



Model Arab League

Student Leadership Development Program from the National Council on U.S.-Arab Relations

2017-2018 Model Arab League Background Guide

Council of Social Affairs Ministers

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Original draft by Michael Ader, Chair of the Council of Social Affairs Ministers at the 2018 National University Model Arab League, with contributions from the dedicated staff and volunteers at the National Council on U.S.-Arab Relations.



Hello delegates!

My name is Joanne Qi, and I will be your head chair for the Council of Arab Social Affairs and Ministers at this year's Berkeley Model Arab League. I am a sophomore majoring in Electrical Engineering and Computer Science, with a minor in Art History. This is my sixth year being involved in Model UN. I debated all throughout high school, then after joining BMUN last year, I was a vice chair of UNDELIC at Berkeley Model UN and the Council of Arab Economic Affairs Ministers at the first Arab League conference last year. This year, I will be vice-chairing the NGO Forum at BMUN. As for my other interests, I like to spend time drawing, discussing genre fiction and issues of representation, and exploring Berkeley!

On the dais, I am accompanied by Sarah Xu and Annalise Fox. Here are their introductions:

Hey Delegates! My name is Sarah and I am a first-year Environmental Economics and Policy Major! Model UN has been a pretty large part of my life since 7th grade and has helped me shape my worldview. I am interested in sustainability, tree-hugging, studying, and over caffeinating.

I am Annalise Fox and I am currently a first-year Peace and Conflict Studies major at UC Berkeley. I have done Model United Nations for the past 4 years going to conferences such as BMUN (Berkeley), BruinMUN (UCLA), SSUNS (Montreal), and RIMUN (Rome). Outside of MUN, I love hiking, watching movies, and reading. I am so excited to be chairing Model Arab League this year and I can't wait to meet all of you!

The Council of Arab Social Affairs addresses issues of social development within Arab nations. The council will be addressing issues of public health and food security, while each delegate will represent a wide variety of viewpoints, regions, and groups of people. The debate on public health focuses complex and lasting health concerns such as mental health, HIV, and chronic disease. Food security is likewise a multi-layered topic that covers government corruption, infrastructure development, and health issues.

I hope you see this conference as an opportunity to engage with some multi-faceted topics while also balancing the needs of your country and the Arab world as a whole. Additionally, debate will be driven mainly by crisis, making this a perfect opportunity to practice or learn an unfamiliar form of debate. As chairs, we hope for a productive weekend where delegates leave satisfied both with how they have adapted to a fast-paced committee and with the knowledge they have learned about Arab issues.

Thank you, and welcome to Berkeley Model Arab League!

Topic I: Examining methods to address rising public health concerns in the Arab world, with a focus on enhancing mental health care and awareness, curbing infectious diseases such as HIV, and improving chronic disease care

I. Introduction

A. General Background

Public health across the Middle East and North Africa, is one of the great success stories in the world. Communicable diseases have been declining across the region, and old animal borne diseases like Leishmaniasis, which used to cause thousands of deaths per year, have been falling in almost every state thanks to an increased effort to eradicate disease vectors.⁷ There have also been similar improvements in healthcare which have resulted in fewer deaths in both children and new mothers, lower rates of chronic malnutrition, and higher hygiene standards.⁸ Life expectancy has similarly mirrored the improving health landscape, moving from roughly 46 years in the 1960s, to over 73 years in 2015, resulting in a population and economic boom which is now spurring new health challenges in the MENA region.⁹

With a general improvement in economic standards across the Middle East and North Africa, there has been an explosion of what are often termed “Western diseases” which have come as a side effect of globalization and increasing economic prosperity.¹⁰ With more access to nutrition and lower-energy jobs, MENA populations are experiencing increasing rates of heart disease, cancer, diabetes and obesity. There has also been a concerning explosion of drug usage across the region which has been accompanied by an outbreak in AIDs cases, something that was not as serious of a threat to the region in the past.¹¹ These threats are compounded by the initial and continuing lack of education on preventative measures such as diet and exercise, safe sex and regular disease screening. There is considerable effort that needs to be invested in stalling these new diseases; however, it is vital to keep in mind that endemic disease threats in the region such as Malaria, Leishmaniasis, Schistosomiasis, Cholera and Polio are often quick to emerge in conflict situations and an increased effort to reduce their spread is needed.

B. History of the Arab World

Because of the economic, geographic, and political variation in the MENA region, looking at how to combat disease cannot be done holistically, and investigating the regional variation in

⁷ Ghedin, Elodie, editor. Leishmaniasis in the Middle East: Incidence and Epidemiology. NCBI, 8 Oct. 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4183486/. Accessed 28 May 2017.

⁸ "In Middle East and North Africa, Health Challenges are Becoming Similar to those in Western Countries." World Bank, 4 Sept. 2013, www.worldbank.org/en/news/press-release/2013/09/04/middle-east-north-Africa-health-challenges-similar-western-countries. Accessed 28 May 2017.

⁹ Middle East & North Africa. World Bank, 2015, <http://data.worldbank.org/region/middle-east-and-north-africa>. Accessed 28 May 2017.

¹⁰ "In Middle East and North Africa, Health Challenges are Becoming Similar to Those in Western Countries." World Bank, 4 Sept. 2013, www.worldbank.org/en/news/press-release/2013/09/04/middle-east-north-Africa-health-challenges-similar-western-countries. Accessed 28 May 2017.

¹¹ HIV in the Middle East: Low Prevalence but Not Low Risk." PRB, www.prb.org/Publications/Articles/2013/hiv-aids-in-middle-east.aspx. Accessed 29 May 2017.

needs and circumstances is essential. There is a massive difference between the health needs of the Gulf, those of North Africa, or in the Levant.

Looking particularly towards the Gulf, there has been a massive surge in caloric intake since the 1970s which has been blamed for the 40% obesity rate in women in major oil-exporting states.¹² The issue of poor diets and lack of health knowledge has grown to such proportions that 47% of the region's diseases are now non-communicable, with heart disease up 44%, stroke increasing by 35% and diabetes up over 87% in the last few decades.¹³ There has been a lack of health monitoring in the region which would otherwise slow the advance of diet-related disease, and a general ignorance of the importance of exercise in newly-urbanized areas where obesity and heart disease are on the rise.

Of the other major health issues in the region, HIV is a growing concern for the Middle East. Although HIV may exist at lower rates in the Middle East than anywhere else in the world, new infection rates have far exceeded all other regions. New infections are up 52% across the Middle East, but for children, that rate has increased by 73% and threatens to become one of the most pressing issues facing Arab healthcare systems. The leading causes of new HIV infections stem from increased prostitution and drug injectors.¹⁴ There has been a particularly high rate of HIV in both Libya and Iran. Although Iran is not part of the Arab League, the country could act as an infection pool, spilling into Iraq and Syria where an outbreak could be dire.

Post-Traumatic Stress Disorder (PTSD) and other mental health concerns are additional issues that need to be addressed in the region. There is a serious shortage of resources available for individuals suffering from mental health diseases, which is aggravated by cultural stigmas of addressing mental health. The breadth of this issue is also distressingly large and growing. A report from the World Health Organization stated that mental health issues are found in 17% of Iraqis, while other reports place that number as high as 50%. In even more violence-prone areas such as the Gaza Strip, nearly 98% of children were found to suffer from symptoms akin to PTSD.¹⁵ Unfortunately, despite the large number of individuals that need mental healthcare, most countries provide few resources. In Sudan and Somalia, there are only an estimated 5 beds per 100,000 individuals reserved for mental healthcare purposes. In Iraq, Libya, Morocco, Somalia, Sudan, Syria and Yemen, there is a worrying lack of psychiatrists, numbering perhaps .5 per 100,000 people. Few Arab states publish their expenditures on mental health, but budgets are extremely low. Egypt and Qatar are reported to spend 1% of their healthcare budget on

¹² Sibai, Abla Mehio, et al. "Nutrition Transition and Cardiovascular Disease Risk Factors in Middle East and North Africa Countries: Reviewing the Evidence." *Annals of Nutrition and Metabolism*, vol. 57, no. 193, 2010, pp. 193-203, DOI:10.1159/000321527. Accessed 29 May 2017.

¹³ "In Middle East and North Africa, Health Challenges are Becoming Similar to Those in Western Countries." World Bank, 4 Sept. 2013, www.worldbank.org/en/news/press-release/2013/09/04/middle-east-north-Africa-health-challenges-similar-western-countries. Accessed 28 May 2017.

¹⁴ "HIV in the Middle East: Low Prevalence but Not Low Risk." PRB, www.prb.org/Publications/Articles/2013/hiv-aids-in-middle-east.aspx. Accessed 29 May 2017.

¹⁵ "Hidden Afflictions: Mental Illness in the Middle East." Center for Strategic and International Studies, 15 Oct. 2010, www.csis.org/analysis/hidden-afflictions-mental-illness-middle-east. Accessed 19 June 2017.

mental health, while Palestine spends an impressive 2.5% -- which is still small compared to developed nations with proportional spending in the mid-teens.^{16 17}

C. Finding Solutions to the Problem: Past, Present and Future

Although the problems facing Arab health systems are numerous, many solutions can be adapted from other regions that have already faced similar problems. Increasing budgets are of course a viable option, but looking into League-wide health initiatives would be similarly useful. Health campaigns may be examined to determine their benefit for the League. In addition the council should examine how to increase screening for “Western” diseases and other communicable diseases to prevent them before they emerge. Although animal-borne and communicable disease are on the decline, they quickly flare in conflict zones, and more effort needs to be invested in quicker responses, better immunization programs and general disease monitoring. Although the health issues facing the area are dire, as a delegate you have limitless possibilities to make life better in the region.

Mental health concerns need to be addressed by exploring ways to reduce stigmas and potentially increase funding, as well as incorporating treatment programs into mainstream healthcare systems. Increased social action and treatment stockpiles may aid in combatting healthcare concerns such as HIV and other sexually transmitted diseases.

II. Questions to Consider in Your Research

- Are there healthcare concerns my country has historically not been willing to discuss based on social or religious attitudes?
- What are the most pressing healthcare needs in my country?
- Are there underlying social problems that are causing a particular health concern, and if so, would it be more effective to combat the disease, or the underlying issue?
- What other regions in the world have faced similar problems, and how – if at all – have they resolved them?

III. Questions a Resolution Might Answer

- What measures are necessary to ensure healthcare is improved uniformly across the varied MENA regions?
- What are effective ways to improve healthcare monitoring in regions with poor infrastructure?
- What are ways to ensure that unforeseen health crises are quickly dealt with to decrease loss of life?

¹⁶ Okasha, Ahmed, et al. "Mental health services in the Arab world." NCIB, National Institute of Health, Feb. 2012, www.ncbi.nlm.nih.gov/pmc/articles/PMC3266748/. Accessed 19 June 2017.

¹⁷ El-Geressi, Yasmine. "The Silent Crisis in the Middle East." Majalla, 5 Apr.2017, eng.majalla.com/2017/04/article55253284/silent-crisis-middle-east. Accessed 19 June 2017.

- How can partnerships with existing governments and NGOs be utilized and integrated to in new health policy?

IV. Additional Resources

<http://www.globalhealthmiddleeast.com/access-to-mental-health-care-in-the-middle-east/>

This is a good resource for mental health issues. The overview delves into social stigmas, ongoing problems and ways that countries can move ahead to improve treatment. It also touches on particular social issues in the region that would be highly useful in understanding when creating policy.

<https://www.brookings.edu/blog/future-development/2016/04/25/syrias-mental-health-crisis/>

This is an excellent source from the Brookings Institute on mental health issues in Syria. Although it only addresses one region, problems will emerge in any region experiencing similar problems. Iraq, Libya, Yemen and Palestine would likely have similar needs as those faced by people in Syria facing mental health issues.

<http://www.prb.org/Publications/Reports/2014/middle-east-hiv-aids.aspx>

For dealing with the issue of rising HIV infections in the MENA, this site has laid out considerable data, as well as background information and possible avenues for improving HIV treatment.

<http://www.globalhealthmiddleeast.com/obesity-in-the-middle-east/>

For obesity and “Western” disease issues, this is a broad, yet informative guide to the issues you are up against. Additionally, the end of the document provides good sources that can further inform your research.

Case Study: Mental Illness in Somalia

Somalia's political turmoil has led to severe infrastructural issues. The poor infrastructure has had resounding effects on the health of the people living in the country. While on the brink of famine, the country struggles to combat diseases like measles and cholera ("Somalia"). Mental illness is also on the rise in Somalia. The World Health Organization estimates that one in three Somalis suffer from mental illness which is higher than other low-income and war torn areas ("Mental Health in Somalia"). The lack of infrastructure in the nation has led to the inhumane treatment of Somali mental illness patients, leading some to call Somalia "the worst place on earth to have a mental illness" ("Kept in Chains").

Factors that Impact Mental Health in Somalia

According to the World Health Organization, the main factors that contribute to Somalia's high mental illness rates are violence and displacement. Violence and displacement can lead to other contributors to mental illness like substance abuse and poverty. As a result, most of Somalia's residents who are mentally ill have psychosis or addiction (Rivelli). Many people in Somalia have witnessed or personally experienced the violence that ravages the nation including beatings, torture, rape, and murder ("Mental Health in Somalia"). It is also important to note that not all mental illnesses affect men and women in Somalia equally. Somali men are three times more likely to exhibit signs of psychosis, while Somali women are three times more likely to exhibit depression. This may be due to the number of Somali men fighting in the civil war and due to the traditional gender roles exhibited in Somali society (Rivelli).

Barriers to Mental Health Treatment in Somalia

The current practice in Somalia is to either commit patients with mental illnesses into one of the five mental health centers in the country or attempt to treat the patient at home ("Mental Health in Somalia"). In the mental health centers, Human Rights Watch has reported multiple abuses in chaining up patients, forcing treatments without informing patients, and the use of corporal punishment when patients refused to comply. Many patients also are treated without a formal diagnosis as there are only two certified psychiatrists in the entirety of Somalia to treat the entire nation ("Chained Like Prisoners"). The number of trained psychiatrists is extremely low due to the fact that Somalia does not have training centers or universities equipped to train more mental health professionals. One of the doctors, Dr Liban Hersi, had sought out his education in Ethiopia and hopes to set up better training for his staff. However, Dr Hersi admits that "one person cannot do all of it" (Krug).

The scarcity in resources is largely due to the poor infrastructure in Somalia. The nation relies heavily on international organizations to provide for its medical needs. As a noncommunicable disease, mental health is not a top priority of the Somali government. Since mental health is not a top priority, international aid groups have not helped to provide the nation with psychotropic medicine and training to directly address the situation nor does the government list psychotropic medicines on its list of medical needs (Krug). Furthermore, while there is a growth in private sector mental health care, these institutions are even more likely to commit abuses against their patients ("Chained Like Prisoners").

Beyond infrastructure, another barrier to mental health in Somalia is cultural stigma. Rooted in traditional practices, many Somalis believe that mental illness is brought upon by spirits who possess patients. Families often bring their relatives to traditional healers for mental illnesses, even repeating visits despite no change in their relative's well being. This practice is pervasive as only 43% of Somalis with mental illness are treated by psychiatrists or neurologists (Rivelli). This can be particularly dangerous for patients as some traditional methods have led to death. For example, there was a case in Somalia of traditional healers locking up people with mental disorders in huts with hyenas as they believed the hyenas could eat the bad spirits possessing the person (Hooper). Another cultural view on mental illness is that patients are just engaging in socially unacceptable behavior that could be cured through discipline, this leads to corporal punishment even within mental health institutions (Rivelli).

Somalia faces many challenges to deal with non communicable diseases such as mental health. The state of the nation in civil war has not only exacerbated mental health issues but contributes to the lack of means for the nation to treat patients with mental illnesses. Cultural stigma surrounding mental illnesses have also contributed to the poor treatment of patients with mental health issues. The scarcity in mental health resources has led to physical abuse of patients that put their lives at risk. Somalia's struggle with mental health highlights the difficult infrastructure, cultural, and financial barriers to mental health treatment.

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america.aljazeera.com/articles/2015/10/26/report-somaliland-mental-health-patients-abused-and-neglected.html.

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"Somalia." *World Health Organization*. World Health Organization, n.d, www.who.int/countries/som/en/.

Topic II: Addressing the rising cost of food in the Arab world, with an emphasis on reducing waste in the import, transportation, and production of food, as well as inefficiencies in government subsidies.

I. Introduction

A. General Background

Food prices across the world have been rising significantly since the turn of the millennium, with prices almost doubling in the last 17 years.¹⁸ High food prices have been extremely damaging to developing nations, particularly in the MENA, where food production is largely not possible due to geographic considerations and hindrances. Some regions like Egypt, Iraq and Syria are able to develop strong agricultural sectors, but most areas are not. Droughts and heatwaves have also been more common in recent decades, both inside and outside the MENA region, meaning shortages cannot always be resolved through outside purchase.¹⁹ The MENA region today has to import over 50% of its food supply, both through foreign aid and direct purchases, but the changing dynamic of the regions has made this process more complex to the point that current supply networks are failing to fully meet market demand.²⁰

Unfortunately, many of the former food-producing regions like Iraq, Syria and Egypt have experienced significant turmoil in previous decades that has taken away their ability to produce goods. An additional factor in shortages is that, although oil prices have been lower since 2015 – resulting in reduced fertilizer and operations costs – governments that rely on high oil prices to support subsidies have been unable to continue propping up food markets which developed under the expectation that oil prices would remain high. Although the region as a whole is not conducive to agriculture, there is more that can be done collectively by the Arab states to ensure that food prices and supply remain stable.

B. History of the Arab World

The Arab Spring was not largely framed in relation to food prices, but this moment in MENA history is where the issue of food shortages began to take on a greater importance. Calls for democracy and government reform were coupled with demands for action to be taken to reduce rising food costs; however, the issue of food prices had been developing for several years before that. Food prices rose significantly between 2007 and 2008 with Egypt alone being hit with nearly a 40% increase in prices.²¹ Following cost increases, Jordan, Yemen, Bahrain and Egypt saw a massive increase in food-related riots, with many of these states, like Jordan, still experiencing riots today.²² ²³ Tunisia, Syria, Saudi Arabia and Egypt have also seen more protests calling for lower food prices and more effective government subsidies.²⁴

¹⁸ "World Food Situation." Food and Agriculture Organization of the United Nations, UN, 7 June 2017, www.fao.org/worldfoodsituation/foodpricesindex/en/. Accessed 21 July 2017.

¹⁹ "Drought a threat to food prices in Middle East." The National, 10 Mar. 2014, <https://www.thenational.ae/business/drought-a-threat-to-food-prices-in-middle-east-1.580916>. Accessed 21 July 2017.

²⁰ Mortada, Dalia. "Did Food Prices Spur the Arab Spring?" PBS, 7 Sept. 2011, www.pbs.org/newshour/updates/world-july-dec11-food_09-07/. Accessed 21 July 2017.

²¹ "Let them eat baklava." The Economist, 17 Mar. 2012, www.economist.com/node/21550328. Accessed 21 July 2017.

²² "Let them eat baklava." The Economist, 17 Mar. 2012, www.economist.com/node/21550328. Accessed 21 July 2017.

As with many of the issues in the Middle East, oil prices have a massive effect on food prices. Subsidies are the main way that MENA states have kept food prices down to help offset high poverty and low employment. Subsidies in the Arab World reach 22% of government expenditures and represent billions of dollars that go towards fuel, electricity and food.²⁵ Unfortunately, falling oil prices have cut deeply into the ability of states to continue to provide subsidies, and food is often an easy part of the budget to cut since it makes up a smaller portion of overall expenditures. Algeria, for example, has seen its oil profits fall so much they have been forced to decrease subsidized goods and begin imposing taxes on goods that had either not been taxed before, or had previously been taxed at an extremely low rate. The addition of taxes and higher costs have driven up prices by factors of three to five on basic staple goods, and resulted in a major increase in social unrest.²⁶ Many major oil-producing states still appear able to support their food subsidies due to relative wealth in the Gulf region, but other states in the rest of the Arab World have seen Gulf aid decrease or disappear.

C. Finding Solutions to the Problem: Past, Present and Future

Resource waste both through transport inefficiencies and consumer negligence consumes a large portion of food commodities in the region. In the UAE, food waste reaches approximately \$4 billion annually, a massive amount which, if reduced, would help offset the need for subsidies and increase the amount of product in the economy.²⁷ The combination of a hot climate in the MENA region and long transport distances also means that food is regularly lost in transit. Looking at League-wide efficiency and logistic standards in agriculture, packaging and transport would help reduce losses and keep prices down. Development of smart logistic networks and vehicle standards has been discussed in the Gulf region, but there needs to be discussion as to how to advance these initiatives across the Arab world. Some groups have found that better logistics can keep a considerable amount of perishable goods from spoiling on the way to market.

Subsidy reform is also a policy on the table that should be investigated, even if subsidies are less sustainable than in the past. Readjusting policy to shift subsidies away from downstream consumers to upstream producers would make goods cheaper down the entire pipeline, while also benefiting the population more uniformly.²⁸ Additionally, water is not sustainably used in agriculture due to large subsidies that encourage waste, meaning when droughts hit the region,

²³ Abuqudairi, Areej. "Jordanians 'at breaking point' over austerity measures." Al Jazeera, 21 Feb. 2017, www.aljazeera.com/indepth/features/2017/02/jordan-worsening-economy-sparks-wave-protest-170221055031620.html. Accessed 21 July 2017.

²⁴ Cambanis, Thanassis. "The Arab Spring was a revolution of the hungry." Boston Globe, www.bostonglobe.com/ideas/2015/08/22/the-arab-spring-was-revolution-hungry/K15S1kGeO5Y6gsJwAYHejI/story.html. Accessed 21 July 2017.

²⁵ Subsidy Reform in the Middle East and North Africa. IMF, 2014. International Monetary Fund, www.imf.org/external/pubs/ft/dp/2014/1403mcd.pdf. Accessed 21 July 2017.

²⁶ "Algeria: Soaring Food Prices Fuel Popular Resentment." North Africa Post, 31 Mar. 2017, northafricapost.com/17131-algeria-soaring-food-prices-fuel-popular-resentment.html. Accessed 22 July 2017.

²⁷ Jacotine, Sarah. "ANALYSIS: Food logistics in the Middle East." Arab Supply Chain, 13 July 2015, www.arabiansupplychain.com/article-11571-analysis-food-logistics-in-the-middle-east/. Accessed 14 July 2017.

²⁸ Mortada, Dalia. "Did Food Prices Spur the Arab Spring?" PBS, 7 Sept. 2011, www.pbs.org/newshour/updates/world-july-dec11-food_09-07/. Accessed 21 July 2017.

agriculture is quick to fail since conservation practices have never been needed. Luckily for the Arab states, there is considerable slack in the MENA food market that has gone under-utilized and undeveloped thanks to poorly-directed subsidies and practices. Creating new strategies is vital for continued economic growth and the political stability of the region.

II. Questions to Consider in Your Research

- What is the subsidy structure in my country and how does it affect food prices?
- What food does my country produce, what does it consume and what are the inherent problems in my region's transport logistics?
- How is climate change going to harm agriculture and prices in my region?
- What international events or practices are causing prices to rise in my state or region?

III. Questions a Resolution Might Answer

- How will states pay for developing new food price policies when pan-Arab aid has been falling and often cannot be increased?
- How might efficiency standards be imposed equitably across the region?
- How might the League be able to mitigate social unrest over surging prices until control mechanisms can be put in place?
- How can the League get food aid to areas experiencing extreme shortages caused by price increased and social unrest?
- What are some novel ways that food production might be increased in nominally-agricultural areas?

IV. Additional Resources

<http://www.fews.net/sites/default/files/documents/reports/EB%20Food%20price%20trends%20in%20the%20Middle%20East%20and%20North%20Africa%202011%202%2016.pdf>

This is a general report from USAID about food price increase in the MENA region. It provides a good overview as to why prices are increasing. There is also some data on how inflation has responded to prices. Although not highly in-depth, this is a good first step to understand the problem.

<http://www.middleeasteye.net/news/egypt-increases-food-prices-second-time-three-months-1814861743>

Although specifically about Egypt, this article frames what has been experienced across the MENA as food prices have increased and governments have been unable to provide subsidies. Because of budget deficits Egypt has few options to keep costs down, and the repercussions of this will eventually spur social unrest if it is not addressed. Egypt is a cautionary tale and an example to what can be expected across the region if food issues are not resolved.

<http://www.aljazeera.com/news/2017/03/famine-united-nations-170310234132946.html>

The purview of this topic is not to directly address famine, but resolutions could include this under broader umbrellas of supply and efficiency. Better ways of transporting goods could make supplying food to famine hit areas easier, and such practices and strategies will become more necessary as droughts continue to affect regional and world agricultural output. Getting food cheaply and quickly to any region will reduce costs, and working with famine areas now will make the transition easier in the future.

<http://www.npr.org/2011/02/18/133852810/the-impact-of-rising-food-prices-on-arab-unrest>

This article covers Arab social issues in relation to food costs as well as how the international community has caused increased prices, but also what they are doing to resolve the issue. Food prices are not just about what is happening inside the MENA, but also what happens abroad. Resolutions might be able to tackle how Arab states are expected to negotiate with outside powers in order to ensure uninterrupted and cheap supply.

Case Study: Egyptian Food Subsidies

History of Increasing Food Prices in Egypt

Throughout much of its recent history, Egypt has struggled with the rising costs of food. In the 1950s, Egypt's president Gamal Abdel Nasser introduced a system of rations to the country. Since then many of the citizens within the nation have become increasingly reliant on this system of rations so much so that currently 70 million of Egypt's 90 million citizens are covered by the system (*Middle East Eye*). Prior to the spike in prices the average loaf of bread costed around 30-75 piastres (Egypt's currency), whereas under the subsidized system a loaf of bread was only 5 piastres; however, with the most recent increase in prices the cost of subsidized food has risen to meet, or just come shy of meeting, that of the normal commercial price of food (Mahmoud).

This is particularly concerning considering that in the past such spikes in the price of subsidized food has lead to violent outbreaks in the form of protests and riots. 1977 was the year these protests first surfaced. When the president Anwar al-Sadat increased food prices, the events now known as the Egyptian Bread riots began to unfold. These protests left nearly 600 of citizens injured, nearly 80 dead, and over 1,000 citizens arrested, sending the nation into a state of panic (*Bangor Daily News*). Almost exactly 30 years later, in 2008, these same issues surfaced leading to similar outbreaks of protests throughout the country; however, protests really reached their modern day peak in 2011. Many people even argue that the rise of prices of subsidized food was the leading cause of the overthrow Hosni Mubarak, Egypt's former president. The Arab Spring protests which surfaced in Egypt did not simply have calls for freedom but also calls for bread, one of the staples of the Egyptian diet which was experiencing an increasing price at the time. Signs and chants such as "Bread, freedom and social justice" were spread throughout the country at the time of Egypt's revolution (Michaelson). In the past there have even been accounts of citizens murdering each other over loaves of subsidized bread. With the current situation in Egypt showing similar trends in the increase in price of subsidized food and cutbacks on overall availability of such goods, many are worried violent uprisings and violence will spur once again.

Egypt's Current Predicament

Currently, inflation rate within Egypt is extremely high at nearly 42% (*Trading Economics*). This widening inflationary tendency is causing a growing gap between the growing price of goods and the stagnant wages of those working within Egypt. This spike in inflation was caused by the taking out of a loan by the International Monetary Fund (IMF) of \$12 billion, about one year ago. With this money, the Egyptian government decided to float the currency, which basically means that they made themselves independent of currencies (Mahamoud). In the past the Egyptian currency had relied on the strength of the dollar: as the dollar rose in value, so did the piastres. Although this move did make the Egyptian currency independent nearly

immediately its value fell to half that of what it was before. Because of this decrease in value not only are citizens unable to afford food but also many manufacturers, such as Pepsi, have stopped both production and importation of goods within the country. These excessive decreases in the importation of goods has lead to shortages in many foods, particularly sugar which has lead to the continual increase in the price of subsidized sugar, jumping 14.3% in just one month. Because there is less sugar in the market the government is forced to charge more even for the subsidized goods (*Middle East Eye*). The government has even reached such points of desperation that they have began stealing sugar from local factories, admittedly seizing nearly 9,000 tonnes from the companies they claim have been holding from the citizens. Despite these efforts to fix the problems, these raids have been counterproductive leading the even more private companies to cut or even completely withdraw from importing to Egypt all together (Michaelson). Similarly this has occurred in cases of other food, such as bread and cooking oil. Subsidized bread, which used to be given out in quantities of 1,000 to 4,000 per bakery is now reduced to just 500 loaves per bakery, and subsidized cooking oil has recently experienced a 20% rise in overall cost (Mahamoud). Overall, this rise in inflation paired with the excessive dependency of the citizens on government subsidies had lead to massive poverty and hunger throughout the nation, one citizen even stating "The worst thing is to be unable to feed your family. No one feels the suffering we live in" (Yokum). Furthermore, with Egypt's history of subsidy related protests, it would not be surprising if these underlying tensions bubbled over into violent outbreaks if not quickly resolved.

Action Steps

Despite governmental claims that there is nothing that they can do about the current situation and citizens just have to accept and understand that the government has limited resources this remains untrue. Egyptian government officials are notoriously known for corrupt practices, using government money to cover the cost of their extravagant lifestyles. Furthermore, many citizens do not pay necessary taxes and little has been done by the government to develop other options for the economic sector. If more action is taken by the government in these realms, the possibility of recovery from these price spikes are much more likely.

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