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Education and healthcare policies to alleviate inequalities: the case of MENA countries

Abstract

This paper explores how education and healthcare policies can reduce ongoing inequalities in the Middle East and North Africa (MENA). We focus on different types of inequality, particularly educational disparities and healthcare access gaps, and examine how social policies in these areas have affected these issues. Using a comparative literature review approach, this study covers a policy-oriented analysis of inequality in education and healthcare across MENA. Drawing on recent data and research, it evaluates the effectiveness of various reforms and programmes. The findings suggest that while economic growth has generally improved living standards in the region, the distribution of these gains remains highly uneven, with persistent gaps between affluent and marginalised groups. Policies that target education and healthcare are crucial for closing these gaps: investing in quality education and expanding access to healthcare can increase social mobility and fairness. The paper offers a set of coordinated policy suggestions – including expanding educational opportunities for disadvantaged populations and improving healthcare financing and coverage – to reduce inequalities. Ultimately, a comprehensive social policy framework, guided by human capital theory and social determinants of health, is vital for promoting inclusive development in the MENA countries.

Keywords: economic growth, social policies, education policies, healthcare policies, MENA region

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1. Introduction

The Middle East has long struggled with inequality, which hinders development and causes social and political unrest. Historical development policies in many Arab countries, especially during the 1960s to 1990s, aimed to promote fairness through broad social transfers, public-sector employment, and infrastructure investments. These efforts created a post-independence "social contract" that spread the benefits of growth more evenly (World Bank Group, 2016). Activism has also played a key role in addressing development issues. Bayat (2002) discussed how grassroots movements drive social change in the Middle East, suggesting that such activism is essential to achieving fairness and justice. These efforts have led to significant improvements in human development: for example, illiteracy rates in the Arab region have been cut in half, and average years of schooling have risen from about 1.3 to nearly 7 since the 1960s (ESCWA, 2019). Health indicators have also improved, with child mortality decreasing and life expectancy increasing alongside higher incomes and expanded public services (Khawaja et al., 2008).

Despite this progress, disparities continue to exist. Studies show that health improvements remain closely linked to socioeconomic conditions, highlighting that poorer communities still fall behind on key health outcomes (Boutayeb & Serghini, 2006). Income inequality in the MENA region is among the highest in the world (Alvaredo et al., 2018; Assouad, 2020), with extreme wealth concentrated among a few and a large portion of the population living in poverty. Additionally, various factors such as political instability, conflict, corruption, and weak governance often worsen these inequalities. According to Al-Shawarby et al. (2019), although there has been progress in human development, inequality remains a major issue in the Arab region. It has been identified as a significant factor in the uprisings of 2011. The World Bank describes this phenomenon as the "Arab inequality puzzle" (Devarajan & Ianchovichina, 2017; Ianchovichina et al., 2015; World Bank Group, 2016). Such an uneven distribution of wealth and opportunity has been linked to social unrest and political instability in the region. Therefore, reducing inequality through more equitable social policies is essential for sustainable and inclusive development.

Multiple forms of inequality are of concern in this study. *Income inequality* refers to an unequal distribution of income and wealth across the population – for instance, the fact that the top 10% of income earners in the Middle East capture an estimated 64% of total income (Alvaredo et al., 2018), leaving a very small middle class and a large low-income population. *Educational inequality* denotes disparities in access to quality education and in educational attainment among different groups (such as between urban and rural communities, or between wealthy and low-income families) (Aiston & Walraven, 2024). Despite increased school enrolment, large gaps remain in the MENA region in terms of who benefits from education, with marginalised groups often achieving lower literacy and schooling levels. *Healthcare access inequality* involves uneven availability and quality of healthcare services and outcomes (Abatemarco et al., 2024). For example, differences in infant mortality or life expectancy between rich and poor areas, or between those with private health coverage and those relying solely

on strained public health systems. These dimensions of inequality are interrelated and often mutually reinforcing: income disparities can lead to unequal educational and health opportunities, which in turn perpetuate income inequality across generations.

This paper aims to explore the various strategies and policies that have been implemented to reduce inequalities in the MENA region. Using a comparative literature review approach, this study conducts a policy-oriented analysis of inequality in education and healthcare across MENA. We will begin by providing an overview of the causes and implications of regional disparities and examining the challenges and opportunities associated with these efforts. We will also highlight successful examples of education and healthcare reforms, policies, programs, and initiatives aimed at reducing inequalities in different countries in the region. In doing so, we will offer recommendations for future action, highlighting the importance of a comprehensive and coordinated approach to addressing inequality in the MENA region.

2. Methodology

This study adopts a qualitative, desk-based review of secondary sources, drawing on peer-reviewed academic articles, policy briefs, and institutional reports published between 2008 and 2024. The selection process focused on materials examining education and healthcare policies in Middle East and North Africa (MENA) countries, with explicit links to reducing inequality in income, education, and healthcare access. Relevant sources were identified through targeted searches in databases such as Scopus, Web of Science, and Google Scholar, supplemented by reputable institutional repositories, including the World Bank, UNESCO, and WHO. Search terms combined keywords related to inequality ("income inequality," "educational inequality," "healthcare access"), the MENA region, and specific policy interventions (e.g., "cash transfer programmes," "health insurance reform," "refugee education policies").

Inclusion criteria required that studies or reports: (1) Address at least one form of inequality (income, educational, or healthcare) in the MENA region; (2) Provide empirical findings, policy evaluations, or evidence-based analysis; (3) Offer details on implementation strategies or measurable outcomes of the policies discussed. The analysis synthesised evidence thematically, focusing on policy design, implementation, and impact on inequality. Where possible, country-specific examples were compared to highlight similarities, divergences, and contextual factors influencing success or limitations.

3. Literature review

3.1. Theoretical background

Understanding the dynamics of inequality and the impact of social policies in MENA requires a grounding in both empirical literature and relevant theoretical frameworks. Three conceptual perspectives guide this review. First, human capital

theory (Becker, 1964) posits that education is a form of capital; greater investments in schooling improve individuals' knowledge, skills, productivity, and earning potential, which should, in theory, foster economic growth and reduce income inequality as more people can participate in high-skill, high-wage activities. Becker's seminal work linked the accumulation of education and skills to increased labour productivity, framing education as an investment that yields both private and social returns (Marginson, 2019; Li et al., 2017). However, the MENA region presents a paradox where significant educational gains, particularly in enrolment and completion rates, have not translated into commensurate economic opportunities for all (Scarrone, 2021; Assaad, 2014). This "education–employment mismatch" is well-documented in the region, with structural constraints in labour markets limiting the potential of human capital investments to reduce inequality (ESCWA, 2021).

Second, the social determinants of health framework emphasise that health inequalities are not solely the result of biological or healthcare factors but are primarily shaped by broader social and economic conditions, such as income, education, housing, and gender equity, under which people are born, live, and work (Marmot et al., 2008). This framework, developed through global public health research, has been applied in MENA studies to show how disparities in education, gender norms, and rural–urban divides influence both health access and outcomes (El-Zanaty & Way, 2009). In contexts of political instability or conflict, social determinants such as displacement and loss of livelihoods further exacerbate health inequities (El-Jardali et al., 2021). These findings imply that improving health equity in MENA depends not only on healthcare delivery but also on cross-sectoral strategies addressing poverty, education, housing, and social protection.

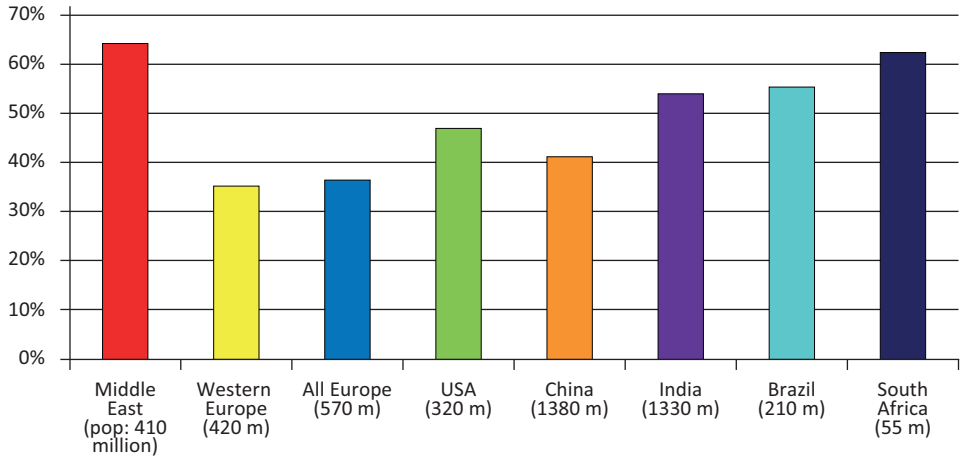
Third, welfare regime models (Esping-Andersen, 1990) analyse how social policy systems and state intervention – ranging from universal welfare states to minimal safety nets – create different inequality outcomes. Although MENA countries do not fit neatly into traditional Western welfare state categories, the region's "social contract" model historically involved providing subsidised goods, public sector jobs, and free education and healthcare in exchange for political stability (Devarajan & Ianchovichina, 2017; Cammett & Diwan, 2019; Karshenas et al., 2014). This approach resembled elements of a "state-led welfare" system but has faced challenges due to fiscal pressures, population growth, and structural adjustment policies (Karshenas et al., 2014). The decline of subsidies and reductions in public sector employment have contributed to increased inequality and public dissatisfaction, while targeted social assistance programmes have shown mixed results in addressing structural inequalities (Silva et al., 2013). Recent research indicates that MENA's welfare structures are now evolving, with hybrid models emerging that blend residual safety nets with market-oriented reforms, often widening inequality gaps if not accompanied by redistributive policies (Loewe et al., 2021).

These theoretical lenses – human capital, social determinants, and welfare regime/social contract – will be employed to analyse the literature on economic inequality and social policy in the MENA region, with particular focus on how education and healthcare policies interact with broader structural, political, and economic forces.

3.2. Economic growth and income inequality in MENA

A key question in development economics is how economic growth impacts inequality. In the MENA region, this relationship has been complicated and sometimes counterintuitive. On one side, economic growth can increase average incomes and decrease poverty; on the other side, without fair distribution, growth may skip over poorer groups, thus widening income differences. The MENA region's recent history illustrates this tension.

Figure 1. Top 10% income share, Middle East versus other countries[2]



Source: Alvaredo et al., 2018.

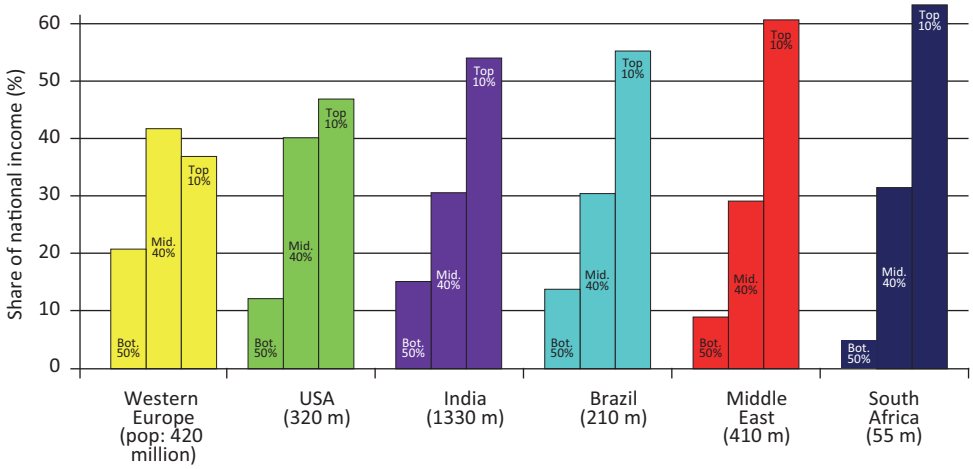
For instance, the region experienced periods of robust growth (during oil booms or post-2000 economic liberalisation), yet inequality remained stubbornly high or even increased in many countries. According to benchmark estimates by Alvaredo et al. (2018), the top 10% of income earners in the Middle East receive around 64% of total income, making the region one of the most unequal globally Figure 1 and Figure 2. The Middle East has a dual social structure, with a highly wealthy group at the top and a much larger group with minimal income (Figure 2).

This statistic reflects a highly skewed income distribution with a small wealthy elite and a broad base of low-income populations, and only a thin middle class. By comparison, in many Western countries the top 10% capture 30–50% of income, making the Middle East an outlier in inequality. One structural driver of this inequality is the unequal distribution of natural resource wealth. Oil-rich Gulf countries, while

[2] National income distribution among adults (before taxes and transfers, excluding pensions and unemployment insurance). Refined projections based on a synthesis of updated survey, fiscal, wealth, and national accounts information. Equal-split series (married people's income is split in half). Recent years (2012–2016) are included.

comprising a small fraction of MENA's population, account for a large portion of regional income, for example, Gulf nations in 2016 made up only 15% of the MENA region's population but nearly 50% of its total income (Assouad et al., 2018). This geographic concentration of wealth creates a stark contrast between high-income oil exporters and other countries. Even within individual countries like Egypt, Tunisia, and Jordan (which are not major oil exporters), significant income disparities exist due to factors such as urban–rural divides, labour market dualism (Assaad, 2014; Assaad et al., 2022), and uneven access to quality education and jobs (AlAzzawi & Hlasny, 2020).

Figure 2. Global distribution of the bottom 50%, the middle 40%, and the top 10%



Source: Alvaredo et al., 2018.

The literature provides mixed evidence on whether growth has reduced or worsened inequality in MENA. Some scholars argue that periods of growth in the region did little to benefit the poor because the gains mainly went to those who were already better off. For example, Cingano (2014) remarks that while economic growth generally raises average living standards, it can increase income inequality if the benefits are not shared widely. In societies with weak redistribution policies or where job growth is concentrated in high-skill sectors, growth may expand the income gap (Cingano, 2014). Ncube et al. (2014) similarly suggest that the very high initial levels of inequality in MENA have weakened the poverty-reducing effects of growth – meaning that even when GDP rises, the poorest groups see only slight improvements because wealth remains concentrated at the top. Conversely, other analysts note that in some MENA countries, moderate declines in inequality have happened alongside growth, often where deliberate pro-poor policies were implemented. Overall, the link between growth and inequality in MENA is complex and depends on specific contexts. Countries' experiences vary: for example, Tunisia under President Ben Ali pursued

neoliberal economic reforms that led to periods of growth but also coincided with rising social disparities and strain on the middle class (Görmüş & Akçalı, 2020). By the late 2000s, frustration over this imbalance helped spark protests. In Jordan, economic stagnation coupled with rising living costs in the 2010s resulted in higher poverty rates despite earlier growth, partly due to external shocks like the Syrian refugee influx (ESCWA, 2022). Egypt's growth in the 2000s also did not significantly reduce poverty or inequality; the country entered the 2011 revolution with a sense that crony capitalism had enriched a few while many struggled (Aziz, 2015; Ibrahim, 2021; Verme et al., 2014).

A key insight from the literature is that the distribution of growth benefits is vital. If growth is paired with effective redistributive measures – such as progressive taxation, social safety nets, job creation in inclusive sectors, and investments in public services – it can promote equity. Without these, growth might simply widen existing inequalities. The World Bank (2016) has warned that unchecked disparities in MENA undermine social cohesion and economic stability. High inequality is viewed as one factor behind political unrest, as shown by references to an "Arab inequality puzzle," where standard measures like household survey-based Gini coefficients appeared moderate, but perceptions of injustice and extreme wealth concentration fuelled uprisings (Devarajan & Ianchovichina, 2017). In hindsight, it was not just how much economies grew, but who benefitted from the growth that shaped sociopolitical outcomes. This highlights a central point: inclusive growth is essential to reduce inequality. Inclusive growth involves expanding economic opportunities for all societal groups and ensuring marginalized populations – such as the rural poor, urban slum residents, women, and youth – are not left behind. Countries like Egypt, Tunisia, and Jordan need to diversify their economies away from rent-based and elite-controlled sectors, improve governance and transparency, and strengthen labour markets to absorb educated youth (Malik, 2017). It also requires linking growth strategies with strong social policies – particularly in education and healthcare – that can promote equality of opportunity.

Importantly, accurate assessment of inequality in MENA is hindered by data limitations. Income and wealth data are often incomplete; high-income individuals are underrepresented in household surveys, and some countries lack recent surveys or national accounts data detailing distribution (Alvaredo et al., 2018). For instance, reliable tax or income records are scarce in many MENA countries, especially in the Gulf. This makes it difficult to precisely measure inequality levels and trends through new research (e.g., Assouad, 2020; Moshrif, 2022) using tax data and other methods confirms the extreme concentration of income and wealth. Despite these challenges, recent literature generally agrees that inequality – in income and access to services – is a critical issue in the MENA that growth alone will not resolve without deliberate policy action. Addressing inequality in the MENA region requires a comprehensive approach that includes effective social policies, strong governance, and improved access to education and healthcare. The complex relationship between economic growth and inequality highlights the need for such multifaceted strategies.

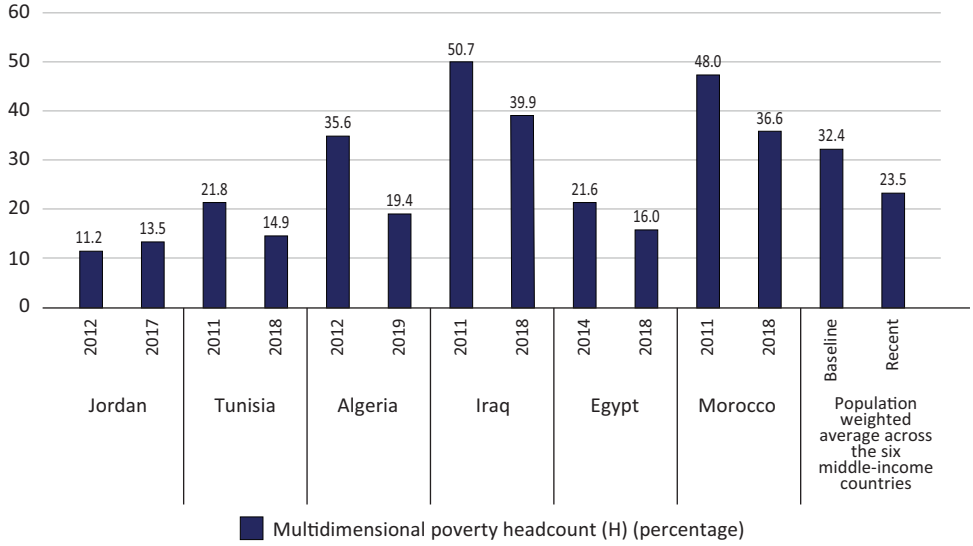
3.3. Social policies, education, and healthcare in reducing inequality

In order to ensure that all members of society have access to the resources they need to feel safe and secure, social policy addresses structural inequalities and issues related to healthcare (Donkin et al., 2018; Marmot et al., 2008); housing (Desmond & Gershenson, 2016); education, and labour market (Bailey et al., 2017; Egede et al., 2024; Egede & Walker, 2020). Therefore, social policy should ensure equitable access to essential resources such as healthcare, housing, education, and employment opportunities. It addresses key societal challenges, including poverty, unemployment, and demographic changes, to enhance human security and well-being. Effective social protection systems have demonstrated the potential to reduce poverty and income inequality significantly through targeted interventions (Pouw & Bender, 2022). Empowering marginalised groups and encouraging their active participation in political, economic, and social spheres are critical components of poverty reduction strategies. Comprehensive policies must expand access to social protection mechanisms and foster a more equitable distribution of wealth and income (Omar & Inaba, 2020; Pouw & Bender, 2022).

The Second Arab Multidimensional Poverty Report by ESCWA (2022) comprehensively analyses poverty trends across six Arab middle-income countries (MICs): Jordan, Tunisia, Algeria, Iraq, Egypt, and Morocco. Using the Multidimensional Poverty Index (MPI), the report highlights both improvements and persistent challenges in addressing poverty. Figure 3 shows a significant decline in poverty headcount ratios in most countries between 2011 and 2019. Algeria achieved the largest reduction, decreasing from 35.6% in 2012 to 19.4% in 2019, followed by Egypt, which reduced poverty from 21.6% in 2014 to 16.0% in 2018. However, Morocco had the highest poverty rate, with 36.6% of its population affected in 2018. Jordan experienced an increase in poverty, rising from 11.2% in 2012 to 13.5% in 2019, driven by economic stagnation and the impact of the Syrian refugee crisis.

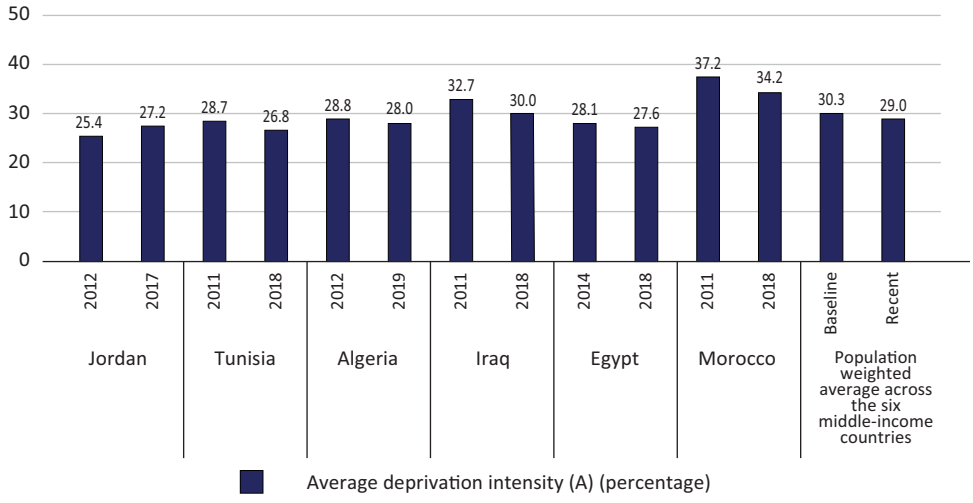
Despite reductions in headcount ratios, Figure 4 shows that the average deprivation intensity among the poor remained high. Morocco exhibited the highest deprivation intensity, which only slightly declined from 37.2% in 2011 to 34.2% in 2018, while Algeria and Tunisia stabilised at around 28–29%. The population-weighted average deprivation intensity across all six countries stagnated at 29.0%, indicating persistent challenges in improving living standards among the poor. While macroeconomic policies and growth patterns set the stage for income distribution, social policies in areas like education and health are key tools for governments to combat inequality in the long run. Improving access to quality education and healthcare services can enhance labour productivity and provide equal opportunities for all citizens (Awad, 2020; Khondker, 2024). Education and healthcare are often termed "egalitarian investments" because they build human capabilities and can level the playing field for disadvantaged groups. However, the mere existence of schools and clinics is not enough – the quality, inclusiveness, and targeted support within these systems determine whether they actually mitigate inequality or inadvertently reinforce it.

Figure 3. Multidimensional poverty headcount ratio in Arab middle-income countries over time



Source: United Nations Economic and Social Commission for Western Asia (ESCWA), 2022.

Figure 4. Average deprivation intensity among the poor in Arab middle-income countries over time



Source: United Nations Economic and Social Commission for Western Asia (ESCWA), 2022.

In the MENA section, education and health indicators have improved substantially over decades, yet inequalities within these sectors remain pronounced. This section reviews the state of educational and health inequalities in our focus countries (and the region more broadly) and evaluates the social policy measures aimed at alleviating those inequalities.

4. Education policies

Education is both a fundamental right and a critical determinant of socio-economic mobility. The MENA countries have made great strides in expanding education over the past half-century – literacy rates are up, gender gaps in enrollment have narrowed in many cases, and millions more children attend school now than in the past. However, educational inequality persists in several forms: disparities in access to schooling (especially secondary and higher education) between different regions and income groups, differences in school quality and learning outcomes, and a growing divide in opportunities for graduates. These educational disparities contribute to income inequality by affecting who can obtain the skills for higher-paying jobs.

One notable episode underscoring education's role in inequality was the Arab Spring of 2011. The uprisings that swept Tunisia, Egypt, and other Arab countries were driven in part by the educated youth feeling economically and politically marginalised. Rapid expansion of formal education in the MENA countries resulted in a large cohort of young graduates who faced limited job opportunities, a phenomenon referred to as the "education paradox" (Campante & Chor, 2012; Scarrone, 2021). In Tunisia and Egypt, for example, university graduates experienced unemployment rates far above those of less-educated workers, contrary to what human capital theory would predict. Frustration grew as educated individuals could not translate their qualifications into decent employment, fueling a sense of inequity and wasted potential (Grinin & Korotayev, 2022). Data illustrate this challenge: in Tunisia, the unemployment rate for university graduates was about 30% in 2020 (OECD, 2022b), and in Egypt it was reported at 36% in 2020 (ESCWA, 2021). In Jordan as well, unemployment among those with a bachelor's degree or higher reached roughly 27% in 2020 (Scarrone, 2021). These figures are strikingly high and point to structural issues – economies not creating enough high-skill jobs, and education systems not aligning with labour market needs. The result is a perception of **inequality of opportunity**: even with equal educational attainment, young people from less affluent backgrounds or outside elite networks struggle to secure good jobs, while those with connections or privilege fare better (Assaad et al., 2019). This dynamic can entrench upper and lower classes even among the educated, undermining the equalising effect education is supposed to have.

Other aspects of educational inequality in the MENA region are access and quality gaps at the primary and secondary levels, often correlated with geography and socioeconomic status. Rural and remote areas typically have fewer schools, higher dropout rates, and lower quality of instruction compared to urban centres. For instance, prior to the Syrian civil war, around two-thirds of secondary-school-aged youth in Syria were enrolled in school; that number plummeted due to conflict

(Kolstad, 2018). In Iraq, deep inequalities in educational attainment exist, with girls, rural children, and the poor far less likely to complete schooling (Muslah & Abbas, 2023). Iran also contends with challenges in ensuring equal access to secondary education, where disparities are evident across different regions and among various socio-economic groups (Salehi-Isfahani et al., 2013). Even in more stable countries like Egypt, Tunisia, and Jordan, rural districts and poorer communities lag behind in terms of indicators such as secondary school completion and student learning outcomes.

Social and cultural factors also play a role: across the region, girls' education has improved dramatically, yet in some traditional communities, they still face more barriers to schooling (early marriage, conservative norms) than boys. Jordan and Tunisia stand out as positive examples in certain respects – both have achieved near gender parity in basic education. Jordan, for example, reached equal enrolment of boys and girls in primary education as early as 1980, and today female registrations even slightly exceeds male enrolment in secondary and tertiary education; by 2021, adult female literacy in Jordan was over 97% (World Bank Group, 2022). Tunisia has made progress likewise: by 2014, its gross secondary enrolment rate for girls was 84% (slightly higher than for boys at 80%), indicating narrowing gender gaps (OECD, 2017). Bahrain has achieved the highest gender parity in the Gulf Cooperation Council (GCC) after the UAE, ranking as the first globally in literacy rate and educational attainment, as reported in the Global Gender Gap Report 2023 (World Economic Forum, 2023). These successes result from sustained political commitment and investment in girls' education. However, pockets of inequality remain – often within countries. In Tunisia, rural interior regions lag behind the coastal areas in educational outcomes (Kim, 2019). In Jordan, despite high female education rates, social norms and labour market conditions result in low female labour force participation, posing a different kind of inequality challenge (Bouri, 2023; Robbin, 2022).

Region-wide data highlight persistent educational gaps. According to UNICEF, over one-third of adolescents aged 15 to 17 in MENA are out of school, and girls make up just over half of this out-of-school group (UNICEF, 2019). Many of these adolescents are from poor families who may prioritise basic survival over schooling or from communities where secondary schools are not easily accessible. When schooling is available, there are often quality disparities between public and private institutions. Wealthier families can afford private schooling or tutoring to boost their children's success, whereas poorer families must rely on under-resourced public schools. Research has found that private tutoring – effectively a shadow education system – is widespread in parts of the MENA countries and tends to exacerbate inequality. For example, a study of five MENA countries (Egypt, Algeria, Lebanon, Morocco, and Tunisia) revealed that households with higher income and education are much more likely to invest in private tutoring for their children, which in turn improves academic performance (Fakih et al., 2022). Children from lower-income families generally cannot afford these extra lessons, potentially widening achievement gaps. Socioeconomic status (SES) is a strong predictor of student performance in MENA, as elsewhere: more affluent students have access to books, a conducive learning environment, and additional support, leading to better outcomes (Heyneman, 1997;

Tan, 2024). By contrast, low-SES students often face limited access to quality education and may start falling behind early in primary school. These early gaps can compound, resulting in markedly different educational and life trajectories for rich and poor children. In Egypt, studies have shown an education divide between the rich and the poor youth, though some recent evidence suggests that the gap may be narrowing there, while widening in other countries like Jordan (Rizk & Hawash, 2020). Indeed, Rizk and Hawash (2020) describe the MENA region as facing an educational crisis characterised by stagnating quality and widening inequalities in opportunities.

To tackle educational inequality, the MENA governments have implemented various policy interventions. Many of these aim at *expanding access* and *improving equity* in schooling. For instance, recognising the urban–rural divide, introducing policies to build more schools in underserved areas, recruiting and training teachers to serve in remote regions, and providing incentives for families to keep children (especially girls) in school. A critical strategy has been the use of conditional cash transfers (CCTs) and other social protection programmes to support education. Egypt's "Takaful and Karama" programme is an illustrative example (World Bank Group, 2024). It provides cash transfers to vulnerable low-income households, conditional on children's school attendance and health checkups. This programme, launched in 2015, has grown to reach over 4.6 million households as of late 2023, with women comprising 74% of the primary recipients (World Bank Group, 2024). By easing the financial burden on poor families and directly incentivizing education, such transfers have shown promise in reducing wealth disparities and improving educational access (Rizk & Hawash, 2020; World Bank Group, 2024). Early evaluations suggest increased enrolment and attendance among beneficiary children in Egypt, indicating that CCTs can help level the playing field for poor students.

Beyond financial incentives, policy recommendations from researchers and international agencies emphasise *systemic educational reforms* to address inequality. These include:

1. *Improving schooling infrastructure and quality in marginalized areas* – providing better school access, training teachers, and enriching curricula to create a more inclusive educational environment. Such measures are essential to bridge the gender gap and promote equitable educational attainment across the region (Awad & Al Ali, 2024). The examples of such activities include constructing secondary schools in rural districts so that distance is not a barrier, deploying well-trained teachers and providing them incentives (housing, bonus pay) to teach in remote or low-income communities, and updating curricula to be relevant and inclusive (UNICEF, 2021).
2. *Early childhood education* – expanding access to preschool can mitigate developmental gaps before children even enter primary school, particularly benefitting children from disadvantaged backgrounds (Kallas et al., 2022).
3. *Addressing gender disparities* – even where enrollment is near equal, ensuring that girls do not drop out due to marriage or safety concerns requires community engagement and possibly providing girls with safe transportation or sanitary facilities at schools (Assaad et al., 2018; UNICEF, 2019).

4. *Vocational and technical training* – as a complement to academic education, strengthening technical and vocational education as well as training (TVET) programmes can provide youth (especially those not pursuing university) with market-relevant skills, improving their employment prospects. This can be crucial in countries like Tunisia and Egypt where a large number of university graduates compete for a limited number of formal jobs; expanding vocational pathways can reduce the pressure and better match labour market needs (OECD, 2022b).
5. *Governance and accountability in education* – ensuring that resources invested in education yield results requires monitoring and evaluation. Some MENA countries have begun instituting stronger performance management in schools and universities (Cosenz, 2022; Omar & ElBastawissi, 2022), which can help identify failing schools and direct support accordingly.
6. *Decentralising education* to local or institutional levels – allowing for more responsive and adaptable education systems (Powell-Davies, 2015). For example, Saudi Arabia has made strides in engaging the private sector to play a pivotal role in education reform, ensuring that educational systems align more closely with labour market demands and societal needs (Algassem & Hassan, 2024).
7. *Strengthening partnerships* between educational institutions and industries (Algassem & Hassan, 2024), where building these connections enables the development of curricula that meet the demands of the modern workforce (Billett & Seddon, 2004). By involving industry stakeholders in curriculum design, educational systems can equip students with skills that are directly applicable to job markets (Alagaraja et al., 2014; Billett & Seddon, 2004; Algassem & Hassan, 2024).
8. *Performance management* in education is also a critical area for reform. Establishing systems that ensure accountability and drive continuous improvement is essential for achieving high-quality education (Cosenz, 2022; Omar & ElBastawissi, 2022). Such practices demonstrate how monitoring and evaluation frameworks can ensure reforms deliver tangible results.

Education is both a cause of and a solution to inequality in MENA. When access to quality education is unequal, it reproduces social stratification. Nevertheless, when effectively reformed and supported by social policies (like cash transfers and targeted investments), education can become a great equaliser, enhancing equality of opportunity. Encouragingly, research by Krafft et al. (2019) shows signs of a decreasing trend in inequality of opportunity in education and income in countries such as Tunisia, Egypt, and Jordan in the 2010s, suggesting that sustained policy focus can yield improvements. Still, the education gap remains a "growing challenge" (Rizk & Hawash, 2020) and will require continued attention to ensure that gains in enrolment translate into truly equitable outcomes in learning and employment.

5. Healthcare policies and inequality

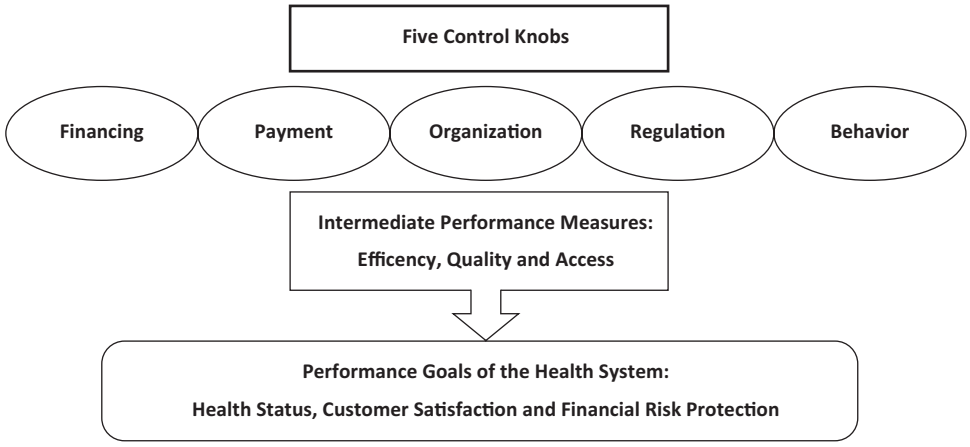
Like education, healthcare is a pivotal arena for social policy in the fight against inequality. Health inequality in the MENA region often manifests as disparities in access to healthcare services and in health outcomes (such as life expectancy, maternal/

child mortality, or the prevalence of diseases) between different socioeconomic groups and regions (Katoue et al., 2022). Factors such as income, insurance coverage, urban vs. rural location, and even nationality (e.g. citizens vs. refugees or migrant workers) can influence one's access to quality care (Katoue et al., 2022).

Broadly, according to Katoue et al. (2022) and Mate et al., (2017), the MENA countries' health systems can be categorised by income level. Low-income countries (like Yemen, Djibouti, and Sudan) struggle with minimal healthcare infrastructure. High-income Gulf states offer extensive health services (often free or heavily subsidised for citizens) funded by oil wealth, though they rely on migrant healthcare workers and sometimes disparities between citizens and expatriates exist. Egypt, Tunisia, and Jordan fall into the middle-income category, where health systems have made significant strides, nevertheless, they still exhibit coverage gaps and resource constraints. For instance, Tunisia has a long-standing contributory health insurance scheme (CNAM) that covers over 80% of the population. The country's health system is predominantly public, with more than 80% of hospital beds in the public sector, yet the private sector employs the majority of health professionals and absorbs most advanced medical technology (WHO, 2024). Public facilities, especially in rural areas, are often overburdened and suffer from medicine shortages and limited operating hours, leading many to turn to private providers perceived as higher quality (WHO, 2024). Egypt's healthcare system is a mix of public and private providers; the government operates a large public system, but due to resource limitations, patients often face issues like shortages of medicines, overburdened hospitals, and high out-of-pocket (OOP) expenditures for medications and private consultations. Indeed, high OOP spending is a major contributor to health inequality – when people must pay a large share of healthcare costs directly, the poor may delay or forgo care, leading to worse health outcomes (Biltagy & Hamdi, 2024). In Egypt, as of the 2010s, households paid a considerable portion of health expenses out of pocket, disproportionately affecting the poor (Pande et al., 2017). Jordan's health system is somewhat stronger, achieving near-universal immunisation and low child mortality. The country's routine immunisation program is highly effective – there are currently no reported cases of polio, attesting to the strength of its vaccination infrastructure and public health commitment (Department of Statistics (DoS) Jordan & ICF, 2023). UNICEF data from 2017 confirm that over 95% of children are vaccinated, with infant and child mortality consistently declining (UNICEF, 2017). Yet, the influx of Syrian refugees over the past decade has placed substantial pressure on public health services. Jordan's early policy of granting refugees' access to public healthcare – initially free of charge – was subsequently revised; in 2018, Syrian refugees were required to pay 80% of the foreigner rate for services, with exceptions for maternity and child health (Muhieddine et al., 2022). This shift has strained both refugee populations, who now face financial barriers, and the overall health system, which must stretch finite resources across citizens and displaced groups. Given the limited fiscal resources available, it is essential to have a firm political commitment to implement rigorous and consistent reforms that cater to the population's health needs to address the challenges encountered by the healthcare systems in the MENA region (Yazbeck et al., 2017).

To improve health equity, MENA governments have pursued various health sector reforms and policies. A key concept guiding many of these reforms is the WHO's health system framework (as articulated by Katoue et al., 2022; Roberts et al., 2008, and the World Bank's Flagship Framework). This framework, as shown in Figure 5, identifies several functions of a health system – including financing, payment, organisation, regulation, and behaviour – and suggests that reforms in these areas can enhance the system's performance goals: improved health outcomes, financial protection, and citizen satisfaction.

Figure 5. Visual of the elements of the flagship framework



Source: Katoue et al., 2022.

In practice, this means countries are trying to:

1. *Improve health financing and coverage*, for example, by expanding insurance schemes or government funding to achieve universal health coverage (UHC), so that people are protected from catastrophic health costs (Asbu et al., 2017).
2. *Enhance service delivery* – such as investing in primary healthcare, integrating services, and improving infrastructure in underserved regions (Katoue et al., 2022).
3. *Reform payment systems* – shifting how providers (hospitals, doctors) are paid to incentivise quality and efficiency (moving away from fee-for-service toward bundled payments or performance-based payments) (Hanson et al., 2022).
4. *Strengthen regulation and accountability* – to ensure quality of care and to manage issues like corruption or the phenomenon of dual practice (where doctors work in both public and private sectors, potentially undermining their commitment to public patients) (Hoogland et al., 2022). Table 1 shows some concrete examples from the literature illustrating these efforts.

Table 1. Examples of health policy reforms and lessons in the MENA countries

Reform area	Country & reference	Policy/intervention	Key findings & lessons learned
Expanding insurance coverage	Saudi Arabia (Al-Mazrou et al., 2017)	Mandatory health insurance for expatriate workers, provided by private employers	Expanded insurance coverage to previously uninsured groups; boosted the private insurance market
	Egypt	New national law aiming for universal coverage in phases	Expected to expand access gradually, though funding and the implementation of remaining challenges. Shows that phased approaches can build momentum toward UHC in middle-income contexts.
	Jordan (MOH initiatives, 2015–2020)	Expanded public insurance schemes to more citizens	Coverage improved but gaps remain, especially for refugees and informal workers. Highlights the need to pair insurance with sustainable financing and service expansion.
Provider payment reforms	Lebanon (Khalife et al., 2017)	Reform of hospital contracting: standardised admission criteria, automated billing, and mixed public–private contracting	Improved efficiency, reduced billing irregularities, and strengthened accountability. Shows payment reform can free resources for underserved areas.
Regulating workforce practices	Palestine (Alaref et al., 2017)	Policy experiment banning dual practice (public + private work by doctors)	Outright ban risked losing specialists to private jobs or emigration. Suggests flexible policies (incentives, higher public wages, regulated private practice) are preferable to outright bans. Egypt and Jordan face similar rural workforce shortages.
Targeting disadvantaged groups	Egypt (Pande et al., 2017)	Diagnostic tool to identify underserved groups and evaluate system goals	Found gaps in rural areas, high out-of-pocket costs, and poor quality in public facilities. Targeted interventions (family health model, subsidies for the poor) are critical.

Source: Author's own illustration, derived from the literature review.

The literature stresses that *political commitment and adequate funding* are vital to advance health equity (Yazbeck et al., 2017). Middle-income MENA countries often operate under tight fiscal constraints, especially post-2011 with slower growth and, in Jordan's case, refugee-related expenses. Health reforms, therefore, need to be efficient and evidence-based. International comparisons show that the MENA nations have room to increase health spending efficiency and reallocate expenditures towards preventive and primary care (Asbu et al., 2017). Preventive public health measures (like vaccinations, maternal health programmes, and disease prevention campaigns) can yield large equity gains by disproportionately benefitting the poor (who rely on

public services more). There is also a call in the literature for *integrating social determinants of health into policy* – meaning that health ministries should work in tandem with other sectors like water and sanitation, housing, and education, since improvements in those domains will lead to better health outcomes and narrow health gaps (Donkin et al., 2018; Marmot et al., 2008).

Despite numerous initiatives, challenges remain in all three focus countries. Common issues include: persistently high out-of-pocket expenditures (e.g., buying medicines or seeing specialists privately due to inadequacies in the public system), which disproportionately burden the poor; variable quality of care, where wealthier individuals can access high-end private hospitals while low-income families may only have understaffed clinics; and urban-centric resource allocation, with capital cities enjoying the best hospitals (Pande et al., 2017). Moreover, systematic evaluation of health reforms is limited – as noted by Katoue et al. (2022), more research and published literature on health system changes in the MENA region are needed. Without rigorous evaluation, it can be hard to know which interventions work best for reducing inequalities.

Improving health equity in the MENA countries requires making their health systems more *inclusive, accessible, and resilient*. This involves increasing coverage (financial protection) so that no one is impoverished by medical bills, improving the availability and quality of services in marginalised areas, and continuously adapting policies as new challenges emerge (Braithwaite et al., 2017). The COVID-19 pandemic, for instance, tested MENA health systems and highlighted gaps in public health infrastructure (OECD, 2022a). Going forward, these countries will need to invest in both the *"hardware"* of healthcare (facilities, technology, supply chains) and the *"software"* (health workers, management, financing schemes) with an eye toward equity.

The next section will offer specific policy recommendations drawing on the aforementioned analysis, focusing on education and healthcare strategies to alleviate inequality.

6. Conclusion and recommendation

The MENA region has high-income inequality, with extreme wealth concentrated among a few and many living in poverty. Economic growth can reduce inequality, but the distribution of benefits is crucial. In the MENA region, high levels of income inequality can hinder economic growth's ability to alleviate poverty, particularly among marginalised groups. Addressing regional disparities requires a comprehensive approach that tackles root causes like weak governance, limited access to education and healthcare, and a lack of economic diversification. This paper explores strategies and policies to reduce inequality in the MENA region, highlighting successful examples and challenges. A comprehensive approach is recommended, focusing on education and healthcare policies to promote sustainable development and improve well-being. While evidence suggests that high inequality can hinder economic growth, this may only apply to some income levels in different countries (Topuz, 2022). These strategies aim to promote

a more equitable distribution of opportunities and outcomes, thereby mitigating income inequality and fostering inclusive development.

*Education policy strategies – alleviating educational inequality***.** Governments should prioritise reforms that equalise educational opportunities for all children, regardless of their socio-economic background or gender. The following actions are recommended:

- *Expanding access in underserved areas*. Investing in building and upgrading schools in rural and low-income urban areas, and ensure they are equipped with sufficient teachers and learning resources. Improving infrastructure (e.g., safe classrooms, sanitation facilities) and providing transportation or boarding where needed will help bring more children, especially girls, into secondary education (Rizk & Hawash, 2020; World Bank Group, 2024).
- *Improving the quality of education for disadvantaged groups*. Deploying well-trained teachers to high-need schools, offering professional development focused on inclusive teaching practices, and adapting curricula to be culturally relevant and skills-oriented. Smaller class sizes and remedial support (tutoring, mentoring) should target students who are falling behind. Introducing monitoring and evaluation systems in schools can help track learning outcomes and hold schools accountable for closing achievement gaps (Cosenz, 2022). In addition, decentralising education management – giving local schools and communities more control and flexibility – can make schooling more responsive to local needs (Omar & El Bastawissi, 2022; Powell-Davies, 2015).
- *Strengthening technical and vocational education.* To address the education-employment mismatch, expand technical and vocational education and training (TVET) programmes that equip youth with market-relevant skills (OECD, 2022b). Updating vocational curricula in partnership with industries and providing apprenticeships or on-the-job training can improve the employability of graduates (Algassem & Hassan, 2024).
- *Targeted financial support and incentives***.** Scaling up social protection programmes that directly support education for the poor. Conditional cash transfer programmes (like Egypt's Takaful and Karama) should be continued and refined, and similar initiatives expanded in Tunisia and Jordan, to alleviate the immediate costs of schooling for low-income families (World Bank Group, 2024). Scholarships, free textbook programs, school meal programmes, and stipends for girls or children at risk of dropping out are all tools that have proven effective worldwide in keeping disadvantaged children in school (Banerjee et al., 2015). These not only increase enrolment but also improve completion rates for margnlised groups.
- *Promoting gender equality in education.* Close the remaining gender gaps by addressing socio-cultural barriers. This includes community awareness campaigns on the importance of girls' education, enforcement of laws against child marriage, and initiatives such as girls' mentorship programmes. Providing a safe school environment (with adequate sanitation facilities and measures against harassment) and recruiting female teachers in conservative areas can encourage girls' attendance (UNICEF, 2021). Additionally, incorporate gender sensitivity into the curriculum to challenge stereotypes. *Political commitment is essential* – high-level advocacy and consistent policy emphasis on female education have shown results in countries

like Jordan and Tunisia, and must continue to ensure gains are not reversed (Bouri, 2023; Kim, 2019; Robbin, 2022).

*Healthcare policy strategies – advancing health equity***.** To reduce health access inequalities and ensure social justice in healthcare, the following policy actions are recommended for the MENA governments and health systems:

- *Moving toward universal health coverage.* Establishing or expanding health insurance schemes so that all individuals have financial protection and access to essential health services. This can involve subsidised public insurance for low-income populations, integrating fragmented insurance programmes into a unified system, and, where feasible, mandating employer or government contributions for coverage (Al-Mazrou et al., 2017). Jordan and Tunisia, which already have broad insurance networks, should work on covering any remaining uninsured and including services that are often paid out-of-pocket (like medications or dental care) in the benefit package. Egypt's recent steps toward a Universal Healthcare Insurance Law should be accelerated and adequately funded. Reducing out-of-pocket expenditures is critical – no one should be impoverished or forego treatment due to healthcare costs (Biltagy & Hamdi, 2024; Pande et al., 2017).
- *Enhancing primary healthcare and rural health services.* Invest in primary health care infrastructure, especially in underserved rural and peri-urban areas. Strong primary care acts as the frontline for prevention and early intervention, benefitting the poor who rely on public clinics. Strategies include building more local health centres, deploying community health workers, and mobile clinics, and ensuring consistent supply of medicines and basic equipment. Family health practice models (as recommended by Pande et al., 2017 for Egypt) can provide comprehensive care at the community level, addressing common ailments, maternal-child health, and health education. A robust primary care system improves health outcomes and reduces the burden on hospitals, thereby improving equity.
- *Improving quality of care through system reforms.* Implement provider payment and hospital management reforms to incentivise quality and efficiency in the health system. For example, transition from fee-for-service models (which can lead to over-treatment for those who can pay and under-treatment for those who cannot) to capitation or performance-based payments in public insurance, encouraging providers to focus on outcomes (Hanson et al., 2022). Invest in training for healthcare professionals, accreditation systems for hospitals and clinics, and stronger regulatory oversight to ensure minimum quality standards. Lebanon's experience with hospital contracting reform and quality measures (Khalife et al., 2017) provides a roadmap for using contracts and accreditation to raise standards. Quality improvement particularly benefits lower-income patients who cannot afford to pay for better private care – it narrows the gap between public and private service outcomes.
- *Address healthcare workforce challenges.* To ensure equitable access, policies must distribute health workers more evenly and keep them in the public system. This can include providing incentives (financial bonuses, housing, career development opportunities) for doctors and nurses to serve in rural or low-income urban areas, thus countering the urban concentration of providers. Regulate dual practice by

developing clear guidelines or requiring a minimum commitment in public hospitals before private practice is permitted, rather than outright bans which may drive talent away (Alaref et al., 2017). By improving salaries and working conditions in the public sector, countries can reduce the "brain drain" of medical professionals and encourage them to serve domestic needs.

- *Strengthening preventive and public health programmes.* Inequalities in health are often rooted in differences in exposure to risks and in health-related knowledge. Governments should expand programmes like immunisations, nutritional support, clean water and sanitation projects, as well as health education campaigns targeting disadvantaged communities. For example, increased outreach for maternal and child health in poor areas can dramatically reduce mortality gaps. Public health interventions (such as anti-tobacco campaigns or diabetes prevention initiatives) should focus on lower-income and high-risk groups who might lack access to information or early screening. This approach aligns with the social determinants of health framework, tackling upstream factors that cause ill health among the disadvantaged (Marmot et al., 2008). Such preventive measures are cost-effective and equity-enhancing.
- *Continuous monitoring and adaptive reform.* Finally, health systems should become more *flexible and responsive* to emerging challenges. This involves setting up robust data collection and evaluation mechanisms to monitor the impacts of any health reform on different population groups. For instance, when new policies (like a co-pay or a service delivery reform) are implemented, data on utilisation by income quintile or region should be analysed to ensure the poor are benefitting. If unintended consequences are detected (such as reduced access for the poor or loss of medical personnel from public facilities), mid-course corrections must be made. Governments are encouraged to support research on health system performance and equity (Katoue et al., 2022) and to pilot programs before scaling up. Building evidence base specific to the MENA region – through academic studies and public reporting – will help policymakers design effective and sustainable health reforms.

Reducing inequality in the MENA countries is an achievable but complex goal. Some experiences in the MENA region highlight that targeted social policies in education and healthcare can significantly improve opportunities. When a poor rural girl can complete quality schooling and grow up healthy with access to medical care, her chances to participate in the economy and society greatly increase. With millions of such individual gains, national inequality measures will also improve. However, social policies alone do not work in isolation; they must be part of a broader framework of inclusive growth and good governance. This includes sound macroeconomic management, job-creating economic strategies (to ensure educated youth have employment prospects), and anti-corruption measures to ensure resources reach their intended targets. Strengthening institutions and accountability is essential so that programmes like cash transfers or school reforms are implemented transparently and effectively. Ultimately, an integrated approach is necessary, a combination of education reforms, healthcare improvements, social protection, and economic inclusion policies, all tailored to each country's specific context. By adopting such a comprehensive strategy, MENA countries can better address the structural inequalities that have long

hindered their development. The policy recommendations provided here, grounded in both theoretical insights and empirical evidence, serve as a roadmap toward more equitable and just societies in the region.

7. Study limitations

One central area for improvement in studying the relationship between economic growth and inequality in the MENA region is the scarcity of literature and research on the topic. Similarly, resources for implementing educational reform policies in the area are limited, and recommendations for reform need a solid, evidence-based approach. Although healthcare reforms and systems have been implemented in the MENA region, it is difficult to draw concrete conclusions about their impact due to the limited availability of data and evaluation. Another limitation is that the challenges of addressing inequality in the MENA region vary from one area to another, making it challenging to develop generalisable recommendations. Context-specific solutions are required to tailor policy interventions and strategies to the specific challenges faced by different areas.

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