordinated, often overlap, and predominantly offer data without providing further analysis to be used in the policy development. In addition the authorities still not have made public numerous international studies carried out on planned reforms.³

Per capita gross domestic product (GDP) - purchasing power parity - was estimated at \$3,300 last year⁴ but other report lower rates - between \$600 and \$1,300, depending on the source -. However free provision of health services and education, and state subsidies should also be considered when

¹ WHO Regional Office for Middle East, www.emro.who.org.int

² PAPCHILD, Pan-Arab Maternal and Child Survey.

³ European Training Foundation (ETF), Structure and Mechanisms for Information and Needs Forecast on Training Qualification and Employment. The Observatory Function. Syria March 2002.

⁴ CIA World Factbook, 2004, www.cia.gov.

discussing population income averages. In any case, nearly 70% of Syrian workers earn less than \$100 per month and 20% of the population is below the poverty line⁵. Price controls ensure a quite low and stable inflation rate (1.5% in 2003) but at the same time slow down the economy.

In the area of poverty reduction, successive five years plans have aimed at improving the population's income and prosperity; this occurred, despite high population growth (2.5%)⁶. Monthly salaries increased in the public and private sector. Increases have concentrated in the past few decades on low income groups with the aim of achieving equality in income distribution and reducing disparity between minimum and maximum wages.⁷

Notwithstanding the above achievements, Syria still faces many challenges: growth in the population of young age group (40.5% under 15 years), urbanisation and high fertility rate present a key-issue for the country's economic development, which will pressure the labour market and lead to an increase in poverty level. The current shift to a market oriented economy is considered of vital importance and has been started; on the other hand it could also threaten the general wellbeing of the population, considering its often high social costs. This situation has made the modernisation of welfare public structures and the upgrading of social legislation more than a necessity. A coherent and sound national strategy should address still existing disparity between urban and rural areas, gender equality and reproductive health, while at the same time paying more attention to the natural environment, seriously endangered by the large expansion of cities (presently 52% of the population lives in urban areas⁸).

The government is launching a number of reforms, such as the New Health Plan and the Vocational Education and Training (VET) system reform. In accordance with the principle of decentralisation, it is also looking at local administrations as crucial means to afford social challenges. Started in June 2005, a comprehensive reform plan, entitled the Municipal Administration Modernisation programme, is now being implemented. It comprises the modernization of the Ministry of Local Administration and Environment and the empowerment of six municipalities⁹. The programme is financially supported by the European Commission and technical assistance has been

⁵ See above.

⁶ UNICEF 2004 data survey. www.unicef.org.

⁷ Consequently the average of those whose annual income is above the minimum wage of 12,000 Syrian Pounds (SP) rose from slightly 78% in 1997 to about 85%; in: 2001 Syrian Arab Republic State Planning Commission and UNDP, National Millennium Development Goals of the Syrian Arab Republic, June 2003.

⁸ Delegation of the European Commission to the Syrian Arab Republic, EU-Syria Cooperation Annual Report, 2003.

⁹ The Municipal Administration Modernization Programme consists of six pilot project in the Governorate of Damascus and the Municipalities of Deir Ezzor, Aleppo, Latakia, Tartous and Homs, see above.

contracted to a consortium of EU companies led by the British WYG International¹⁰. The project has been divided into seventeen Action Plans, providing assistance in fields such as policy for devolution, institutional reform, financial resource management, local development, urban planning and development of Agenda 21 strategy. One of the important aims of the programme is the networking of the Syrian and EU municipalities, through the exchange of knowledge and expertise, particularly in the field of sustainable development.

1- The health care system

Syria provides virtually free medical care to its citizens and imposes a ceiling on charges by private hospitals. Services at government clinics and health centres are free to all citizens. Government employees and their dependents are also fully or partly reimbursed for private health care and medication costs. Since government salaries for doctors are quite low, they are allowed to set up private practices while also working in a government health centre.

However, the overall efficiency and effectiveness of the public health system are constrained by rapid turnover of skilled staff; insufficient coordination between different departments within the Ministry of Health; inadequate managerial skills; low level of qualified nurses and paramedical staff; and poor distribution of human resources¹¹. Consequently, some Syrians prefer to pay for higher-quality private services, rather than using free public services and 85% of health expenditures come from households, highlighting the key role of the private sector in providing services.

Because of the increasing use of vaccinations and various preventive measures, health conditions in Syria have generally improved since the 1980s. Although the infant mortality rate has decreased significantly, some health problems persist for children, caused by hunger, poverty, overcrowding, poor nutrition and lack of knowledge about disease prevention or treatment, especially in the rural areas.

Syria's public health programme is administered by the Ministry of Health and is augmented by programs arranged by the Ministry of Social Affairs and the Ministry of Education. The Ministry of Social Affairs provides vaccinations, medicine, and maternity care at rural community development

¹⁰ More specific information on the programme can be found on the WYG International website: www.wyginternational.com. The consortium also includes two Dutch companies: Arcadis BMB and VNG International.

¹¹ UNFPA Recommendation by the Executive Director Assistance to the Government of the Syrian Arab Republic (DP/FPA/SYR/6) 15 August 2001, www.unpfa.org.

centres throughout the nation. The Ministry of Education administers a preventive medicine and dentistry program for schoolchildren.

The health system is based on primary health care and is delivered at three levels: village, district and provincial.

- At provincial level, there are urban health centres staffed with specialized physicians and dentists in addition to various technicians. Among the services provided in health centres are immunization, maternal and child health, family planning, control and prevention of communicable diseases, environmental control, preventive care for chronic non-communicable diseases, and health education. At the provincial level, there are also large general hospitals and specialized hospitals.

- At district level health centres are staffed with at least one physician, one nurse, one public health technician. Some larger centres are additionally staffed with dentists, paediatricians, obstetricians, pharmacy technicians, laboratory technicians, midwives and health visitors. On average, there are 9.8 health workers per district health centre. At district level, there are larger health centres including training facilities and specialized physicians and a small district general hospital also exists in each district.

- At village level, there are rural health centres and health units¹².

Although approximately 95% of the population is within half an hour of a primary health care centre and doctors dentists and pharmacists - who have finished medical school and who do not intend to specialize - are required to practise in rural areas for at least two years, infrastructures and medical treatment provided in the rural areas remain inadequate.

Syria faces an urgent need for an overall reform in the health system, which is characterized by the presence of a strongly independent private system. Moreover the obsolescence of social insurance legislation causes disparity in the treatment access and invalidates the effective gratuity of medical care granted in principle¹³.

To ensure acceptability of services in Syria, an adequate deployment of service providers with midwifery skills to primary health-care facilities remains crucial. To increase demand for services in underserved areas there is a desperate need of a high level of quality, improved monitoring systems, standardization of practices and systematic application of normative aspects of health care. Cultural constraints shaping attitudes that limit seeking health care must be systematically addressed.

1.1 Past reforms and new health plan

¹² www.emro.who.int

¹³ Sakina Boukhaima.- "*Recompositions du système de santé*", Monde arabe Maghreb Machrek, n° 158, 1997/12, p. 38-46. Abstract available on www.resacoop.org

Through the 1990 administrative reform district health system was introduced in order to decentralise health care delivery. The health centres belonging to each of the country's 14 districts report to one main district health centre. Each district was allocated its own budget, and each district director of health was given enough authority and flexibility to implement programmes within the development strategy.

A special committee, the Health Care Committee, chaired by the Minister of Health, was created. It comprises five directorates from the Ministry of Health: the Directorate of Primary Health Care, the Directorate of Communicable Diseases, the Directorate of Planning, the Directorate of Training and the Directorate of Laboratories. The people's and syndicate organizations, representing all sectors of the population, are represented on the Higher Health Council and its committees. A new diploma in community medicine had been institutionalized to develop cadres more oriented towards public health problems and primary health care.

Statistically, there are 1406 health centres and 429 hospitals and a good number of under-construction hospitals and clinics in Syria today¹⁴. Still there are 0.8 public health centres and 13.8 hospital beds per 10.000 inhabitants¹⁵. State's commitment in this field particularly increased in recent times and health expenditures too:

	1997	1999	2001	2002
State expenditure as % of GDP¹⁶	2.5	1	3.4	3.8

The new government has launched an ambitious Health Plan, involving all hospitals in the country, in the framework of the national health strategy for the period 2000-2020. The programme -which has an approximate cost of 1.140 billion SP (22.800.000\$)- is administered by the Ministry of Health and includes several projects to provide new and better equipped infrastructures¹⁷. Hospitals specialized in pediatrics, obstetrics and gynaecology, psychiatry, infectious diseases, ophthalmology, oncology, will be established and will consequently need medical and lab equipment¹⁸.

¹⁴ www.syrianmedicare.com.

¹⁵ 2002 estimated, www.emro-who.org

¹⁶ www.who.org

¹⁷ The project includes: 74 new hospitals with a total of 9330 beds; 25 hospitals under medical equipping; 14 under construction hospitals; 35 hospitals under planning and engineering researches; 380 well-equipped health centres in service by 2010, www.syrianmedicare.com.

¹⁸ The mentioned information was supplied by the Planning & Statistical Directorate -Ministry of Health and will be probably available in detail in the Ministry of health web-site (www.moh-syria.com), under construction when this report was written.

In order to fulfil the dramatic need for up-to-date medical technology an international exhibition, called *Syrian Medicare 2004*, in coincidence with a program of seminars, has been arranged under the patronage of the Ministry of Health and supported by the Scientific Council for Pharmaceutical Industries, facing its fourth edition.

A special project was also launched by the Ministry of Health and is now being experimented in two of the biggest hospitals in Syria. It aims to introduce the Smart Health Record - also known as *H-card* -, which serves two purposes: first, to provide each citizen with easy-to-use health report that can be used in case of emergency by ER doctors anywhere in the country (information is registered on the Smart and updatable over the Internet). The second purpose is to create an accurate real-time health map providing decision-support tool for the Ministry of Health and the government. In 2002 the *National Number Project and Automation of Civil Records* - base of any e-initiative or e-service - was initiated by the Ministry of Interior¹⁹.

Updating the Syrian health system is not a simple task in this period of transition: it means not only boosting new technologies, but also, reconstructing and updating legislative and administrative framework at the same time. The new government is well aware of these needs and has initiated an ambitious reform to modernise the health system, shifting emphasis from universal coverage to include an increase in the equity, efficiency and quality of the health system. The reform aims at improved implementation of decentralisation, the putting in place of sustainable financing management and public expenditure review, and probably most important, options for introducing comprehensive social health insurance. Official documents on the reform's details are not yet available, but some of them can be evinced from the international organisations' reports.

1.2 International cooperation in the health sector

With the aim of improving the health status of the Syrian population, significant European Commission activities have been and are currently being implemented under the MEDA Programme in the health sector. Presently this area is subject to a *Health Sector Support Programme* of € 30 million²⁰. Following the preparatory works in 2002-03, the second phase, begun in 2004, will directly support reform process initiated by the Ministry of Health. The European Union is providing technical assistance and training notably regarding: legislative, regulatory and financial framework adapted to a

¹⁹ Najwa Kassab Hassan, *Needs' Assessment of Governance & Public Administration in Syria*, Consultative Meeting on Innovation in Public Administration in Euro-Mediterranean Region, 18-20 May 2004.

²⁰ Relevant support came from Italy (€ 6 million).

decentralised system (district health system, autonomous hospitals); the public-private partnership in health sector; the establishment of National Health Accounts and Public Expenditure Reviews; options for fair allocation of funds and for fair resources generation (including social health insurance); development of an integrated health delivery system²¹.

The World Health Organization (WHO) has been active in Syria since the early 50's. Along this period the WHO worked closely to the Syrian Ministry of Health, giving relevant contribution to the achievement of important results, such as the success polio eradication and a number of vaccination programs. The office of the WHO in Syria is headed by the WHO Representative, who is working closely with national authorities for the formulation, adoption and implementation of health policies through the *Joint Program Review Mission*. In this cooperation framework a five year work plan has been developed. In the new biennial program for 2004/2005 eight priority areas have been identified, among those primary health care system, human resource and health management development. The undergoing and forecast activities are in line with WHO's global and regional objectives, and in particular with *WHO-CEHA Programme*, supported by the Regional Office for the Eastern Mediterranean (EMRO), including *Promotion of Healthy Cities and Villages Plan*, an holistic environmentally sound approach to urbanization sanitation and health.

2- Population policy: a vital task

It is beyond dispute that reproductive care is a key issue in today's Syrian Arab Republic. The country has one of the highest population growths (2.5%) in the Middle East region, which will increase the population from an estimated 17.381.000²² to approximately 32 million by 2025. This means that 382,000 persons are estimating to enter the labour market each year until the year 2005. Approximately 420,000 persons per year will also be entering their reproductive age. During the last few decades the national fertility rate decreased: the stable level of close to 8 children per woman from 1960 to the mid-80s fell abruptly in the mid-90s so as to cut the period fertility rate by about half. Of all the Arab and Mediterranean countries, Syria is the one for which the United Nations estimates have been most radically revised downwards in absolute numbers (26.3 million instead of 33.5 in 2025) in the 1990's; and still recently the scale of the fertility decline was underestimated²³. Syrian fertility then came into line with the standard transition determinants: women's status, urbanization and especially women's rising educational

²¹ www.delsyr.cec.eu.int.

²² UNICEF 2004 data survey. www.unicef.org.

²³ Youssef Courbage, *New Demographic Scenarios in the Mediterranean Region*, www.ined.fr.

levels, showing the immense potential for fertility decline inherent in the interaction between rising female educational attainment and education-specific fertility decline.

However the country's fertility rate, still higher than that of many Arab countries, leaves a significant margin for a future doubling of the population in the next century, unlike many other countries for which this has become unrealistic. Achievements in population dynamics and health indicators in the Syrian Arab Republic have been constrained by the delay in formulation and adoption of the national population policy and its programme of action. Reproductive health policies have not been sufficiently addressed to remove legal constraints to availability and accessibility of reproductive health commodities and to reduce unwanted pregnancies. The existing differences in services delivery between rural and urban areas are once again the focus of concern, as highlighted by the geographical disparity in the maternal mortality ratio. Antenatal care is offered in 74 % of the Ministry of Health primary health care centres, yet these centres reach only 14% of pregnant women and most women resort to the private sector. The majority of pregnant women have at least one antenatal visit, with an average of 2.5 visits per pregnancy. Around 48.5% of births take place at home, 42% in maternities, and the rest in clinics. Analysis of factors contributing to maternal mortality reveals that over 90% of deaths could be prevented by reducing unwanted pregnancies, improving prenatal and postnatal care and improving referral systems. Deaths are due to delays in transportation, lack of emergency services and severe shortage of blood banks, which are found only in the larger cities. Insufficiency in facilities provided is well represented by the wide gap between knowledge of modern contraceptive methods (93%) and use (31%)²⁴.

2.1 Government commitment and international assistance

The challenge is not only making reproductive health services and family planning more accessible and affordable, but also changing the social norms, behaviours and attitudes that inhibit the use of these services. The government has long been adamantly pro-natalist, but the economic crisis of the '80s, evidencing its full demographic effects around mid-decade, led it to commit to reproductive care and prevention.

The current leadership, aware of those needs, introduced in its agenda special statements on gender issue (*see 2.1*) and relevant objectives in reproductive health such as: removing all existing difference between rural and urban areas

²⁴ It is estimated that 79% of primary health care centres offer family planning services, but intrauterine device (IUD) insertion and removal take place in only 44% of centres. However, overall, there is higher use of IUDs, which reflects the strong role of the private sector. The contraceptive prevalence rate among married women increased from 39.6 per cent in 1993 to 46 per cent in 2002, however remains low.

in healthcare delivery; concentrating on women, children and workers, as being categories more prone to accidents and diseases; increasing the health services education of women and the social awareness of family planning; decreasing the death rate among women to reach 25%²⁵.

Assistance furnished by International agencies, such as United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), has been determinant in the achievement of important results.

UNFPA has assisted the Syrian Arab Republic since 1970 and has been the main donor and government partner in the areas of population and reproductive health. During its latest programme, UNFPA support was the only source of contraceptive commodities for the public sector. The Fund is now facing the implementation of its sixth country population programme, proposed for the five-year period 2002-2006, based on the priorities of the new Government and harmonized those of United Nations Development Programme (UNDP) and UNICEF. In addition, UNFPA requested FAO assistance to implement sub-component related to the Ministry of Agriculture and Agrarian Reform and the Ministry of Culture in order to strengthen capacities of Government's staff working in the field of rural and agricultural development in reproductive health and family planning issues. The request is, for the time being, under appraisal process from operational and technical point of view. One of the principal objectives of the UNFPA national programme is to contribute to the integration of reproductive health and gender-related issues in development plans at national, sectoral and local levels, by sensitizing decision makers on the need to reform the legal framework and providing active support and training for population policy formulation.

The Population Unit at the Ministry of Labour and Social Affairs was established in compliance and consensus with the recommendations of the National Population Conference - held in Damascus in 2001 - through constructive cooperation between Ministry of Social Affairs and UNFPA. The Population Unit represents a mechanism for an institutional building and a work plan that reflects the Conference's Recommendations²⁶.

3- Gender equality and woman empowerment

²⁵ See in detail: National Strategy for Women in The Syrian Arab Republic, prepared by: The National Committee for Post-Beijing Follow-up of Women's Affairs, www.un.org.

²⁶ Syria adheres also to the *Pan Arab Project for Family Health (PAPFAM)*, implemented by the Arab League and funded by multiple agencies (AGFUND, UNFPA, WHO, UNICEF, IPPF, ESCWA, OPEC Fund and IOMS). Recently it has joined "*Choices and Challenges in Changing Childbirth*" research project, which aims of to accumulate scientific evidence of childbirth practices in the Arab region, to identify areas amenable to change.

Gender-related tasks are vital in addressing population growth and manage social challenges that globalisation and economical changes imply. Although Syria, under the influence of Baath socialist doctrine, embraces a moderate version of Islamism, it remains a confessional state with a strong commitment to religious tradition. Islam is the religion of the President of the Republic and Islamic Jurisprudence is a principal source of legislation (art. 3 of the Constitution²⁷). The Arab Baath Socialist Party, that has ruled Syria since 1963, utilizes women as a political base of support and consequently promoted some gender equality. Since the 1970s, women were actively recruited into the armed forces, which included a female special parachuting unit, and 1973 Syrian Constitution states gender equal opportunities.

However, while just a minority of women has entered the modern workforce and politics, the majority continues to live a traditional lifestyle, based on a strict division of labour by sex observed in most social environments; the roles of the sexes in family life differ markedly, as do the social expectations. Deeply felt social codes discourage women - with the exception of certain educated urban women - from entering the public realm or making political demands.

Within the government, women hold few senior positions. In the 1998 elections, 26 women were elected to the national parliament out of 250 total seats (10.4%, while 9.6% in 1994) and in the latest - held in march 2003 - they gained only four seats more²⁸.

On the other hand the Syrian government has made progressive strides in the area of education. Adult female literacy rose from 33% in 1980 to 58% by 1998 and even 78% in 2002, but still lagged behind adult males (93%)²⁹. Female secondary school enrolment has reached 68% rate, but the gap is apparent as well, compared to the 76% male presence. Therefore the vast majority of girls are now educated up to the age of 15, but still only a minority remains in education after age 20. In 1998 women comprised only 28% of the labour force, primarily concentrated in agriculture, medicine, and teaching. Very few women own their own businesses. Women comprise 57% of the nation's teachers, but they tend to be underrepresented in higher education. Females hold 39% of seats in the national university system.

Although citizens of the Syrian Arab Republic have equal rights under the law the social and economic status of the women still lags behind their legal status. While the minimum legal age of marriage is 17 for females and 18 for males - and age at first marriage was estimated 25 years for females in

²⁷ Constitution of Syrian Arab Republic 13 March 1973.

²⁸ The Oxford Business Group, Volume 27, 17.03.2003, *Syria: New Syrian Assembly Faces Tough Term*, www.syriareport.com

²⁹ www.emro.who.int. According to the European Training Foundation 2002 Report the literacy rate is well behind those figures (85.7% male and only 55.8% female), in spite of the large provision of school facilities and the high attendance - 100% attend the first year of primary school, the exception being the nomad population -.

1999, up from 21 in 1973, socio-cultural factors still allow for early marriages, although this practice is in decline. By the way it is not yet wholly acceptable in Arab societies for a married woman to work outside the home. This could explain why urbanization, the shift to service economies and the spread of education have been so late-acting on fertility rates and women's empowerment. Syria and Arab countries in general have the world's lowest female participation rates in labour³⁰ and are facing the paradox of relative fertility decline - partly dependant on increased school enrolment ratio - without women's empowerment. Although several civil laws have been reformed over the past 30 years to create gender equity, Islamic law still dictates the personal status of women in Syria. Many of these reforms have not been put into force as social convention prevents enforcement of statutory code.

3.1 Institutional Initiatives and civil society

As highlighted by the National Committee for Post-Beijing Follow-up of Women's Affairs, established by the government following the 1995 Beijing Conference, there is a need for better implementation of reforms already codified. This committee, reflecting in its formation a nucleus representative of both government and people, issues reports to the United Nations on the nation's progress towards gender equity and makes recommendations to the national government. The Committee has led to a united position and pointed its strategy in 12 axes³¹, related to the different aspects of women empowerment and constituting the *global National Plan*, officially expressed during Beijing Conference. It works within the strong cooperation started between the United Nations Development Fund for Women (UNIFEM) and the Syrian government in 1993 in studying the needs and defining the priorities that would ensure the participation of women in economic life.

In 1998 the Development of National Gender Statistics Programme, designed by the United Nations Economic and Social Commission for Western Asia (ESCWA), was initiated by State Planning Commission and the Central Bureau of Statistics (CBS). The project aims to include gender statistics as an essential component of the statistical system of the Syrian Arab Republic in particular with regard to family life, quality of life, education, health, and public life. In addition, the CBS established an advisory group led by the head of the bureau and which included users and producers of statistics. Responsibilities of the group includes: implementation of the plan of action, identification of the statistics and indicators required, following the work of

³⁰ see Philippe Fargous, *Woman in Arab countries: challenging the patriarchal system?*, Population and society, n. 387, 2/2003.

³¹ National Strategy for Women in The Syrian Arab Republic, *cit.*.

the technical group and fund-raising. The technical group is composed of experts and technocrats from the CBS, the Planning Commission, Ministry of Health, Ministry of Social Affairs, and selected NGOs.³²

In 1999, with efforts conjoining in support of the cause of women for the implementation of the methodology adopted in the UN 11th Conference on Women, a memorandum of understanding was signed with the National Committee for Women, which considers the Union of Syrian Women (*see below*) its basic bedrock in the implementation of phase II of the post-Beijing regional project, which aims at institutional capacity build-up, the founding of institutions and gender mainstreaming in development. The implementation of the mentioned objectives requires: building institutional mechanisms for work and the training of managers capable of accessing the decision-making process and effectively contributing through the participation of women alongside men in managing the wheel of leadership. This, in turn, will lead to the translation of national strategies into practical action plans, capable of setting their trajectories within well defined technically tangible, time frameworks.

In recent times some relevant steps have been taken through the implementation of gender equality and the new government is showing sincere concern in this field, even it has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women.

Under President Bashar, a new law amendment stipulating that a mother has the right to hold her children till the age of 13 (for boys) and 15 (for girls), was issued³³. Moreover, Legislative Decree No. 35 of 13 May 2002, which amends Article 54 of the Public Service Law (No. 1) of 1985, provides for full salary maternity leave for 120 days for the first child, 90 days for the second, and 75 for the third. According to the new law nursing mother is entitled to a one-hour nursing period per day until her baby reaches the age of one year. The government already provides national childcare for a small fee in schools and workplaces.

The General Union of Syrian Women is the central political organization for women in Syria. Founded in 1967 by a coalition of political and social women's groups, the Women's Union is a nationwide organization with an active membership. Although not formally part of the government, the Union is supported by the State and has implemented a number of social development projects in the areas of childcare and education.

In 1999 Committee of Industrial Businesswomen was constituted according to a decree issued by the Damascus Industry Chamber's board, pursuant to the recommendations taken at the meeting of the Chamber's general assembly³⁴.

³² www.ilo.org.

³³ www.escwa.org/lb.

³⁴ www.dci-syria.org.

The committee has committed itself to promoting the social and industrial role of industrial businesswomen, inspired by its belief in the economic integration.

4- Challenges in the labour market

With some fluctuations, the annual labour market intake will rise further from an estimated 340 000 at present to 425 000 in 2010-15, then decreases slowly to 392000 in 2020-35. Labour market capacity will certainly be among the most vital demographic issues that Syria will have to address; for everyone else, too, granted, but nowhere so acutely as Syria³⁵.

With its high fertility rate and slow economic growth, the Syrian Arab Republic presents a distorted labour market in a slowly developing economy. Because of its central planned model with a large public sector, the State remains the main employer. The situation is reversed in terms of contributions to GDP. Although statistics regarding the respective contributions of the public and private sectors to GDP are hard to come by, many estimate that the private sector contribution to the GDP is higher than that of the public sector (the figure of 70/30 was put forward³⁶).

The difference in payment between the public and private sector is substantial. According to the statistics the wages paid in the private sector are twice as high for unskilled workers, three times as high for semi-skilled workers and four times as high for highly-skilled workers. Civil servant wages (including teachers) are in the price range of semi-skilled workers. The low wage policy in the public sector and the shortage of work demand led skilled workers and professionals to foreign countries for higher wages. Although the government adopted various measures to curtail the "brain drain" from both the public and private sectors, Syrians continued to migrate.

Economy, and labour market in particular, is plagued by a large informal sector, which involves no less than 43% of workers and seems to be increasing (from 40% in 1995 to 43 in 1999)³⁷. There is no unified definition of the informal sector, but the definition applied in Syria in the census of 1999 expressed those who are "playing a role in the economic activities outside the institutions". That implies all small units and individuals producing and distributing goods and/or services, working for their own, with a very small capital (even without any) using primitive methods that need low level technologies and low skilled workers. The structure of the labour force by occupation is estimated at among 40% in the agriculture sector, 20% in the industrial sector and 40% in services. Agriculture, building and construction

³⁵ Youssef Courbage, *New Demographic Scenarios in the Mediterranean Region*, cit..

³⁶ European Training Foundation (ETF), *Structure and Mechanisms for Information and Needs Forecast on Training Qualification and Employment. The Observatory Function*, cit.

³⁷ See above.

(24%) and trade (14%) cover 80% of the informal sector. The high proportion in the agriculture sector can be explained because 63% of the workers are located in rural areas, where agriculture is the dominant economic activity. It may come as no surprise that the educational background of most of the informal sector workers is low. Around 77% of the total number of informal workers has an educational level below primary school, some of those are even not able to read and write and are, therefore, highly vulnerable.

4.1 Absence of a “culture toward information” and lack of employment services

Due to the undergoing changes in the economy, the large size of informal sector, the fragmentation of responsibility – the basis for the human resources information is very narrow. Each ministry has a statistical and planning department that collects information on the particular field of interest. The Central Bureau of Statistics (CBS) collects a massive amount of information and publishes an annual yearbook (collecting statistical data from different ministries). It also collects data on a five-year regularly organised census, which also is an important source of quantitative information. But statistics are compiled for registration and documentation purposes. In general, they are not followed by any analytical work. The State Planning Commission (SPC) is the most important ministerial organisation in charge of the collection of economical forecasts in the broad sense of the word. The SPC plays an important role in the policy development process in Syria and in the coordination of foreign aid. It also does some forecasting, but they are oriented to quantitative results (number of new entries) rather than qualitative changes (type and level of skills).

Apparently a “culture” of information is absent: the focus of data compilation has often been for registration purposes, and not for policy design reasons. A clear example is the responsibility of the Ministry of Labour and Social Affairs for unemployment, whose activities have, until now, focused on the registration of unemployed. Although legislation suggests that this Ministry should play an active role in looking for jobs and the (re) training of clients, in practice the existing information has not been used for development of other active or passive employment policies. Equally, at present there are no employment services or labour offices. Even then, registration is not compulsory and, since there are no visible unemployment benefits (for example, no unemployment subsidy), people often do not register themselves. This also implies that official figures for unemployment - estimated 12-15% in 1998 - tend not to correspond to reality.

4.2 Recent developments in labour policies

The government has recently adopted a USD1bn unemployment reduction programme with special emphasis on youth unemployment that could imply a change in the ministry's role. Moreover it began renewing the obsolete labour and social legislation, and in line with one of its priorities, drafted a reform of the Unified Labour Law, which is now under the Parliament vote. Law No. 78 of 31 December 2001 amended the Social Insurance Law (No. 92 of 1959) with respect to, *inter alia*: occupational diseases, accidents on the way to and from work, the investment of Social Security funds, invalidity benefits, old age pension, and disability benefits. It provides coverage to employees and trainees excluded from coverage by the Social Insurance System, i.e. employees who work at home, employees who work in non-professional fields, as well as employers. Decision No. 990 of 1 June 2002, issued by the Minister of Social Affairs and Labour, on stress as a cause for work injury. It provides for the consideration of injuries caused by stress, both mental and physical, as occupational injuries for social security benefit entitlement purposes. Also, the Ministry for Administrative Reform has prepared a broad strategy for civil service reform, and a 25% salary increase for public sector employees was introduced³⁸.

Above all Syria is in immense need of skilled workforce: vocational education and training is inadequate to the market needs and at present state is not considered an important part of the educational system. The involvement of civil society, *de facto* very limited at present, is indispensable to this end. During the first years of the present government some changes in this direction took place. One of the first decrees issued by the country's new leadership transferred decisions about university curricula from the Presidency to the Ministry of Higher Education; a new position of vocational education and training consultant to the Vice Prime Minister has been created; a recent decree allowed the set up of private universities under payable basis³⁹ and schools were allowed to accept assistance in English-language training from the U.S. embassy.⁴⁰ The first business school in the country, Higher Institute of Business Administration (HIBA)⁴¹ was created. The European Union supports HIBA through a cooperation project since 2002 and a much more ambitious MEDA project aimed at overhauling the entire VET system of Syria⁴². It is evident that

³⁸ Nabil Sukkar on the need to reform now, The Oxford Business Group, Volume 33, 23.04.2003 Damascus.

³⁹ See *The Washington Post*, 12 May 2003. in ICG, cit.

⁴⁰ See *Middle East International*, 16 May 2003 in ICG, cit.

⁴¹ HIBA was established under law N° 40 of June 2001 as the first autonomous specialized university in Syria directly linked to the Minister of Higher Education, www.hiba-syria.com.

⁴² With a budget of €21 million, the project will begin in September 2004 and will pay special attention to fostering the links between vocational training and the labour market.

the current leadership is searching for a new concept of education. This is also proved by its asserted willingness to update curricula and rapidly spread ICT. The latter is being implemented through the National Information Program, which to date has benefited more than 240 thousands citizens⁴³.

BIBLIOGRAPHY

- CURTIS F. JONES, *Governing Syria after Assad*, www.unc.edu.
- MOUAFFAQ NYRABIA, *Will the need for politics revive party activities in Syria?*, May 2004, www.syria-report.com.
- NABIL SUKKAR, *on the need to reform now*, *The Oxford Business Group*, Volume 33, 23.04.2003.
- PHILIPPE FARGOUS, *Woman in Arab countries: challenging the patriarchal system?*, *Population and society*, n. 387, 2/2003, www.ined.fr.
- SAKINA BOUKHAIMA, - "Recompositions du système de santé", *Monde arabe Maghreb Machrek*, n° 158, 1997/12, p. 38-46. www.resacoop.org.
- THE DAILY STAR, *A digital revolution: Syria enters the information age*, *International Herald Tribune*, July 15, 2002, www.ihf.com.
- THE OXFORD BUSINESS GROUP SYRIA: *New Syrian Assembly Faces Tough Term*, Volume 27, 17.03.2003, www.syria-reports.com.
- YOUSSEF COURBAGE, *New Demographic Scenarios In The Mediterranean Region*, www.ined.fr.
- SYRIA TIMES, *Syria works to connect the internet to every house*, 24-5-2004.
- KATHY LALLY, *For Syria, 'a long road' to reforms*, May 14, 2004, www.baltimoresun.com.

REPORTS and OFFICIAL PAPERS

- CBS, *Central Bureau of Statistic, Office of the Prime Minister, Statistical Abstract 2004*.
- CIVILTY PROGRAMME, *European Policies For Middle East Reform; Western Strategies For Middle East*, www.civilty.org.
- EUROPEAN COMMISSION, *Delegation To The Syrian Arab Republic, EU-Syrian Cooperation Annual Report 2003*.
- ESCWA, *Economic and Social Commission for Western Asia, Responding To Globalization: Skill Formation And Unemployment Reduction Policies*, GENERAL, E/ESCWA/SDD/2003/5, New York, 11 March 2003.
- ETF, *European Training Foundation, Structure and Mechanisms for Information and Needs Forecast on Training Qualification and Employment. The Observatory Function*. Syria March 2002.

⁴³ The Program includes a range of projects - mainly under the control of the Ministry of Higher Education, often in cooperation with international organization and foreign government. Among those, can be mentioned: creation of either a Central Committee or High Committee to put the strategy for e-transformation; the Electronic Library; Syrian Virtual University (SVU); Syrian Higher Education and Research Network (SHERN): with the cooperation of UNDP "Popular PC" initiative, which provides PCs to the poor through easy credit. Najwa Kassab Hassan, *Needs' Assessment of Governance & Public Administration in Syria*, Consultative Meeting On Innovation In Public Administration In Euro-Mediterranean Region, 18-20 May 2004.

FAO/WFP Special Report: Crop And Food Supply Assessment Mission To The Syrian Arab Republic, 23 August 1999, available at www.fao.org

FIRDOS, Fund for Integrated Rural Development of Syria, AN OVERVIEW 2001-2003, www.globalinfo.org.

ICG, International Crisis Group, SYRIA UNDER BASHAR (II): DOMESTIC POLICY CHALLENGES, 11 February 2004.

IFAD, International Fund for Agricultural Development, Assessment of rural poverty in Near East and Northern Africa, Rome, February 2003.

IOM, International Organization for Migration, Damascus, Exploratory Study On Foreign Domestic Work In Syria, 2003, www.iom.int.

EURO-MED PARTNERSHIP, Syria Country Strategy Paper 2002-2006, www.europa.eu.int.

NAJWA KASSAB HASSAN, Needs' Assessment of Governance & Public Administration in Syria, Consultative Meeting On Innovation In Public Administration In Euro-Mediterranean Region, 18-20 May 2004.

NAJWA KASSAB HASSAN, Ngo's in Syria, The Hague Forum, 8-12 February 1999.

SPC, Syrian Arab Republic State Planning Commission, National Millennium Development Goals Of The Syrian Arab Republic, June 2003.

The National Committee for Post-Beijing Follow-up of Women's Affairs. National Strategy For Woman In The Syrian Arab Republic, www.un.org/womenwatch.

UNDP, UN Development Programme, Second Country Cooperation Framework For Syria (2002-2006).

UNFPA, UN Population Fund, United Nations Population Fund Proposed Projects And Programmes, 15 August 2001.

WB, World Bank, Jobs, Growth and Governance in the Middle East and North Africa, www.worldbank.com