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A mapping of Libya's social protection sector

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Prior to the conflict, Libya used to be one of the most developed countries in the North African region, with relatively comprehensive public services and a significant number of contributory and non-contributory benefits supported by a robust social protection legal framework. Spending on social protection was estimated at 4.4 per cent of GDP in 2010 and the formal social security system reached coverage rates of up to 87 per cent (Jawad 2014). In the aftermath of uprising in 2011, the provision of public services deteriorated and social protection became increasingly fragmented. Consequently, the International Policy Centre for Inclusive Growth (IPC-IG), in partnership with the National Economic and Social Development Board (NESDB), the United Nations Children's Fund (UNICEF) Libya and the United Nations Development Programme (UNDP) Libya, collaborated to develop a roadmap for the preparation of a social protection policy for Libya. Based on the roadmap and its consultative process with national entities, a working paper (Hammad and Mohamed 2021) was published, investigating the country's social protection system.

Legal frameworks

Libya's Law No. 13 on Social Security (1980) provides a comprehensive definition of the concept of social protection, including: (i) social insurance instruments (Art. 3); (ii) social assistance (Art. 2, 22) instruments in cases of emergency and loss of income; and (iii) social services (Art. 12), such as care for vulnerable groups and health care provision. The Law establishes a number of social assistance programmes, including the Basic Pension for low-income households and *Zakat* benefits, which have subsequently had their own legal frameworks. It also enumerates contributory benefits for workers in the private and public sectors, as well as those who are self-employed (Art. 32). Furthermore, a series of laws have recently been developed to provide additional protection services for vulnerable groups such as persons with disabilities (PWDs) and children.

Stakeholder mapping

Social protection implementation and policy development are divided among 26 government ministries and institutions. The main institutions include the Ministry of Social Affairs (MOSA), the Social Solidarity Fund (SSF), which is responsible for social assistance, the Social Security Fund (responsible for social insurance), and the Ministry of Finance (responsible for several subsidies). While MOSA is meant to oversee and monitor the work of the SSF, a current point of concern is the fact that there are some governance issues in the sector and overlaps in the work, as both institutions provide social assistance and direct care services to vulnerable groups.

Programme mapping

Libya has many social protection programmes that have persisted, to varying degrees, throughout the period of instability. The country has:

- 23 social assistance programmes, 7 of which are subsidies, provided by different entities and of various sizes. Twelve are active, 7 are inactive, 3 are partially active, and 1 has an unknown status;
- 8 social insurance benefits covered out of the 9 branches indicated in ILO Convention No. 102;
- 8 labour market/livelihoods programmes provided by different entities and varying in size; and
- various shelters offering social care services to vulnerable groups such as elderly people, PWDs, unaccompanied children and victims of domestic abuse.

Key challenges

Libya's social protection sector has a strong legal foundation, but its continued development has suffered from some significant gaps. First, expenditure on social protection is limited as most of the government expenditure goes towards the wage bill and universal subsidies. Second, many social assistance programmes provided by different entities are duplicates of one another, and in some cases eligibility criteria are not always strictly followed, leading to exclusion and inclusion errors, as well as low effective coverage. Third, a significant challenge for social insurance is the inadequacy of some benefits provided, such as the Pregnancy Grant, the low subscription rates of self-employed and private sector workers, and the lack of operational health insurance and unemployment schemes. Fourth, limited coordination between different implementing entities leads to fragmented activation programmes. Finally, within care services, there are significant overlaps and limited coordination between the SSF and MOSA. The dwindling quality of services due to the conflict are important issues to address.

It is recommended that the governance of the overall sector be clarified through a clear strategy and/or policy that provides a guiding framework for the social protection sector in Libya for the future, addressing several issues related to the design and administration of the various existing programmes.

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