

SOCIAL SECURITY¹

IN THE past five years the International Labour Organisation has given attention to the development of social security plans in different countries. Programs for the Near and Middle East are considered in a report on SOCIAL SECURITY prepared for a regional conference to be held in Teheran in 1951. A detailed description of existing measures in individual countries and a good general discussion of possible future programs are included in the report. Highlights of the situation found in the region are given in the following paragraphs.

Present social security measures are limited in scope. Existing legislation is confined chiefly to provision for compensation of factory workers for injuries suffered while employed. Labor codes, public health services, provident funds, and voluntary schemes also furnish some protection.

Social security needs are great. Most of the inhabitants "urgently require" improved medical services. Agricultural peasants or small farmers need protection against certain risks, such as permanent incapacity approaching total disability, death of the head of the family, and business risks due to natural hazards which may cause loss of crops or livestock, or economic hazards in the form of price instability. Employed persons need protection against contingencies commonly resulting in loss of income, such as illness, death, old age, and unemployment.

The social and economic conditions present difficulties for development of social security programs under which groups of employed persons contribute part of their earnings for coverage. From 70 to 95 per cent of the inhabitants in nearly every country depend on agriculture for a living. Produce of the land is often consumed at home and not sold for cash. Industrial production is conducted primarily in small establishments with few employees. Productivity and income per worker are generally low. In many countries an unstable currency and a weak system of tax administration complicate the fiscal situation.

The very limited supply of medical personnel and hospitals in

¹ International Labour Organisation, Regional Conference for the Near and Middle East, Teheran, 1951, Report III, SOCIAL SECURITY. International Labour Office, Geneva, 1950. 69 pages, \$50.

countries other than Israel, Greece, and Lebanon creates special problems for medical care programs. There is one physician for approximately 1,060 persons in Greece, 4,300 persons in Egypt, and 8,900 persons in Iraq. The estimated average number of hospital beds per 1,000 persons is 3.5 in Greece, 1.6 in Egypt, and 0.3 in Iran.

Development of more complete social security plans is strongly recommended in spite of the difficulties. Immediate adoption of medical service programs, probably publicly financed, is proposed. Early action to furnish income security through compulsory social insurance is suggested. Priority in provision for short term risks of accident, sickness, and maternity is indicated. The time for introduction of pension insurance will be influenced by the degree to which employment becomes stabilized. Recognition is given to the fact that compulsory social insurance can probably be extended only gradually to different population groups.

Alternative measures are suggested for persons not covered by social insurance. Proposals include compulsory provident funds or plant sickness funds for urban workers, public assistance programs for both the urban and rural population, and cooperatives furnishing mutual insurance for interruptions in peasant income.

An outstanding impression left by the report is the great difference between conditions in the Near and Middle East and those in countries where social security programs have been most highly developed. The question arises, however, as to whether the implications of this difference are given due importance in the types of proposals made. Perhaps new approaches to the social security problem which do not follow the established pattern of social insurance are needed. For example, greater emphasis on provision of goods and services rather than cash income to sick, unemployed, or old persons may be desirable.

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