



Regional cooperation in the MED countries: boosting collaboration and exchanges within and among the countries for the benefit of all

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Abstract

The EU-MED cooperation in statistics started in 1996 and recently entered a new phase with the MEDSTAT IV project 2016-2019. During this phase, more responsibilities are taken by the MED countries in setting the objectives and orientations of the cooperation but also in implementing regional and national activities. The regional cooperation has brought a lot for the development and the improvement of the statistical systems in the MED countries. It has been instrumental for developing new tools and methods adapted to the regional context as well as for improving the harmonisation with international standards and norms. It has also been very effective in increasing the collaboration among the partners of the national statistical systems of these countries for the better of statistical production and dissemination.

Keywords: Statistics; Regional statistical cooperation; EU-MED cooperation in statistics; MEDSTAT.

1. Introduction

This paper intends to address a very narrow aspect of the benefits that can be drawn from regional cooperation activities in statistics, using examples from the series of the successive MEDSTAT projects which were financed by the EU and implemented between 1996 and now. During these 20 years plus of activities, these examples are numerous and only the most important will be discussed, using two complementary prisms: the one of the collaboration between agencies of the National Statistical Systems (NSS) and the one of the collaboration between the NSS of the countries in the region. To set the context, some basic information will be first given on statistics in the region and on the EU-MED cooperation in statistics.

While discussing the effects of regional cooperation in statistics, there is one important aspect to keep in mind with the countries in the South of the Mediterranean Sea: they don't constitute a region per se as there is no formal agreement for cooperation neither regional institutions to drive and support the regional cooperation agenda. The countries primarily collaborate on their own will and for their own interest. If they feel obliged to collaborate it is for the sake of getting the European Union (EU) support, political and financial

2. The context of the EU-MED cooperation in statistics

The state of the national statistical systems in the MED region is very diverse. This diversity is reflected in many ways. First, the size of the National Statistical Institutes (NSI) and of the National Statistical Systems (NSS) are very different from one country to another. The diversity is also reflected in the organisation of the NSS and in particular in the role and the status of the NSI. Some countries have made some noticeable efforts in building a consensus on a national strategy for the development of statistics,

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multiplying the meetings between users and producers of statistics. In other countries, statistical strategies are still under preparation or finalisation. The diversity is also reflected in the statistical production from each country, in its quantity and its quality. As an illustration, the World Bank statistical capacity indicator² ranks ENP-South countries from 53.33 in Algeria to 81.11 in Morocco, with a regional average at around 64. The indicator is a rough quantitative measure but it reflects the large disparities in the country statistical achievement³.

As in most of the other areas, the statistical activities in the Mediterranean countries suffer from a lack of resources, human and financial, this being the reflection of the too low priority given to statistics by the decision-makers. The allocations from the State budgets to statistics generally cannot cover the resources required for maintaining regular production activities and for funding large investments in data collection (censuses, surveys...). For these operations, the NSIs are most of the time dependent from external assistance. Professional carriers in the statistical offices are not attractive for well-trained statisticians that move to more visible situations in the Government or to the private sector. However, this is only partially true today, particularly for some countries which have achieved a high level of statistical development (such as Israel, Morocco and Tunisia) and where investments have been made to boost statistical production and make careers in statistics more attractive.

The weakness of the statistics in some countries of the region is also the result of the poor political support they receive in general from the decision-makers and the cultural resistance to the face-value of the data. There is a general reluctance, from both the general public and the more technical users, at considering statistics as a public good and as a mean for informing the public debate. In particular, the decision-makers don't systematically use statistics as a tool for policy formulation, monitoring and evaluation. Statistics may still frighten Governments and political authorities. This is today evolving progressively, pushed by the "Arab Spring" and its call and aspiration for transparency and good governance. In some countries, the population is questioning the independence of statistics and its ability to feed the dialogue on policy options and their performances. There is a new pressure on the demand for statistics which call for the statisticians in the region to be more open and responsive to the needs of the users.

The MED region is not a homogeneous and organised entity comparable to the EU or to other regional associations over the World. Algeria, Morocco and Tunisia, together with Mauritania, are members of the Union of the Arab Maghreb (UMA) and together with Libya and Egypt members of the African Union (AU). All the European Neighbourhood Policy-South (ENP-S) countries except Israel are members of the League of Arab States. Israel is member of the Organisation for Economic Co-operation and Development (OECD). As opposed with the other "regions" in the World there is no regional secretariat nor regional policy programmes on which statistics could build a justification and could anchor to. The MED countries are only part of network of organisations and their need for harmonisation is more based on the relation that they all have with the EU than on their own regional links.

3. A historical perspective: more than 20 years of cooperation in statistics between the EU and the ENP-South countries

The Barcelona declaration (November 1995) signed by the Foreign Ministers of the then 15 Member States of the European Union and the then 12 Mediterranean Partners established the Euro-Mediterranean Partnership: political and security partnership, economic and financial partnership including the developing of a gradual freed trade area, partnership in social, cultural and human affairs. Among many objectives, **the Barcelona declaration work program stressed on cooperation between**

² For more information on the indicator, please see: <http://datatopics.worldbank.org/statisticalcapacity/>

³ Starting with MEDSTAT II, each ENP-S country has prepared a "Country Statistical Situation Report – CSSR" that provides detailed information on the whole statistical system and is regularly updated (last update in 2015).



statistical organizations and the need for statistics that are reliable, harmonized and up-to-date.

This has been the basis and justification for the development of a cooperation partnership between the EU and the Countries in the South of the Mediterranean Sea financed by the European Commission (EC)⁴. This partnership in statistics evolved along the years with the priorities of the EU-MED policy dialogue.

From 1996, the regional statistical co-operation program **MEDSTAT I** between the Mediterranean Partners and the European Union focused on conceptual harmonization work (standards and classifications) which is a preliminary to the development of reliable and comparable statistics. Work in the statistical domains initially adopted was initiated in 1999 and included: external trade statistics, transport statistics, migration statistics, tourism statistics, environment statistics, statistics on the non-observed economy and national accounts, training and information systems to which were added later in 2000 agriculture and social statistics. Each sector was the object of a specific and individual support project that was implemented by different contractors on behalf of the EC.

The execution of MEDSTAT I was slightly delayed and activities continued to be carried out after 2001. The design of a successor programme took some time to be put together, as it was the case for the whole MEDA programme and its other components. During the **transition period 2003-2005**, in an attempt to anchor more vigorously the programme and to increase the sense of ownership, more involvement from the NSIs of the Mediterranean countries has been sought on the content and the organisation of the EU-funded assistance to statistics in the region. During this transition period, some of the NSIs have continued to work along the lines established by MEDSTAT I and have further improved the quality of their production. Some other countries were not able to substitute for the interruption of the assistance from the EU, this increasing an already strong heterogeneity in statistical development in the region.

The **MEDSTAT II project (2006-2009)** enlarged the scope of the partnership to other key sectors (social statistics, energy statistics and agriculture statistics) and emphasized both the synergies among the sectors and a more adequate answer to the needs of the users of statistics. The partnership built on an initial assessment and description of the National Statistical Systems (orientation phase) that culminated with the common identification of priorities and the design of jointly agreed work programmes. Adjustments of the programmes were then regularly made in order to better match the needs. MEDSTAT II was instrumental in building trust in the partnership on both sides of the Mediterranean Sea, in generating synergies within sectors (water accounts, Tourism generated employment, satellite accounts) and in reinforcing South-South exchanges and cooperation among the MED countries. The management of the project was centralized under only three contractors

At the start of the **MEDSTAT III project (2010-2013)**, there was a clear willingness from all the partners to consolidate what has been done in the last 15 years through the MEDSTAT process and to pursue the work for more quality and comparability. Both activities in the thematic sectors (agriculture, energy, migration, social statistics, transport, and international trade and balance of payments statistics) and in horizontal issues (training and dissemination) were implemented by a single contractor. The overall objective of the project was to promote evidence-based decision-making and to foster democratic development by improving the availability and use of statistical data in the nine ENP-S countries. The achievements made under the previous phase were consolidated but the evaluation made at the end of the project called for more visibility of the results.

At the end of MEDSTAT III, a proposal was prepared to strengthen the regional cooperation on statistics and a new institutional framework was defined based on a more balanced partnership. There was a **pause**

⁴ Other funding sources have also been mobilised to finance projects activities within the EC facilities (TAIEX for example) or from other donors (EFTA in particular).



on the **MEDSTAT support (2013-2015)** during which the new institutional framework was established and some technical activities pursued.

With the **MEDSTAT IV project (2016-2019)**, the technical support from the project is provided within the larger frame of the EU-MED cooperation in statistics, this including activities financed by Eurostat (strategic meetings, work on quality in statistics). A particular focus has been put on the visibility of the statistical work and of the data in the MED region. Implemented by a single contractor, the activities cover 6 thematic sectors (4 already covered under MEDSTAT III – energy, migration, transport and external trade -, one new – Business registers and statistics – and a specific component of social statistics – Labour market statistics -) and 3 horizontal ones (visibility, training and gender). Another focus is put on synergies among the sectors covered, both thematic and horizontal. The project has entered its second year of implementation.

4. The EU-MED cooperation in statistics: a sustainable process?

From MEDSTAT I to MEDSTAT III, the cooperation was entirely project-oriented. What changed along the years was the implication of the ENP-S countries in the design of the work programmes. With MEDSTAT II, a collaborative process was initiated through a series of “needs assessment” missions in all the countries at the start of the project. During each country mission, the objectives of the cooperation were set together with the countries for the various sectors covered by the project and, then, translated by the project in work programmes and activities. This approach was continued under MEDSTAT III. What really changed the nature of the cooperation was an initiative of the partners taken in 2011 to reflect on the future of the partnership after MEDSTAT III. A group of expert prepared an issue paper that was discussed by the EC and the Directors of the NSIs of the ENP-S countries. From this discussion, it was decided in 2013 to set up a stronger and more permanent institutional framework for the EU-MED cooperation in statistics building on two levels:

- * **A strategic level.** The Forum of the EU-MED statisticians was established as the meeting of representatives of the EC, of the NSIs of the ENP-S countries and European Free Trade Association (EFTA). This entity meets once a year and is co-chaired by Eurostat and one ENP-S country (Lebanon is presently in charge). The Forum sets the priorities of the cooperation and discusses the expected results. It also reviews the execution of the sector work programmes,
- * **An operational level.** Working groups (WG) composed of representatives from the EC and the ENP-S countries meet regularly (once a year) and are responsible for the design of the sector work plans and their implementation. So far, WG have been set for the 6 thematic sectors covered by MEDSTAT IV and for the issue of quality in statistics. This later WG is managed by Eurostat.

In order to more balance the partnership, the ENP-S have been given clear responsibilities in the setting of the priorities and objectives as well as for the implementation of the work programmes. The Forum is co-chaired by a representative of the ENP-S countries and for each thematic WG, the countries have taken a lead for the coordination and the monitoring of the implementation of the sector work programmes. Today, Morocco and Tunisia are taking most of the burden through leadership and co-leadership in 3 working groups each⁵; Egypt (Energy), Lebanon (Migration) and Palestine (Business registers) also lead and co-lead the work on some WG.

This represents a major shift compared to the practices followed under the previous MEDSTAT projects. For the time being, the Lead and Co-lead countries are working closely with the experts of the

⁵ Morocco leads and co-leads for the WG on Energy, on Transport and on external trade statistics; Tunisia leads and co-leads for Energy, Business registers and labour market statistics.



MEDSTAT IV project for the implementation of the project's activities. But at the end of the project, they should take even more responsibilities, in particular for mobilising technical and financial support from various sources, the EC and others. This may prove to be difficult for some countries, who face a shortage of manpower and funds, but there are now more than 20 years of history for this cooperation in statistics and the ENP-S countries have learned that there are huge benefits from working together.

What has been done with the EU-MED cooperation in statistics in terms of partnership is quite exemplary in a region as difficult as the ENP-South. The institutional structure of the cooperation has proved to remain effective in difficult times (withdraw of certain countries from the EU-MED dialogue) as well as in difficult contexts (the case of Libya, in particular). The institutional framework, and particularly its operational branch, gives a solid ground to the countries for a technical collaboration that is anchored with the EC, and in particular with Eurostat. This may have some implications for the sustainability of the process, the collaboration among the ENP-S countries depending largely on this anchorage, but is the only way to progress in a difficult and fast-changing political environment.

5. The effect of MEDSTAT on the National coordination in statistics

Statistics are not produced only by the NSIs. There are other institutions in the countries (line Ministries and other specialised public agencies, Observatories ...) who participate in the national production of statistics. In general the coordination between all these actors is carried out and organised through committees (involving all the partners in the NSS) or working groups (more limited number of actors involved in a specific sector or topic). The coordination is in principle stated and organised in the statistical law and the related regulations but in practice it may be less obvious to bring together all these services.

A regional project in statistics may help bringing all these actors together and making them work together by moving the responsibility and legitimacy of the coordination effort from the shoulders of only one of the partners (the NSI) to the ones of the whole group. The NSI is not face to face with all the other partners in the NSS but the whole NSS is now together to achieve a regional goal for which the country has subscribed. The case of classifications is exemplary in this regard. In order to be effective, the classifications may be used by all the concerned partners in the NSS and not only by the NSI. It is generally very difficult for the NSI to promote the use of harmonised classifications within the NSS but the task is easier if the change is justified/legitimated at a higher level. The partners in the NSS move to the harmonised classifications not to please the NSI but to comply with commitment taken by the government at the regional level. In this case, the NSI may even be called by its partner to help in implementing the classifications.

This "transfer/collaborative" effect may not work with the same intensity in all cases and for all statistical sectors. In fact, the effect will apply differently for sectors where there is one main producer of data who is not the NSI (Energy, Transport, Tourism) than for sectors with several stakeholders including the NSI (Business registers and statistics, External Trade and the Balance of Payment, Environment, Migration) or for sectors led by the NSI with other providers (National accounts, Social statistics). The more partners you have, the less the effect will work. Under MEDSTAT, the collaboration between the NSI and the Ministry of Transport or the Ministry of Energy has worked quite well. In the latter case, it led to the development of comparable Energy balances within the region, this implying for the line Ministries to adopt some statistical conventions they were not used with. The collaboration has been less intense in some countries for the sectors of environment statistics and the Balance of payments where there are more partners involved. Social statistics is still an area where the coordination is not established on solid grounds.

MEDSTAT contributed to this better coordination by establishing a system through which the invitations to the regional events were addressed to both the NSI and their partners. The direct partners



of the project have always been the NSIs but the project helped them to open discussion with their national partners and establish procedures for sharing the benefit of the MEDSTAT support. This last year 2016, the participants to the regional events were coming for more than 33% from institutions other than the NSIs. In some extreme cases, the line ministries have been designated by the NSI as national coordinators (In Algeria, this is true for the sectors of Energy statistics and External Trade statistics) and even as Lead-Coordinators (in Morocco for the sector of External Trade statistics). The project also provided direct support to the coordination at the national level through financing technical assistance missions around which the NSI brought together its partners.

6. The effect of MEDSTAT on the coordination among the countries of the region

The production of statistics is also the result of the implementation of standards, norms, methods and tools that are, for most of them, established at the international or regional levels. A regional support programme may thus assist the countries in working together either to build regional methodologies or to apply the international ones to their specific regional context. As already stated, the MED countries group is not an official construction and there is no common goal for the MEDSTAT than to promote and contribute to the development and harmonisation of statistics in the region. As such, what has been achieved in the region in statistics is exemplary because it was only justified by national wills and not by an obligation of results. MEDSTAT was instrumental at better shaping the common needs of the countries and at bringing operational support in answering them.

In this area, MEDSTAT helped in many ways:

- * In making the countries work together even in difficult political times. A specific group comprising Egypt, Israel, Jordan and Palestine met regularly between 2006 and 2010 to discuss external trade statistics. Today, some of the countries are asking for the sub-group to reconvene,
- * In facilitating South-South cooperation. The exchange of experiences and the related identification of good practices in the region led to the mobilisation of capacities in some countries to assist other countries. The last example is the collaboration between Morocco and Palestine for the transfer of an application for the dissemination of external trade statistics,
- * In developing specific and original methodologies. This has covered several compendiums and manuals in the area of Transport statistics, Labour market statistics and social indicators,
- * In developing harmonised statistical tools and data constructs. A major achievement is the Household International Migration Survey (HIMS) which has now been carried out in Egypt and Jordan and is expected to be implemented in other countries. Another regional realisation stands with the harmonised Energy Balances.

Last but not least, a regional project provides a very stable grounds for the development of statistics: even in case of war and important political trouble, the material developed under the project remains accessible to the all statisticians of the region wherever they are located.

7. Conclusion

Regional cooperation in statistics may bring all the countries at a higher level of development. It provides to the NSIs in the countries an anchor to initiate discussion with their partners in the NSS. It establishes a zone of technical cooperation and harmonisation that may benefit to all the countries of the region at their respective state of statistical development. In the case of MEDSTAT, it remains to be seen if this regional collaboration could survive without the anchorage and the support that the EU funding provides. Is a stand-alone MEDSTAT, driven and funded only by the MED countries, understanding their interest and benefit in drawing from an extended regional collaboration and exchange, an option for the future?