

Fragmented Politics, Sectarian Organizations and Social Protection in Lebanon

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How do welfare regimes function when state institutions are weak and ethnic or religious groups are major providers of basic services? This paper explores how people gain access to basic medical care in Lebanon, where sectarian political parties and charities from all major religious communities are key providers of primary health care, among other services. I argue that access to health care is mediated by demonstrated commitment to and personal connections with these organizations, with negative repercussions for equity in the overall health system.

The paper begins with an overview of the evolution of the Lebanese post-independence welfare regime, which itself was shaped by Ottoman and colonial legacies of social provision. In the period from independence to the civil war (1943-1975), different administrations made limited efforts to institute national welfare policies, with the most accelerated attempts during the Chehabist period (1958-1964). During the civil war (1975-1990), pre-war state efforts to construct a national public health system, however limited, further unraveled. Physical destruction arising from the war and the takeover of segments of the state by different militias contributed to the virtual collapse of public health functions. In the post-war period (1990-present), formal and informal politics reshaped the existing welfare regime. Over time, a system arose in which most citizens cannot access formal entitlements without the informal intermediation of political and religious actors, producing and exacerbating inequalities across region, sect and socioeconomic class.

After this review of the evolving Lebanese health care system, the paper then turns to several political and religious institutions that play a prominent role in providing health care and other social services to low and middle-income communities in Lebanon. In the Christian communities, I focus on the Catholic Church, the Catholic charity Caritas and the main Christian sectarian political parties. In the Sunni Muslim community, I focus on the Hariri Foundation, which has systematically gained monopoly over social provision (and political representation) for Lebanese Sunnis by co-opting or displacing existing religious charities and nascent political groups. Finally, I focus on the activities of Hezbollah and the Amal Movement, the two main Shi'i political parties (and erstwhile competitors) as well as the charities of Sayyid Mohammad Hussein Fadlallah, a major Shi'i cleric based in Lebanon with strong domestic, regional and global followings. Apart



from providing baseline information on the medical activities of these organizations, the paper addresses the *de jure* and *de facto* criteria for access to services provided by these organizations.

This paper is derived from a larger book project which relies on multiple data sources, including archival materials, in-depth interviews with elites and non-elites, an original national survey on access to social welfare in Lebanon, and a spatial dataset with information on the locations of clinics and hospitals, their affiliations, and population characteristics in their catchment areas.