International Labour Organization

ILO Flagship Report

# World Social Protection Report 2020–22

## Social protection at the crossroads – in pursuit of a better future

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# foreword

Since the last edition of the *World Social Protection Report,* in 2017, the world has been rocked by a crisis unlike anything in living memory. While we will not know the full implications of the COVID-19 pandemic for some time, one thing is already clear – the value of social protection has been unequivocally confirmed.

The pandemic response generated the largest mobilization of social protection measures ever seen, to protect not just people's health but the jobs and incomes on which human well-being equally depends. As we seek now to create a human-centred recovery, it is imperative that countries deploy their social protection systems as a core element of their rebuilding strategies.

There are glimmers of optimism amid the devastation wrought by the pandemic, and this renewed appreciation of the importance of social protection is one. The crisis not only underscored its indispensability, but radically reconfigured policymakers' mindsets. They can no longer ignore the precarious situation of the many front-line workers whose essential role became clear during the crisis, or of the informal workers who have frequently been excluded from social protection schemes.

Another hard reminder provided by the crisis has been that we are only as safe as the most vulnerable among us; our well-being and destinies are intimately entwined, regardless of our location, background or work. If some people cannot count on income security while sick or in quarantine, then public health will be undermined and our collective well-being jeopardized.

This renewed appreciation of social protection was well reflected in the adoption of the conclusions on social protection by the governments, employers and workers of the ILO's 187 Member States at the International Labour Conference in June 2021. This served as a powerful reminder that rights-based social protection systems, anchored in the principle of solidarity, are at the core of decent work and social justice.

As we start to look beyond the crisis to recovery, it is essential that we do not forget the painful lessons it has taught us. We must not allow complacency to creep in. Now is the moment to strengthen and invest in social protection systems everywhere, including social protection floors, so we are better prepared for whatever future crises may come. This means implementing a rights-based approach, with universal social protection systems that guarantee access to adequate, comprehensive support throughout people's lives, regardless of the type of employment they have or the nature of their work. This is essential for the human-centred, equitable recovery we need.

This *World Social Protection Report* provides a global overview of recent developments in social protection systems and examines the impact of the COVID-19 pandemic. Based on new and robust data, it offers a broad range of global, regional and country statistics on social protection coverage, the benefits provided, and related public expenditure.

The report also identifies the protection gaps that must be closed, and sets out key policy recommendations for achieving the goal of universal social protection for all by 2030. This will require concerted collaboration between governments and workers' and employers' organizations, UN agencies and other stakeholders.

Many countries stand at a crossroads, debating the future of their social protection systems. I urge them to look forward with hope, heed the call of this report, and use the window opened by COVID-19 to pursue the high road to universal social protection. It is an ethical and rational choice, and one that paves the way to social justice for all.

Guy Ryder
ILO Director-General

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# abbreviations

| | |
|---|---|
| **ADB** | Asian Development Bank |
| **AFD** | Agence française de développement |
| **AIDS** | acquired immunodeficiency syndrome |
| **ALMP** | active labour market policy |
| **ASPIRE** | World Bank Atlas of Social Protection Indicators of Resilience and Equity |
| **CCT** | conditional cash transfer |
| **CEACR** | Committee of Experts on the Application of Conventions and Recommendations (ILO) |
| **CHE** | current health expenditure |
| **COVID-19** | coronavirus disease |
| **CRC** | United Nations Convention on the Rights of the Child |
| **CRPD** | United Nations Convention on the Rights of Persons with Disabilities |
| **DAC** | Development Assistance Committee (OECD) |
| **EAP** | economically active persons |
| **ECLAC** | Economic Commission for Latin America and the Caribbean |
| **EII** | employment injury insurance |
| **Eurostat** | Statistical Office of the European Commission |
| **FAO** | United Nations Food and Agriculture Organization |
| **GDP** | gross domestic product |
| **GGHE** | general government health expenditure |
| **GHG** | greenhouse gas |
| **GNI** | gross national income |
| **HIV** | human immunodeficiency virus |
| **ICESCR** | International Covenant on Economic, Social and Cultural Rights |
| **IDA** | International Disability Alliance |
| **IDP** | internally displaced person |
| **IFI** | international financial institution |
| **IMF** | International Monetary Fund |
| **IOM** | International Organization for Migration |
| **ISSA** | International Social Security Association |
| **ITUC** | International Trade Union Confederation |
| **LIS** | Luxembourg Income Study |
| **LTC** | long-term care |
| **NCD** | non-communicable disease |
| **NDC** | nationally determined contribution (Paris Agreement on climate change) |
| **NGOs** | non-governmental organizations |
| **ODA** | official development assistance |
| **OECD** | Organisation for Economic Co-operation and Development |
| **OOP** | out of pocket |
| **OPDs** | organizations of people with disabilities |
| **qUCB** | quasi-universal child benefit |
| **RMNCH** | reproductive, maternal, newborn and child health |
| **SCI** | service coverage index |
| **SDG(s)** | Sustainable Development Goal(s) |
| **SOCR** | Social Benefit Recipients Database |
| **SSA** | United States Social Security Administration |
| **SSI** | Social Security Inquiry |
| **TB** | tuberculosis |
| **UBI** | universal basic income |
| **UCB(s)** | universal child benefit(s) |
| **UHC** | universal health coverage |
| **UN** | United Nations |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS |
| **UNESCAP** | United Nations Economic and Social Commission for Asia and the Pacific |
| **UNFPA** | United Nations Population Fund |
| **UNHCR** | (Office of the) United Nations High Commissioner for Refugees |
| **UNICEF** | United Nations Children's Fund |
| **UNPRPD** | United Nations Partnership on the Rights of Persons with Disabilities |
| **UNRISD** | United Nations Research Institute for Social Development |
| **US** | United States of America |
| **USP2030** | Global Partnership for Universal Social Protection |
| **WFP** | World Food Programme |
| **WGSS** | Washington Group Short Set |
| **WHO** | World Health Organization |
| **WSPD** | World Social Protection Database |

# acknowledgements

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# executive summary

Despite progress in recent years in extending social protection in many parts of the world, when the coronavirus disease (COVID-19) pandemic hit many countries were still facing significant challenges in making the human right to social security a reality for all. This report provides a global overview of progress made around the world over the past decade in extending social protection and building rights-based social protection systems, including floors, and covers the impact of the COVID-19 pandemic. In doing so, it provides an essential contribution to the monitoring framework of the 2030 Agenda for Sustainable Development.

Five messages emerge from the report:

***The pandemic has exposed deep-seated inequalities and significant gaps in social protection coverage, comprehensiveness and adequacy across all countries.*** Pervasive challenges such as high levels of economic insecurity, persistent poverty, rising inequality, extensive informality and a fragile social contract have been exacerbated by COVID-19. The crisis also exposed the vulnerability of billions of people who seemed to be getting by relatively well but were not adequately protected from the socio-economic shock waves it has emitted. The pandemic's socio-economic impacts have made it difficult for policymakers to ignore a number of population groups – including children, older persons, unpaid carers, and women and men working in diverse forms of employment and in the informal economy – who were covered either inadequately or not at all by existing social protection measures. In revealing these gaps, this report shows that the pandemic has propelled countries into unprecedented policy action, with social protection at the forefront.

***COVID-19 provoked an unparalleled social protection policy response.*** Governments marshalled social protection as a front-line response to protect people's health, jobs and incomes, and to ensure social stability. Where necessary, governments extended coverage to hitherto unprotected groups, increased benefit levels or introduced new benefits, adapted administrative and delivery mechanisms, and mobilized additional financial resources. However, despite some international support, many low- and middle-income countries have struggled to mount a proportionate social protection and stimulus response to contain the pandemic's adverse impacts in the way that high-income countries have been able to do, leading to a "stimulus gap" arising largely from significant coverage and financing gaps.

***Socio-economic recovery remains uncertain and enhanced social protection spending will continue to be crucial.*** The most recent IMF forecasts warn of a divergent recovery, whereby richer countries enjoy a swift economic rebound while lower-income nations see a reversal of their recent development gains. Ensuring a human-centred recovery everywhere is contingent on equitable access to vaccines. This is not only a moral imperative, but also a public health necessity: a deep chasm in vaccine availability will unleash new viral mutations that undermine the public health benefits of vaccines everywhere. Already, however, inequitable vaccine access, yawning stimulus gaps visible in the crisis response, unfulfilled calls for global solidarity, increasing poverty and inequalities, and recourse to austerity cuts all indicate the prospect of uneven recovery. Such a scenario will leave many people to fend for themselves and derail the progress made towards the achievement of the 2030 Agenda and the realization of social justice.

***Countries are at a crossroads with regard to the trajectory of their social protection systems.*** If there is a silver lining to this crisis, it is the potent reminder it has provided of the critical importance of investing in social protection; yet many countries also face significant fiscal constraints. This report shows that nearly all countries, irrespective of their level of development, have a choice: whether to pursue a "high-road" strategy of investing in reinforcing their social protection systems or a "low-road" strategy of minimalist provision, succumbing to fiscal or political pressures. Countries can use the policy window prised open by the pandemic and build on their crisis-response measures to strengthen their social protection systems and progressively close protection gaps in order to ensure that everyone is protected against both systemic shocks and ordinary life-cycle risks. This would involve increased efforts to build universal, comprehensive, adequate and sustainable social protection systems, including a solid social protection floor that guarantees at least a basic level of social security for all over the course of their lives. The alternative would be to acquiesce in a low-road approach that fails to invest in social protection, thereby trapping countries in a "low cost–low human development" trajectory. This would represent a lost possibility for strengthening social protection systems and reconfiguring societies for a better future.

***Establishing universal social protection and realizing the human right to social security for all is the cornerstone of a human-centred approach to obtaining social justice.*** Doing so contributes to preventing poverty and containing inequality, enhancing human capabilities and productivity, fostering dignity, solidarity and fairness, and reinvigorating the social contract.

## The state of social protection: Progress made, but not enough

As of 2020, only 46.9 per cent of the global population were effectively covered by at least one social protection benefit[1] (Sustainable Development Goal (SDG) indicator 1.3.1; see figure ES.1), while the remaining 53.1 per cent – as many as 4.1 billion people – were left wholly unprotected. Behind this global average, there are significant inequalities across and within regions, with coverage rates in Europe and Central Asia (83.9 per cent) and the Americas (64.3 per cent) above the global average, while Asia and the Pacific (44.1 per cent), the Arab States (40.0 per cent) and Africa (17.4 per cent) have far more marked coverage gaps.

Only 30.6 per cent of the working-age population are legally covered by comprehensive social security systems that include a full range of benefits, from child and family benefits to old-age pensions, with women's coverage lagging behind men's by a substantial 8 percentage points. This implies that the large majority of the working-age population – 69.4 per cent, or 4 billion people – are only partially protected or not protected at all.

Access to healthcare, sickness and unemployment benefits has taken on particular relevance during the pandemic. While almost two thirds of the global population are protected by a health scheme of some kind, significant coverage and adequacy gaps remain. When it comes to income protection during sickness and unemployment, the coverage and adequacy gaps are even more pronounced. Approximately a third of working-age people have their income security protected by law in case of sickness, and less than a fifth of unemployed workers worldwide actually receive unemployment benefits.

Gaps in the coverage, comprehensiveness and adequacy of social protection systems are associated with significant underinvestment in social protection, particularly in Africa, the Arab States and Asia. Countries spend on average 12.9 per cent of their gross domestic product (GDP) on social protection (excluding health), but this figure masks staggering variations. High-income countries spend on average 16.4 per cent, or twice as much as upper-middle-income countries (which spend 8 per cent), six times as much as lower-middle-income countries (2.5 per cent), and 15 times as much as low-income countries (1.1 per cent).

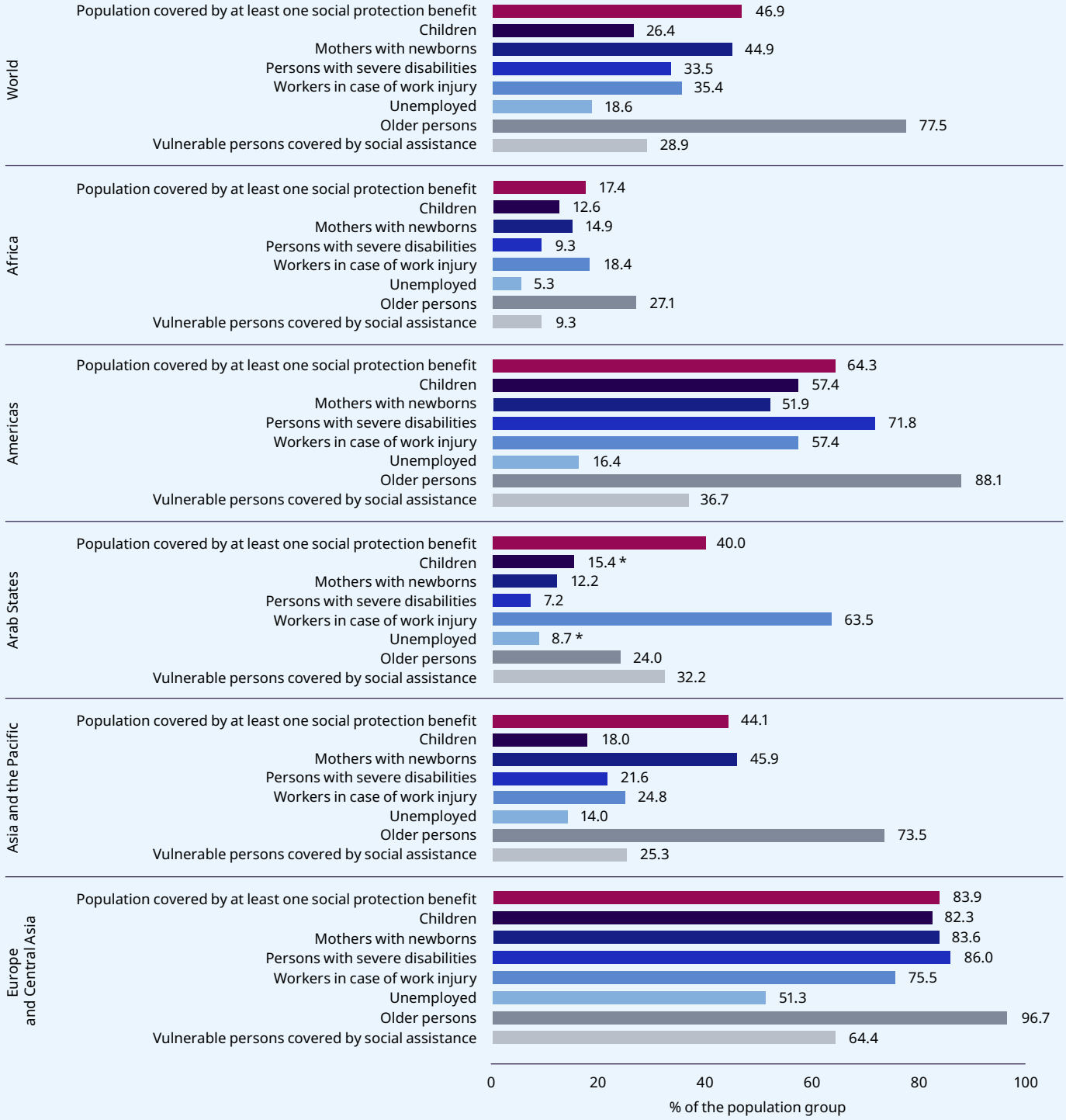
This financing gap for building social protection floors has widened by approximately 30 per cent since the onset of the COVID-19 crisis, owing to the increased need for healthcare services, income security measures, and reductions in GDP caused by the crisis. To guarantee at least a basic level of social security through a nationally defined social protection floor, lower-middle-income countries would need to invest an additional US$362.9 billion and upper-middle-income countries a further US$750.8 billion per year, equivalent to 5.1 and 3.1 per cent of GDP respectively for the two groups. Low-income countries would need to invest an additional US$77.9 billion, equivalent to 15.9 per cent of their GDP.

COVID-19 threatens to imperil years of progress towards achieving the Sustainable Development Goals (SDGs), reversing gains in poverty reduction. It has also revealed the pre-existing stark protection gaps across all countries and made it impossible for policymakers to ignore the persistent social protection deficits experienced in particular by certain groups, such as informal workers, migrants and unpaid carers.

This crisis has resulted in an unprecedented yet uneven global social protection response. Higher-income countries were better placed to mobilize their existing systems or introduce new emergency measures to contain the impact of the crisis on health, jobs and incomes. Mounting a response was more challenging in lower-income contexts, which were woefully ill prepared and had less room for policy manoeuvre, especially in macroeconomic policy.

[1] Excluding healthcare and sickness benefits.

## ▶ Figure ES.1 SDG indicator 1.3.1: Effective social protection coverage, global and regional estimates, by population group, 2020 or latest available year




*To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by relevant population groups.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## Social protection for children remains limited, yet is critical for unlocking their potential

### Highlights

- The vast majority of children still have no effective social protection coverage, and only 26.4 per cent of children globally receive social protection benefits. Effective coverage is particularly low in some regions: 18 per cent in Asia and the Pacific, 15.4 per cent in the Arab States and 12.6 per cent in Africa.
- Positive recent developments include the adoption of universal or quasi-universal child benefits (UCBs/qUCBs) in several countries, and renewed awareness in the context of COVID-19 of the critical importance of inclusive social protection systems, quality childcare services and the need for social protection for caregivers.
- On average, national expenditure on social protection for children is too low, equating to only 1.1 per cent of GDP, compared to 7 per cent of GDP spent on pensions. The regions of the world with the largest share of children in the population, and the greatest need for social protection, have some of the lowest coverage and expenditure rates, especially sub-Saharan Africa (0.4 per cent of GDP).
- To address the dramatic increase in child poverty caused by COVID-19, close social protection coverage gaps and deliver the best results for children and society, policymakers must implement an integrated systems approach including child benefits and childcare services, provision of parental leave and access to healthcare.

## Social protection for women and men of working age provides insufficient protection against key risks

### Highlights

- *Maternity*: Some countries have made decisive progress towards universal or near-universal effective maternity coverage. Despite the positive developmental impacts of supporting childbearing women, only 44.9 per cent of women with newborns worldwide receive a cash maternity benefit.
- *Sickness*: The crisis has demonstrated the importance of ensuring income security during ill health, including quarantine. However, only a third of the world's working-age population have their income security protected by law in the event of sickness.
- *Disability*: The share of people with severe disabilities worldwide who receive a disability benefit remains low at 33.5 per cent. Importantly, several countries now have universal disability benefit programmes in place.
- *Employment injury*: Only 35.4 per cent of the global labour force have effective access to employment injury protection. Many countries have recognized COVID-19 as an occupational injury in order to ensure easier and faster access to associated benefits under the work injury insurance system, in particular for workers in the most exposed sectors.
- *Unemployment protection*: A mere 18.6 per cent of unemployed workers worldwide have effective coverage for unemployment and thus actually receive unemployment benefits. This remains the least developed branch of social protection. However, the pandemic has highlighted the crucial role of unemployment protection schemes to protect jobs and incomes, through job retention schemes and unemployment benefits.
- *Expenditure estimates* show that worldwide only 3.6 per cent of GDP is spent on public social protection to ensure income security for people of working age.

# ▶ Social protection for older women and men still faces coverage and adequacy challenges

## Highlights

- Pensions for older women and men are the most widespread form of social protection in the world, and a key element in achieving SDG target 1.3. Globally, 77.5 per cent of people above retirement age receive some form of old-age pension. However, major disparities remain across regions, between rural and urban areas, and between women and men. Expenditure on pensions and other benefits for older people accounts for 7.0 per cent of GDP on average, again with large variations across regions.
- Significant progress has been made with respect to extending the coverage of pension systems in developing countries. Even more encouraging, in a wide range of countries, including lower-middle-income countries, universal pensions have been developed as part of national social protection floors.
- The COVID-19 crisis has brought additional pressures to bear on the costs and financing of pension systems, but the impact over the long term will be moderate to low. The massive response of countries to the crisis has highlighted the critical role that old-age protection systems, including long-term care, play in ensuring the protection of older adults, particularly in times of crisis, and the urgency of strengthening long-term care systems to protect the rights of care recipients and care workers alike.
- Pension reforms have been dominated by an emphasis on fiscal sustainability, at the expense of other principles established by international social security standards, such as the universality, adequacy and predictability of benefits, solidarity and collective financing. These are critical for guaranteeing the income security of older people, which is and should remain the primary objective of any pension system. Ensuring the adequacy of benefits is especially pertinent for women, people in low-paid jobs and those in precarious forms of employment. Moreover, many countries around the world are still struggling to extend and finance their pension systems; these countries face structural barriers linked to low levels of economic development, high levels of informality, low contributory capacity, poverty and insufficient fiscal space, among others.

# ▶ Social health protection: An essential contribution to universal health coverage

## Highlights

- Significant progress has been made in increasing population coverage, with almost two thirds of the global population protected by a scheme. However, barriers to accessing healthcare remain in the form of out-of-pocket payments on health services, physical distance, limitations in the range, quality and acceptability of health services, and long waiting times, as well as opportunity costs such as lost working time. The COVID-19 crisis has highlighted the limitations of benefit adequacy and the need to reduce out-of-pocket payments.
- Collective financing, broad risk-pooling and rights-based entitlements are key conditions for supporting effective access to healthcare for all in a shock-responsive manner. The principles provided by international social security standards are more relevant than ever on the road to universal health coverage, and in particular within the current public health context. More and better data on legal coverage need to be collected as a matter of priority to monitor progress on coverage and equity.
- Investing in the availability of quality healthcare services is crucial. The COVID-19 pandemic has further revealed the need to invest in healthcare services and to improve coordination within the health system. The pandemic is drawing attention to the challenges faced in recruiting,

deploying, retaining and protecting well-trained, supported and motivated health workers to ensure the delivery of quality healthcare services.

- Stronger linkages and better coordination between mechanisms for accessing medical care and income security are needed to address key determinants of health more effectively. The COVID-19 crisis has further highlighted the role of the social protection system in shaping behaviours to foster prevention and the complementarity of healthcare and sickness benefit schemes. Coordinated approaches are particularly needed in respect of special and emerging needs, including human mobility, the increasing burden of long and chronic diseases, and population ageing. The impact of COVID-19 on older people has shed additional light on the need for coordination between health and social care.

## Taking the high road towards universal social protection for a socially just future

COVID-19 has further underscored the critical importance of achieving universal social protection. It is essential that countries – governments, social partners and other stakeholders – now resist the pressures to fall back on a low-road trajectory and that they pursue a high-road social protection strategy to contend with the ongoing pandemic, and to secure a human-centred recovery and an inclusive future. To this end, several priorities can be identified.

- COVID-19 social protection measures must be maintained until the crisis has subsided and recovery is well under way. This will require continued investment in social protection systems to maintain living standards, ensure equitable vaccine access and healthcare, and prevent further economic contraction. Ensuring equitable and timely access to vaccines is crucial for the health and prosperity of all countries and peoples. In an interconnected world, a truly inclusive recovery hinges on this.
- The temptation to revert to fiscal consolidation to pay for the massive public expenditure outlays necessitated by COVID-19 must be avoided. Previous crises have shown that austerity leaves deep social scarring, hurting the most vulnerable in society. Conversely, striving for a jobs-rich, human-centred recovery, aligned with health, social, environmental and climate change goals, can contribute to income security, job creation and social cohesion objectives, expand the tax base and help finance universal social protection.
- Amid the devastation wrought by the pandemic, there are glimmers of hope that mindsets have shifted. By exposing the inherent vulnerability of everyone – making it explicit that our individual well-being is intimately bound up with the collective well-being and security of others – the pandemic has demonstrated the indispensability of social protection. Moreover, the crisis has shown that there is significant scope for countries to adopt a "whatever it takes" mindset to accomplish priority goals if they so choose. If the same policy approach is applied as the worst of the pandemic abates, this holds promise for taking the high road to achieve the SDGs and universal social protection.
- Taking that high road requires building permanent universal social protection systems that provide adequate and comprehensive coverage to all, guided by effective tripartite social dialogue. These systems are essential for preventing poverty and inequality, and for addressing today's and tomorrow's challenges, in particular by promoting decent work, supporting women and men in better navigating their life and work transitions, facilitating the transition of workers and enterprises from the informal to the formal economy, bolstering the structural transformation of economies, and supporting the transition to more environmentally sustainable economies and societies.
- Further investment in social protection is required now to fill financing gaps. In particular, prioritizing investments in nationally defined social protection floors is vital for delivering on the promise of the 2030 Agenda. Fiscal space exists even in the poorest countries and domestic resource mobilization is key, but concerted international support is also critical for fast-tracking progress in those countries lacking fiscal and economic capacities, especially in low-income countries with marked underinvestment in social protection.

- Universal social protection is supported through the joint efforts of the United Nations agencies "working as one", and through concerted efforts with relevant international, regional, subregional and national institutions and social partners, civil society and other stakeholders, including through the Global Partnership for Universal Social Protection.
- The unique policy window prised open by COVID-19 should embolden countries to take decisive action now about the future of social protection and pursue a high-road policy approach with vigour. Doing so will empower societies to deal with future crises and the challenges posed by demographic change, the evolving world of work, migration, environmental challenges and the existential threat of climate change. Ultimately, a robust social protection system will shore up and repair a fragile social contract and enable countries to enjoy a socially just future.

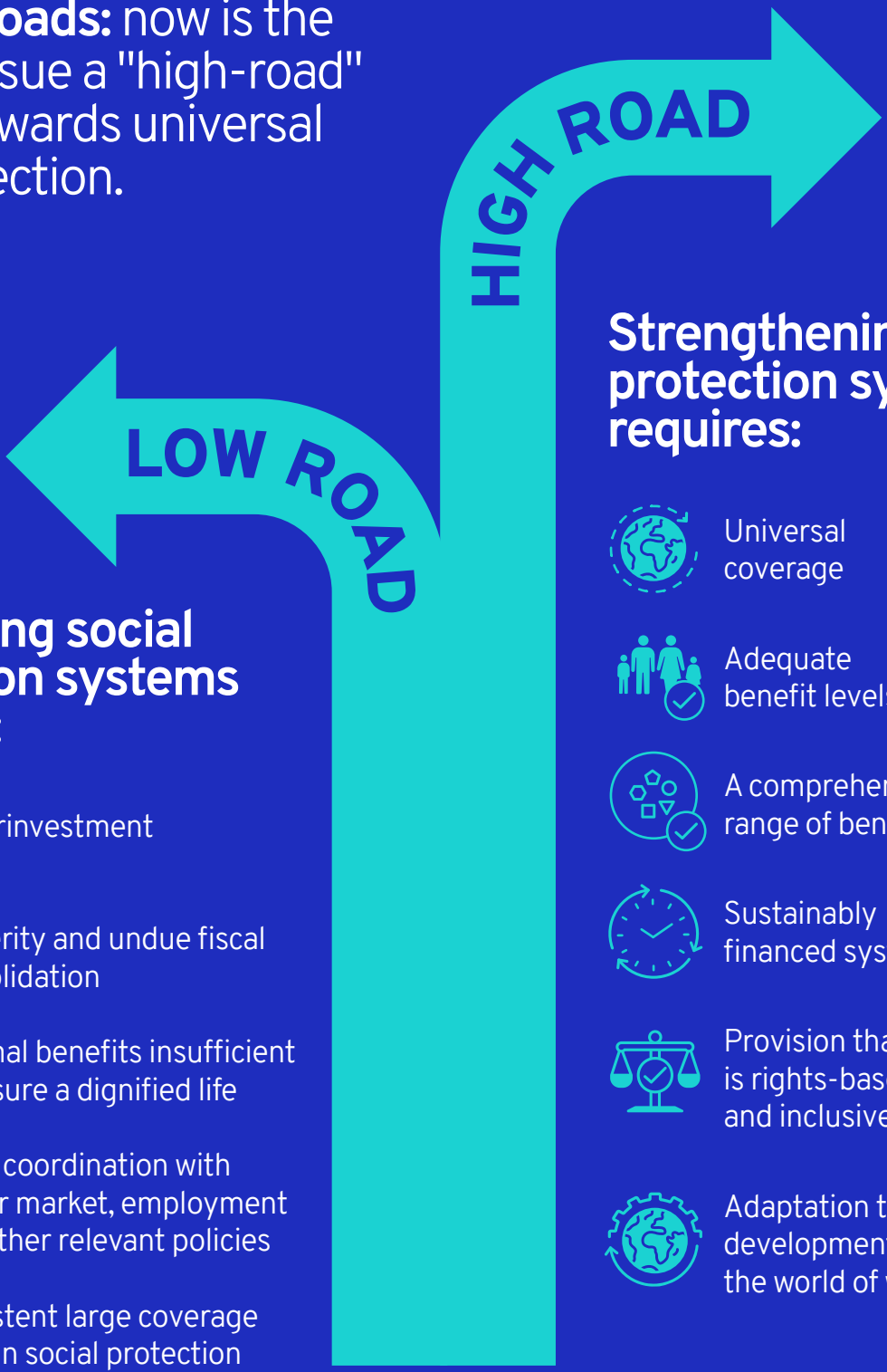
chapter 1



# Social protection at the crossroads: The COVID-19 response and the road to recovery

# Taking the high road towards universal social protection for a socially just future

**Many countries have arrived at a crossroads:** now is the time to pursue a "high-road" strategy towards universal social protection.




## Strengthening social protection systems requires:

- Universal coverage
- Adequate benefit levels
- A comprehensive range of benefits
- Sustainably financed systems
- Provision that is rights-based and inclusive
- Adaptation to developments in the world of work

## Neglecting social protection systems through:

- Underinvestment
- Austerity and undue fiscal consolidation
- Minimal benefits insufficient to ensure a dignified life
- Weak coordination with labour market, employment and other relevant policies
- Persistent large coverage gaps in social protection

ILO World Social Protection Database

Learn more

# key messages

- COVID-19 has propelled social protection to a crossroads. The pandemic has further compounded pre-existing challenges, such as high and rising levels of economic insecurity, inequality and informality, and has exposed the vulnerability of those who cannot rely on adequate social protection.

- Megatrends such as technological change, population ageing, urbanization, migration and the consequences of climate change have implications for employment and social protection policies, and may further exacerbate informality and inequalities.

- Decisive policy action will be required to reinforce and extend social protection systems, and in particular to build a solid social protection floor that guarantees at least a basic level of social protection for all. Universal social protection is key to tackling current and future challenges in an inclusive and sustainable way.

- The normative framework embodied in international human rights instruments and social security standards for building comprehensive social protection systems is an essential foundation for realizing the fundamental right to social security through a rights-based approach.

- Looking ahead to 2030, investing in social protection as a catalyst for positive change can help to address rising poverty and accelerate progress towards achieving the Sustainable Development Goals (SDGs). At this critical juncture, short-term crisis responses should be transformed into elements of rights-based social protection systems, including a solid social protection floor.

- This report provides the latest data by which to monitor progress towards SDG target 1.3 – "Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable" – and key indicators on various dimensions of social protection systems, drawn from the ILO World Social Protection Database, which provides in-depth global, regional and country-level statistics.

## 1.1 Introduction

Social protection is at a critical crossroads.[1] Around the world, the COVID-19 pandemic has exposed the vulnerability of those who are not adequately protected from its socio-economic consequences. In responding to the crisis, governments have used social protection policies to protect public health, jobs and incomes. They have extended coverage of existing benefits, improved or introduced new ones, adapted administrative and delivery mechanisms, and mobilized additional financial resources (ILO 2021o, 2020n).

> The COVID-19 pandemic has exposed the vulnerability of those who are not adequately protected.

This crisis has underscored the vital role of social protection as a front-line policy response. Crucially, it has made the case for universal social protection irrefutable. The weakness of limited safety-net approaches, typically characterized by narrow targeting and tightly monitored conditionalities, has become glaringly apparent. These types of programmes fall woefully short of providing the necessary protection in times of crisis and cannot provide the broad-based coverage needed to ensure an equitable recovery. However, while the unprecedented initial response to COVID-19 provided a massive impetus for universal social protection, in many countries this response has been neither sustained nor sufficient. Short-term measures, lasting only a few months, have come to an end; and benefit levels have often been too low to ensure an adequate standard of living. These measures have thus provided only limited underpinning for a full recovery, leaving many people highly vulnerable.

Now, even before a full recovery, fiscal austerity is already looming large. This is a matter of concern, bearing in mind especially that economic activity is unlikely to rebound strongly any time soon, and that the structural challenges of the pre-COVID-19 world, with its weakened social contract (precarious employment, inequality, and tax evasion and avoidance) have not yet been adequately addressed. In the context of significantly increased poverty and inequality, such a scenario could derail what progress has been made towards the achievement of the 2030 Agenda for Sustainable Development and the realization of human rights.

Now is the time to take decisive action to shape the future of social protection. It remains to be seen whether the lessons learned from this crisis and previous ones will provide the necessary jolt for universal social protection to be realized. To achieve this would require gaps in coverage, comprehensiveness and adequacy to be closed, and national social protection systems to be reinforced, not least with solid social protection floors that guarantee at least a basic level of social security to everyone throughout their lives. While a limited social safety-net approach may appear appealing to some under conditions of austerity and fiscal consolidation, it will not be sufficient to meet the needs of people, societies and economies. Unless emergency measures are systematically transformed into elements of rights-based social protection systems, large numbers of people will be unceremoniously consigned to circumstances no better than, and in many cases worse than, those in which they found themselves before COVID-19: left to fend for themselves with insufficient protection or even none at all.

It has never been more important than it is now to renew and sustain progress towards meeting the ambitions of the 2030 Agenda. Universal social protection is a cornerstone of a human-centred vision for the future, offering the prospect of realizing the human right to social security for all, eradicating and preventing poverty, reducing multiple and intersecting inequalities, enhancing human capabilities and productivity, fostering solidarity and fairness, and reinvigorating the social contract. Reinforcing social protection systems will be of paramount importance for that better future.

> It has never been more important to renew and sustain progress towards the 2030 Agenda.

[1] Social protection, or social security, is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle. Social protection includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (mainly social insurance) and non-contributory tax-financed schemes (universal/categorical schemes and social assistance).

## ▶ 1.2 Social protection at the crossroads: The challenge

COVID-19 hit the world at a time when many countries had not yet recovered from the 2008 global financial crisis. After nearly a decade of austerity, most countries were struggling to address a range of challenges that have now been further exacerbated by the pandemic and its socio-economic repercussions. This combination of circumstances has further raised the stakes for social protection.

Despite positive trends in some parts of the world, many countries still face significant challenges in closing social protection gaps to make the human right to social security a reality for all. Social protection systems operate in a context of high, and sometimes growing, levels of informality and inequality, marked by limited fiscal space, institutional fragmentation and competing priorities, as well as climate change, digital transformation and demographic shifts. Changing work and employment relationships, alongside weakened labour market institutions, have contributed to growing levels of inequality and insecurity, and stagnation in labour incomes, in many parts of the world. In this context, the proven capacity of social protection to reduce and prevent poverty, and to address inequality, remains as relevant as ever (SDG targets 1.3, 5.4 and 10.4[2]).

While there has been some progress in reducing extreme poverty, rising levels of inequality have eroded trust in public institutions and undermined already fragile social contracts in many parts of the world (Razavi et al. 2020; Global Commission on the Future of Work 2019; ILO 2016e). The globalization of trade and finance, the financialization of the economy, technological changes and new forms of work, pervasive informality and poor working conditions, and the privatization of public services have deepened cleavages between those who can benefit from these developments and others who are being pushed behind them (Elson 2018). The share of global income earned by workers has declined in comparison with the share gained by capital, while disparities in workers' earnings have also widened (ILO 2019d, 2020i).

In many contexts, less progressive taxation on income and other resources, and the relative shifting of the tax burden from capital to labour, have contributed to stagnation in real wages and rising levels of inequality and economic insecurity (ILO 2020i; UNDP 2019; Berg 2015b). Economic gains have been disproportionately captured by those at the very top of the income distribution: not only have the richest 1 per cent of the global population captured around 27 per cent of income growth between 1980 and 2016, while the bottom half of the population received only 12 per cent, but the total wealth of the world's billionaires reached a new peak during the pandemic of US$10.2 trillion in July 2020 (Alvaredo et al. 2017; UBS 2020; Oxfam 2020). For many people who are struggling to find decent work and maintain an adequate standard of living, promises of upward social mobility and equal opportunities have not been fulfilled, thereby eroding trust in government, or even in democracy itself (Razavi et al. 2020; OECD 2018).

While there have been some advances in women's enjoyment of their rights, gender inequality persists in families, economies and societies. Almost everywhere, women still do not enjoy equal pay with men for work of equal value – a shortfall partly related to their disproportionate share of unpaid care work and intransigent patterns of discrimination – and they make up nearly two thirds of contributing family workers (those who work in family businesses without any direct pay) (ILO 2018a, 2019f; UNDP 2019; UN Women 2020a). These persistent inequalities inhibit women's access to social protection, in terms of both coverage and benefit levels, contributing to their stubbornly higher risk of falling into poverty, compared to men. In the COVID-19 crisis, women have been affected by employment loss more than men, and more women than men are leaving the workforce, perhaps as a result of intensified unpaid workloads (ILO 2020k; UN Women 2020c). Some of the gains made in gender equality over recent decades are being reversed.

[2] Target 5.4: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate". Target 10.4: "Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality".

Many countries are struggling with high structural unemployment and underemployment and rising economic inactivity rates, especially since the onset of the COVID-19 crisis (ILO 2021k). Many countries, too, are saddled with fragmented labour markets, high levels of informality and consequently high – and in many cases growing – levels of economic insecurity, particularly for workers in temporary or casual forms of employment, involuntary part-time employment and self-employment (ILO 2018f, 2020z). Some of the policy reforms undertaken since the mid-1970s, aimed at deregulation, privatization, greater labour market flexibility, and lower labour costs and social spending, have shifted economic risks to workers, further increasing their vulnerability. Moreover, in many sectors, the emergence of new business models has created incentives for self-employment and greater recourse to complex subcontracting and service contracts, often without adequate social protection provisions (ILO 2016d, 2021q).

### 1.2.1 Responding to these pressing challenges through social protection

The capacity of social protection to contain and reduce inequality and poverty has been critical for bolstering social cohesion and renewing social contracts. For Member States of the Organisation for Economic Co-operation and Development (OECD), taxes and in particular social transfers reduce inequality by approximately one quarter on average, although their equalizing effect varies widely across countries (OECD 2015, 2018). It is no coincidence that countries that invested early in universal social protection policies, such as the Nordic countries, tend to be characterized by lower levels of income inequality and higher levels of social cohesion than others (Palme and Kangas 2005). Interestingly, the quality of social protection systems is considered to be one of the reasons for the relatively high levels of happiness recorded in the Nordic countries (Martela et al. 2020). Evidence indicates that the combined redistributive effects of taxes and transfers are of critical importance in establishing a more equitable income distribution, and that countries with higher levels of social expenditure tend to achieve lower income inequality (Cantillon 2009; UNDP 2019).

Over the past couple of decades, many countries across Africa, Asia and Latin America have bolstered their social protection systems, albeit starting from a much lower level of social expenditure than most advanced economies. There is strong evidence that non-contributory cash transfer programmes in low- and middle-income countries have contributed to poverty reduction, with overall positive effects on health, education and labour market outcomes (Bastagli et al. 2019). For example, South Africa's tax-financed social transfers addressed to families with children, older people and persons with disabilities, together with other transfers and taxes, and increased health and education spending, have reduced income inequality – as measured by the Gini coefficient – from 0.737 to 0.538 (Goldman, Woolard, and Jellema 2020). Social protection policies also play an important role in promoting social cohesion, with positive effects on relationships of trust and reciprocity, thereby promoting voice, accountability and gender equality (Babajanian 2012).

### 1.2.2 Progress has been made, but much more remains to be done

Despite laudable progress in building social protection systems over more than 100 years, the majority of the world's population is still excluded from any form of social security. Lessons learned from COVID-19 strengthen the case for countries to redouble their efforts to build universal, adequate and comprehensive social protection systems, including social protection floors.

There is a real concern that the health, economic and social repercussions of the pandemic may derail progress towards the achievement of the 2030 Agenda for Sustainable Development and the realization of human rights. The United Nations estimates that decades of progress in reducing poverty and improving living standards could be reversed (UN 2020i). Such regression is likely to menace in particular the lives of those left furthest behind, and could further worsen their situation.

> The pandemic may derail progress towards the achievement of the 2030 Agenda and the realization of human rights.

## ▶ Figure 1.1 Social protection in the 2030 Agenda: Relevant goals and targets

In view of these challenges, social protection systems need to be vigorously reinforced to support an inclusive and sustainable recovery, to promote social justice and to realize the human right to social security for all (see section 1.3 below), placing progress towards the SDGs back on track and indeed accelerating it. Investing in social protection is an essential lever for the SDGs, contributing to multiple goals,[3] in particular the elimination of poverty (SDG 1) and hunger (SDG 2), and the promotion of good health and well-being (SDG 3), gender equality (SDG 5), decent work and economic growth (SDG 8), reduced inequalities (SDG 10), and peace, justice and strong institutions (SDG 16) (figure 1.1). As well as supporting the economic and social dimensions of sustainable development, it also contributes to the environmental pillar, especially SDG 13, through its role in facilitating the "just transition" towards greener economies and societies (ILO 2017f, 2019g; UN 2020i, 2020e).

Looking back, we can see that investment in universal social protection and public services has been a key element in helping countries recover from major crises, for example in promoting recovery from the devastation of the Second World War in Europe and other parts of the world, and in Asia after the financial crisis of 1997. Now, having learned the painful lesson of premature fiscal consolidation after the 2008 economic crisis, we are at the point where short-term crisis responses must be transformed into sustained responses, to build and reinforce social protection systems, including solid social protection floors. Only if social protection is not limited to the role of a fire brigade in times of crisis, but is seen as an integral part of public policy in less eventful times too, can it play its role in protecting people against life's trials and tribulations, stabilizing economies and societies, and promoting decent work and social justice (see Chapter 5).

## 1.3 Moving towards universal social protection systems, including floors: Leaving no one behind

Social security is not charity, but a fundamental human right. The challenges that individuals and societies face today are manifold, including ever more rapidly changing labour markets in the context of ecological, technological and demographic transformations, requiring constant upskilling. Universal social protection is both an indispensable safeguard and a lever, enabling people to live dignified lives and to embrace change with confidence, and as such is a precondition for a human-centred future of work. Crises, whether related to health, economic shocks, climate change, or disasters and conflicts, have always underlined the need to expand social protection as a key tool to combat poverty and inequalities and strengthen social cohesion. Crises also demonstrate that societies with solid social protection systems in place can more effectively and rapidly protect their populations against the adverse impacts of such events.

Universal social protection, indeed, lies at the core of societies' social contract and sustainable development. It guarantees that all members of society are well protected, be they children or older persons, or those affected by ill health, unemployment or disability, on a basis of social solidarity and collective financing. By ensuring access to healthcare and income security, it prevents or at least alleviates poverty and reduces vulnerability, social exclusion and inequality, while supporting growth and prosperity. During economic recessions, it stimulates aggregate demand, thereby serving as an economic stabilizer. It can facilitate structural transformations, for example supporting workers in changing jobs and occupations. Universal social protection also contributes to gender equality, by empowering both women and men to invest in their capabilities, seize economic opportunities and nurture their capacity to aspire to different kinds of lives (Appadurai 2004).

The status of social security as a human right is enshrined in the Universal Declaration of Human Rights (1948, Arts 22 and 25), the International Covenant on Economic, Social and Cultural Rights (1966, Arts 9 and 11) and other human

[3] Social protection is explicitly or implicitly referred to in at least five SDG targets (1.3, 3.8, 5.4, 8.5 and 10.4).

rights instruments.[4] The enjoyment of this right by all requires that States assume their overall and primary responsibility for building and maintaining social protection systems. Realizing the right to social security also helps realize other economic, social and cultural rights, including the right to adequate food, clothing and housing, and those rights that pertain to education and health, all of which are essential to the realization of human dignity (Morlachetti 2016; Sepúlveda and Nyst 2012). Finally, by investing in inclusive and sustainable growth, social cohesion, justice and peace, and being accountable to rights-holders, States can revitalize their strained social contracts (Global Commission on the Future of Work 2019; Razavi et al. 2020).[5]

The normative framework provided by international labour standards takes a rights-based approach to giving the human right to social security concrete form (see box 1.1).[6] It defines the minimum levels of protection to be ensured, the strategy for achieving such levels of protection and the core principles for building comprehensive and sustainable social protection systems. In the holistic vision laid out in international social security standards by the world's governments, employers and workers, universal social protection encompasses three core outcomes (ILO 2019j):

1. universal coverage in terms of persons protected: all in need should have effective access to social protection throughout the life cycle;
2. comprehensive protection with regard to the social risks and contingencies that are covered: this includes protection not only across the nine life contingencies (see note 1 above and box 1.1), but also against other risks, such as the need for long-term care;
3. adequate protection: preventing or at least alleviating poverty, vulnerability and social exclusion, and allowing people to lead dignified lives.

To achieve this vision, the ILO advocates a *two-dimensional strategy* to be pursued through national social protection policies anchored in corresponding legal frameworks. In this regard, the Social Protection Floors Recommendation, 2012 (No. 202), calls upon Members to

1. "establish and maintain, as applicable, social protection floors as a fundamental element of their national social security systems" – this is referred to as the horizontal dimension. Significantly, these are floors and not ceilings; hence Members should also
2. "progressively ensure higher levels of social security to as many people as possible" – this is referred to as the vertical dimension.

The ILO advocates a two-dimensional strategy to be pursued through national social protection policies.

Recommendation No. 202 (Para. 3) outlines 19 core principles – including the responsibility of the State – underpinning the framework within which social protection systems should be built, extended, financed, implemented, monitored and evaluated in line with the human rights principles of equality and non-discrimination, participation, transparency and accountability (ILO 2019i; Behrendt et al. 2017). These principles do not prescribe a one-size-fits-all model; rather, they represent an optimal combination of means for achieving universal social protection in line with national circumstances, while striking a balance among universality, adequacy, solidarity and sustainability. This usually results in a country-specific mix of social insurance and tax-financed benefits to provide protection to all across the life cycle, so as to ensure both solidarity and financial, fiscal and economic sustainability.

Importantly, Recommendation No. 202 places overall and primarily responsibility for the implementation of the core principles with the State. The State is charged with progressively

[4] See in particular the Convention on the Elimination of all Forms of Discrimination against Women (1979), Arts 11 and 14; the Convention on the Rights of the Child (1989), Arts 26 and 27; and the Convention on the Rights of Persons with Disabilities (2006), Art. 28. See also UN (2008).

[5] A social contract can be defined as an implicit agreement between all members of a society – whether defined in terms of government and citizens, labour and capital, or different population groups – to cooperate for their mutual benefit and respect each other's rights and obligations (ILO 2016e).

[6] Relevant instruments are compiled in ILO (2019f).

## ▶ Box 1.1 The ILO's normative framework for building social protection systems, including floors

Since its establishment in 1919, and on the basis of a clear constitutional mandate, the ILO has developed a coherent international framework that guides the establishment, development and maintenance of social security systems across the world (ILO 2021c). ILO social security standards comprise a comprehensive set of Conventions and Recommendations elaborated and adopted by representatives of governments, employers and workers from all ILO Member States. Recognizing that protection outcomes can be attained by various mechanisms, ILO social security standards focus on the minimum levels of protection that need to be guaranteed (in terms of persons to be covered, benefit levels, qualifying periods and duration of benefits; see Annex 3), essential rules guiding the financing and administration of social security, and core principles that need to be observed irrespective of the chosen mechanism.

International social security standards are often primarily associated with contributory schemes, but in fact have a much wider scope. They cover a wide range of benefits and schemes that can form part of social protection systems, including means-tested non-contributory mechanisms, tax-financed public schemes offering flat benefit rates, statutory minimum benefit schemes and, subject to the fulfilment of certain conditions, voluntary schemes as well. International social security standards therefore offer an excellent reference framework for administrations undertaking and assessing reforms.

The Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202), are the two most prominent instruments in this area.[1] Convention No. 102 is the first and to date the only international treaty that addresses social security, referring to nine social security contingencies that all human beings may face over their life course: the need for medical care, and the need for benefits in the event of sickness, unemployment, old age, employment injury, family responsibilities, maternity, invalidity and survivorship (where a dependant outlives an earner). While not yet universally ratified, this instrument has established the basis for the development of social security throughout the world.

Promulgated 60 years later, and taking stock of the remaining gaps in protection and contemporary challenges, Recommendation No. 202 provides a normative policy vision of how universal social protection can be achieved in the twenty-first century. This entails, first, the establishment of national social protection floors for all persons in need of protection as a matter of priority; and, second, ensuring higher levels of protection for as many persons as possible, and as soon as possible. Introduced into international law, national social protection floors comprise a set of basic social security guarantees that ensure effective access to essential healthcare and basic income security at a level that allows people to live in dignity throughout their lives. These guarantees should include at least:

- access to essential healthcare, including maternity care;
- basic income security for children, ensuring access to nutrition, education, care, and other necessary goods and services;
- basic income security for persons of working age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability;
- basic income security for older persons.

In addition to establishing the core principles that constitute the backbone of rights-based universal social protection systems, Recommendation No. 202 invites Member States to formulate, through inclusive social dialogue and broad-based consultation, a strategic approach in the form of national social protection policies and strategies aimed at closing coverage and adequacy gaps, ensuring policy coherence by enhancing coordination and avoiding overlaps, and developing synergies with other economic and social policies. It also contains guidance on monitoring to help countries assess their progress in improving the performance of national social security systems.

[1] To date, Convention No. 102 has been ratified by 59 countries, most recently by Cabo Verde (2020), Benin (2019), Morocco (2019), the Russian Federation (2019), Argentina (2016), the Dominican Republic (2016), Ukraine (2016), Chad (2015), Saint Vincent and the Grenadines (2015) and Honduras (2012). ILO Recommendations are not open for ratification.

The State is charged with progressively realizing universality of protection.

realizing universality of protection and embedding social protection systems in national legislation that defines rights and the corresponding obligations. This contributes to securing predictable and adequate benefits, strengthens institutional capacities, and promotes transparency and accountability by providing safeguards against misuse of power in the form of efficient and accessible complaint and appeal procedures. Finally, effective social dialogue and tripartite participation throughout the design and implementation of national social protection systems will ensure that policies and legal frameworks are transparent, consensual and balanced, and respect the rights and dignity of everyone without discrimination while responding to people's particular needs (ILO 2018e, 2019i). Collectively, these principles act as the backbone holding up national social protection systems – failure to observe one of them potentially compromises the present and future solidity of the entire architecture. The added value of the ILO's approach to social protection lies in its reliance on this unique set of principles agreed by the world's governments, employers and workers to guide the development and implementation of rights-based national social protection systems in times of crisis and beyond.

In 2019 and again in 2021, the governments, employers and workers of the ILO's 187 Member States called for universal social protection in a human-centred approach to shaping a fair, inclusive and secure future of work and to the recovery from the COVID-19 pandemic (see box 1.2).

### ▶ Box 1.2 A strong mandate for universal social protection

In June 2021, the International Labour Conference adopted two documents that emphasize the important role of rights-based universal social protection systems in realizing the human right to social security for everyone.

In their *Global Call to Action for a Human-Centred Recovery from the COVID-19 Crisis*, governments, employers and workers of the ILO's 187 Member States committed themselves to "achieve universal access to comprehensive, adequate and sustainable social protection, including nationally defined social protection floors, ensuring that, at a minimum, over the life cycle, all in need have access to basic income security and to essential healthcare, recognizing the right to the enjoyment of the highest attainable standard of physical and mental health as more important than ever" (para. 11.C.(a)), highlighting in particular the important role of unemployment protection, adequate paid sick leave and sickness benefits, health and care services, family leave and other family-friendly policies.

The *Conclusions concerning the second recurrent discussion on social protection (social security)* call on ILO Member States to ensure that measures aimed at strengthening rights-based social protection systems that are adequate, sustainable and inclusive of all workers and enterprises respond to developments in the world of work and are duly coordinated with employment, labour market and active inclusion policies to promote decent work and the formalization of employment. This requires in particular improved coverage of those not yet adequately protected, ensuring access to adequate social protection for workers in all types of employment and making social protection systems more inclusive and effective as enablers of national formalization strategies (points 13(c) and (d)).

Already in 2019, the *ILO Centenary Declaration for the Future of Work* (2019) called on Member States to develop and enhance social protection systems that are "adequate, sustainable and adapted to developments in the world of work" (II.A.xv), and to strengthen the capacities of all people to benefit from the opportunities of a changing world of work through "universal access to comprehensive and sustainable social protection" (III.A.iii).

## 1.4 Building the statistical knowledge base on social protection and monitoring relevant SDGs

This report is based on the ILO World Social Protection Database (WSPD), the leading global source of in-depth country-level statistics on various dimensions of social protection systems, including key indicators for policymakers, officials of international organizations and researchers. It is used for both the UN's monitoring of the SDGs (UN 2017b, 2017a) and national monitoring of social protection indicators. The data and indicators in this report are also available online in the ILO World Social Protection Data Dashboards. These dashboards provide a broad set of social protection statistics at the national, regional and global levels through interactive graphs, maps and tables.[7]

The key indicators, including SDG 1.3.1,[8] are collected through the ILO Social Security Inquiry (SSI), an administrative survey submitted to governments that dates back to the 1940s. In 2020 the ILO launched the SSI online platform, which improved the data compilation process for users around the world.[9] The data from the ILO SSI are complemented by data from other sources, notably the Social Security Country Profiles compiled by the International Social Security Association (ISSA) in collaboration with the United States Social Security Administration (SSA), which constitute the main source of legal information about and characteristics of national social protection programmes.[10]

From its first edition in 2010, the *World Social Protection Report* has been envisioned as a tool to facilitate the monitoring of the state of social protection in the world. This report is accordingly intended as a contribution to joint efforts at the national and international levels to ensure the availability of high-quality social security statistics. The intention is to support ILO Member States in monitoring and reviewing their social protection systems, including floors, to ensure the effectiveness and efficiency of those systems in meeting the needs of their populations (UN 2017a). Owing to a refined methodology and better data availability, the current global and regional estimates presented here are not necessarily comparable to earlier figures.

Progress towards building social protection systems, including floors, and the achievement of SDG target 1.3, require enhanced monitoring capacities in order to provide a solid evidence base for policymakers. Indeed, ILO Recommendation No. 202 includes a strong commitment by governments and social partners to monitor progress in extending social protection, including through participatory mechanisms and according to international standards.[11] This necessitates systematic investment in national statistical capacities in the area of social protection to make available reliable social security statistics based on a shared methodology and agreed definitions. Additional efforts are thus needed, at the national, regional and international levels, to strengthen monitoring frameworks and the regular collection, analysis and dissemination of data and key indicators, disaggregated by sex, age and function of social protection.

> Progress towards building social protection systems, including floors, requires enhanced monitoring capacities.

[7] https://wspdb.social-protection.org.

[8] "Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable."

[9] See http://www.social-protection.org/gimi/gess/ShowTheme.action?id=10.

[10] Other sources are (in alphabetical order): the Asian Development Bank's (ADB's) Social Protection Index (SPI); the Economic Commission for Latin America and the Caribbean (ECLAC) and other regional commissions of the United Nations; the Statistical Office of the European Commission (Eurostat), including the Eurostat European System of Integrated Social Protection Statistics (ESSPROS); the Organisation for Economic Co-operation and Development's social expenditure database (OECD SOCX); the World Bank HDNSP pensions database and Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE); and the World Health Organization's (WHO's) Global Health Observatory and national health workforce accounts. The WSPD also draws on national official reports and other sources, which are usually largely based on administrative data, and on survey data from a range of sources including national household income and expenditure surveys, labour force surveys, and demographic and health surveys, to the extent that these include variables on social protection.

[11] This includes the resolution concerning the development of social security statistics, adopted in 1957, which remains the only internationally agreed comprehensive framework for social protection statistics.

## ▶ 1.5 Objective and structure of the report

As the world struggles to recover from the COVID-19 pandemic, with only nine years to go to 2030, this report takes stock of the current state of social protection systems, reviews progress made in recent years, identifies remaining gaps and challenges, and sketches out possible pathways for the future. The report monitors key social protection indicators, such as the extent of both legal and effective coverage and the adequacy of benefits, as well as expenditure and financing indicators, and discusses major challenges in realizing the right to social security for all. Continuing the approach taken in previous editions (ILO 2010, 2014c, 2017f), the importance of a human rights framework for social protection systems is emphasized throughout.

The report is structured in a way that acknowledges the disruption caused by COVID-19. Chapter 2 reviews the situation prior to the pandemic and highlights a range of pre-existing challenges, many of which were exacerbated by the crisis. Chapter 3 focuses specifically on the health, economic and social impacts of COVID-19, and the social protection responses to it, and sets out possible pathways for the future. Chapter 4 examines in turn specific areas of social protection, following a life-cycle approach that reflects the four social protection guarantees set out in Paragraph 5 of Recommendation No. 202.[12] Section 4.1 focuses on social protection for children, in particular on child and family benefits, and its complementarity with care services. Section 4.2 addresses schemes and programmes ensuring income security for people of working age, including maternity protection, unemployment protection, employment injury protection and disability benefits. Section 4.3 focuses on income security in old age, with a particular emphasis on old-age pensions.[13] Section 4.4 addresses the crucial role of universal health coverage for achieving the SDGs. Chapter 5 concludes the report by discussing policy options and priorities for the future of social protection, harnessing its key role for achieving the SDGs by 2030.

The annexes to this report present a short glossary of key terms used in the report (Annex 1); a description of the methodologies applied (Annex 2); a summary table of the main minimum requirements set out in ILO social security standards (Annex 3); and statistical tables (Annex 4).

[12] In this way, both the horizontal and vertical dimensions of the extension of social security (ILO 2012) are addressed in an integrated way in each section of the chapter.

[13] General social assistance – that is, non-contributory income support for vulnerable groups – is not considered in a dedicated section of this report but is addressed throughout, as it features across the range of life-cycle benefits.

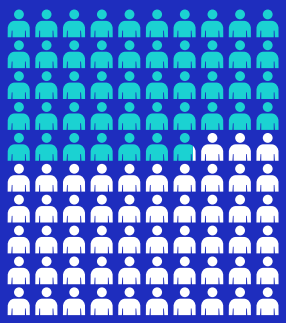
chapter 2

# The pre-COVID-19 situation: Some progress made, but significant gaps remain

This chapter provides an overview of the pre COVID-19 state of social protection systems worldwide: their coverage, comprehensiveness and levels of benefits and expenditure. It highlights progress in expanding social protection towards SDG target 1.3, as well as the gaps that remain to be closed.

# The state of social protection worldwide: Progress made, but not enough

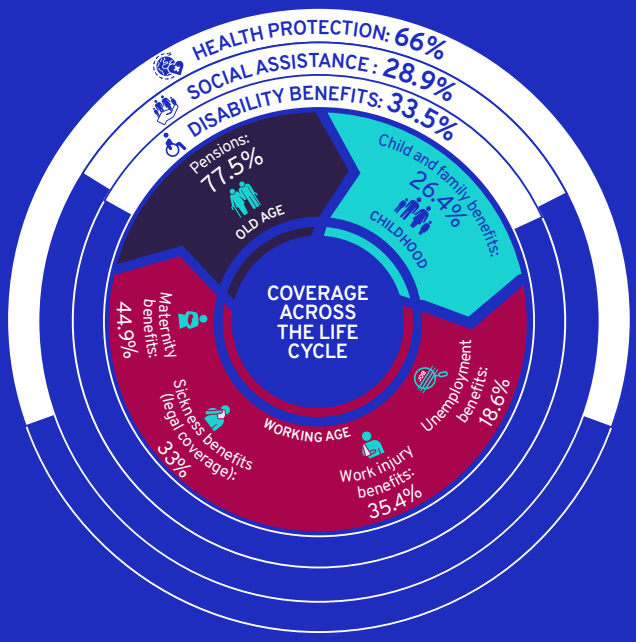
## Global effective coverage rates
*(excluding health and sickness)*



**46.9%**

of the global population are effectively covered by at least one social protection benefit (SDG 1.3)

## Social protection coverage across the life cycle (SDG 1.3)
*Coverage ratio in per cent of the respective reference group*




## Population receiving at least one social protection benefit (SDG 1.3) by region


## The financing gap in social protection urgently needs to be closed to ensure at least minimum provision for all – a social protection floor

The financing gap has increased by approximately

**30%**

since the onset of the COVID-19 crisis

Lower-middle-income countries require an additional

**US$362.9 billion**

**5.1% of GDP**

Upper-middle-income countries require an additional

**US$750.8 billion**

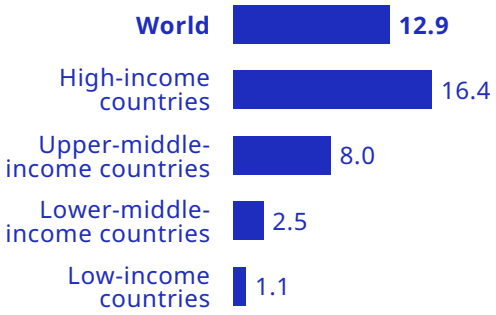
**3.1% of GDP**

Low-income countries require an additional

**US$77.9 billion**

**15.9% of GDP**

## Public expenditure on social protection *(excluding healthcare)* as % of GDP




The persistence of protection gaps is associated with **significant underinvestment in social protection**

ILO World Social Protection Database

# key messages

- There is an unmistakable historical trend of growth in the number of countries building their social protection systems, yet large gaps in coverage, comprehensiveness and adequacy remain.

- Only 46.9 per cent of the global population are effectively covered by at least one social protection benefit* (SDG indicator 1.3.1), while the remaining 53.1 per cent – as many as 4.1 billion people – are left wholly unprotected. Behind this global average there are significant variations across and within regions, with average coverage rates in Europe and Central Asia (83.9 per cent) and the Americas (64.3 per cent) above the global average, while Asia and the Pacific (44.1 per cent), the Arab States (40.0 per cent) and Africa (17.4 per cent) have pronounced coverage gaps.

- The lack of protection renders people vulnerable, particularly informal workers, migrants and the forcibly displaced, and especially women in those groups who face multiple discriminations. The rapid extension of social protection coverage to those not yet adequately covered, through social insurance, tax-financed schemes or a combination of both, is essential for reducing their vulnerability and promoting decent work.

- Progressively ensuring comprehensive social protection against the full range of risks and contingencies is essential to realize the human right to social security. At present, only 30.6 per cent of the working-age population are legally covered by comprehensive social security systems that include the full range of benefits.

- In addition to universal coverage, adequate and comprehensive social protection benefits are essential for achieving the SDGs. Extending social protection to those in the informal economy and facilitating their transition to the formal economy is of key importance for tackling decent work deficits and alleviating the pressure on non-contributory social protection provision. Ensuring adequate social protection for women and men requires addressing labour market insecurity and inequalities, including gender gaps in employment and wages, which adversely affect the capacity to make contributions and therefore benefit levels. Minimum benefit guarantees or care credits can help to provide adequate levels of benefit for those with interrupted contribution histories or low earnings.

* Excluding healthcare and sickness benefits.

- Gaps in the coverage, comprehensiveness and adequacy of social protection systems are associated with significant underinvestment in social protection, particularly in Africa, the Arab States and Asia. Countries spend on average 12.9 per cent of their GDP on social protection (excluding health), but this figure masks staggering variations. High-income countries spend on average 16.4 per cent, or twice as much as upper-middle-income countries (which spend 8 per cent), six times as much as lower-middle-income countries (2.5 per cent), and 15 times as much as low-income countries (1.1 per cent).

- The financing gap in social protection – that is, the spending required to close gaps in the coverage, comprehensiveness and adequacy of social protection to ensure at least minimum provision for all – has increased by approximately 30 per cent since the onset of the COVID-19 crisis. To guarantee at least a basic level of social security through a nationally defined social protection floor, lower-middle-income countries would need to invest an additional US$362.9 billion and upper-middle-income countries a further US$750.8 billion per year, equivalent to 5.1 and 3.1 per cent of GDP respectively for the two groups, while low-income countries would need to invest an additional US$77.9 billion, equivalent to 15.9 per cent of their GDP.

## 2.1 Progress in building social protection systems

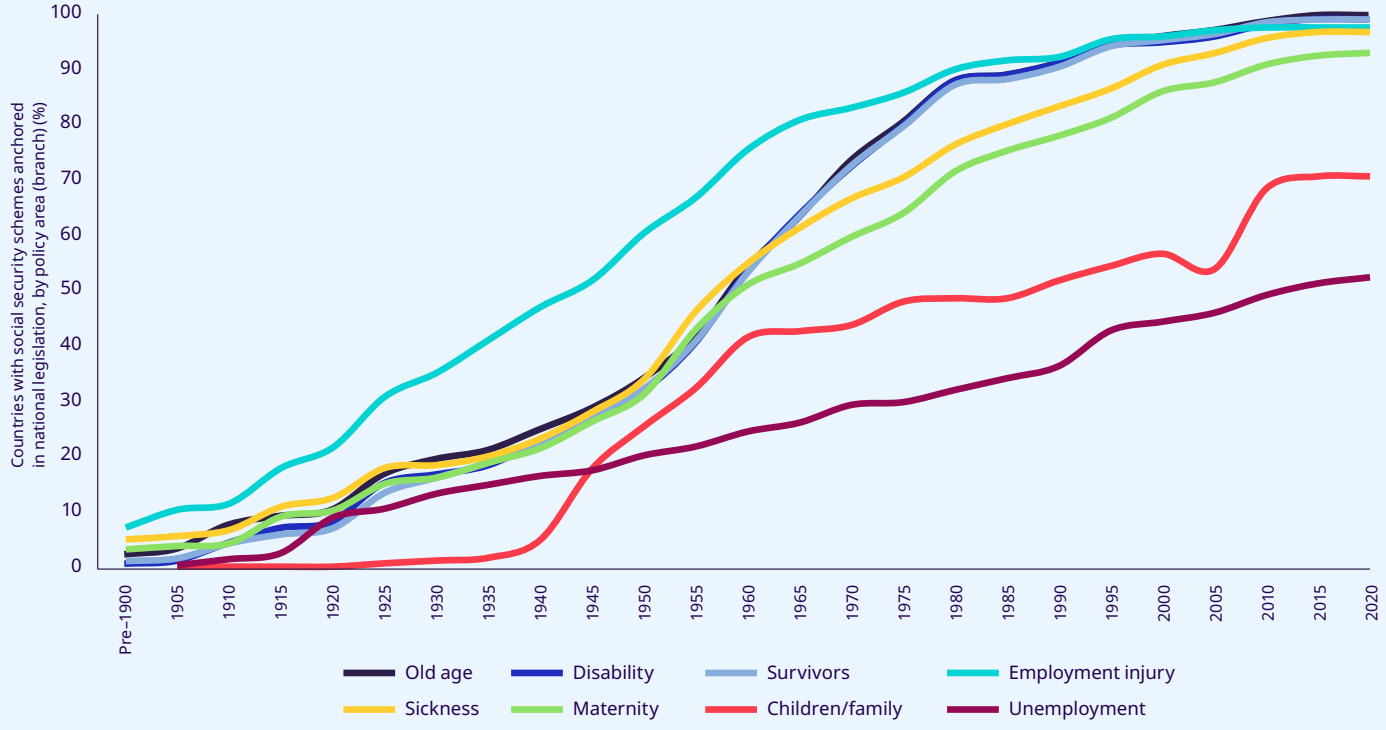
The development of social protection systems over the past century or so has been remarkable (figure 2.1). Today, most countries have schemes in place, anchored in national legislation, that cover all or most areas of social protection, although in some cases these cover only a minority of their populations. Despite this laudable progress, however, large gaps remain, especially in Africa and Asia.

Countries tend to build their systems sequentially, addressing different areas in varying order depending on their national circumstances and priorities. Historically, countries have tended to begin by addressing the area of employment injury, then moving on to introduce old-age pensions and disability and survivors' benefits, followed by sickness, health and maternity protection. Benefits for children and families, and unemployment benefits, typically come last.

While the development of national legal frameworks is essential for a rights-based approach, the extension of legal coverage does not in itself ensure effective coverage of the population or the adequacy of benefits. The extension of effective coverage has lagged significantly behind that of legal coverage, owing to problems in implementation and enforcement, lack of policy coordination, insufficient financing, and weak institutional capacities for the effective delivery of benefits

> The extension of effective coverage has lagged significantly behind that of legal coverage.

**Figure 2.1 Development of social protection programmes anchored in national legislation by policy area, pre-1900 to 2020 (percentage of countries)**

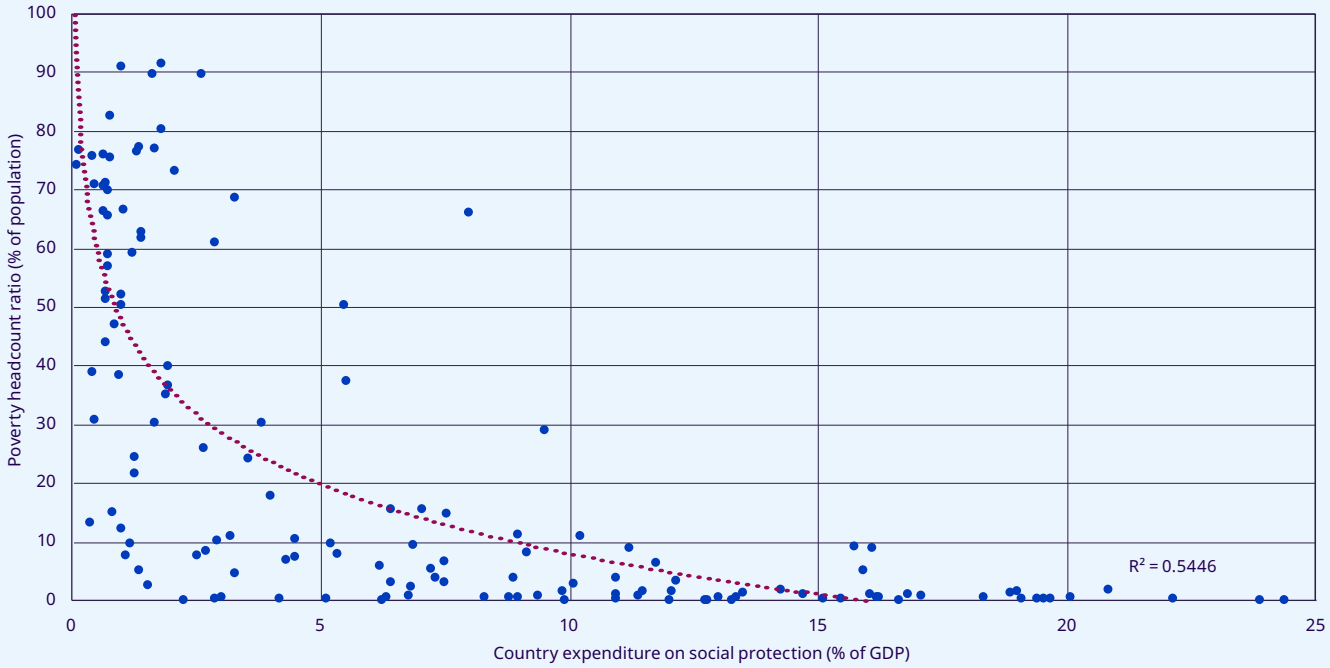



Notes: Based on the information available for 186 countries. The policy areas covered are those specified in Convention No. 102, excluding healthcare. The estimates include all programmes prescribed by law, including employers' liability schemes.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

### ▶ Figure 2.2 Public social protection expenditure (excluding health), percentage of GDP, and poverty rates, 2020 or latest available year




Notes: Data available for 140 countries. The poverty threshold used is daily income of US$3.20 (2011 PPP).

Sources: ILO, World Social Protection Database; World Bank World Development Indicators (data accessed Jan. 2021).

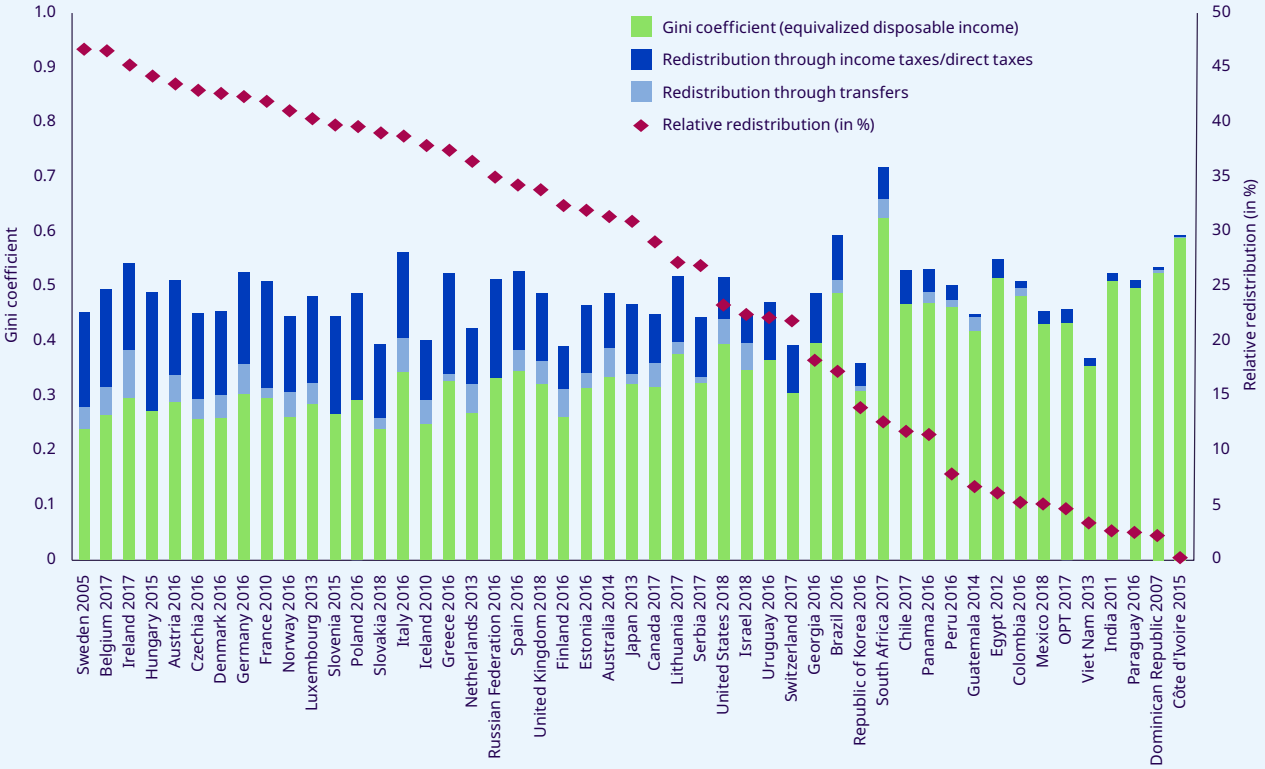
Link: https://wspr.social-protection.org.

and services. Only if legal coverage is translated into effective coverage and endowed with a solid financing framework can social protection systems function effectively and have positive impacts on people's lives.

The key role of social protection systems in improving people's living standards and alleviating poverty is illustrated by the fact that higher social protection expenditure is associated with lower poverty levels (see figure 2.2). It can also be noted that countries with high levels of economic development and strong institutions have better-developed social protection systems, implying a path dependency (Barrientos 2010). Economic history suggests that social protection was critical in enabling today's high-income countries – for example, the Nordic countries – to alleviate poverty, enhance social cohesion and facilitate economic development (Palme and Kangas 2005).

Social protection constitutes an important mechanism for reducing income inequality and economic insecurity, and supporting both vertical and horizontal redistribution. Figure 2.3 compares levels of inequality in market incomes, as measured by the Gini coefficient (combined green and blue bars), with levels of inequality in disposable incomes (green bars). The reduction in inequality achieved by social protection transfers (light blue bars) and taxes (dark blue bars) varies significantly. While many European countries reduce inequality by more than a third through the combined effects of taxes and transfers, middle-income countries with less well developed social protection systems achieve a much smaller degree of redistribution, resulting in higher levels of inequality in disposable incomes (with some exceptions).

**▶ Figure 2.3 Reduction of inequality (Gini coefficient) through social security transfers and taxes, selected countries, latest available year**




Notes: OPT = Occupied Palestinian Territory. Household income is equivalized using the square root scale. Top and bottom coding (see Neugschwender 2020) is applied based on interquartile range (three times below or above the interquartile range). For the following countries, income data are net of (income) taxes: Chile, Côte d'Ivoire, Egypt, Georgia, Hungary, India, Mexico, Paraguay, Russian Federation, Slovenia, Uruguay, Viet Nam. For France, Poland and OPT, data are mixed, that is, gross of income taxes but net of contributions, or vice versa. The Gini coefficient is calculated for the complete population. Relative redistribution is defined as the difference between the Gini values for market and disposable income divided by the Gini value for market inequality.

Source: ILO calculations based on Luxembourg Income Study (LIS) database (http://www.lisdatacenter.org), multiple countries, 2005–18.

Link: https://wspr.social-protection.org.

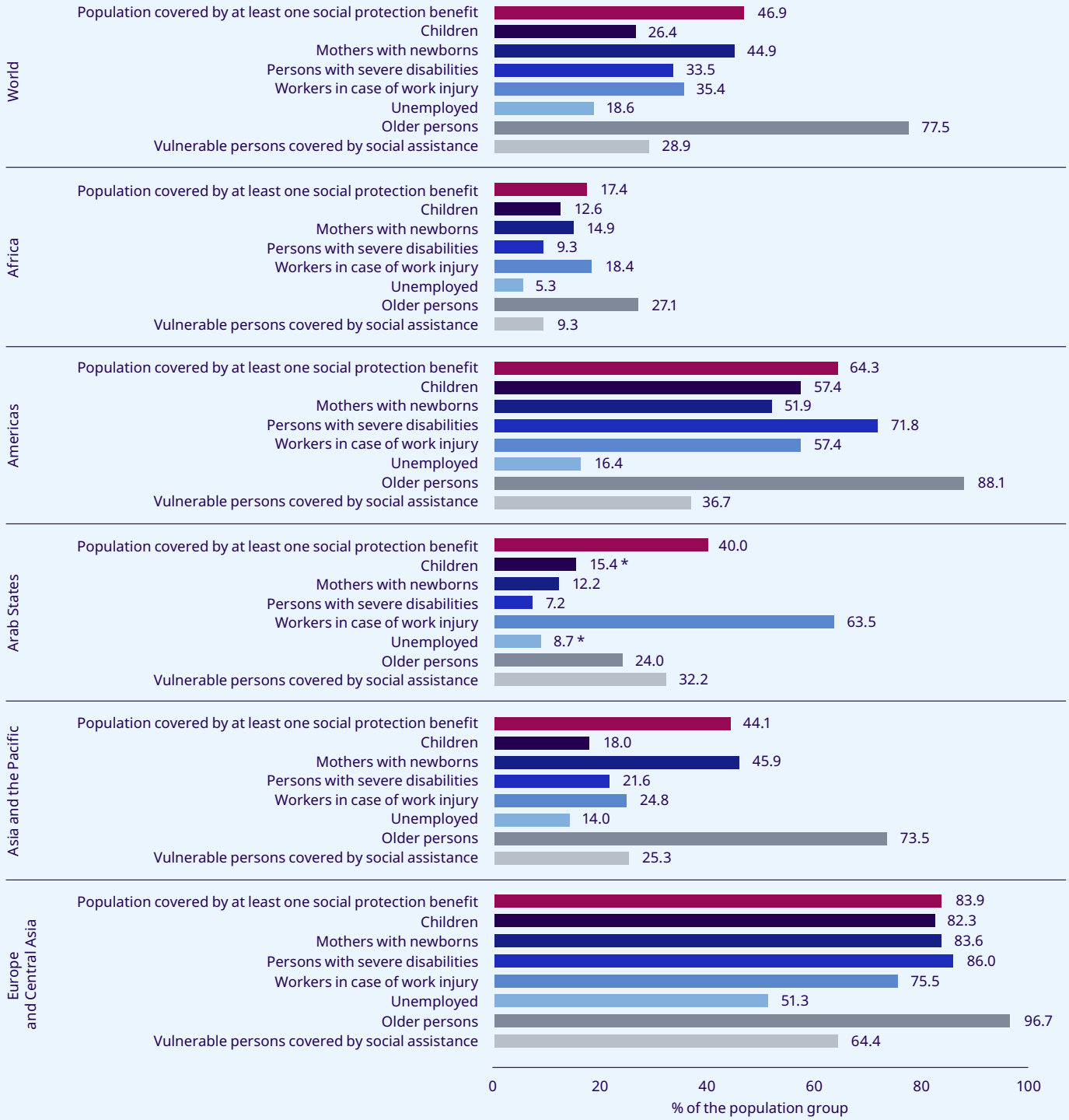
## ▶ 2.2 Social protection coverage: Some progress made, but significant gaps remain

### 2.2.1 Global and regional overview of social protection coverage (SDG indicator 1.3.1)

Many countries have made significant progress in the extension of social protection coverage, reinforced their social protection systems and established effective social protection floors. Some have achieved universal or near-universal coverage in different branches of social protection through a combination of non-contributory and contributory schemes and programmes (see figure 2.4). Nevertheless, the human right to social security is still not a reality for a majority of the world's population. Only 46.9 per cent of the global population are effectively covered by at least one social protection benefit (excluding healthcare and sickness benefits), while the remaining 53.1 per cent – as many as 4.1 billion people – are left unprotected.

> The human right to social security is still not a reality for a majority of the world's population.

## ▶ Figure 2.4 SDG indicator 1.3.1: Effective social protection coverage, global and regional estimates, by population group, 2020 or latest available year




* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by relevant population groups. Estimates are not strictly comparable to 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

While 77.5 per cent of people above retirement age receive a pension, thanks to the expansion of both non-contributory and contributory pensions (see section 4.3), other branches of provision still lag behind. Only 26.4 per cent of children globally receive social protection benefits (section 4.1). Despite the positive developmental impacts of supporting childbearing women, only 44.9 per cent of women with newborns worldwide receive a cash maternity benefit (section 4.2.2). A mere 18.6 per cent of unemployed people receive unemployment cash benefits in the event of job loss, largely owing to the absence of unemployment protection schemes (section 4.2.6). The share of people with severe disabilities worldwide who receive a disability benefit remains low at 33.5 per cent (section 4.2.5). Moreover, social assistance cash benefits are limited and cover only 28.9 per cent of vulnerable persons, comprising children, people of working age and older persons not otherwise protected by contributory schemes.[1]

In Africa, despite significant progress in extending social protection coverage, only 17.4 per cent of the population are effectively covered by at least one social protection cash benefit, with significant variation across countries. Owing to greater efforts to extend old-age protection, 27.1 per cent of Africa's older population now receive a pension, and some countries, such as Botswana, Cabo Verde, Lesotho, Mauritius and Namibia, have reached, or approached, universal pension coverage. However, significant coverage gaps remain across the region with respect to children, mothers with newborns, unemployed workers, persons with disabilities and vulnerable population groups.

In the Americas, 64.3 per cent of the population are effectively covered by at least one social protection cash benefit, largely as a result of major efforts to extend social protection systems over recent decades. Just over half of children, pregnant women and mothers of newborns are covered by social protection cash benefits, but only 16.4 per cent of unemployed people receive unemployment benefits. Almost 90 per cent of older people enjoy pension coverage, yet benefit levels are often low. Some countries have successfully achieved universal legal coverage and high effective coverage of children (Argentina, Brazil, Chile), mothers with newborns (Canada, Uruguay), people with disabilities (Brazil, Chile, United States, Uruguay) and older people (Argentina, Plurinational State of Bolivia, Canada, Trinidad and Tobago, United States).

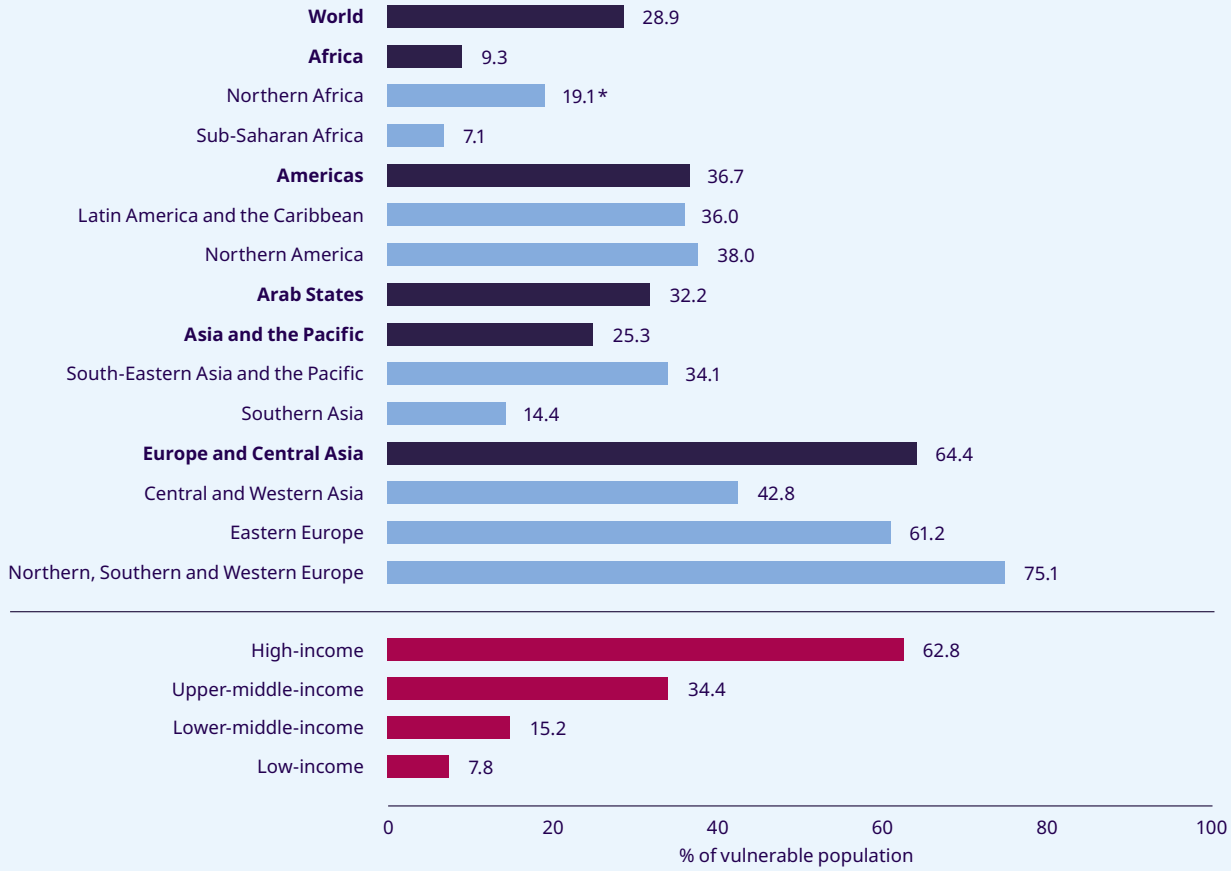
In the Arab States, just 40 per cent of the population are effectively covered by at least one social protection cash benefit. Significant coverage gaps remain across the region for older people, children, people with disabilities, women with newborns and unemployed workers. This is the result of segmented and exclusionary social insurance schemes on the one hand, and underinvestment in non-contributory social protection, which remains fragmented and narrowly targeted, on the other. Coverage gaps are particularly large for women, young and non-national workers, including refugees, owing to structural barriers associated with low labour force participation, unemployment and informal employment. Initiatives that have had positive impacts include the establishment of unemployment insurance schemes in Bahrain, Kuwait, Oman and Saudi Arabia, and enhanced coverage for maternity protection and informal workers in Jordan. The extension of social protection floors to vulnerable groups in the region is essential, especially in view of the substantial social needs and high levels of informal employment in some countries.

In Asia and the Pacific, only 44.1 per cent of the population are effectively covered by at least one social protection cash benefit, although significant progress has been made in strengthening social protection systems and building social protection floors. The regional aggregate, moreover, hides important disparities both across and within countries. Older people enjoy the highest coverage rate in the region, at 73.5 per cent. Pregnant women and mothers are covered to a lower extent at 45.9 per cent. Even larger coverage gaps remain in the areas of child and family benefits, unemployment protection and disability benefits. It is, however, worth noting that some countries have achieved universal or near-universal coverage of children (Australia, Mongolia), others have extended maternity protection coverage (Bangladesh, India, Mongolia), and still others have introduced and expanded non-contributory and contributory pension schemes to achieve universal coverage for older people (China, Japan, Mongolia, New Zealand, Thailand, Timor-Leste).

In Europe and Central Asia, where social protection systems are relatively comprehensive and mature, 83.9 per cent of the population have access to at least one cash social protection benefit. Regional estimates suggest coverage is 82.3 per cent for child and family benefits, 83.6 per cent for maternity cash benefits, 86.0 per cent for disability

[1] For methodological details, see Annex 2.

### ▶ Figure 2.5 SDG indicator 1.3.1 on effective coverage for protection of vulnerable persons: Percentage of vulnerable persons receiving cash benefits (social assistance), by region, subregion and income level, 2020 or latest available year




* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by population. Estimates are not strictly comparable to 2016 regional estimates due to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

benefits and almost 97 per cent for old-age pensions, with several countries reaching universal coverage. However, further progress needs to be made in the extension of unemployment coverage, as well as the adequacy of pensions and other social protection benefits, in the light of demographic changes, macroeconomic pressures and the socio-economic fallout from COVID-19.

Despite significant progress in the development of national social protection floors, vulnerable population groups face greater challenges than other sections of the population in accessing social protection. Globally, only 28.9 per cent of people considered vulnerable – all children, along with people of working age and older people not covered by social insurance – receive social assistance (figure 2.5). While in Europe and Central Asia, almost two thirds of vulnerable people receive non-contributory benefits (64.4 per cent), this is the case for only 36.7 per cent in the Americas, 32.2 per cent in the Arab States, 25.3 per cent in Asia and the Pacific, and 9.3 per cent in Africa. At the subregional level, coverage data prompt further concern. In sub-Saharan Africa, where many of the world's extremely poor live, coverage remains very low at 7.1 per cent.

The claim that some countries are too poor to prioritize social protection is not borne out by

historical experience that demonstrates the progressive development of comprehensive social protection systems. Today, many developing countries have levels of GDP per capita similar to those of high-income countries when the latter started to develop their social protection provision. For instance, Botswana and Indonesia today have a similar GDP per capita to that of the United Kingdom in 1911, when the Government enacted laws and established the first social insurance and social assistance programmes.

In short, while higher levels of social protection coverage are usually associated with countries that have high levels of economic development, some other countries, such as Botswana, Cabo Verde, China and Timor-Leste, have demonstrated that sustained efforts to extend coverage can be effective at any level of development. All countries can pursue a high-road social protection strategy, starting from their current situation, and progressively work towards achieving universal social protection (see sections 3.3, 3.5 and 5.3).

## 2.2.2 Challenges in closing coverage gaps and progress made

Many countries face significant challenges in closing coverage gaps and achieving universal social protection, owing to the factors outlined in section 1.1. Three major challenges in particular can be identified: extending coverage to workers who are still uncovered, including those in the informal and rural economies; ensuring social protection coverage for migrant workers and the forcibly displaced;[2] and closing gender gaps.

### ▶ Extending coverage to uncovered workers, including those in the informal and rural economies

Persistent gaps in social protection coverage for certain categories of workers constitute a major challenge for decent work and the achievement of the SDGs. Depending on national policy and legal frameworks, part-time, temporary or self-employed workers may be covered only partially or not at all. Many of these workers enjoy lower job and income security, poorer working conditions and lower social protection coverage than those in full-time indefinite employment arrangements (ILO 2016d; ILO and OECD 2020). This is the case for many workers in so-called "new forms of employment", such as workers on digital platforms (see box 2.1) (ILO 2018d, 2020m, 2021q; Behrendt, Nguyen, and Rani 2019).

> Gaps in social protection coverage are often associated with high levels of informality.

In many countries, gaps in social protection coverage are often associated with high levels of informality that hold back decent work and socio-economic development. More than 60 per cent of the global employed population – some 2 billion men and women – make their living in the informal economy, mostly but not exclusively in developing countries (ILO 2018f, 2021g). The fact that the great majority of workers in the informal economy and their families do not have access to adequate healthcare and income security, and as a result are particularly vulnerable to the vagaries of life, including economic shocks, is both a consequence and a driver of informality (ILO 2021g).

Most workers in the informal economy are not affiliated with contributory schemes, nor are they reached by narrowly targeted "safety nets", as they are not considered "poor enough" to qualify for these; for this reason they are sometimes referred to as the "missing middle". Within the broad category of workers in the informal economy, there is wide diversity in terms of employment status (wage worker or self-employed), economic sector, location (urban or rural) and income level, to mention just a few factors. To arrive at a nuanced analysis of social protection coverage gaps, it is necessary to identify the specific obstacles that different types of workers may face in accessing social protection, including legal, financial, administrative and institutional barriers, and the policy measures that can help overcome them (ILO 2021g, 2021p; ILO and FAO 2021).

Drawing on information available in the Luxembourg Income Study database and national household surveys for a number of countries across different income levels, an analysis of the shares of workers in different types of employment who contribute to social insurance schemes was undertaken. The results of the analysis (shown in figure 2.6) reveal significant variation in the extent to which workers are

[2] This refers to refugees, internally displaced persons and other forcibly displaced people.

## ▶ Box 2.1 Ensuring social protection for workers on digital platforms

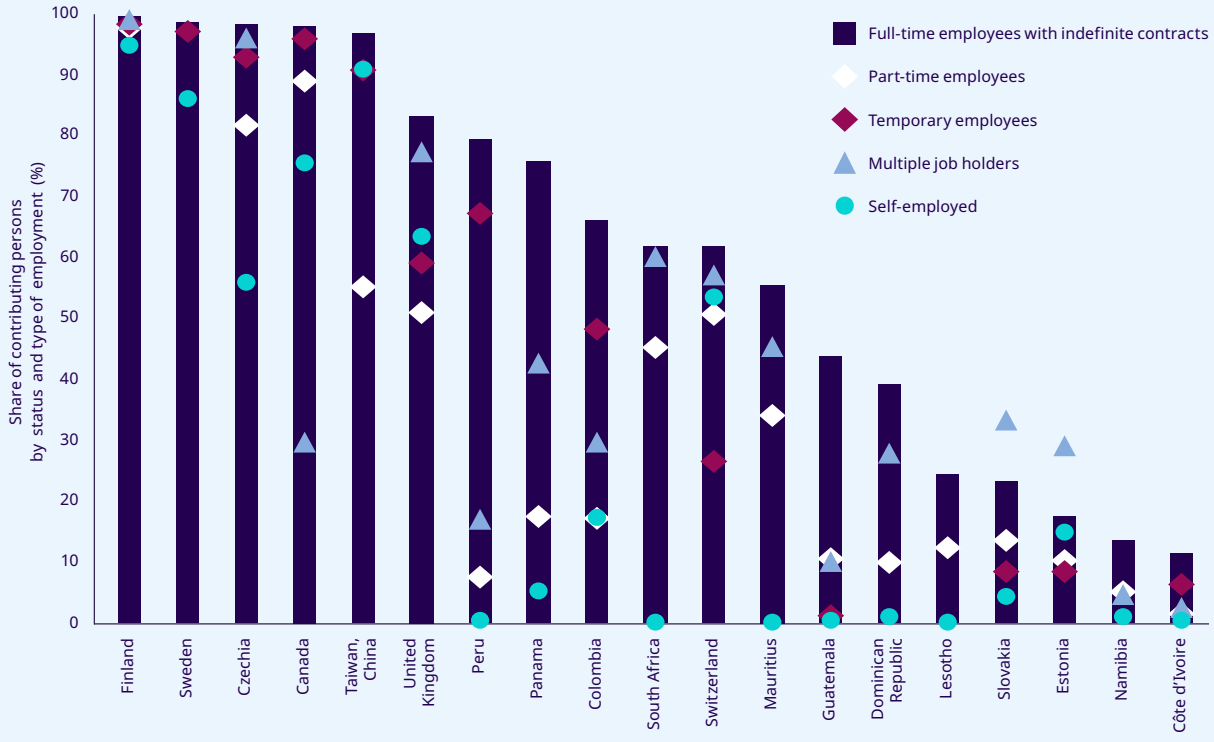
More and more work, both locally provided services and geographically dispersed work ("crowdwork"), is mediated on digital platforms. Yet in many cases, workers in such arrangements are not adequately protected.

An ILO survey of 20,000 platform workers in 100 countries found that only around 40 per cent of respondents were covered by health insurance and only 20 per cent had access to employment injury protection, unemployment protection and old-age pensions (ILO 2021q). The survey results also highlight another challenge: most platform workers who had access to social protection were not covered through their economic activity on the platform, but because they had contributed to social insurance through other current or past employment, or because they were covered through tax-financed programmes, or through family members (e.g. for health insurance). This implies that the cost of their coverage was borne by others, including other employers and taxpayers, while the digital platforms themselves largely avoided contributing to the social protection of the workers active on their platforms. This observation underlines the need to guarantee a fair competitive environment among economic actors in the "new" and "old" economies, and across countries.

Such gaps also highlight the need to adapt social protection systems to evolving contexts and demands by extending adequate protection to workers in all types of employment, taking into account their specific situations, ensuring fairness, and facilitating labour market transitions and labour mobility. The policy innovations highlighted in this section and in Chapter 5 can support social protection for workers on digital platforms in both advanced and emerging economies.

Sources: Based on ILO (2018a, 2020a, 2021b, 2021c); ILO and OECD (2020); Behrendt, Nguyen, and Rani (2019).

## ▶ Figure 2.6 Share of persons in employment who contribute to a social insurance scheme, by status and type of employment, selected countries, latest available year

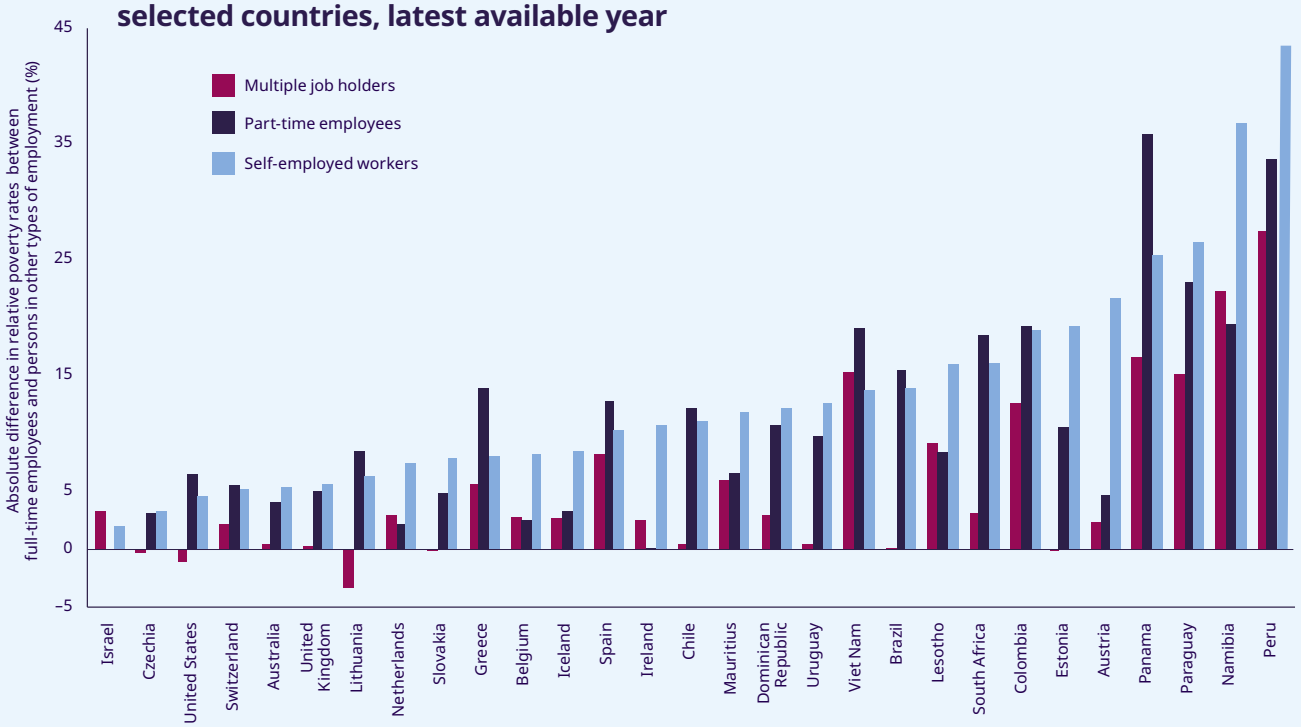



Note: Multiple job holders are defined as employed individuals holding multiple simultaneous jobs (wage employment and/or self-employment).

Sources: ILO calculations based on Luxembourg Income Study (LIS) database (http://www.lisdatacenter.org, multiple countries; 2007–18) and national household surveys.

Link: https://wspr.social-protection.org.

**▶ Figure 2.7 Absolute difference in individual relative poverty rates between full-time employees and workers in other types of employment, selected countries, latest available year**




Notes: The poverty line is defined as 50% of the median equivalized disposable household income in each country. Household income is equivalized using the square root scale.

Sources: ILO calculations based on Luxembourg Income Study (LIS) database (http://www.lisdatacenter.org), multiple countries, 2007–18, and national surveys.

Link: https://wspr.social-protection.org.

covered, comparing part-time, temporary and self-employed workers, as well as those holding multiple jobs, to employees with full-time indefinite employment contracts – often considered "standard" employment. The results also show considerable diversity across countries in the share of workers contributing to social insurance at all, regardless of employment status. Furthermore, there is substantial variation in the extent of coverage of workers in different types of employment within countries, demonstrating that policies matter. While the gap between coverage of full-time employees and those in other types of employment is relatively small in Finland and Sweden, other countries show more pronounced coverage gaps for certain categories of workers. Self-employed workers in particular are significantly less likely to contribute to social insurance, but large coverage gaps also exist for part-time workers, temporary employees and multiple job holders in some countries.

Even before the onset of the COVID-19 crisis, workers employed indefinitely in full-time jobs faced a much lower risk of poverty than temporary, part-time and self-employed workers in nearly all countries examined, with most of those holding multiple jobs (see figure 2.7). Better access to social protection is one of the factors that can reduce the risk of poverty for workers in those other types of employment. In order to reduce vulnerability during and after the crisis, ensuring adequate social protection coverage for workers in all types of employment has become even more urgent.

> Social protection is one of the factors that can reduce the risk of poverty for temporary, part-time and self-employed workers.

Many countries have extended social protection coverage by addressing the various barriers that prevent some groups of workers from being protected, such as exclusion from legal coverage, weak compliance, limited contributory capacities, low and volatile earnings, lack of incentives to join and complex administrative procedures (ILO 2021g). Successful examples of the extension of social protection coverage to workers in the informal economy have focused on a combination of social insurance and tax-financed schemes.

The extension of social insurance usually starts with categories of workers who have some contributory capacity. In some cases, inclusive solutions can be supported by subsidizing low-income workers from the government budget. It is particularly important to adapt social insurance to the specific characteristics of workers, for example by taking into account seasonality in designing contribution modalities for rural workers and producers. Examples of such measures include Brazil's rural pension scheme; partnerships with cooperatives and professional associations in Costa Rica and the Philippines; the introduction of contribution categories to facilitate social insurance coverage of the self-employed in Cabo Verde and Mongolia; the establishment of a scheme for non-salaried workers in Algeria; measures to facilitate the coverage of domestic workers by maternity and unemployment insurance in South Africa; the extension of health protection through adapted contributions in Rwanda; and the facilitation of microenterprise registration and tax/contribution collection through monotax mechanisms in Argentina, Brazil and Uruguay (ILO 2021g; ILO and FAO 2021). While these are all examples of mandatory coverage, other countries have opened social insurance to informal economy workers and micro-entrepreneurs on a voluntary basis, though with more limited success. Several countries have also focused on raising awareness about social security rights and obligations. For example, in Uruguay, social security education is mainstreamed in school curricula, as well as in vocational training and entrepreneurship programmes. Partnerships with workers' and employers' organizations, including rural workers' organizations, as well as with representatives of other concerned groups, are also essential for outreach campaigns and to facilitate the interaction between the State and individuals.

Many countries have extended coverage through tax-financed benefits, funded largely from government revenue gathered through taxation, mineral rents and external grants. Examples include quasi-universal cash transfer programmes for children and families in Argentina and Mongolia;[3] social pensions in Lesotho, Mauritius, Namibia and South Africa;[4] the extension of health protection funded through a combination of progressive taxes and contributions in Colombia, Gabon, Ghana, Mexico, Rwanda and Thailand; and public employment programmes in Ethiopia, India, Nepal and Uzbekistan. Such approaches recognize that investing in people through social protection contributes to social and economic development, and enables workers and entrepreneurs to benefit from the opportunities offered in a changing world of work.

> The future of work requires fair, inclusive and sustainable social protection systems.

Recognizing that the future of work requires fair, inclusive and sustainable social protection systems, a number of countries have taken measures to ensure adequate protection for workers in all types of employment. This includes facilitating the portability of entitlements, and safeguarding financial, fiscal and social sustainability and a sufficiently large degree of redistribution through a mix of taxes and contributions (ILO 2021g; OECD 2019). For example, the European Union's Pillar of Social Rights (2017) stipulates that workers – and, under comparable conditions, the self-employed – have a right to adequate social protection, regardless of the type and duration of their employment relationship; this principle was given concrete form by a Recommendation adopted in 2019.[5] The G20 have also made a joint commitment to promoting adequate social protection and social security coverage for all workers, including those in diverse forms of employment (G20 2017). There are many options for extending coverage to workers in insecure employment (see box 2.2).

[3] "Quasi-universal" benefits are very close to being universal, providing high coverage and excluding (often intentionally) only the wealthiest.

[4] "Social pensions" are tax-financed, non-contributory pensions not based on the individual's work or contribution history but paid as a universal entitlement, with a social goal such as poverty reduction or redistribution.

[5] European Union, European Pillar of Social Rights, principle 12; Council Recommendation on access to social protection for workers and the self-employed (2019/C 387/01), 2019.

### ▶ Box 2.2 Adaptations to facilitate extension of social protection to workers in all types of employment

Several countries have adapted mechanisms in various ways to enable social protection coverage to be extended to self-employed workers and workers in diverse forms of employment. These adaptations include the following:

- Measures to tailor registration, contribution collection and benefit payment mechanisms to the circumstances and needs of specific categories of workers. Such measures may include reducing the requirements for proof documents (as in Brazil), modified contribution rates (as in Jordan) or simplified tax and contribution collection mechanisms, with a view to ensuring the protection of all workers and a fair competitive environment for enterprises. For example, in Belgium and France, digital labour platforms share information with tax authorities about workers' incomes. Tax payments are then collected by the fiscal authority, and the corresponding share of social security contributions is transferred to the social security institution (ESIP 2019). It is important to note, however, that such measures need to give due respect to protection of privacy and data.
- Measures to prevent misclassification and curb disguised employment. One of the essential issues in closing coverage gaps for self-employed workers is the clarification of their employment relationships. Italy, for example, has taken steps to gradually harmonize the contribution rates and prospective benefits of dependent self-employed workers with those of salaried workers in order to avoid disincentives for employers to hire workers on terms of salaried employment (ISSA 2019).
- Measures to enhance coordination and reduce fragmentation in social security systems to help ensure the portability and transferability of entitlements for geographically or occupationally mobile workers. Recognizing that this objective is best met through inclusive social protection systems covering workers in all types of employment, a number of countries have integrated the self-employed into their general social insurance schemes. For example, Argentina and Brazil extended coverage through *monotributo* mechanisms which allow certain categories of self-employed workers to pay social security contributions and taxes in a simplified way (ILO 2021h).
- Measures to ensure coverage of workers with multiple employers and workers on digital platforms. In Slovakia, an "every job counts" approach ensures that workers in all types of employment, including self-employment, are included in the social security system (Pesole et al. 2018).

Nevertheless, more efforts need to be directed into a better coordinated and integrated policy response to ensure that protection mechanisms are well adapted to the circumstances and needs of workers of all kinds, and that coverage and adequacy gaps are closed. At the same time, the impact of such measures also depends on the effectiveness of overall labour regulation, particularly with respect to preventing the misclassification of employment relationships, setting and administering minimum wages, and monitoring working conditions.

## ▶ Ensuring social security for migrant workers and forcibly displaced people

Migrant workers and the forcibly displaced, and their families, face specific challenges with respect to access to social protection, owing to restrictive legal frameworks, administrative regulations and other practical barriers, and a lack of coordination between and within countries of origin and destination. In addition, many migrants, especially women, work in economic sectors that tend to be characterized by relatively weak social security coverage, such as domestic work, agriculture or construction, where part-time, temporary or seasonal work is very common. An ILO study assessing the situation in 120 countries found that in only 70 of those countries did national laws grant equality of treatment between national and non-nationals with regard to contributory social security arrangements (Panhuys, Kazi-Aoul, and Binette 2017). Low levels of compliance and weak enforcement can further undermine the protection of migrant workers.

Ensuring that migrant workers are accorded equality of treatment with nationals in social security systems is essential, both to protect migrants' right to social security and to avoid adverse labour market effects. International social security standards provide an international legal framework for the protection of migrant workers'

social security rights according to basic principles, which include equality of treatment between national and non-nationals; maintenance of acquired rights and provisions of benefits in both host country and country of origin; determination of the applicable legislation;[6] and maintenance of rights in the course of acquisition (Hirose, Nikac, and Tamagno 2011, 8).[7] While many countries have concluded bilateral or multilateral social security agreements to provide for the portability of social protection rights and benefits between host countries and countries of origin, the effective coverage of existing agreements is still relatively limited (Panhuys, Kazi-Aoul, and Binette 2017). To provide or enhance access to social protection for migrant workers not yet accorded equality of treatment, countries could adopt other unilateral measures (ILO, forthcoming a). The Overseas Development Institute (ODI) estimates that only 23 per cent of migrants moving between countries are covered by a bilateral or multilateral social security agreement, while 55 per cent are entitled to some social protection provision though not covered by an agreement, and the remaining 22 per cent have no access to social protection at all (Hagen-Zanker, Mosler Vidal, and Sturge 2017).

Recent internationally agreed texts (UN 2015b, 2018; ILO 2019e, 2017d) have explicitly highlighted the importance of social protection for migrants and renewed the call for enhanced access to and portability of provision. Complementary measures aimed at addressing practical obstacles, including communication campaigns, social and legal services, the facilitation of registration, migration-sensitive health services, pre-departure training and the availability of materials in relevant languages are also crucial.

In humanitarian contexts, the aim of development partners should be to work with relevant national and international institutions not to replace existing systems but to enhance their capacity to deliver benefits and services and to orient humanitarian interventions towards the longer-term objectives of creating rights-based social protection and employment entitlements, building up local and institutional capacities, and strengthening the resilience of social protection systems against future shocks.

## ▶ Closing coverage gaps for women

Women still experience significantly lower social protection coverage than men, a discrepancy that largely reflects and reproduces their lower labour force participation rates, higher levels of part-time and temporary work and of informal employment (especially informal self-employment), gender pay gaps and a disproportionately high share of unpaid care work, which national social protection strategies often fail to recognize (ILO and UN Women 2019). These outcomes are associated with persistent patterns of inequality, discrimination and structural disadvantage. Improving social protection provision for women remains a paramount goal of work in this field (see section 4.1, box 4.4).

The expansion of tax-financed pensions in many parts of the world (for instance in Kenya, Namibia, Nepal and South Africa) has helped to guarantee at least a basic level of income security for many older women who did not have the opportunity to contribute to pension schemes when of working age. However, women who rely exclusively on tax-financed pensions often struggle with low benefit levels. In addition, where tax-financed pensions are means-tested at the household level, many older women may still not benefit from this source of income because of narrow eligibility criteria or stigmatization (ILO 2017f, 2016f). Gender-responsive contributory pensions that are based on collective financing and solidarity play a key role in providing adequate pension coverage for women, particularly if they include care credits to recognize and reward periods spent caring for children or other family members, and guarantee minimum pensions in line with international social security standards (Fultz 2011; Behrendt and Woodall 2015).

Despite the importance of maternity cash benefits and maternity healthcare for ensuring the health and well-being of women and their babies, many women, particularly those in self-employment and in vulnerable forms of employment, are not sufficiently covered. Several countries have made efforts to close or at least reduce coverage and adequacy gaps and to promote gender equality in employment: examples include the replacement of employer liability mechanisms

[6] This means ensuring, by establishing the rules for determining the applicable legislation, that the social security protection of a migrant worker is governed at any one time by the legislation of one country only.

[7] This means that any acquired right, or right in course of acquisition, should be guaranteed to the migrant worker in one territory, even if it has been acquired in another, and that there should be no restriction on the payment, in any of the countries concerned, of benefits for which the migrant has qualified in any of the others.

by collectively financed social insurance and the financing of childcare as part of the maternity insurance scheme in Jordan (ILO 2017f, 2021a); the extension of social insurance coverage to additional categories of workers in South Africa and Viet Nam; and the strengthening of social assistance benefits for those not covered by social insurance in Mozambique (ILO 2016c, 2017f). While significant gaps still remain, the introduction of paternity leave and gender-equitable parental leave also contributes to the greater involvement of fathers in child-rearing and a fairer sharing of family responsibilities, especially if men's uptake of leave is encouraged by reserving a non-transferable portion of parental leave for the father. At the same time, sustained investment in affordable and good-quality childcare services that are adapted to the needs of working parents can be a real game-changer: it can reduce the childcare burden on families, disproportionately assumed by women, and thereby facilitate women's employment, while also creating decent jobs in the care sector (ILO 2018a).

Laudable progress has been made in the area of social health protection for women, with a number of countries prioritizing the provision of free or more easily affordable good-quality prenatal and postnatal care (Sen, Govender, and El-Gamal 2020). However, the inclusion of reproductive health needs in "essential service packages" has tended to be selective, often ignoring the reproductive rights of adolescent girls and older women. Moreover, women's effective access to social health protection is impeded by a range of barriers that reflect, depending on the national context, their employment status, their contributory capacity and/or the extent to which societal norms allow them to make decisions about their own health. In addition, coverage gaps, for example in long-term care provision, often disproportionately affect women, who both make up a bigger share of those who need care, given their overall greater longevity, and are burdened with additional unpaid work caring for others that further thwarts their participation in paid employment and access to social security coverage.

Overall, persistent gender gaps in the reach and adequacy of social protection coverage call for more gender-responsive social protection policies. These need to be complemented by efforts to ensure the availability, accessibility and quality of public services, such as childcare and long-term care provision.

> Persistent gender gaps in social protection coverage call for more gender-responsive social protection policies.

## 2.3 Adequacy and comprehensiveness of protection

While the world has achieved considerable progress in the extension of social protection coverage in many areas, ensuring the adequacy of benefits remains a major challenge in many regions. At issue here are, first and foremost, the range and scope of available benefits, the levels of cash benefits, and the comprehensiveness and quality of health benefit packages; a number of other aspects, such as eligibility criteria, the predictability of benefits and the duration of benefit payments, are also significant.

Only a minority of the working-age population enjoys comprehensive social protection coverage. According to ILO estimates, just 30.6 per cent of the working-age population are legally covered by comprehensive social security systems that include the full range of benefits, from child and family benefits to old-age pensions, with women's coverage lagging behind men's by a very wide margin of 8 percentage points (see table 2.1). This implies that the large majority of the working-age population – 69.4 per cent, or 4 billion people – are not protected at all, or only partially protected.

The range of social protection provisions, and the minimum considered socially acceptable, vary across societies and depend on the prevailing attitudes on such matters as the distribution of responsibilities between the State and the individual; redistribution arrangements, including support for the poor and the vulnerable; and intergenerational solidarity. The principles set out in ILO Recommendation No. 202 and Convention No. 102 reflect an internationally accepted rights-based approach based on entitlements prescribed by national law, ensuring the adequacy and predictability of benefits (ILO 2017f, 2021c). The guarantees provided in a social protection floor set a basic adequacy benchmark for social protection systems (see box 1.1). Guaranteeing such a basic

### ▶ Table 2.1 Percentage of working-age population legally covered by comprehensive social security systems, by region and sex, 2019

| Region | Total % | Male % | Female % |
|---|---|---|---|
| World | 30.6 | 34.3 | 26.5 |
| Africa | 7.3 | 10.8 | 3.9 |
| Americas | 42.1 | 45.3 | 37.7 |
| Arab States | 24.2 | 36.1 | 8.6 |
| Asia and the Pacific | 29.0 | 32.9 | 24.7 |
| Europe and Central Asia | 52.7 | 55.0 | 49.7 |

Note: Global and regional aggregates are weighted by working-age population.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

level of income security and access to healthcare requires a careful setting of benefit levels, so as to prevent hardship and enable lives to be lived in dignity both at present and in the future, on the basis of a transparent and participatory process. In respect of basic income security, Recommendation No. 202 (Para. 8) refers to nationally defined minimum income thresholds, such as national poverty lines or income thresholds for social assistance. In respect of health care, it stipulates that persons in need of essential care should not face financial hardship and an increased risk of poverty when accessing it. In view of the multidimensionality of poverty, it is essential that the provision of adequate and predictable cash benefits is considered alongside that of high-quality services, including education, housing, healthcare, long-term care, water and nutrition (European Commission 2015).

While a social protection floor is essential in guaranteeing a basic level of protection, if social protection systems are to function optimally they need to provide adequate levels of protection to as many people as possible, and as promptly as possible. The minimum requirements set out in Convention No. 102 and in more advanced social security standards (see Annex 2) for all nine policy areas provide an internationally accepted framework for assessing the adequacy of social protection systems (ILO 2021c). For example, for old-age, disability and survivors' pensions, the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128), and the Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967 (No. 131), set adequacy standards for pension benefits, including for their revision following substantial changes in earnings levels or the cost of living. Annex 3 to this report summarizes the minimum requirements for all nine areas (see also ILO 2021c).

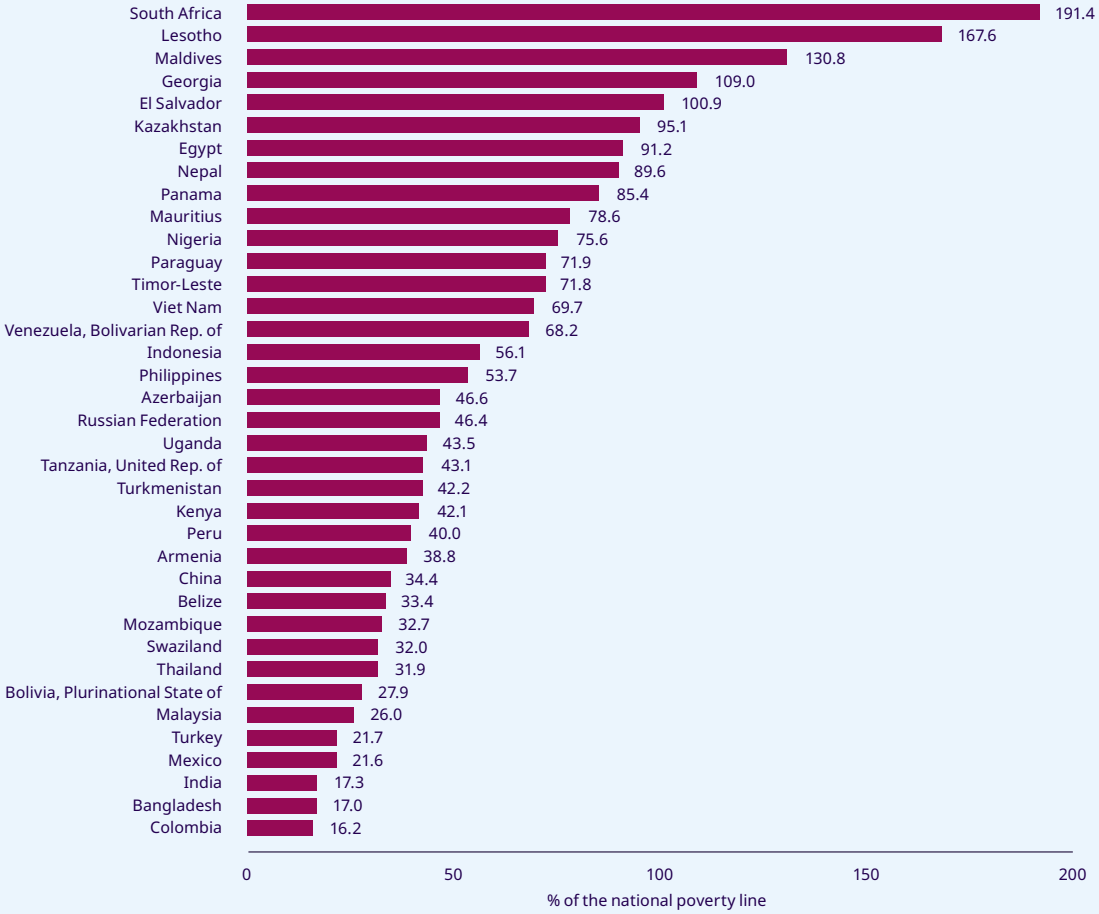
In practice, however, benefit levels in many social security schemes remain below minimum adequacy standards. For example, as shown in figure 2.8, in many countries the level of non-contributory old-age pensions is set at less than 50 per cent of the value of the national poverty line: that is, the pension is not sufficient to prevent old-age poverty. As a result, older people in these countries who rely on a social pension for their income are still poor.

Among the challenges countries face in ensuring the adequacy of social protection benefits are persistently high levels of labour market insecurity and informality, as well as gender gaps in employment and earnings.

The implications of such challenges are obvious for contributory schemes, where benefit levels are directly linked to paid contributions, and so low coverage and low earnings undermine the capacity of the social protection system to provide

Among the challenges countries face in ensuring the adequacy of social protection benefits are persistently high levels of labour market insecurity and informality.

**▶ Figure 2.8 Non-contributory old-age pensions as a percentage of the national poverty line, single person, selected countries, 2017 or latest available year**




Sources: ILO, World Social Protection Database, based on the SSI; HelpAge International; national sources.

Link: https://wspr.social-protection.org.

adequate benefits. For social insurance schemes, redistributive elements, such as minimum benefit guarantees or care credits, offer the possibility to provide higher benefit levels for those with interrupted contribution histories and/or low earnings, many of whom are women. Such redistributive elements do not exist, however, in private pensions and individual savings schemes, which therefore have no or limited means to guarantee adequate benefits for those struggling with low and volatile earnings, often leading to stark gender inequalities.

Yet high levels of labour market insecurity and informality can also hamper non-contributory schemes, by diminishing the capacity of the Government to mobilize and allocate sufficient resources from its budget to ensure at least a basic level of protection.

One crucial factor in ensuring the adequacy of social protection benefits is political support. Programmes with broad coverage, whether contributory or not, tend to attract stronger political support than programmes that cater to smaller groups of the population, such as narrowly targeted programmes for the poor (Kidd 2015; Kabeer 2014). Such political support is essential to ensure adequate benefit levels and to avoid programmes for the poor becoming (or remaining) poor programmes.

Ensuring the adequacy of social protection benefits is essential for achieving the SDGs. A failure to attend properly to this imperative will jeopardize the achievements of the poverty reduction goals of the 2030 Agenda.

## ▶ 2.4 Social protection expenditure and financing

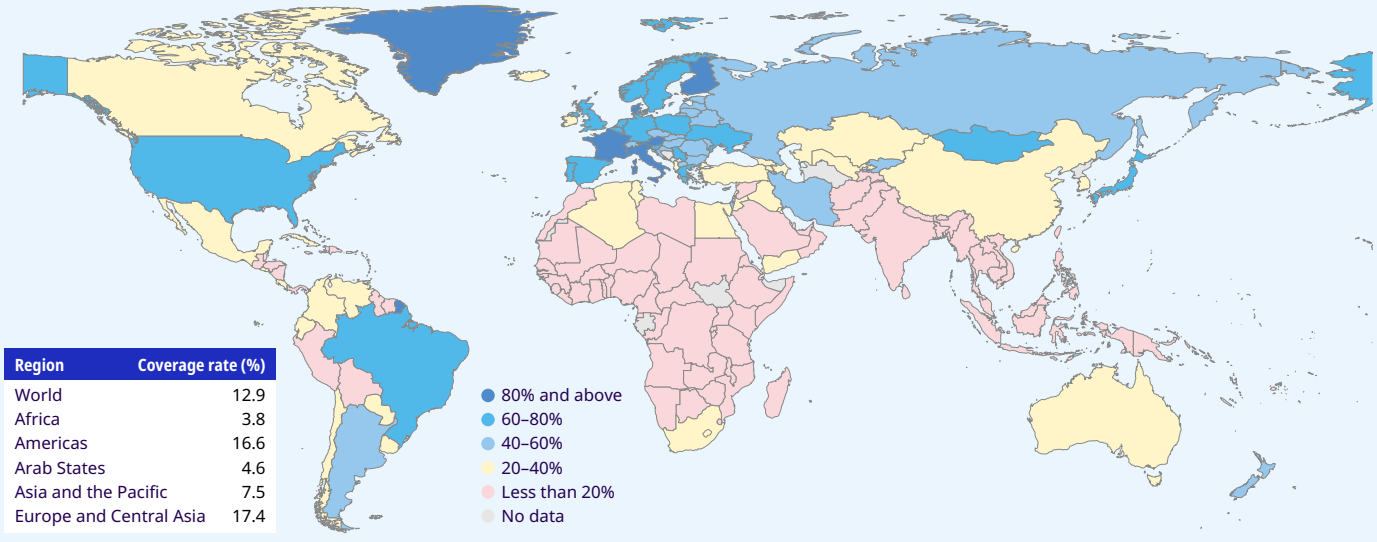
Closing gaps in the coverage, comprehensiveness and adequacy of social protection systems in order to achieve universal social protection hinges on securing and sustaining the necessary investment. This section looks at social protection expenditure patterns, presents estimates of the resources needed to fill current financing gaps, and discusses several options to create fiscal space for financing social protection.

> Achieving universal social protection hinges on securing and sustaining the necessary investment.

Prior to COVID-19, countries spent on average 12.9 per cent of their GDP on social protection (excluding health), with staggering variations across regions and income groups (figures 2.9 and 2.10). Significantly, high-income countries spend on average 16.4 per cent, or twice as much as upper-middle-income countries (which spend 8 per cent), six times as much as lower-middle-income countries (2.5 per cent), and 15 times as much as low-income countries (1.1 per cent). Pronounced differences are also evident between regions, with proportions of GDP ranging from 17.4 per cent in Europe and Central Asia and 16.6 per cent in the Americas to 7.5 per cent in Asia and the Pacific, 4.6 per cent in the Arab States and 3.8 per cent in Africa. Similarly stark differences prevail in domestic general government health expenditure, with a global average of 5.8 per cent of GDP concealing wide disparities between regions and country income levels (figures 2.10 and 2.11).

Overall, there is a positive correlation between levels of economic development and investment in social protection. More interestingly, however, there are sizeable differences in social protection investment among countries at the same level of economic development (or countries with government budgets of similar size), indicating that there is some scope for policy choice regardless of the economic capacity of a country (Ortiz et al. 2019, 29).

### ▶ Figure 2.9 Public social protection expenditure (excluding health), percentage of GDP, 2020 or latest available year



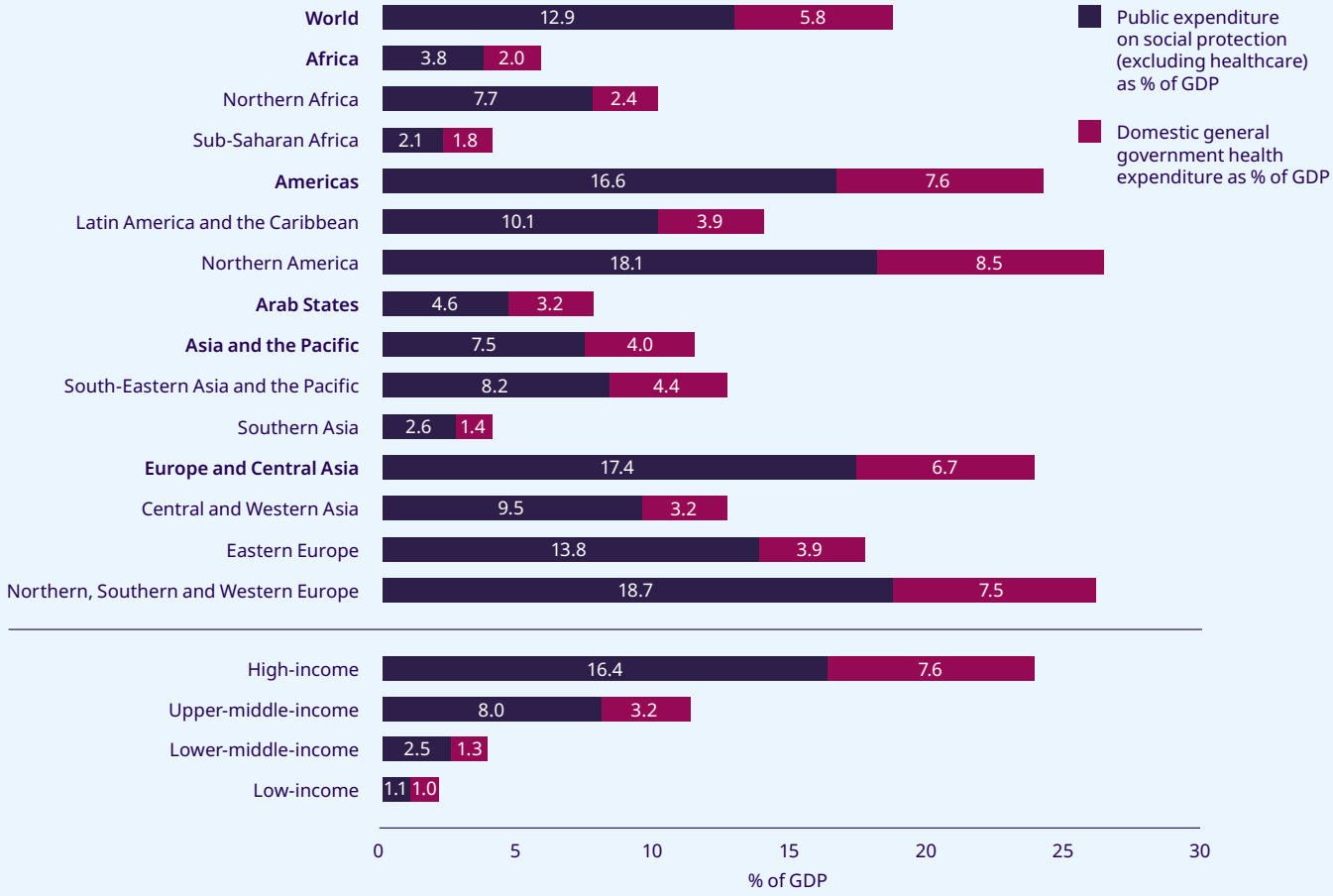

| Region | Coverage rate (%) |
|---|---|
| World | 12.9 |
| Africa | 3.8 |
| Americas | 16.6 |
| Arab States | 4.6 |
| Asia and the Pacific | 7.5 |
| Europe and Central Asia | 17.4 |

Note: Global and regional aggregates are weighted by GDP.

Sources: ILO, World Social Protection Database, based on SSI; International Monetary Fund (IMF); Economic Commission for Latin America and the Caribbean (ECLAC); national sources.

Link: https://wspr.social-protection.org.

**▶ Figure 2.10 Public social protection expenditure (excluding health), percentage of GDP, 2020 or latest available year, and domestic general government health expenditure, percentage of GDP, 2018, by region, subregion and income level**



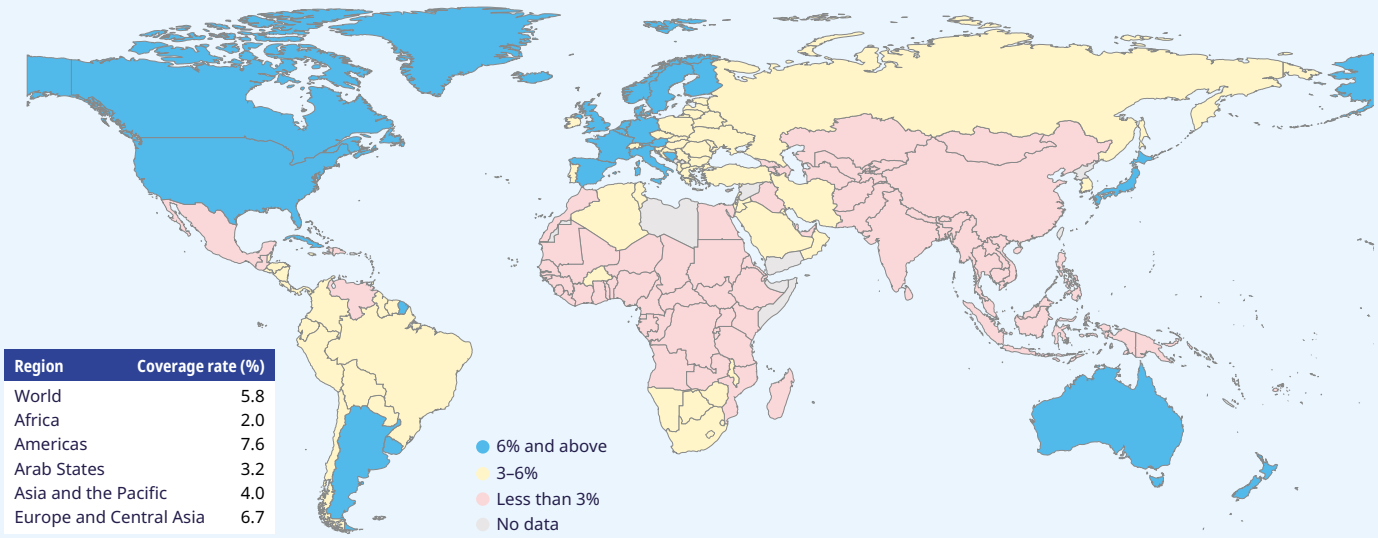

Note: Global and regional aggregates are weighted by GDP.

Sources: ILO, World Social Protection Database, based on the SSI; WHO, IMF; national sources.

Link: https://wspr.social-protection.org.

Just as the COVID-19 crisis has revealed stark gaps in social protection coverage, comprehensiveness and adequacy, it has also underscored the exigency of investing further in social protection systems, and especially in social protection floors that can guarantee at least a basic level of income security and access to healthcare for all. Comparing the cost of a set of benefits that could constitute a social protection floor with current spending on social assistance generates estimates of the financing gap to be closed if SDG targets 1.3 and 3.8 are to be achieved (Durán Valverde et al. 2019, 2020). Factoring in the impact of COVID-19, low-income countries would need to invest an additional US$77.9 billion or 15.9 per cent of their GDP to close the annual financing gap (Durán Valverde et al. 2020). Lower-middle-income countries would need to invest an additional US$362.9 billion and upper-middle-income countries an extra US$750.8 billion, equivalent to 5.1 and 3.1 per cent of GDP respectively. Regionally, the relative financing gap is particularly high in Central and Western Asia, Northern Africa and sub-Saharan Africa (9.3, 8.3 and 8.2 per cent of GDP respectively) (see figure 2.12). The magnitude of this challenge is further underscored by comparing it to current levels of tax revenue. According to the OECD Global Revenue Statistics Database, tax revenue as a percentage of GDP in 2018 was on average 16.6 per cent in African countries, compared to 34.3 per cent in OECD countries.

## ▶ Figure 2.11 Domestic general government health expenditure, 2018 (percentage of GDP)



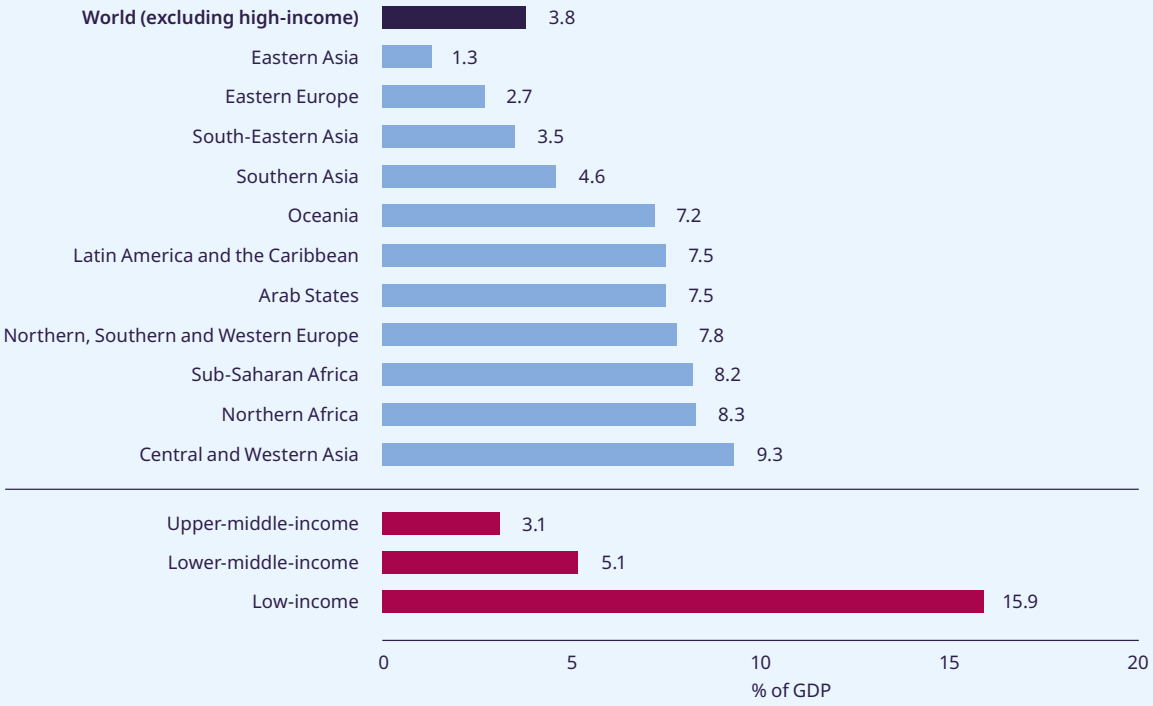

| Region | Coverage rate (%) |
|---|---|
| World | 5.8 |
| Africa | 2.0 |
| Americas | 7.6 |
| Arab States | 3.2 |
| Asia and the Pacific | 4.0 |
| Europe and Central Asia | 6.7 |

Note: Global and regional aggregates are weighted by GDP.

Source: WHO Global Health Expenditure Database.

Link: https://wspr.social-protection.org.

## ▶ Figure 2.12 Annual financing gap to be closed in order to achieve SDG targets 1.3 and 3.8, by region, subregion and income level, 2020 (percentage of GDP)




Sources: ILO, World Social Protection Database, based on the SSI; IMF; ECLAC; national sources; WHO.

Link: https://wspr.social-protection.org.

Clearly, then, current levels of expenditure on social protection are insufficient to close persistent coverage gaps, despite large – yet unequal – resource mobilization during COVID-19 (see section 3.2). Limited fiscal space in developing countries has manifested itself in a "stimulus gap", whereby lower-middle-income countries mustered only a tiny fraction of the fiscal stimulus measures mobilized in high-income countries (ILO 2020k). In the former countries, stimulus measures have been incommensurate with labour market disruptions; this is of particular concern as the cumulative effects of fiscal responses to the COVID-19 crisis and its economic repercussions are expected to be even larger in the longer run (ILO 2020k). Countries will need to invest in social protection (given its well-known multiplier effects) to reverse the recessionary spiral that currently grips their economies, despite the short-term erosion of government finances as a result of diminished tax revenues and social insurance contributions.

> Current levels of expenditure on social protection are insufficient to close persistent coverage gaps.

At the same time, it will be essential that development partners and international financial institutions (IFIs) contribute to creating an environment that is conducive to increasing fiscal space at the domestic level. A pertinent recent development is the IMF's promulgation of its strategy for engagement on social spending (defined as public spending on social protection, health and education), which recognizes its importance for inclusive growth (IMF 2019, 2020b).

There is no one-size-fits-all approach to extending fiscal space for social protection. ILO Recommendation No. 202 calls upon countries to consider different ways of mobilizing the necessary resources. Countries need to invest more and better in social protection, on the basis of principles of universality, adequacy, sustainability and solidarity. Not only the design and implementation of social protection systems, including floors, but also decisions on their financing need to be guided by effective social dialogue. International experience shows that countries can draw on eight different strategies for creating fiscal space (Ortiz et al. 2019):

1. **Extending social security coverage and increasing contributory revenues.** This is a reliable way to finance social protection, freeing fiscal space for other social expenditure. Social protection benefits linked to employment-based contributions also encourage the formalization of the informal economy. Uruguay's Monotax provides a remarkable example of this effect; Argentina, Brazil and Tunisia have also demonstrated the feasibility of broadening both coverage and contributions.
2. **Increasing tax revenues.** Taxation is a key channel for generating government revenue, and higher takings can be achieved by increasing the rates for certain types of taxes – for example, taxes on corporate profits, financial activities, property, inheritance, imports/exports and natural resources – or by strengthening the efficiency of tax collection methods and of overall compliance. Many countries are increasing taxes specifically for social protection, or raising revenues through innovative taxes. The Plurinational State of Bolivia, Mongolia and Zambia finance universal pensions, child benefits and other schemes from taxes on mining and natural gas. Ghana, Liberia and the Maldives have introduced tourism taxes to support social programmes, while Gabon has used revenues from value-added tax on mobile communications to finance its universal healthcare system. Algeria, Mauritius and Panama, among others, have supplemented social security revenues with a high tax on tobacco; and before 2008, Brazil applied a temporary tax on financial transactions to expand social protection coverage.
3. **Eliminating illicit financial flows.** Success in this would alone free up more than ten times the annual total of official development assistance (ODA) disbursed and received across the globe. Such is the amount of resources that illegally escapes developing countries every year. There are increased efforts to crack down on money laundering, bribery, tax evasion, trade mispricing and other financial crimes that are not only illegal but also reduce much-needed revenues for social protection and work towards the SDGs. For Egypt, the ILO estimates that combating illicit financial outflows could on average generate an annual amount equivalent to 3 per cent of GDP; illicit financial outflows from the country in 2014 were estimated at between 1.9 per cent and 4.7 per cent of GDP (Ortiz et al. 2019).

4. **Reallocating public expenditure and enhancing the quality of spending.** This can be achieved by assessing ongoing budget allocations through public expenditure reviews, social budgeting and other types of budget analysis; replacing high-cost, low-impact investments with investments that result in more substantial socio-economic impacts; eliminating spending inefficiencies; and tackling corruption. For example, Costa Rica and Thailand have reallocated military expenditures to universal healthcare. Enhancing spending quality refers to improvements in the design and performance of social protection programmes. Costa Rica again provides an example, having introduced a new healthcare model that strengthened preventive measures and health promotion, leading to substantial improvements in spending effectiveness in terms of health outcomes.
5. **Using fiscal and foreign exchange reserves.** This can be done by drawing down fiscal savings and other state revenues stored in special funds (for example, sovereign wealth funds), and/or using excess foreign exchange reserves in the central bank for domestic and regional development.
6. **Managing sovereign debt through borrowing and debt restructuring.** This involves actively exploring low-cost domestic and foreign borrowing options, including concessional loans, following careful assessment of debt sustainability. For example, in 2017 Colombia became the first developing country to launch a social impact bond, while South Africa has issued municipal bonds to finance basic services and urban infrastructure.
7. **A more accommodating macroeconomic framework.** This can permit higher budget deficit paths and/or higher levels of inflation without jeopardizing macroeconomic stability. A significant number of developing countries have been using such frameworks, along with deficit spending, during the COVID-19 crisis.
8. **Increasing aid and transfers**. Despite calls for enhanced ODA to support financing for sustainable development (UN 2015a), and agreement on a target commitment of 0.7 per cent of gross national income (GNI), ODA in fact represented only 0.3 per cent of the combined GNI of the member countries of the Development Assistance Committee in 2019 (OECD 2021). Not only did donor countries fall short of their commitments; the share of their actual disbursements of ODA allocated to social protection in 2017 represented a mere 0.0047 per cent of their GNI (ILO 2020g).

chapter 3

# Social protection during the COVID-19 crisis and recovery

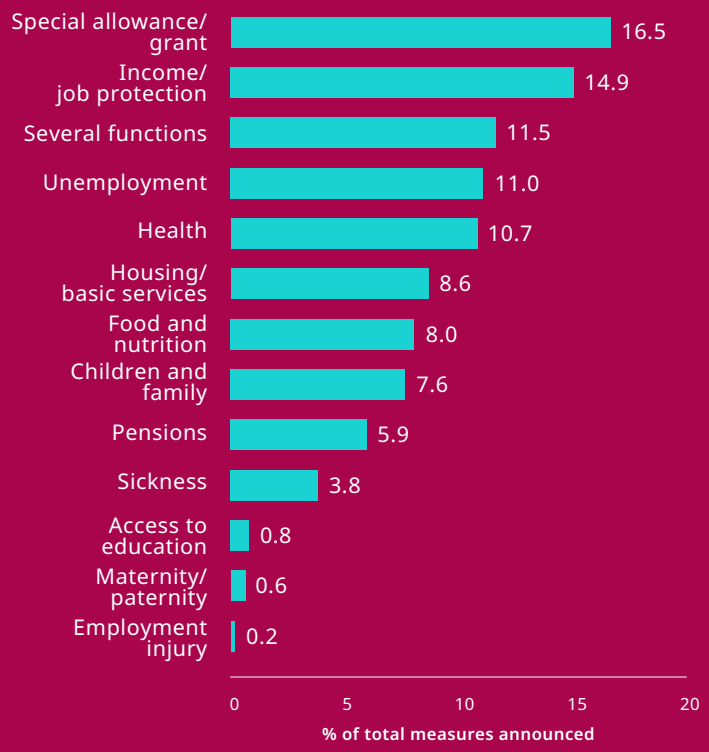
# A crisis unlike any other:
# The social protection response to COVID-19

**The pandemic has exposed pronounced gaps in social protection coverage, comprehensiveness and adequacy**

2 billion
**workers in the informal economy**
most of whom are not covered

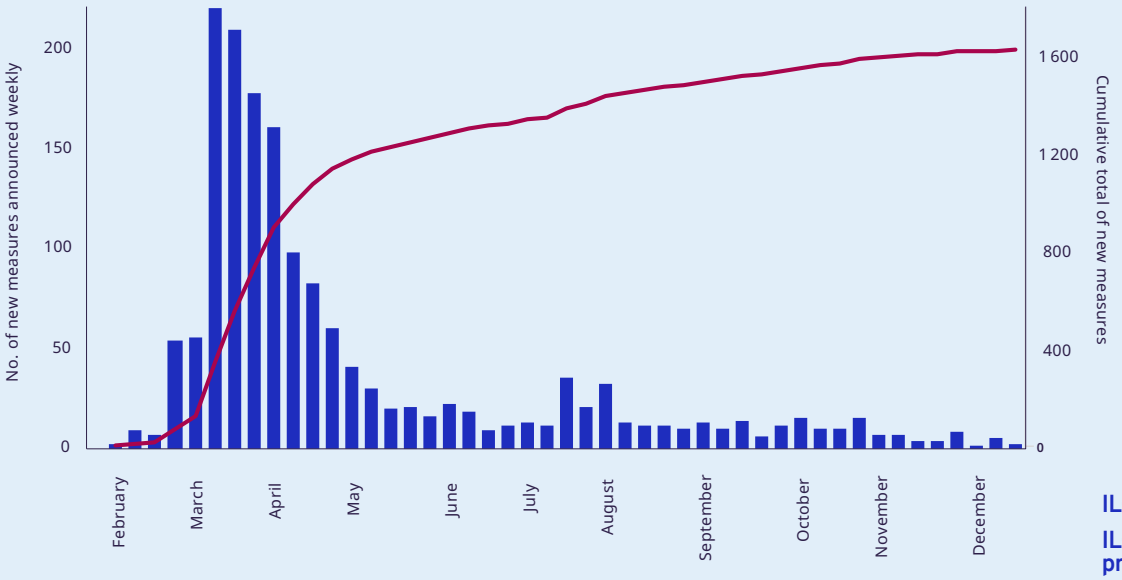
**Insufficient access**
to sickness and unemployment benefits
became especially apparent during the pandemic

## The measures announced have addressed all functions of social protection




- Many measures were temporary only, and often insufficient to meet people's needs.
- More investment in social protection systems is required through a "high-road" strategy.

## An unprecedented social protection response in 2020




**Worldwide number of social protection measures** announced in response to the COVID-19 crisis, February–December 2020

**ILO World Social Protection Database**

**ILO Social Protection Monitor: Social protection responses to the COVID-19 crisis around the world**

# key messages

- The pandemic has exposed pronounced gaps in social protection coverage, comprehensiveness and adequacy across all countries. These have left a number of population groups, including women, children and workers in different forms of employment and in the informal economy, very vulnerable.

- There has been an unprecedented social protection response to the pandemic, with many countries introducing, scaling up or adapting social protection measures to protect previously uncovered or inadequately covered population groups.

- While all countries faced challenges to respond rapidly, those that already had strong social protection systems were able to guarantee access to much-needed healthcare, ensure income security and protect jobs. Countries without sufficiently strong systems in place have had to adopt measures under duress, sometimes with a fair amount of improvisation and teething problems.

- The crisis has confirmed the urgent need to guarantee at least a basic level of social security for all throughout their lives. It is therefore essential that the measures announced to cope with the emergency do not remain a mere stopgap response, but lead towards the establishment or strengthening of rights-based national social protection systems, including floors.

- Countries are not without choice in how they respond to this crisis and how they formulate their social protection policies going forward. Nearly all countries, at all levels of development, can pursue a high-road strategy towards achieving universal social protection, and now is the time to set out on this route. Doing so will require continued and increased investment in social protection, ensuring financial and fiscal sustainability by drawing on a mix of financing sources.

- The COVID-19 crisis was uncharted territory. Governments had to suspend economic activity to contain the spread of the virus and protect lives, consigning the world to an economic recession of unprecedented magnitude. This chapter focuses on the pandemic's socio-economic impact, and on the policy response to it that mobilized significant resources to close social protection gaps. It argues that countries find themselves today at an important crossroads. From this point, States will have to choose between the high road of reinforcing their social protection systems to progressively close protection gaps and secure sustainability in line with ILO standards, and the low road of falling back to unreliable safety nets under the pressure of fiscal consolidation. A human-centred approach to recovery and the future of work requires increased efforts to build universal, comprehensive, adequate and sustainable social protection systems, including a solid social protection floor that guarantees at least a basic level of social security for all.


200円 Sweet potato
170円 Sesame
150円
栗入りあげまん
Chestnut
NEW!!
¥250
Chestnut manju
¥130
Green Tea
¥170
Pumpkin
¥170
Sweet Potato
¥170

## 3.1 COVID-19 exposed inequalities and critical protection gaps

In 2020, 8.8 per cent of global working hours were lost relative to the fourth quarter of 2019, equivalent to 255 million full-time jobs (ILO 2021k). While these massive employment losses fell hardest on certain sectors, such as hospitality, culture, retail and tourism, other sectors (such as information and communications, and financial and insurance activities) actually benefited greatly. Similarly, the crisis had a disproportionately severe impact on low- and medium-skilled workers and on self-employed workers, threatening greater labour market inequalities in the years to come (ILO 2021k). At the same time, the crisis has acted as a magnifier of economic and social inequality, laying bare the gaps between the "haves" and the "have nots", and between those who could work from home and those who could not. While hundreds of millions have lost their incomes and livelihoods, the world's ten richest individuals have seen their combined wealth increase by half a trillion dollars since the start of the COVID-19 outbreak (Berkhout et al. 2021).

> The crisis has acted as a magnifier of economic and social inequality.

The crisis has exposed and exacerbated deep-rooted labour market and structural socio-economic inequalities within and across countries. Evidence already shows that the crisis-induced labour income losses have been unevenly distributed across workers and sectors. The full economic and social impact has yet to unfold: this will become clearer as emergency measures will be lifted, while further inequalities are entering the picture with pronounced variation in access to vaccines and the ability to continue financing fiscal stimulus measures (see section 3.3.2).

The pandemic has also had particularly severe effects for vulnerable groups and those lacking social security coverage owing to pre-existing social inequalities. Intersecting health and social inequalities and increased morbidity (and comorbidities) have accounted for disproportionately high rates of infections and fatalities in ethnic minority communities (Razai et al. 2021) and lower-income groups (Marmot et al. 2020). This reflects systemic racism and discrimination in important social services, and exclusion from decent work and access to healthcare (Kidd 2020). Moreover, pre-COVID-19 austerity increased the virus's effects by weakening these population groups' general health before the crisis erupted (Marmot et al. 2020).

Several other groups have been severely and disproportionately affected by the pandemic. For instance, indigenous peoples and people with disabilities found that pre-existing barriers and inequalities were further accentuated by COVID-19 (De Schutter 2020; Lustig et al. 2020; UNPRPD et al. 2020). Migrants and the forcibly displaced were among the first to lose their jobs in the pandemic, and now face significant barriers to re-entering the workforce. They also confront multiple hurdles in accessing social protection, owing to a lack of citizenship or legal residency status, and in many cases the informal nature of their employment, and many are compelled to return to their countries of origin or to live in insanitary and overcrowded conditions, increasing their susceptibility to contracting the virus (ILO 2020t).

The pandemic's uneven effects have also compounded pre-existing gender inequality. Women have been more adversely affected by the decline in employment than men because they were disproportionately employed in sectors hardest hit by the shutdowns (ILO 2020k, 2021k). Yet while for many women economic activity has been halted, many others have seen their workloads increased and intensified, especially those in paid care work. Women comprise 70 per cent of the health workforce, including the large majority of front-line workers; many of them have had to work without adequate personal protective equipment, heightening their risk of exposure to the virus (ILO 2019f, 2020c). In addition, with the closure of childcare services, schools and long-term care homes, much of the responsibility of caring for young children and frail older people has been shifted on to families, and disproportionately on to women (ILO 2020k; UN 2020c; UN Women 2020c). Finally, confinement has seen domestic violence increase in both frequency and severity (UN Women 2020b).

The evidence demonstrates that health and economic crises have disproportionate effects on children, too (UNICEF 2020e; Tirivayi et al. 2020). Given the closure of schools, universities and childcare services, the more than 800 million children and young people affected by such

closures in 2020 (UNESCO 2020a) are likely to experience substantial social scarring as a result of the pandemic (Dasgupta and Chacaltana 2021).

The aphorism that the true measure of a society is displayed by how well it treats its most vulnerable members gains particular force in the context of COVID-19. Held against this yardstick, many societies fall short. Ultimately, the pandemic's highly uneven effects have exacerbated existing inequalities and are leaving many countries more unequal than when they entered the crisis. It is therefore incumbent on States both to ensure the continuation of an adequate emergency response to the crisis for its full duration and to develop a longer-term high-road strategy for strengthening social protection systems as the crisis abates.

When COVID-19 hit, only approximately a third of the global population had access to comprehensive social protection systems. The pandemic quickly revealed the significant coverage, comprehensiveness and adequacy gaps in social protection systems across all countries (ILO 2020f, 2020w). Consequently, policymakers were compelled to extend and bolster their existing social protection systems.

While the crisis has hit whole societies, it has affected some people far more than others. This includes many of the 2 billion workers in the informal economy, 1.6 billion of whom work in the most adversely affected sectors, and most of whom are neither affiliated with contributory schemes nor reached by narrowly targeted social assistance (ILO 2020f, 2020d, 2020w). Moreover, people with disabilities, young people, migrants, part-time and temporary employees, and self-employed workers were particularly hard hit.

The pandemic starkly exposed the consequences of inadequate access to quality healthcare (ILO 2020w). Before the crisis, half of the global population did not have access to health services, and about 40 per cent were not affiliated to a national social health insurance system or national health service. Many people have had to make significant out-of-pocket payments to get the treatment they need (ILO 2017f; WHO and World Bank 2017). The crisis also exposed the limited progress made in building and strengthening social protection floors that guarantee access to essential healthcare and basic income security for all throughout the life cycle (ILO 2021o).

## ▶ 3.2 Crisis response: Rapid extension of coverage and adaptation of social protection systems

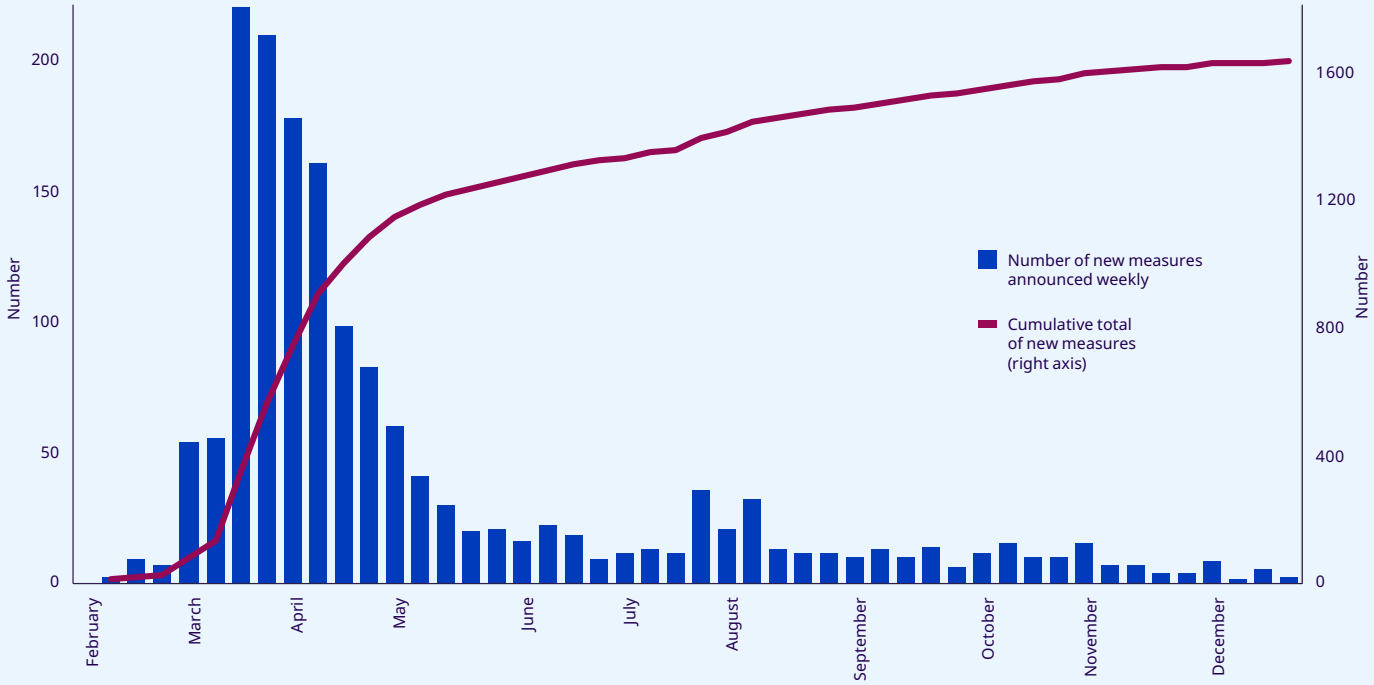
### 3.2.1 Ensuring access to healthcare and income security during the crisis

More than any recent economic crisis, the COVID-19 pandemic has reinforced the need for comprehensive social protection systems. In 2020, virtually all countries and territories took action; in total, just over 1,600 social protection measures were announced (see figure 3.1). Countries with solid social protection systems in place before the crisis could rely on pre-existing statutory schemes that automatically fulfilled their protective function, while injecting further financing where needed and focusing on emergency programmes to help groups in need of additional support. Countries with weaker social protection systems faced greater challenges. In addition to relying on pre-existing statutory schemes, many of these countries had to urgently fill gaps by introducing new measures or extending the coverage, comprehensiveness and adequacy of benefits, and to adapt delivery mechanisms to accord with public health objectives.

The measures announced covered all functions of social protection (see figure 3.2). Approximately three quarters of these measures comprised non-contributory responses, the remainder being delivered through contributory schemes. For the latter especially, social dialogue played a role in guiding the policy response (ILO 2021o, box 3, 2020p, 2021j; de Lima Vieira, Vicente Andrés, and Monteiro 2020).

The discussion below and figure 3.3 provide an overview of some of the policy actions taken and specific measures introduced, supported by country examples from across the world. COVID-19 social protection responses can be broadly grouped into four areas, each containing more specific measures, as illustrated by the following typology of policy actions.

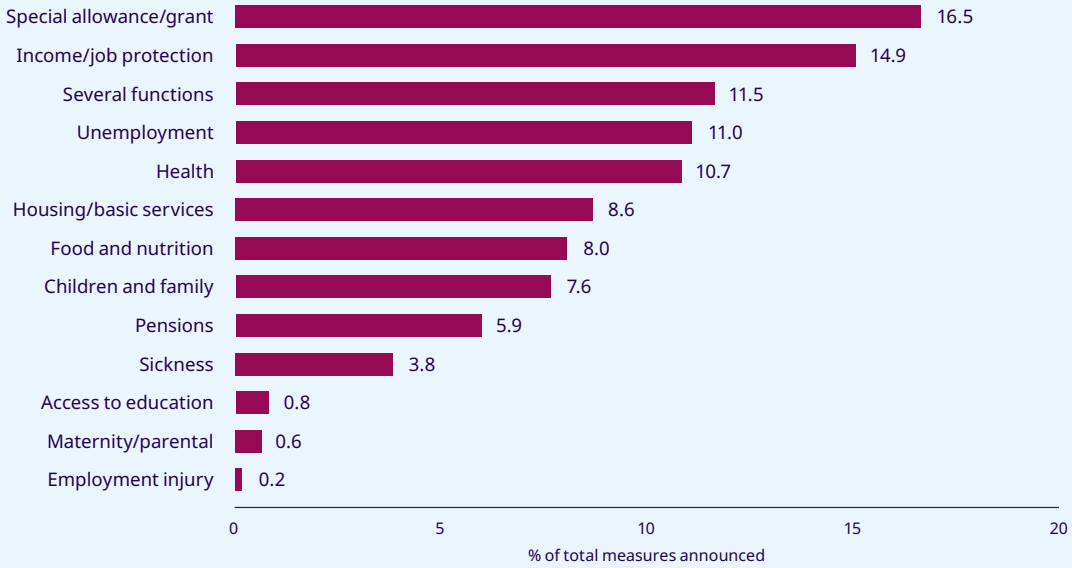
## ▶ Figure 3.1 Worldwide number of social protection measures announced in response to the COVID-19 crisis, February–December 2020




Sources: ILO data for 2021: see https://www.social-protection.org/gimi/ShowWiki.action?id=3417; Social Protection Monitor: Social Protection Responses to the COVID-19 Crisis around the World; see also Annex 2.

Link: https://wspr.social-protection.org.

## ▶ Figure 3.2 Social protection measures announced in response to the COVID-19 crisis, February–December 2020, by type and function (percentages)




Note: For methodological note, see Annex 2.

Source: ILO, Social Protection Monitor: Social Protection Responses to the COVID-19 Crisis around the World, 2021.

Link: https://wspr.social-protection.org.

### ▶ Ensuring access to healthcare, including for vulnerable groups such as migrants

- Channelling additional fiscal resources into health systems to enhance the availability, accessibility and quality of health services for all.
- Covering the cost of COVID-19 testing and vaccination within national health systems.
- Providing access to healthcare and other services by temporarily regularizing the status of non-nationals.
- Providing medical services and quarantine services to migrant workers free of charge.

### ▶ Protecting incomes

- Increasing the coverage or value of benefits, providing a one-time bonus or in-kind benefits, or advancing the payment of child benefits, pensions, disability benefits and non-contributory low-income support measures.
- Extending the coverage and expanding the scope of sickness benefits to cover workers who would not otherwise be entitled to them by providing a cash benefit for mandatory quarantine (ILO 2020s).
- Extending employment injury benefits, recognizing COVID-19 as an occupational disease (see section 4.2.4).
- Expanding the coverage of unemployment protection schemes by relaxing eligibility criteria or enhancing the adequacy of benefits.
- Expanding public employment programmes where public health measures permitted work to continue, or amending them to continue paying wages while waiving work obligations (ILO 2020o).
- Providing emergency means-tested benefits to informal workers and adapting delivery mechanisms by using online or phone applications to facilitate access to new benefits.
- Reducing financial pressures on households through complementary measures (postponements of utility bills and mortgage and rent payments).
- Introducing universal one-off or multiple population-wide payments, or an emergency universal basic income (UBI) (see section 3.3).
- Enhancing existing national humanitarian cash transfers and using short-term emergency measures to expand coverage in fragile contexts.

### ▶ Protecting jobs and the liquidity of enterprises through job retention schemes and waiver of contributions

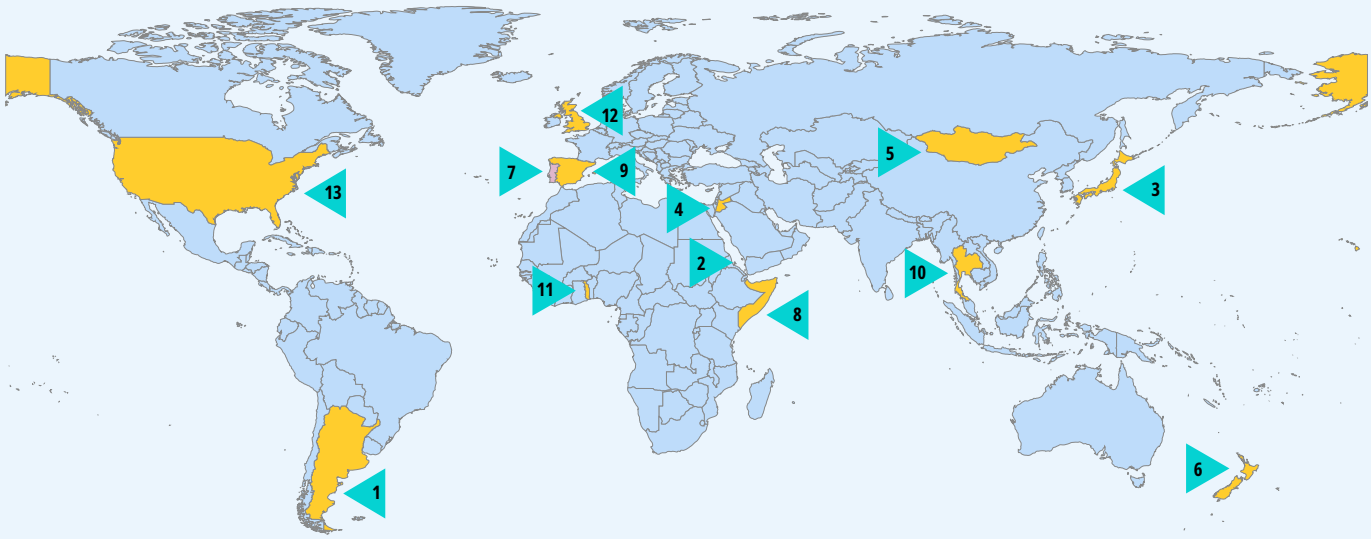
- Supporting enterprises in retaining workers through short-time work benefits, partial unemployment benefits, wage subsidies or furlough schemes (ILO 2020y).
- Deferring, reducing or waiving social security contributions, as practised in 84 countries.

### ▶ Ensuring access to childcare and other social services

- Providing cash transfers or vouchers for baby-sitting or other childcare services, especially for healthcare workers.
- Providing or expanding special family leave to support working parents affected by the crisis, and subsidizing employers providing such leave.
- Adapting access to social services for people with disabilities.

Across these different policy areas, countries have put in place extraordinary fiscal stimulus measures to finance social protection responses to COVID-19. As of March 2021, more than 196 countries had introduced domestic fiscal measures with a total value of approximately US$17.1 trillion (not limited to social protection) (ILO, forthcoming b). Global fiscal stimuli, however, have been strongly concentrated in high-income countries. In lower-income countries, domestic efforts have been backed by pledges from IFIs and development cooperation agencies, amounting to US$1.3 trillion as of 1 February 2021 (ILO, forthcoming b). In some countries, this included the setting up of solidarity or "basket" funds cofinanced by governments and international partners, for instance in Bangladesh, Côte d'Ivoire, Jordan, Nigeria and Togo, sometimes with longer-term solutions already in mind.

## ▶ Figure 3.3 Summary of COVID-19 policy response measures, with selected country examples




1. **Ensuring income security in old age.** **Argentina** advanced the payment of its old-age pension and increased its value.
2. **Providing income support and access to social services for people with disabilities.** **Bahrain** doubled its disability pension.
3. **Introducing exceptional family leave and care policies.** **Japan** subsidized employers providing paid family leave.
4. **Preventing job losses and providing unemployment protection to those who lost or were at risk of losing their jobs.** **Jordan** extended unemployment benefits to workers from crisis-affected sectors.
5. **Providing child and family benefits.** **Mongolia** increased the value of its monthly child benefit fivefold for six months.
6. **Ensuring income security for vulnerable workers by adapting or introducing employment promotion measures.** **New Zealand** established a programme focused on providing ecosystem restoration work for workers in the adversely affected tourist sector.
7. **Extending provision to migrants and the forcibly displaced.** **Portugal** temporarily regularized the status of asylum seekers, facilitating access to healthcare, social support, employment and housing.
8. **Cash transfers in fragile contexts.** **Somalia** launched the Baxnaano programme to provide – for the first time – cash transfers to 1.2 million people.
9. **Extending or introducing new social assistance benefits for vulnerable persons.** **Spain** introduced a new permanent guaranteed minimum income programme, covering 2.3 million vulnerable people.
10. **Guaranteeing access to healthcare.** **Thailand** extended financial protection against health expenses to both nationals and legal residents by granting access for COVID-19 patients to its universal coverage system for emergency patients. This enabled patients to seek treatment at a public or private hospital free of charge.
11. **Protecting workers in the informal economy by extending coverage.** **Togo** implemented the three-month long "Novissi" mobile cash transfer programme – via a phone app – for informal economy workers, reaching over half a million workers within a month.
12. **Ensuring income security during sick leave through sickness benefits.** The **United Kingdom** extended sickness benefits to all workers, including gig economy workers, required to quarantine.
13. **Exceptional, society-wide generalized one-off or multiple universal payments and emergency universal basic income (UBI).** The **United States** made three quasi-universal payments equating to around US$4,000 per head.

Sources: Gentilini, Dale, and Almenfi (2020); ILO (2020m, 2020u, 2021d, forthcoming c); Stewart, Bastagli, and Orton (2020); UK (2020); Thaiger (2020); Gnassingbé (2020); UN (2020f, 2020h); United States CARES Act 2020; American Rescue Plan Act of 2021.

### 3.2.2 Emerging policy observations and lessons learned

Effective policymaking in a protracted, fast-moving and complex crisis is challenging. Nonetheless, several observations can be made as to what constituted a sound policy response to the COVID-19 pandemic, and what lessons can be gleaned.

> Without comprehensive and adequate social protection, anyone can "fall" into poverty and insecurity.

**The crisis has poignantly shown the inherent vulnerability of all, thereby making the case for universal social protection more strongly than ever.** While the crisis disproportionately affected certain groups, it illustrated that without comprehensive and adequate social protection, anyone can "fall" into poverty and insecurity. The crisis exposed the shortcomings of limited coverage and low benefit levels, with narrow targeting, problematic proxy means tests and behavioural conditions, especially in contexts where large parts of the population are vulnerable and administrative capacity is constrained, to an even greater degree than in non-crisis times (Brown, Ravallion, and Van de Walle 2016). Consequently, many eligibility requirements were relaxed during the crisis to ensure high take-up and protect people's health.

**COVID-19 made it impossible for policymakers to ignore the "missing middle" and unpaid carers.** Countries where large parts of the population, including workers in the informal economy and unpaid carers, were covered either inadequately or not at all had to adopt ad hoc measures; this often entailed a fair degree of improvisation, with hit-and-miss results. Furthermore, many of these emergency benefits were limited in terms of adequacy and paid for only a short period (Gentilini, Almenfi, et al. 2020), soon leaving people vulnerable and unprotected once more. This raises the troubling spectre of a benefit "cliff fall" scenario, wherein support ends prematurely and more profound structural challenges, such as persistent labour market informality, remain unaddressed. Moreover, many social protection responses were not aligned with international social security standards (see further below). On a more positive note, innovations developed during the crisis response phase, especially those aimed at reaching hitherto uncovered population groups, could provide a basis for future policy choices. These observations highlight the need to build universal social protection systems that can adequately protect all people across the life cycle and against shocks.

> Social protection systems have provided an indispensable front-line response, thereby serving as a powerful social and economic stabilizer.

**The COVID-19 pandemic has acted as a stress test for gauging national crisis preparedness. Solid social protection systems, working coherently with labour market policies, increase countries' capacity to deal with large-scale, multifaceted and complex crises, to effectively protect individuals and businesses, and to accelerate recovery.** Social protection systems have provided an indispensable front-line response, supporting preventive public health measures and objectives, and protecting incomes and jobs, thereby serving as a powerful social and economic stabilizer. Countries that already had comprehensive systems in place covering large parts of their populations were able to more rapidly use and adapt existing schemes and delivery mechanisms to facilitate access to healthcare, ensure income security and protect jobs, and extend existing schemes or new programmes to previously uncovered populations. Pre-existing statutory schemes automatically fulfilled their protective function, while further financing was injected where needed, focusing on emergency programmes to help groups requiring additional support.

Across countries at all income levels, including some of those that were comparatively ill prepared, the crisis led to innovative and sometimes bold policy actions, and contributed to a clearer understanding of the synergies and complementarities both within social protection systems – their contributory and non-contributory elements – and between the social protection system and labour market policies. For example, the extension of social protection to informal economy workers represents a breakthrough that offers a triple dividend: providing workers with economic security and peace of mind; facilitating access to complementary measures such as active labour market policies (ALMPs) and public

employment programmes ; and supporting higher productivity and facilitating transitions to the formal economy, contributing in the longer term to a more sustainable and equitable financing of social protection (ILO 2021g, 2020f; ILO and FAO 2021).

**In some countries, social protection has been insensitive to the needs of women, children, indigenous people and people with disabilities.** According to the UN Development Programme and UN Women, the global jobs and social protection response to the crisis has been largely gender-blind: of 1,340 social protection measures they identified, only 23 per cent can be considered gender-sensitive (half aimed at strengthening women's economic security and half at supporting unpaid care work) (UNDP and UN Women 2021). Moreover, about one third of all high-income countries did not implement any policies specifically aimed at supporting children through the crisis period, and only 2 per cent of the fiscal response across all high-income countries was earmarked for child-specific social protection policies. By contrast, around 90 per cent of the fiscal response was allocated to or through businesses (in such forms as loans and grants, or wage subsidies), tending to benefit families with a strong labour market attachment. However, marginalized families tend not to enjoy such attachment and therefore such measures serve their children poorly (Richardson, Carraro, et al. 2020). Similarly, indigenous people were not well served (De Schutter 2020), and only 60 of the 181 countries that implemented relief measures made specific reference to people with disabilities in doing so (UNPRPD and ILO 2021).

**Many social protection responses have been "maladapted, short-term, reactive, and inattentive to the realities of people in poverty"** (De Schutter 2020, 2). Despite the unprecedented scale of the global social protection response to the COVID-19 crisis, many of the measures introduced were only temporary (typically paid for three months) and benefit levels were often insufficient; such measures were therefore limited in their ability to protect people's incomes and health in a protracted crisis such as the COVID-19 pandemic. Some measures, moreover, have adverse longer-term implications. For instance, in some countries individuals were permitted to withdraw a portion of their funds from mandatory individual savings accounts, potentially compromising future old-age income security (ILO 2021m). In addition, the ad hoc implementation of benefits has left many groups – especially informal economy workers, migrants and indigenous people – unprotected, or has been insufficiently sensitive to their specific circumstances (see above). In some cases, social protection responses magnified the challenges in accessing benefits faced by those who were already difficult to reach, such as those without access to digital technologies. Without continued support for social protection expenditure and prolongation of emergency measures, many countries face the possibility of the "cliff fall" scenario mentioned above.

**Inclusive social dialogue has too often been reactive or absent rather than proactive**. To date, the practice of social dialogue in the formulation of social protection responses to the crisis has varied (ILO 2020j, 2021g). In many countries, participation, accountability and oversight mechanisms have been lacking, and compliance with human rights principles has been insufficient (De Schutter 2020). In countries with well-established social dialogue structures in place before the crisis, national social protection strategy and emergency response plans have tended to be informed by effective social dialogue taking place through these structures, as in the cases of Denmark (ILO 2021o) and Mozambique (de Lima Vieira, Vicente Andrés, and Monteiro 2020). Insufficient social dialogue reduces collective buy-in and consensus around social protection and undermines its sustainability. That only limited social dialogue took place in many countries, promoted by social partners, perhaps indicates that this principle is not yet widely enough recognized or deeply enough internalized. Social dialogue is not just a nice gesture or a policy add-on to be used when convenient; it is an essential part of developing well-designed solutions that cater to the needs of all members of society.

Social dialogue is an essential part of developing well-designed solutions that cater to the needs of all members of society.

**The crisis has highlighted the need to build inclusive delivery systems.** Many countries were hard pressed to identify those in urgent need of additional protection against the health and economic risks facing them – once again, especially informal economy workers – and to disburse benefits to them rapidly and safely. In many countries, digital technologies were crucial to the identification of beneficiaries and delivery of benefits, and were used in creative and innovative

ways. However, digital technologies also carry exclusion risks: where people do not have access to banks and financial services, lack digital literacy and/or do not have access to smartphones, they may end up doubly excluded.

**Even when the immediate health crisis begins to wane, the legacy of COVID-19 in terms of its social, psychological, economic and political consequences will not instantaneously evaporate.** Evidence is already accumulating of profound repercussions, including adverse social and economic effects, that will long outlast the pandemic itself. For those deprived of education, employment and human contact, and those whose physical and mental well-being have been damaged or permanently changed, its deleterious impact will endure. Social scarring of the kind observed in the aftermath of previous crises will characterize the world after this crisis too.

There will also be long-term consequences for public finances. The loss of contributory and tax revenues represents a challenge for all social protection schemes, given the increased demand for benefits and the commensurate increase in expenditure. This threat to the financial resilience of contributory and non-contributory schemes alike makes the challenge confronting low-income countries in particular even more daunting. Taking into account the impact of the crisis, low-income countries would have needed to invest additional sums amounting to about 16 per cent of their average GDP to meet the annual financing level required to close coverage gaps in 2020 alone (Durán Valverde et al. 2020). Even though resource mobilization efforts during COVID-19 have exceeded by far the stimulus packages introduced in the wake of the 2008 financial crisis (Almenfi et al. 2020), they have been largely concentrated in high-income countries (ILO 2020b, 2020f). These figures are even more troubling because the cumulative effects of fiscal policy are expected to be greater in the long term, potentially widening existing disparities between countries (ILO 2020k).

> We are only as safe as the most vulnerable among us, and nowhere is safe until and unless everywhere is safe.

Nevertheless, there may be enduringly positive aspects to the legacy of the crisis too, especially in terms of reconfigured mindsets: governments may no longer be timorous and indecisive at the onset of a public health crisis, but instead take rapid action to contain it. Moreover, COVID-19 has underscored the inescapability of our intimate codependence: the fact that we are only as safe as the most vulnerable among us, and nowhere is safe until and unless everywhere is safe. The interconnectedness of our economies and societies has never been more clearly manifest than in the rapid spread of health, social and economic consequences that do not stop at country borders.

This crisis has shown that, when prompted into action, States are not without choices, and that they have both the potential and the requisite instruments to combat major challenges. However, many were woefully unprepared, and too little progress has been made in realizing the right to social security, despite bold commitments. Many countries now find themselves at a crossroads with regard to the future orientation of their national social protection strategies and systems.

## ▶ 3.3 Social protection at the crossroads

> Many countries now stand at a crossroads, facing a choice over the future of their social protection strategy.

While the COVID-19 crisis provoked an unparalleled social protection response, many countries now stand at a crossroads, facing a choice over the future of their social protection strategy.

Both the ILO Centenary Declaration for the Future of Work (2019) and Recommendation No. 202 signpost a high-road social protection strategy for all countries very clearly. Choosing this path now means taking decisive policy action to close those coverage and adequacy gaps that became apparent during the crisis, and to strengthen social protection worldwide to ensure that everyone can enjoy this right. This requires universal, comprehensive, adequate and sustainable social protection systems that are in line with human rights principles and international social security standards. Taking this high road will support a human-centred recovery and help ensure a future of decent work, human rights and social justice for all.

### 3.3.1 A high-road scenario: Towards strengthened social protection systems, including floors

Historically, some crises have prompted the progressive reconfiguration of existing social arrangements in previously unimagined ways. Examples include Roosevelt's "New Deal" after the 1930s Great Depression, which introduced the provision of large-scale social security in the United States; the Beveridge Report of 1942 in the United Kingdom; the expansion of European welfare states after the Second World War; and the investment in social protection in East Asia after the 1997 financial crisis (Woo-Cumings 2007). Arguably, the present crisis has assumed such vast dimensions that it has reconfigured policy mindsets and prised open a unique window of opportunity.

**A social and "generative" state is resurgent.** The stress test applied by COVID-19 has shown that states are not powerless to act in the interest of all their citizens in the face of immense challenges and has massively expanded the scope of policy action that can be taken (Giddens 1994; Mazzucato 2013, 2021). The crisis has underscored the primacy and legitimacy of the state as bearing the chief responsibility and duty to protect its citizens, and the potential for states to become "generative", that is, oriented to fully realizing human capabilities (Giddens 1994). Only the state can act decisively to protect health, income and jobs on the scale that has been required, and to ensure macroeconomic and social stability. Many countries have put themselves on a quasi-war footing – but this time to preserve life – and declared a readiness to do "whatever it takes" (G7 2020). For instance, Japan committed an unprecedented 42 per cent of GDP to fiscal stimuli (Almenfi et al. 2020). Moreover, some States have acted with determination to assert their authority over practices that were considered not to be in the public interest, reaffirming norms underpinning the social contract. For example, Denmark barred companies operating in tax havens from access to employment retention benefits (Australia Institute, Nordic Policy Centre 2020).

**The crisis has fuelled a drive for more universalistic and inclusive approaches to social protection**. Experience of previous crises and of non-crisis times indicates that poverty and inequality are far better addressed in countries that provide universal social protection than in those where patchy social safety-net approaches prevail (see box 3.1). There have been examples of a drive towards more universalistic provision, as seen in the modest temporary extension of

#### ▶ Box 3.1 Poverty and inequality during COVID-19 and beyond

COVID-19 and the economic recession it induced could jeopardize years of sustained – though uneven and slowing – progress in poverty reduction. The World Bank (2020) estimates that an additional 100 million people are likely to be pushed into extreme poverty (defined as living on less than US$1.9 per day), with heightened poverty risks for urban dwellers and those with higher levels of education, changing the profile of poverty. These developments further threaten progress towards achieving the SDGs, coming as they do on top of an earlier increase in poverty in countries affected by armed conflict and climate change; for example, in the Middle East and North Africa the number of people living in extreme poverty had already doubled between 2015 and 2018. Estimates suggest that, unless there is a major "Sustainable Development Goals push", in a high-damage scenario up to 250 million additional people will be living in extreme poverty in 2030, bringing the total number of the extremely poor to 1 billion (UNDP and Pardee Center 2020).

These figures attest to the fragility of the progress that has been achieved and the limited capacity of economic growth alone to reduce poverty. They also poignantly remind us that rising above a daily income of less than US$1.9 per day is hardly an indicator of having achieved even a minimally adequate standard of living (UN 2020f), let alone any leeway to cope with unexpected expenses or life shocks. Social protection has a well-documented capacity to reduce inequality and prevent poverty (see section 1.1), cushion the effects of socio-economic crises and act as an economic stabilizer. Initial evidence from the current crisis shows that the expansion of social assistance programmes in the Latin American region had a cushioning effect and limited more extreme increases in poverty and inequality (ECLAC 2020b; Lustig et al. 2020).

provision in some countries, such as Cabo Verde and Uzbekistan (ILO 2020w). Furthermore, those countries that actively extended provision to reach hitherto uncovered groups of the population, including through digital technology, and included them in national registries, established a basis that could enable further extension of social protection.

**There are tentative indications that the crisis may have reinforced a discursive shift, already under way before the crisis, towards universal approaches to social protection.** Emblematic of this shift is the World Bank's engagement in the Global Partnership for Universal Social Protection to Achieve the Sustainable Development Goals (USP2030 2019) since 2016, its growing interest in universal basic income (see below) (Gentilini, Grosh, et al. 2020), and the IMF's guidance on safeguarding social spending (IMF 2019). In the context of COVID-19, the World Bank has spoken of the merits of "universal entitlements to health care and income support" and the need to reach the "missing middle" (Rutkowski 2020). The IMF has recognized the logic of universal responses, at least in the short term (IMF 2020c). The extent to which the shift in rhetoric will have any bearing on IFI operations on the ground remains to be seen, however. For the time being, country-level policy advice accompanying loans offered to borrowing countries appears to continue to promote a limited safety-net approach, a weakening of social insurance and labour deregulation that may lead to premature fiscal adjustment (Ortiz and Cummins 2021).

**There has been a renewed and prominent public debate about categorical and universal benefits, including a UBI**. The sharp increase in child poverty resulting from the pandemic has prompted a lively policy debate about the potential of universal child benefits as a temporary or permanent element of social protection systems (see section 4.1), running alongside a more long-standing debate on universal pensions. Moreover, there has been growing interest in a temporary UBI as an emergency stability measure during the crisis (Cooke, Orton, and de Wispelaere 2020), although some "UBI" proposals have suggested only targeted transfers with moderate to high coverage (Gray Molina and Ortiz-Juarez 2020). Similarly, ECLAC has proposed an emergency basic income, suggesting that countries could gradually build on this to realize a full UBI (2020a, 2020b, 2021). There is, however, uncertainty about the potential contribution of a UBI to building long-term comprehensive social protection systems (see box 3.2).

## ▶ Box 3.2 What might be the role of a UBI in a high-road strategy?

UBI proposals are guided by different motivations, ranging from interest in the mechanism's emancipatory potential – expanding choices, resourcing meaningful autonomy and facilitating a "multi-activity life" (Gorz 1999) – to concerns about cost savings or reducing the size of the state. In a context of fiscal belt-tightening, there are concerns that UBIs might replace contributory social security systems that offer higher levels of protection, and that they could undermine workers' rights (ITUC 2018) and crowd out public investment in essential services (Alston 2018).

While some versions of a UBI could potentially provide all the income security guarantees of a social protection floor, its impact on poverty and inequality largely depends on its design, including the level of benefits, how it is financed, and how it relates to existing tax and social security systems. A modest UBI benefit may risk spreading resources too thinly across the population. On the other hand, there are concerns about the significant financing requirements of a UBI that is set at an adequate level.

Universal social protection does not necessarily require that everyone receive an equal benefit at every point in time, as would be the case with a UBI (Ortiz et al. 2018); rather, it guarantees that all people receive an adequate benefit if and when it is needed. Whether a UBI could contribute to a high-road approach, involving the construction of rights-based and sustainable social protection systems, decent work and social justice, depends on a range of factors. The principles embodied in ILO Recommendation No. 202 provide a useful tool with which to evaluate the potential of a UBI for contributing to a social protection floor (Ortiz et al. 2018).

**There has been increased public support for social protection.** In some countries, social protection has been the target of a decades-long media and political offensive, casting it as wasteful and costly rather than an investment, and a provision to be reserved only for the "poor". The current crisis may have helped citizens to better understand the value of social protection, their rights and obligations in this respect, and the merits of a social investment welfare state (Morel, Palier, and Palme 2012). Many working-age people may have had their first recourse to social protection during this crisis, thereby furthering appreciation of its value. Also perceptible is a revalorization of redistribution and social contracts more generally (Zamore and Phillips 2020) as a way to maintain living standards. Everyone can understand that social protection reduces the trade-offs people would otherwise have to make between income and health, and how this protects public health. It is not surprising that in some countries people's trust in public institutions has increased, strengthening the social contract (O'Donoghue, Sologon, and Kyzyma 2021).

**The macroeconomic policy orthodoxy has been called into question**. The seismic impact of COVID-19 has punctured prevailing economic reasoning and challenged the arbitrary normative "limits" that have hitherto constrained economic thinking. It has demonstrated that economic systems can take far more strain than was thought, and can be steered in directions that serve social needs and protect public health. Deficit spending has been prioritized in many OECD countries and prohibitions on fiscal expansionism as a countercyclical measure have receded. This sharply distinguishes the fiscal response to COVID-19 from the response to the 2008 financial crisis (Almenfi et al. 2020). The IMF's proposal of a temporary pandemic solidarity tax to redistribute the gains of those who have prospered is perhaps further indication of a paradigm shift towards a more redistributive approach (Giles 2021).

**Countries can choose the kind of social protection system they want to pursue**. COVID-19 has propelled social protection towards an important juncture where each country can decide on the nature of the social protection system it wants. All countries, regardless of their income level, have the choice – albeit with differing degrees of freedom in practice – to pursue a high-road or a low-road strategy. The massive 2021 policy action in the United States, which embodies many of the hallmarks of a high-road strategy, shows that countries can pivot and take a very different direction to that taken in the past. Others, meanwhile, are reversing recklessly down a low road with a disregard for both their citizens' well-being and the risk to global public health (Médecins Sans Frontières 2021).

Making progress in a high-road scenario means making continued investment in social protection to ensure a human-centred response to this ongoing crisis and to an eventual recovery. Beyond crisis mitigation, a high-road approach will involve a longer-term commitment to progressively strengthening social protection systems, including floors, as reflected in Recommendation No. 202 and the vision set out in the Centenary Declaration (ILO 2019e). Such policies are essential to accelerate progress towards achieving the SDGs.

The policy window for embarking on a high-road strategy will not remain open indefinitely. Governments must seize upon the momentum created by the current crisis to make rapid progress towards universal social protection systems and at the same time to prepare themselves for present and future challenges.

### 3.3.2 A low-road scenario: Minimalist safety nets and stopgap measures

Evidence of a low-road turn is visible in some of the immediate social protection responses to the crisis and in failures to translate calls for solidarity at the global level into concrete action.

**The first contractions of social spending, including social protection measures, are already under way.** Analysis indicates that budget cuts are expected in 154 countries in 2021, and as many as 159 countries in 2022, which would mean that in the latter year 6.6 billion people or 85 per cent of the global population will be living under austerity conditions (Ortiz and Cummins 2021). This trend resonates with the experience of previous crises, where the first signs of recovery prompted calls for fiscal consolidation and sometimes austerity (Ortiz et al. 2015). For contributory systems, several potential risks arise: that waived social security contributions are not recovered, that social security reserves are used without replenishment, and/or that the billions spent on fiscal responses will be passed on to social security administrations as debt. Moreover,

how this debt is paid back, and by whom, will have significant implications for social equity. Calls for austerity threaten to reduce the resources devoted to social protection, undermining its role of reducing inequality and poverty.

**Yawning "stimulus gaps" have opened up and calls for global solidarity are not being translated into concrete action.** There has been an inequitable stimulus response to COVID-19 – characterized as the "stimulus gap" (ILO 2020k) – whereby lower-middle-income countries have been able to muster fiscal stimulus measures to the value of only 1 per cent of those mobilized by high-income countries. Current financial pledges and actual commitments to low-income countries are woefully inadequate. While IFIs and development partners have announced various financial packages to help low-income and lower-middle-income countries tackle the socio-economic fallout of the crisis, amounting to US$1.3 trillion as of 1 February 2021, only a small share (US$166.8 billion) of that total has been effectively approved and allocated to support countries in the areas of social protection and health (ILO, forthcoming b).

**Massive fiscal stimuli have not been used to unleash progressive and necessary elements of a high-road transition, such as a green recovery.** While there are examples of fiscal stimuli being used to facilitate prosocial goals, these remain the exceptions. According to an analysis of G20 fiscal stimulus spending, just 12 per cent of the total figure of US$14.9 trillion allocated can be considered green, for example by being devoted to low-carbon projects (Vivid Economics and Finance for Biodiversity 2021). Green spending can generate job growth in the real economy as well as improving public health while also mitigating climate change; but rescue packages have mainly focused on preserving liquidity, solvency and livelihoods (Hepburn et al. 2020; ILO 2020e).

**Is there one fiscal rule for rich countries, another for developing countries?** As noted in the previous section, IFIs and central banks have encouraged higher-income countries to spend and pursue expansionary fiscal measures to avoid economic contraction. But IFIs have been less supportive of expansionary measures for developing countries (IMF 2020d; Georgieva 2020). The advice they have given compounds concerns about the insufficient availability of financial support for lower-income countries – especially those lacking strong international currencies – a lack of action over debt cancellation and the deadlock on the issuance of special drawing rights (UNCTAD 2020; Gallogly-Swan 2020). While all countries have some discretion to take progressive steps along a high road, these factors constrict the choices available to many developing countries. Constrained by the approach of IFIs, hostile international financial actors, credit rating agencies, limited fiscal space and decades of ideological attacks on "deficit" spending, developing countries face challenges both in introducing more significant stimulus measures and, beyond the crisis, in sustaining urgently needed investment in building and maintaining social protection floors. Another round of austerity will generate long-term social scarring and will be incompatible with a human-centred recovery. At the same time, actions at the international level that could enhance domestic resource mobilization, such as shutting down tax havens, more effectively taxing multinational corporations through a unitary tax system, or turning the tide of illicit financial flows, are still limited in scope.

> Austerity will be incompatible with a human-centred recovery.

**Divergent recovery scenarios threaten to further polarize an already unequal world.** The IMF has warned about the challenges of a divergent recovery, whereby richer countries rebound and recover quickly while lower-income nations lose their recent development gains, such as progress in poverty reduction (IMF 2021b). Vital to ensuring a human-centred recovery everywhere is equitable access to vaccines. While global scientific collaboration on COVID-19 vaccine development has been remarkable and holds great promise as part of efforts to bring the pandemic under control, it has not been matched by effective political coordination on the distribution of the vaccines themselves. To date, the COVAX facility has disbursed 39 million COVID-19 vaccines to 114 participating lower-middle-income and low-income countries (Gavi 2021). However, inequitable access to vaccines risks driving another wedge between developed and developing countries. While joint initiatives such as COVAX are much-needed examples of solidarity, early signs of vaccine cooperation are mixed, and the emergence of vaccination nationalism, whereby richer nations compete with and clamber over one another to secure access to and hoard vaccines, is cause for concern. Avoiding this, and ensuring equitable access to vaccines, comprises a double imperative of moral propriety and economic logic (Adhanom Ghebreyesus 2021; IMF 2021a).

All countries have a choice on whether to pursue a low-road or a high-road strategy, although the pressures on some countries to acquiesce in a low-road strategy may be immense. Pursuing the low-road option would be damaging and, in the context of COVID-19, represents a wasted policy window for strengthening social protection systems. In some countries, this route implies the continuation of half-measures or a "cliff-fall" scenario, perpetuating large coverage gaps, and limited adequacy and comprehensiveness of provision. Social protection would be limited to "safety-net" programmes, often with complex eligibility requirements, resulting in exclusion and stigmatization of potential recipients. Another facet of the low road would be exclusionary social insurance poorly adapted to workers in diverse forms of employment, with their different contribution histories and needs. Furthermore, if entitlements are not established in national legislation, individuals have only limited ability to hold the state accountable. In such a context, the better-off will be able to pursue privatized provision, at the expense of nourishing social solidarity and social cohesion. Over the longer term, pursuit of a low-road approach risks setting in motion a downward cascade of negative development outcomes that are neither rational nor desirable, and are not in line with human rights obligations.

### 3.3.3 From collateral social and economic damage to a high-road social protection strategy

If there is a silver lining to this pandemic, it is the potent reminder it has provided of the critical importance of social protection and the need to follow a high-road strategy (figure 3.4). It is evident that countries can pursue a high-road strategy in different ways – there is no "one pre-eminent

▶ **Figure 3.4 Taking the high road towards universal social protection for a socially just future**

high road". This pluralism and pragmatic realism is reflected in Recommendation No. 202, which provides guidance to countries that are embarking on this trajectory, and stresses that there are different means by which to reach the objective of universal social protection progressively, using different types of benefits and financing mechanisms. Nevertheless, to make progress along a high road requires several policy actions to be taken and several critical challenges to be tackled. These are discussed in detail in Chapter 5, but may be summarized here as follows:

- ensuring universal protection for all people in case of need;
- overcoming serious structural challenges that predated COVID-19, but were accentuated by it;
- ensuring that the state effectively fulfils its role by enshrining social protection in law and being answerable to rights-holders;
- ensuring that social, economic and employment policies cohere;
- leveraging the comparative advantages of universal social protection – rights fulfilment, inclusivity, ease of take-up, non-stigmatizing shock responsiveness – across both contributory and non-contributory provision;
- closing social protection financing gaps in sustainable and equitable ways by considering a diversity of mechanisms based on national and international solidarity as a matter of priority – both during this crisis and beyond it;
- making full use of social dialogue and social participation;
- further enhancing coordination between United Nations agencies, development partners and IFIs on the design and financing of social protection.

COVID-19 has been a prelude to bigger challenges ahead. Given the immense social and economic collateral damage wrought by the pandemic, now is the time for being bold and taking the high road to realize universal social protection and shape a more socially just future.

chapter 4

# Strengthening social protection for all throughout the life course

Complementing the analysis provided in Chapters 2 and 3, this chapter analyses social protection systems from a life-cycle perspective, organized around the four social protection guarantees provided in ILO Recommendation No. 202. The chapter focuses on social protection for children (section 4.1), people of working age (section 4.2) and older people (section 4.3), with a final section (4.4) on social health protection.

key messages

## 4.1 Social protection for children and families

- Social protection systems are an essential mechanism for realizing children's rights. They play a critical role in improving children's development and well-being, helping all children attain their full potential and supporting family livelihoods and care needs. In doing so, they break vicious cycles of poverty and socio-economic vulnerability. Conversely, experiences of childhood poverty can last a lifetime, and the effects of deprivations such as malnutrition and poor education can be intergenerational. In consequence, the need to close gaps in social protection coverage, comprehensiveness and adequacy and to address child poverty is of overriding urgency.

- The impacts of poverty on children are devastating, and yet children are twice as likely to live in poverty as adults. While modest progress was made before COVID-19 to the point where, in 2017, 17.5 per cent of children – one in six, or 356 million – were living in extreme poverty (down from an estimated 19.5 per cent in 2013), the pandemic has dealt a profound blow to child well-being. On the basis of national poverty lines, it is estimated that the pandemic has increased the number of children living in income-poor households by more than 142 million, bringing the total to almost 725 million.

- The vast majority of children still have no effective social protection coverage. Effective coverage figures for SDG indicator 1.3.1 show that only 26.4 per cent of children globally receive social protection benefits, with significant regional disparities: while 82.3 per cent of children in Europe and Central Asia and 57.4 per cent in the Americas receive benefits, this is the case for only 18 per cent of children in Asia and the Pacific, 15.4 per cent in the Arab States and 12.6 per cent in Africa.

- Positive recent developments (both before and during the pandemic) include the adoption of universal or quasi-universal child benefits in several countries; COVID-19 has renewed awareness of the critical importance of inclusive social protection systems and high-quality childcare services, and of the need for social protection for caregivers, be they care workers delivering services or unpaid care providers in families.

- Data on social protection expenditure for children in 133 countries show that, on average, 1.1 per cent of GDP is spent on child benefits. Again, there are large regional disparities, the proportion ranging from 0.1 per cent in low-income countries to 1.2 per cent in high-income countries.

- While the crisis response to COVID-19 was unprecedented, with fiscal stimuli adopted globally, it was insufficiently child-sensitive. This deficiency, combined with the risk of a return to austerity, puts recent progress in social protection systems for children in jeopardy. Austerity policies are harmful for children. It is critically important that post-COVID-19 fiscal adjustments do not undermine the progress made in child and family policies, or accentuate existing inequalities, and that recovery is used as a policy opportunity to further strengthen child-sensitive and inclusive systems.

### 4.1.1 The role of social protection in addressing poverty and socio-economic vulnerabilities for children

The Member States of the UN have committed themselves to ending extreme child poverty, and halving child poverty as measured by nationally defined poverty lines, by 2030. Furthermore, under SDG target 1.3, Member States explicitly committed themselves to increasing social protection coverage, including for children. The ambition expressed by Goal 1 of the SDGs recognizes the role of social protection in addressing child poverty and vulnerability. However, COVID-19 has dealt a severe blow to the prospects of achieving these goals.

#### ▶ COVID-19 is likely to reverse progress made in child poverty reduction

Through illness, job loss and disrupted access to school and key services for children's well-being, rights and development, COVID-19 is expected to reverse the modest progress made in reducing child poverty, as last measured in 2017, in all parts of the world. Based on national poverty lines in low- and middle-income settings, it is estimated that, during 2020, the pandemic increased the number of children living in income-poor households by over 142 million, to around 725 million in total (UNICEF and Save the Children 2020a). Even high-income countries, on average, can expect their child income poverty rates to increase as a result of the economic consequences of the lockdowns, and to stay above pre-COVID-19 rates for up to five years (Richardson, Carraro, et al. 2020).

Crucially, the pandemic has brought into focus the multiple deprivations children may face. Pandemic-related closures of schools and childcare services, and overburdened health systems, have left whole child populations without key school, health and sanitation services necessary for their development and well-being. Before COVID-19, 1 billion or 45 per cent of children in developing countries were deprived of at least one key service. It is estimated that the effects of COVID-19 have pushed 150 million more children – an increase of 9 percentage points – into multidimensional poverty (UNICEF and Save the Children 2020b).

Analysis in the first months of the pandemic estimated that almost 7 million more children under the age of 5 were at risk of malnutrition, translating into an estimated increase in avoidable deaths of approximately 10,000 per month (UNICEF 2020d). Compared to the 2019 figure, this represents an increase of 1.8 million avoidable deaths of children under the age of 5 attributable to malnutrition (WHO 2020a).

#### ▶ Prior to COVID-19, one in six children lived in extreme poverty

Before COVID-19, children were more than twice as likely as adults to be living in extreme poverty. Comparative figures from the World Bank and UNICEF (Silwal et al. 2020) estimated that, in 2017, 17.5 per cent of children globally lived in households with a per capita income of less than US$1.90 PPP, compared to just 7.9 per cent of adults aged 18 and above. In real terms, this means that one in six children – 356 million in total – were living in extreme poverty. Although this is an improvement on the situation in 2013 – when an estimated 19.5 per cent of children and 9.2 per cent of adults were living in extreme poverty – the 2017 figures remain a long way off the global goal of extreme poverty eradication.

Geographically, Africa alone is home to almost two thirds (65.6 per cent) of the world's extremely poor children. And, in stark contrast to the global trend, in sub-Saharan Africa extreme child poverty is estimated to have increased from 170 million in 2013 to 234 million in 2017 (Silwal et al. 2020). Based on demographic and growth projections, it is estimated that, by 2030, nine out of ten children experiencing extreme poverty will live in sub-Saharan Africa (UNICEF and World Bank 2016). Of especially serious concern are fragile States, where social protection coverage is very low and 41.6 per cent of children live in extreme poverty, compared to 14.8 per cent in non-fragile States (Silwal et al. 2020).

Comprehensive social protection is a tool for poverty reduction and prevention, and so a focus on those at risk of extreme poverty – living just above the US$1.90 PPP threshold – is also necessary, given that approximately 1.35 billion – 66.7 per cent, or two in every three children globally – live in households below the US$5.50 PPP poverty line (Silwal et al. 2020).

The richest countries also experience child income poverty. Recent analysis of 41 high-income countries shows that no country has reported child income poverty rates below 10 per cent (Richardson, Carraro, et al. 2020).

Moreover, since the global financial and economic crisis of 2007–08, child poverty has been increasing or stagnating in a majority of high-income countries (Richardson, Carraro, et al. 2020), owing to the mutually reinforcing effects of low employment rates and austerity cuts (Richardson, Carraro, et al. 2020; Cantillon et al. 2017; ILO 2014b; Ortiz and Cummins 2012).

## ▶ Realizing children's right to social protection is indispensable for combating child poverty

That children are routinely more likely than adults to be living in poverty is not only a moral concern, given the devastating impacts on their current well-being and long-term development, it also has adverse implications for societies in general. This twin imperative underscores the urgency of extending child-sensitive social protection to reduce poverty. COVID-19 merely adds to this urgency. The pandemic, and the limited provision of child-specific social protection responses (section 3.2.2), calls for a redoubling of efforts to prioritize child rights and well-being globally. Social protection policies are powerful tools in alleviating poverty for children and their families, protecting families at risk of falling into poverty, helping all children deprived of key services as a result of the crisis and protecting children from other major risks such as child labour, further accentuated by COVID-19 (see box 4.1). Overcoming these challenges is essential for realizing all children's rights and innate potential (see box 4.2).

> The pandemic calls for a redoubling of efforts to prioritize child rights and well-being globally.

### ▶ Box 4.1 Social protection is critical for combating child labour

Child labour remains unacceptably common in the world today. At the start of 2020, 160 million children – 63 million girls and 97 million boys – were engaged in child labour, or one in ten children worldwide. Recent history provides cause for concern. In the past four years, for the first time since 2000, the world did not make progress in reducing child labour: during that period, the absolute number of children in child labour increased by over 8 million, while the proportion of children in child labour remained unchanged owing to population growth. There were marked regional differences, with child labour continuing to drop in the Americas and in Asia and the Pacific, while in Africa it rose by 20 million and prevalence increased by 2 percentage points. Most child labour is unpaid family work, and 70 per cent of it is in agriculture (ILO and UNICEF 2021).

The devastating full-spectrum effects of COVID-19 may push millions more children into child labour, reversing some of the earlier gains (ILO and UNICEF 2020). Evidence is mounting that child labour is increasing as livelihoods are lost and the education of more than 1.5 billion children has been interrupted (UNESCO 2020a). Even when classes fully restart, parents may no longer be able to afford to send their children to school, and more children may be forced into hazardous work. Gender inequalities may worsen, with girls particularly vulnerable to exploitation in agriculture and domestic work (ILO and UNICEF 2020). Some 11 million girls may not return to school (UNESCO 2020b).

To prevent and eradicate child labour, expanding social protection to cover all children is vital. Social protection can improve the income-generating capacities of parents and enable them to engage in higher-risk, higher-return activities. By providing a steady, predictable source of income, social protection enables households to avoid harmful coping strategies in the face of economic shocks, such as pulling children out of school, cutting spending on food or selling productive assets (ILO 2013; Bastagli et al. 2016; de Hoop and Rosati 2014).

However, child labour is determined by a complex set of factors, including insufficient access to good-quality education, limited household awareness of the consequences of hazardous work and weakly enforced legislation. Therefore, reducing child labour requires cash support to be integrated within a broader set of interventions, including improved access to good-quality education and child protection services. Moreover, it is important that the impacts of social protection programmes on child labour are closely monitored, in order to ensure that the programmes' design features, such as transfer amounts and eligibility criteria, are adequate to achieve a reduction in child labour (ODI and UNICEF 2020).

### ▶ Box 4.2 International standards for child and family benefits

The UN legal framework on human rights contains a number of provisions spelling out the various rights of children that form part of their right to social protection. These include the right to social security, taking into consideration the resources and the circumstances of the child and people having responsibility for their maintenance;[1] the right to a standard of living adequate for their health and their well-being; and the right to special care and assistance.[2] Moreover, the UN Convention on the Rights of the Child (CRC) stipulates that "States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law" (Article 26). The International Covenant on Economic, Social and Cultural Rights (ICESCR) further requires States to give the widest possible protection and assistance to the family, particularly in respect of the care and education of dependent children (Article 10(1)).

International social security standards complement this framework. ILO Convention No. 102 (Part VII) sets minimum standards for the provision of family (or child) benefits in the form of a periodic cash benefit, benefits in kind (food, clothing, housing, holidays or domestic help) or a combination of both. ILO Recommendation No. 202 emphasizes the universality of protection, stating that the basic social security guarantee should apply at a minimum to all residents, and all children, as defined in national laws and regulations and subject to existing international obligations (Para. 6), that is, to the respective provisions of the CRC, the ICESCR and other relevant instruments. Representing an approach strongly focused on outcomes, Recommendation No. 202 allows for a broad range of policy instruments to achieve income security for children, including child and family benefits as part of a broader portfolio of interventions.

[1] Universal Declaration of Human Rights, 1948, Art. 22; International Covenant on Economic, Social and Cultural Rights, 1966, Art. 9; UN Convention on the Rights of the Child, 1989, Art. 26. [2] Universal Declaration of Human Rights, Art. 25(1) and (2).

In order to maximize the impact on children during the pandemic, in recovery and beyond, all social protection interventions should respect the principles anchored in the Joint Statement on Advancing Child-Sensitive Social Protection, issued in 2009 by a coalition of UN agencies, bilateral donor agencies and international non-governmental organizations (NGOs) (see box 4.3).

Ensuring children's rights to social security and to an adequate standard of living, health, education and care, and achieving the 2030 Agenda, will not be possible without a conducive policy framework that prioritizes children's needs and requirements. International standards for child and family benefits (see box 4.2) are a significant component of this policy framework. A child-sensitive and rights-based approach to social protection, informed by social security standards, can support policymakers in formulating policies that serve children's needs and rights and do no harm to the situation of families with children.

A child-sensitive and rights-based approach to social protection can support policymakers in formulating policies that serve children's needs and rights.

### ▶ Box 4.3 Child-sensitive social protection in COVID-19 responses

The Joint Statement on Advancing Child-Sensitive Social Protection (DfID et al. 2009) sets out seven principles as a basis for achieving child-sensitive social protection: namely, that it should avoid adverse impacts on children and reduce or mitigate social and economic risks that affect them; intervene as early as possible where children are at risk; consider the age- and gender-specific risks and vulnerabilities of children throughout the life cycle; mitigate the effects of shocks, exclusion and poverty on families; make special provision to reach children who are particularly vulnerable and excluded; consider intra-household dynamics affecting children; and allow for the participation of children and caregivers in the understanding and design of social protection systems and programmes.

Despite widespread evidence supporting the effectiveness of child-sensitive social protection in response to crises (Tirivayi et al. 2020), government COVID-19 stimuli in high-income countries to date have focused on straight-to-business support, for example in the form of loans and grants. Social protection measures specifically directed to families for raising children made up only around 2 per cent of these countries' overall response expenditure. This "trickle-down" approach has tended to reach only families in the formal labour market, rather than more vulnerable families and children, thereby further accentuating the marginalization of the latter (Richardson, Carraro, et al. 2020).

For these reasons, many COVID-19 responses have failed to meet the indivisible principles of the Joint Statement. Given this, and the looming risk of austerity and a debt crisis (Ortiz and Cummins 2021; UNICEF 2021), there is clear potential for the further exacerbation of child poverty and inequality. This prospect underlines the need for the global community to apply these principles better as they seek to build stronger, child-sensitive, social protection systems during and beyond the pandemic.

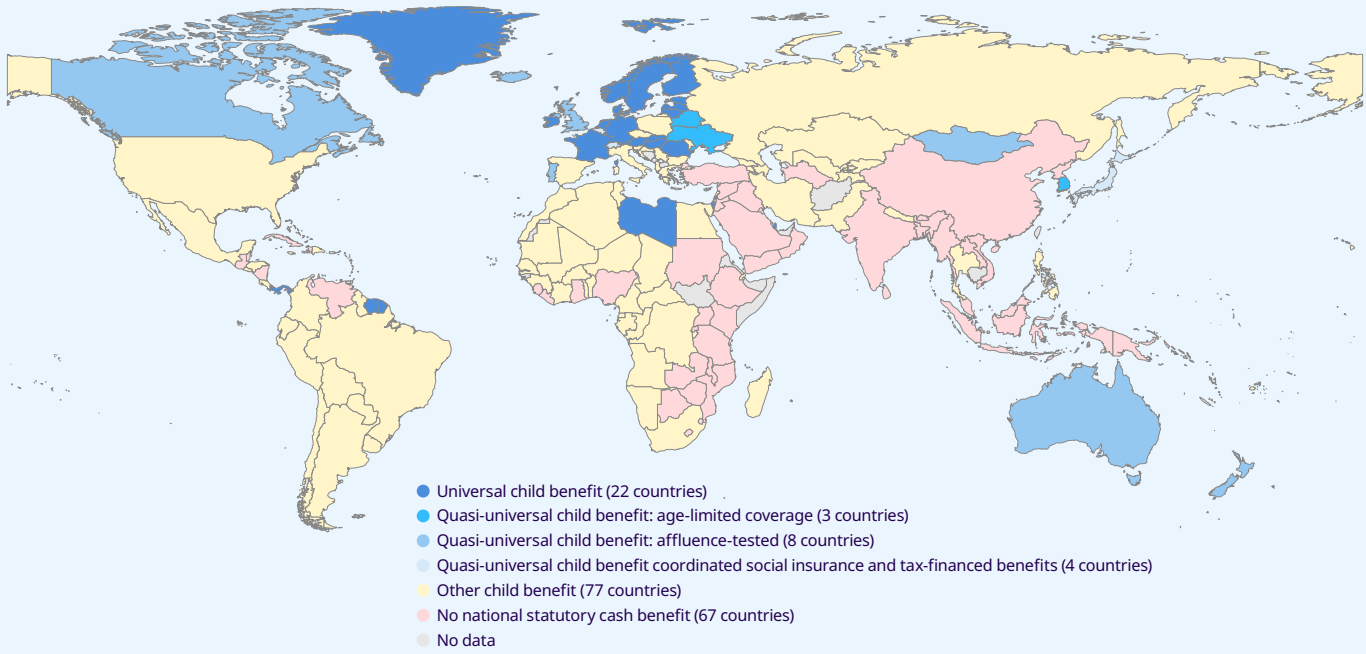
## 4.1.2 Types of child and family social protection schemes

It is essential for the achievement of the SDGs, in particular SDG 1 on poverty and SDG 2 on hunger, but also those on health and education (SDGs 3 and 4), SDG 8 (specifically, target 8.7 on child labour) and SDG 10 on inequality, that social protection schemes and programmes reach all families with children. Most children live in family settings and ultimately rely on their families to guarantee their well-being.[1] Accordingly, family well-being is a crucial determinant of child well-being, and the range of policies and policy instruments available to achieve improved income security and social protection for children is very broad. Interventions designed specifically to benefit children include:

- **income security from birth to adulthood**: universal or targeted, conditional or unconditional, contributory or non-contributory/tax-financed child or family cash benefits, or tax rebates for families with children;
- **social protection benefits for those caring for infants or children with disabilities or illness**: benefits provided for mothers, fathers and other caregivers, including during leave of absence from employment in relation to a dependent child (for example, parental benefits such as maternity, paternity and other childcare leave benefits in cases of children's illness or disability);
- **access to relevant services during the pre-school period**: effective access to relevant services such as healthcare and childcare;
- **benefits/services preparing for school and while of school age**: school feeding, vaccination or health programmes and other in-kind transfers such as free school uniforms, schoolbooks and after-school care;
- **benefits/services when families are in specific need**: social protection benefits that do not explicitly target children, such as social pensions or unemployment benefits, can have clear benefits for children if families are being protected (UNICEF 2019b).

[1] Children living out of family settings, including those living in an institutional setting, are often the most vulnerable. While social protection measures can help support the realization of their rights, child protection measures, including deinstitutionalization and community-based care, are also essential.

**▶ Figure 4.1 Child and family protection (cash benefits) anchored in law, by type of scheme, 2020 or latest available year**




Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Child and family cash benefit programmes constitute an important element of national social protection systems and play an essential role in ensuring income security for families. Figure 4.1 provides an overview of the legal coverage of such programmes worldwide. This differs from effective coverage, summarized in figure 4.2, which attempts to give an estimate of actual social protection provision received. The issue of which children should be provided for is also covered in multiple international agreements (see box 4.2 above). Both the CRC and the SDGs have set out the principle of non-discrimination, meaning that no child is excluded, and emphasize that effective coverage should be universal regardless of nationality. As for the duration of benefits, the ILO's Committee of Experts on the Application of Conventions and Recommendations (CEACR) suggests these standards require that family benefits be granted in respect of each child in the family and to all children, for as long as the child is receiving full-time education or vocational training and is not in receipt of an adequate income as determined by national legislation (ILO 2011a).

Figure 4.1 shows the different types of periodic child and family cash benefit programmes in operation worldwide. Over one in three (67) of the 181 countries or territories for which data are available do not have any statutory child or family benefits, although non-statutory, non-contributory, means-tested programmes may still exist in these countries. Of the 114 countries with statutory periodic child/family benefits, 31 have contributory social insurance child and family benefit schemes, mainly for formal workers. Forty-five countries have means-tested non-contributory benefits that cover only a small part of the population. Research has shown that some of these means-tested benefits suffer from large exclusion errors, thereby failing to cover vulnerable families (Kidd, Gelders, and Bailey-Athias 2017; ODI and UNICEF 2020).

Thirty-eight countries have reached, or are close to, universal coverage in child and family benefits. While universal coverage has important poverty-reduction effects, its absolute advantage lies in its "welfare optimization" role in ensuring children's rights (see box 4.6 below). Twenty-three countries provide universal child benefits (UCBs), anchored

in national legislation, providing regular cash payments (monthly, quarterly or yearly) to all families with children. They are paid on a regular basis as a cash (or tax) transfer to the primary caregiver for dependent children under 18 years of age for ten consecutive years or longer, thereby covering more than half of childhood. An optimum UCB would cover each dependent child for 18 years, or longer if he or she is in education or training.

A further 15 countries provide statutory child benefits that share some of the characteristics of UCBs but do not fulfil all of their criteria, and so may be called "quasi-universal child benefits" (qUCBs). They comprise three age-limited benefits which are paid for a limited period of the life course (ages 0–2 years in Belarus, 0–7 years in the Republic of Korea and 0–3 years in Ukraine, for example); eight affluence-tested schemes, which meet most of the UCB criteria and which cover the large majority of households, including middle-class households, but intentionally screen out very high-income households; and four coordinated schemes (in Belgium, Japan, Liechtenstein and Switzerland), which combine social insurance and tax-financed targeted/means-tested schemes to address coverage gaps and achieve universal or close to universal coverage.

This section focuses on programmes anchored in national legislation, as these are usually more stable in terms of funding and institutional frameworks, guarantee coverage as a matter of right, and provide legal entitlements to eligible individuals and households. In addition to these schemes, many countries have a variety of non-statutory programmes providing cash or in-kind relief to children in need, often limited to certain regions or districts and typically designed in response to humanitarian crises or other non-typical circumstances. These are provided through the government, or supported by UN agencies, resource partners, NGOs or charities.

Figure 4.1 focuses mainly on cash benefits, although a substantial number of interventions consist of benefits in kind, such as school meals or access to services. School feeding programmes are the most common form of in-kind benefits: half of schoolchildren – 388 million – receive school meals every day in at least 161 countries, and the number of children receiving school meals has increased by 36 per cent since 2013 in low-income countries (WFP 2020).

> School feeding programmes are the most common form of in-kind benefits: half of schoolchildren receive school meals every day.

## ▶ Combining cash benefits and access to services

Social protection cash benefits and effective access to services are often directly linked and mutually reinforcing, particularly with regard to healthcare, nutrition, childcare or education services and productive inputs. These are of critical importance for maximizing and sustaining the impacts of cash transfers, particularly across multisector outcomes, and for overcoming inequalities and fostering social inclusion, especially of children from marginalized families.

Social protection systems can play a key role in promoting gender equality in various ways, including by addressing the gendered division of unpaid care and domestic work (SDG target 5.4). From a young age, girls perform the majority of unpaid care work (Muñoz Boudet et al. 2012), and this early gender division of labour follows women into their adult lives (ILO 2016f). Providing affordable and quality childcare services would not only free many girls from the burden of taking care of their younger siblings; it could also have salutary effects on women's economic autonomy. Depending on their design and delivery, social protection schemes directed at families with children can have the effect of reinforcing traditional gender roles and responsibilities or enhancing both children's development and women's economic security (see box 4.4).

### ▶ Box 4.4 Making social protection work for both children and women

As those who carry out the bulk of childcare – whether as unpaid caregivers and/or as service providers in day-care and preschool institutions – women have a huge stake in how benefits and services for children are designed and delivered. However, the implications for women, as mothers or childcare workers, have been insufficiently reflected in policies that focus on children (Razavi 2020; Staab 2019). For instance, conditional cash transfers (CCTs) have been criticized for reinforcing traditional gender roles while adding to women's unpaid workloads (Bastagli et al. 2019; Cookson 2018; Fultz and Francis 2013; Molyneux 2007).

In order to guarantee the income security and well-being of families with children, it is essential that both women and men have access to adequate parental leave benefits and to early childhood education and care services. Men can be given incentives to take up leave provisions by measures such as "daddy quotas" that reserve a non-transferable portion of the leave for fathers on a use-it-or-lose-it basis (OECD 2016). Measures adopted by employers to facilitate the sharing of work and family responsibilities for parents with children can also play a key role (ILO 2016f). This combination of measures is particularly important with a view to expanding women's employment options by promoting a more equal distribution of childcare within families. Both aspects are essential in breaking the cycle of gender inequalities which trap women in informal, low-paid jobs without any social protection, both during their working lives and in old age (Alfers 2016; Moussié 2016).

The aim is not to reduce or eliminate unpaid care work, as this work provides the foundation for socio-economic life and contributes to progress on the SDGs. Rather, the objective is to reduce its drudgery, equalize its distribution between women and men within families, and shift some of the work to affordable and good-quality care services delivered by care workers who are adequately paid with access to social protection (UN Women 2018). Investing in the triad of childcare services, parental leave and child benefits can enhance both child development objectives and women's economic autonomy, while also creating decent jobs in the care sector.

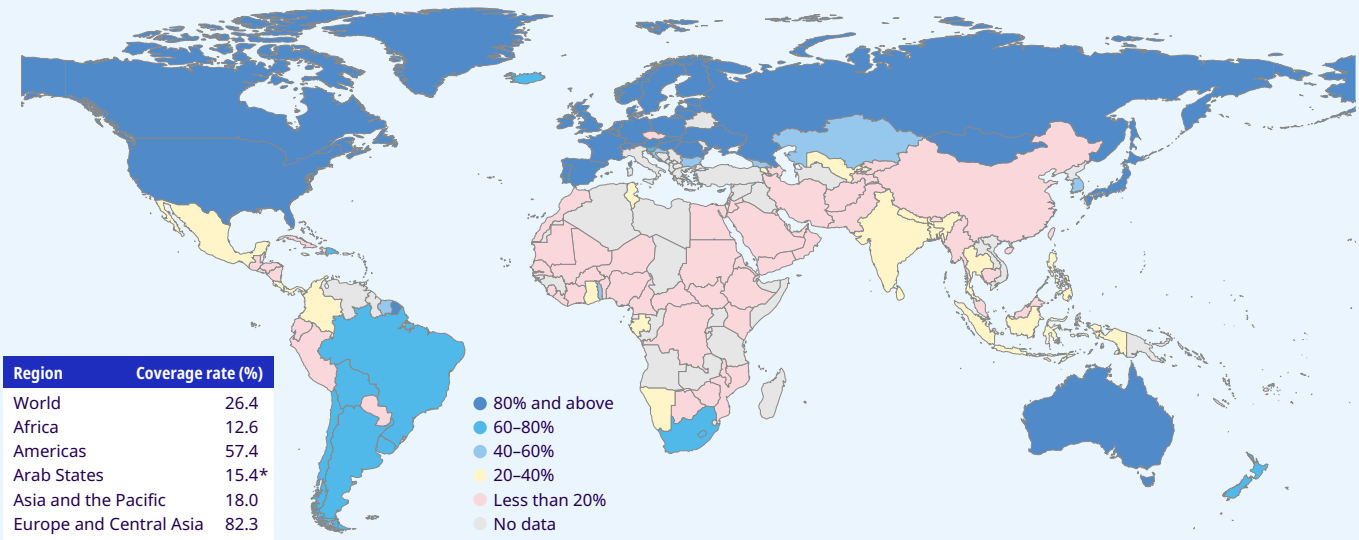
Policymakers and development partners need to consider how child-oriented policies can be better designed and implemented to serve the needs of both children and women. UNICEF's recent efforts to focus on family-friendly policies that strive to connect children's rights to women's rights and promote gender equality are a step in this direction (Richardson, Dugarova, et al. 2020). However, much more needs to be done to ensure that policies directed at children do not adversely affect women, both during COVID-19 and beyond (SPIAC-B 2020; UNDP and UN Women 2020; Bierbaum and Cichon 2019).

## 4.1.3 Effective coverage: Monitoring SDG indicator 1.3.1 for children

The vast majority of children still have no effective social protection coverage. Effective coverage figures for SDG indicator 1.3.1 show that just 26.4 per cent of children globally receive child or family benefits, with significant regional disparities (see figure 4.2). Effective coverage rates vary significantly across regions: while 82.3 per cent of children in Europe and Central Asia and 57.4 per cent in the Americas receive benefits, this is the case for only 18 per cent of children in Asia and the Pacific, and 15.4 per cent in the Arab States. Of all regions, effective coverage remains the lowest in Africa, where the rate is 12.6 per cent and only 10.5 per cent in sub-Saharan Africa, the subregion where child poverty is highest.

While the overall effective coverage rate in high-income countries is high, at 86.8 per cent, it is just one tenth of this figure, 8.5 per cent, in low-income countries, which is a matter of grave concern (see figure 4.3). Low-income countries are often affected by protracted humanitarian crises, locking children in a perpetual cycle of poverty. Progress on closing coverage gaps in these contexts requires urgent acceleration. To do this, inter-agency efforts are needed to improve the collection of social protection coverage and expenditure data for children (see box 4.5).

## ▶ Figure 4.2 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children 0–14 years receiving child and family cash benefits, 2020 or latest available year




| Region | Coverage rate (%) |
|---|---|
| World | 26.4 |
| Africa | 12.6 |
| Americas | 57.4 |
| Arab States | 15.4* |
| Asia and the Pacific | 18.0 |
| Europe and Central Asia | 82.3 |

* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by population 0–14 years. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

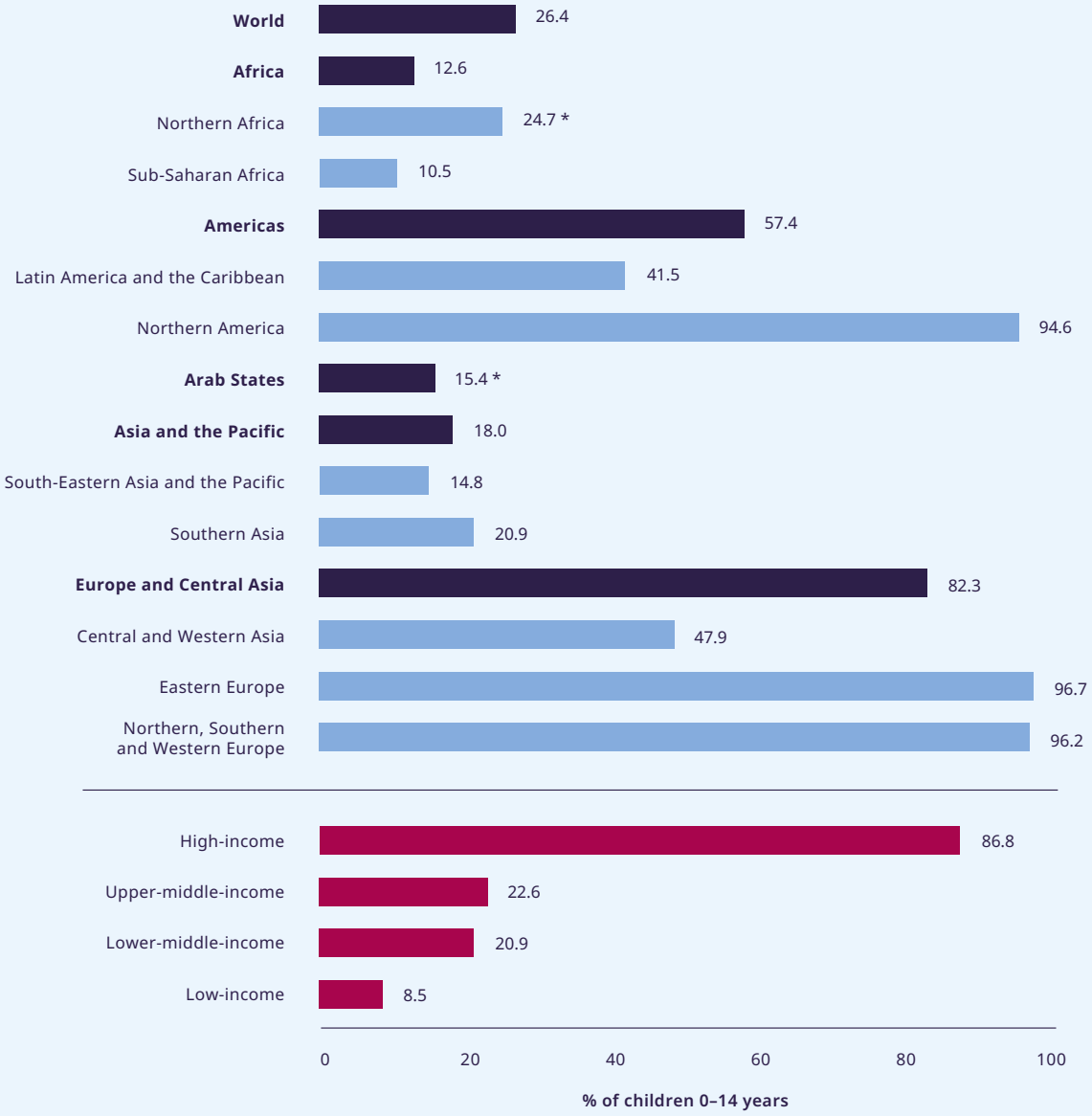
Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Box 4.5 Enhancing child social protection coverage and expenditure data

Institutionalized monitoring of and reporting on social protection for children are required to facilitate routine inter-agency reporting. Establishing this capability entails improving social protection data collection concerning children and creating a periodic inter-agency publication that reports on social protection for children, bringing together all relevant information, including comprehensive assessments of both statutory and effective coverage. This will provide accurate information on, for example, how much governments are spending consistently for all children on social protection and related services.

**▶ Figure 4.3 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children 0–14 years receiving child or family cash benefits, by region, subregion and income level, 2020 or latest available year**




* To be interpreted with caution: estimates based on reported data coverage below 40 per cent of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by population 0–14 years. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

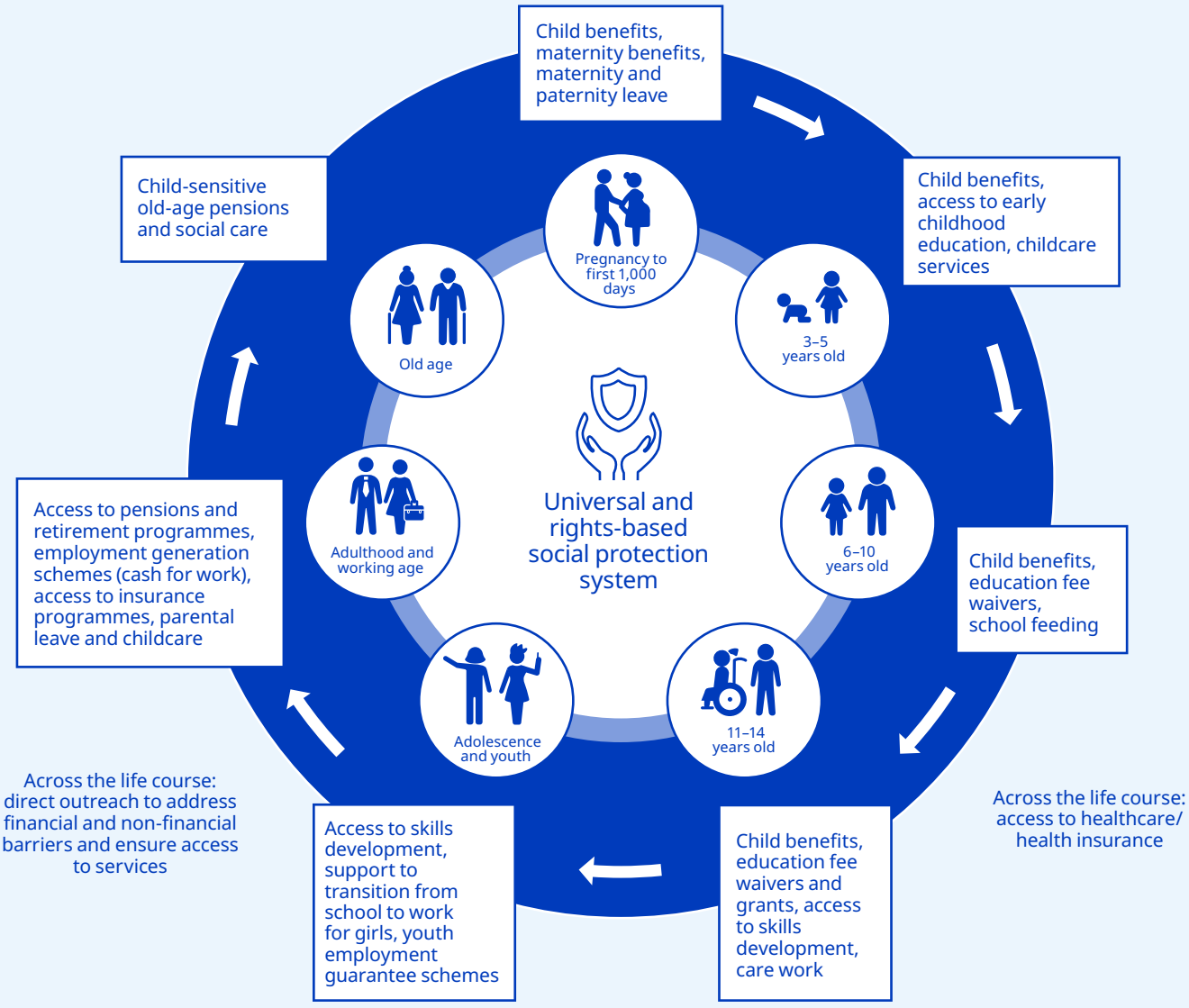
## 4.1.4 Adequacy of social protection for children

The need for a comprehensive, adequate and child-sensitive programme and a systems approach (see figure 4.4) is of fundamental importance for ensuring all children's welfare and their families' economic stability (UNICEF 2019b). This requires family benefits to be paid at adequate rates to meet children's needs across all settings, especially in fragile contexts.

According to UN human rights frameworks and international standards (see box 4.2), all children should have access to, at least, healthcare and basic income security that guarantees "access to nutrition, education, care and any other necessary goods and services"

The need for a comprehensive, adequate and child-sensitive programme and a systems approach is of fundamental importance for ensuring all children's welfare.

▶ **Figure 4.4 Child-sensitive social protection across the life course**




Source: UNICEF (2019b).

(Recommendation No. 202, Para. 5(b)). Although the Recommendation allows for the levels of provision to be nationally defined, it also provides clear guidance about what may be considered appropriate: the minimum level of income security should allow for life in dignity and should be sufficient to provide for effective access to a set of necessary goods and services, such as may be set out through national poverty lines and other comparable thresholds (Para. 8(b)).

Benefits should be set at levels that relate directly to the actual cost of providing for a child and should represent a substantial contribution to this cost; and family allowances at the minimum rate should be granted regardless of household income. Benefits above the minimum rate may be subject to a means test, in order to make available adequate resources to achieve basic standards in those families most vulnerable to poverty and deprivation. As the costs of meeting living standards are affected by inflation, ILO instruments require that benefits be regularly indexed to respond to changes in the costs of achieving these standards (ILO 2011b, paras 184–186).

To determine what is adequate for all children, national policies also need to take account of the additional needs specific to child migrants and children with disabilities, and of existing inequalities based on gender, ethnicity, indigenous identity and rural/urban divisions.

ILO Recommendation No. 202 allows for a broad range of policy instruments to achieve income security for children. This goal can best be attained via an integrated systems approach, and adequacy can best be achieved through a complementary portfolio of child policies (UNICEF 2019b), comprising both cash benefits and services. As depicted in figure 4.4, this should be sensitive to the child's developmental life course, the family context (family size and children's ages), and the personal attributes of the child (taking into account factors such as migrant status, disability and gender).

One way of determining the adequacy of social protection is to assess the extent to which it reduces child poverty. In the European Union in the past decade, the reduction in child income poverty after taxes and social protection benefits falls in the range 36–41 per cent of market income (see figure 4.5). For example, in 2019 the pre-tax "at risk of poverty" rate of 31.5 per cent fell to 18.5 per cent on average after taxes and transfers. Effectively, this represents a reduction in the poverty risk in the child population of 41 per cent.

**▶ Figure 4.5 At-risk-of-poverty rate before and after social transfers for children 0–17 years in the EU-27, 2010–19, in percentage of market income**


Source: Eurostat, 2021. https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_li10&lang=en.

Link: https://wspr.social-protection.org.

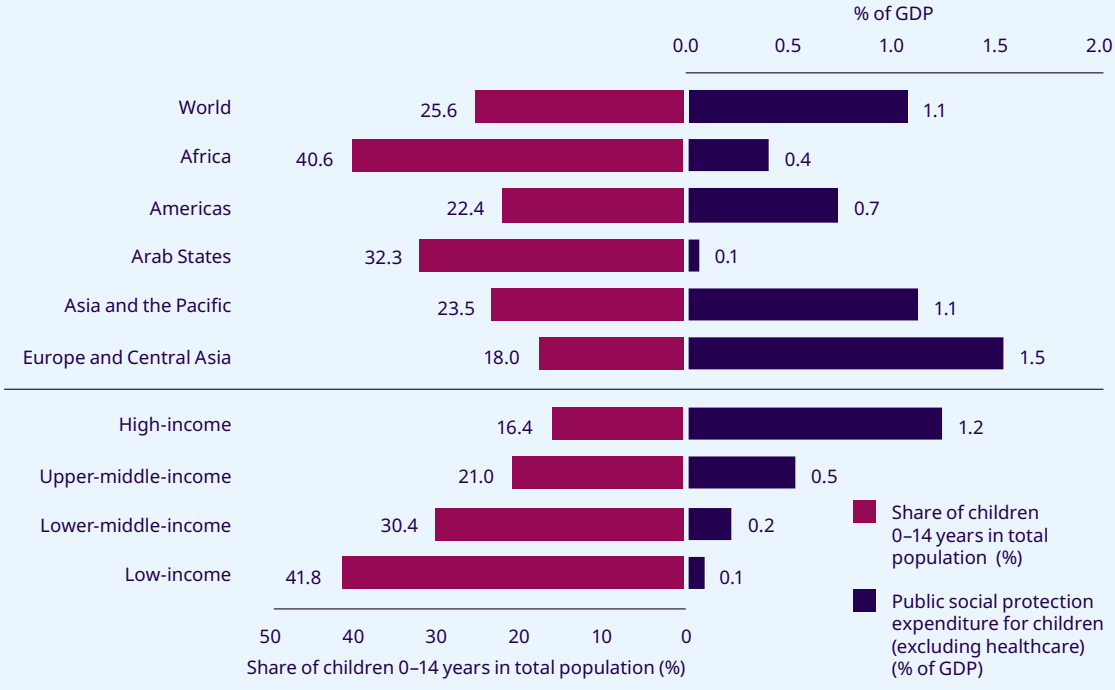
In Europe, while social protection can make large inroads into poverty, it cannot eliminate poverty, and access to additional services and decent work for caregivers is also needed. However, a comprehensive package of benefits and services to help eradicate child poverty and ensure children's well-being requires a commitment to adequate expenditure.

## 4.1.5 Expenditure on social protection for children

Ensuring adequate social protection requires sufficient resources to be allocated for children and families. Yet average social protection expenditure for children (excluding health expenditure) across the world currently amounts to only 1.1 per cent of GDP (see figure 4.6). There is great variation across countries: while countries in Europe and Central Asia and in Asia and the Pacific spend more than 1 per cent of GDP, in other parts of the world expenditure ratios remain well below 1 per cent of GDP: regional estimates for Africa, the Arab States and the Americas show expenditure levels of 0.7 per cent of GDP or below, even though children represent a large share of populations in these regions. An average expenditure level of only 0.1 per cent of GDP in low-income countries is particularly striking when it is recalled that children aged 0–14 years comprise 41.8 per cent of their aggregate population.

The high levels of child poverty and shortfalls in other indicators of well-being, discussed above, indicate that the level of resources allocated to child social protection is insufficient. Recent evidence underlines the significant role played by social protection expenditure, and child-sensitive public spending more broadly, in meeting child

▶ **Figure 4.6 Public social protection expenditure (excluding health) on children (percentage of GDP) and percentage of children 0–14 years in total population, by region and income level, 2020 or latest available year**




Notes: See Annex 2 for methodological explanation. Public social protection expenditure for children (excluding healthcare) global and regional aggregates are weighted by GDP.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

welfare needs, making progress towards the SDGs and mitigating health and economic shocks (Richardson, Carraro, et al. 2020; Richardson, Dugarova, et al. 2020). The low expenditure levels in low-income and lower-middle-income countries, many of which do not provide any benefits at all for children, jeopardize the rights and future development potential of children and the realization of the child-related SDGs.

Aggregate levels of public expenditure are useful for comparing overall fiscal space for child policy provisions. An understanding of the efficiency and effectiveness of overall expenditure patterns will require analysis of how the money is distributed within a child population, according to age and need (taking account of factors such as household income, deprivation, inequality, disability and so on), aligned with principles of adequacy, as discussed above, as well as improvements in expenditure data (see UNICEF 2019b).

## 4.1.6 Building social protection systems for children

### ▶ Progress towards universal social protection for children

Accelerating the coverage, comprehensiveness and adequacy of social protection for children requires an integrated systems approach, whether building new systems or strengthening existing ones. One promising development for both systems strengthening and improved provision has been a growing interest in and momentum related to the idea of UCBs. A number of countries have progressively extended the coverage of such benefits, or have plans to do so (see table 4.1). Furthermore, in several other countries, including Angola, Botswana, Sri Lanka and Tunisia, governments are actively considering UCBs or qUCBs as a social policy instrument (Harman et al. 2020; ODI and UNICEF 2020; Kidd et al. 2020). In South Asia, these measures have been advocated as an emergency COVID-19 response (UNICEF 2020a). Argentina represents an important example of how universal coverage can be approached through a combination of contributory and non-contributory transfers, having progressively achieved an effective coverage rate of 87.4 per cent, with an additional 1.6 million children still to be covered (Aulicino, Waisgrais, and Orton 2019).

These developments give a flavour of policy action on extending child social protection in middle- and lower-income countries. However, much more needs to be done to extend coverage to migrant and forcibly displaced children, who typically lack statutory coverage. One promising and rather exceptional development along these lines is the expansion of Turkey's national Conditional Cash Transfer for Education scheme to include over 650,000 refugee children since mid-2017 (UNICEF 2020b).

While universal coverage is generally a feature of high-income countries, here too there remain significant coverage, comprehensiveness and adequacy gaps to be closed (see table 4.1). This became especially evident during the pandemic, when many of these countries had to extend their provision (Stewart, Bastagli, and Orton 2020).

### ▶ Retrenchment and curbed ambitions

Despite all these positive developments, several countries have undergone fiscal consolidation policies in the last decade. Examples include the United Kingdom's 2012 "deuniversalization" of its UCB into an affluence-tested qUCB and marginal reforms to other high-income countries' UCBs (see ILO and UNICEF 2019). Furthermore, Mexico's much-lauded Prospera CCT programme was abolished in 2019, illustrating the particular vulnerability of targeted programmes to discontinuation (Kidd 2019). In Kyrgyzstan, a planned legal reform of 2017 introducing a child benefit for all children aged 0–3 years was suspended because of political volatility and discouragement from the World Bank and IMF. In Mongolia, the IMF imposed loan conditions in 2017 that have increased targeting of its initially universal Child Money Programme (Development Pathways 2018; ILO and UNICEF 2019; IMF 2017a; UNICEF 2020c).

Such developments deny many children their legitimate right to social protection. In this context, more resources need to be allocated to financing social protection and other services for children to ensure that the child-related SDGs are achieved. This means that, where possible, policymakers and development partners should attempt to harness the momentum gathering behind UCBs to advance coverage for children and pursue a "high-road" approach to policy for children. The relative simplicity of UCBs conceals a powerful added value they possess: they can "hard-wire" the overall policy architecture, thereby helping to build systems for children and to optimize welfare provision (see box 4.6).

### ▶ Table 4.1 A selection of newly announced child social protection measures, 2016–21

| Country/group | Year | Adopted or planned measure |
|---|---|---|
| European Union | 2021 | More than 25 per cent of all children in the European Union are at risk of poverty or social exclusion. Consequently, the European Commission issued a Council Recommendation Establishing a European Child Guarantee, to prevent and combat child poverty and social exclusion, and declared its intention to support members in realizing this guarantee. |
| Italy | 2021 | A law came into force in April 2021 adopting an affluence-tested qUCB, with the first benefit to be disbursed on 1 July. The benefit will be paid to the majority of families with children, from the seventh month of pregnancy until the child is 18 (or 21 for dependent children in full-time education). |
| Lithuania | 2018 | A UCB for children aged 0–18 years (up to 21 if in education) was introduced in the Law on Benefits to Children to address challenges in the country's child tax allowance (Lazutka, Poviliunas, and Zalimiene 2019). |
| Montenegro | 2021 (proposed) | The Government submitted a proposal for amendments to the Law on Social and Child Protection to introduce a qUCB for ages 0–6 years. |
| Republic of Korea | 2018 | A qUCB for children aged 0–6 years was introduced by the Ministry of Health and Welfare under the Law on Benefits to Children in 2018 and extended to 0–7 years in 2019. |
| Thailand | 2019 | The Child Support Grant was expanded from 0–3 years to all children under the age of 6 years from poor families, covering around 2 million children in 2020 (UNICEF 2019c). |
| United States | 2021 | As a pandemic response and to address long-standing child poverty and exclusion of marginalized children, the Government expanded the eligibility criteria of its existing Child Tax Credit for one year. This change increases inclusivity and pays a higher-value benefit more regularly. Legislation to make this reform permanent is being considered (Richardson et al. 2021). |
| ***Promising subnational measures*** | | |
| Bihar state, India | 2018 | A state-wide child benefit was launched to cover 16 million girls and young women aged 0–21 years, with the aim of combating systemic discrimination and gender inequality (ILO and UNICEF 2019). |
| Papua, Indonesia | 2017 | The BANGGA Papua child benefit was launched to cover indigenous Papuan children aged 0–4 years (ILO and UNICEF 2019; Huda et al. 2020). |
| Republika Srpska Entity, Bosnia and Herzegovina | 2016 | Child benefit adequacy and coverage were improved and a range of quasi-universal benefits, especially for children with disabilities, were introduced (UNICEF 2020b). |

Note: Based on information from national sources except where indicated otherwise.

### ▶ Box 4.6 Strengthening systems through universal child benefits

Evidence from countries with long-established UCBs demonstrates that they help to achieve greater poverty reduction than narrow means-tested benefits. Moreover, in countries currently without UCBs, simulations show that a UCB scheme costing just 1 per cent of GDP would reduce child poverty rates by as much as 20 per cent (ODI and UNICEF 2020). This alone is good reason for policymakers to consider a UCB. However, UCBs have additional positive effects beyond their poverty-reduction properties: the fact that they are provided for all children as a right can reinforce human rights and principles of equality and non-discrimination; universality of provision can also reduce the stigma often attached to benefits that are targeted at the poor and thereby enhance recipients' dignity. Other comparative advantages include lower administrative costs, simplified eligibility criteria and a negligible risk of exclusion errors. These qualities help maximize take-up (ODI and UNICEF 2020).

A less widely recognized rationale for adopting UCBs is that they function as social protection "linchpins". In other words, UCBs can support the building of social protection systems and decent societies for children. For example, they can encourage the registration of births, thereby making children and their physical whereabouts more visible to state institutions. As children grow, the payment of UCBs can provide further incentives for families to stay in contact with state institutions and services, which in turn enables better planning and resource allocation to support essential services.

There are compelling reasons for the introduction of UCBs in contexts of fragility and forced displacement. A system where every child is reached is automatically primed to reach the most vulnerable and to provide transfers on the required scale for all, including forcibly displaced populations. In fragile contexts where capacity is generally limited and a very high proportion of children are vulnerable, a universal approach, rather than efforts to target certain groups, also makes practical sense. Universal approaches could lay the foundations for a national system that is ready to scale up during recovery, forming part of the backbone of a fledgling social protection system (ILO and UNICEF 2019).

A UCB, then, can be a pillar of a comprehensive social protection system and help to optimize design and delivery of other services. All these factors represent important lessons for countries that are contemplating the best way to guarantee social protection and decent lives for their children.

## ▶ Policy priorities and recommendations for enhancing social protection for children

A number of policy actions stand out as deserving priority in order to address the pandemic's continuing fallout and achieve SDG target 1.3 for children.

- **To ensure children's well-being and achieve the SDGs, fiscal austerity must be avoided**. The pandemic's adverse effects on children will be protracted. All the evidence indicates that child income poverty is likely to increase and to remain above pre-COVID levels for up to five years in many countries (Richardson, Carraro, et al. 2020). This is a critical time for governments to ensure that every child's right to social protection is realized; this requires support for child-specific social protection investments as part of COVID-19 response and fiscal stimulus measures.
- **Countries should rapidly move towards universal social protection for children, including universal child benefits**. COVID-19 has both emphasized the importance of strong social protection systems and opened a policy window in which countries can make progress on universal social protection for children. Increasing the effective coverage, comprehensiveness and adequacy of provision is possible, practically and fiscally, will have a substantial impact and is in line with international obligations (ODI and UNICEF 2020; Ortiz et al. 2017). The policy window provided by COVID-19 must be used to prioritize investments to close critical gaps.

- **It is crucial that social protection systems ensure adequacy in terms of inclusion and gender sensitivity, and that they address climate-related and conflict-related risks**. The pandemic has highlighted the fact that, while the poorest and most vulnerable groups and communities experience the worst impacts of such shocks, they are the least adequately covered by social protection. To remedy this situation, inclusive policies and programmes must be developed, with particular attention being paid to the needs of girls and women, children with disabilities and migrant children. Significant work is also needed to ensure that social protection programmes are prepared to respond to future crises, and that nascent social protection systems in fragile contexts are supported.

- **It is also of paramount importance that policymakers implement an integrated social protection portfolio for children**. Child and family benefits that directly address the financial barriers that impede the realization of children's rights and potential are a crucial foundation of social protection for children. However, they need to be part of an integrated systems approach that also includes coordinated childcare services, parental leave provisions and access to healthcare. An integrated systems approach will deliver the best results for children and for wider society.

key messages

## 4.2 Social protection for women and men of working age

- The COVID-19 pandemic has reaffirmed the importance of social protection in ensuring income security for women and men of working age. In the light of earnings losses in the worst economic recession since the Great Depression of the 1930s, social protection systems have proven to be of key significance in supporting incomes and aggregate demand, as well as protecting and promoting human capabilities, thereby contributing to an inclusive recovery.

- The COVID-19 crisis has exposed significant coverage gaps for people of working age in many parts of the world. Many countries still lack collectively financed social security benefit schemes for people of working age that provide short-term benefits in the event of maternity, sickness, unemployment and employment injury. In many countries, the only available mechanisms are based on employer liability or private arrangements, often with suboptimal results in terms of coverage, equity and sustainability.

- Globally, 3.6 per cent of GDP is allocated to non-health public social protection expenditure for people of working age; regionally, levels vary widely, ranging from 1.1 per cent in Africa to 7.7 per cent in Europe and Central Asia.

- Effective coordination between social protection policies and employment, labour market, wage and tax policies is of critical importance in ensuring an inclusive and jobs-rich recovery from the crisis.

## 4.2.1 Introduction: The quest for income security

The majority of people of working age[2] (61 per cent of people aged 15 to 64 years; 74 per cent of men and 47 per cent of women) are economically active and gain their livelihoods through income-generating activities.[3] Many of them work in precarious and insecure employment arrangements, including in the informal economy, with limited job and income security and in poor working conditions (ILO 2018f). Another significant share of the global population, most of whom are women, perform unpaid care and household work (ILO 2018a). All working-age women and men need income security, whether they are employed, self-employed, paid or unpaid, seeking employment, temporarily or permanently incapable of working, or in education.

Social protection systems have a central role to play in supporting people of working age and their families in coping with the financial consequences of life events, in finding and sustaining decent and productive employment, and in facilitating their effective access to healthcare and other services. This includes in particular income security in the event of unemployment, employment injury, disability, sickness or maternity, as well as when earnings are insufficient. The COVID-19 pandemic has reaffirmed the importance of social protection in ensuring income security for women and men of working age. By partially or fully replacing lost incomes and providing income support for those affected, social protection systems have proven to be key in protecting human capital and human capabilities, smoothing incomes over people's lives and stabilizing aggregate demand (ILO 2021o, 2020w, 2020y, 2020s).

However, many people of working age – in particular those in part-time or temporary employment, or who are self-employed – are not covered, or are covered only insufficiently, by either contributory or non-contributory social protection programmes (ILO 2021h, 2017f, 2016d). As a result, they remain unprotected against many life contingencies, persistently susceptible to poverty and vulnerability.

These large coverage gaps are attributable to significant underinvestment. Worldwide, about one third of total non-health public social protection expenditure, amounting to 3.6 per cent of GDP, is spent on benefits for people of working age (see figure 4.7). These include maternity benefits, unemployment benefits, employment injury benefits, disability benefits and general social assistance. Regional variations are significant: while countries in Europe and Central Asia invest 7.7 per cent of GDP in non-health social protection for their working-age populations, Africa reaches only 1.1 per cent, the Arab States 1.4 per cent and Asia and the Pacific 1.7 per cent. Among low- and lower-middle-income countries, non-health social protection expenditure remains well below 1 per cent of GDP, largely because people of working age represent a smaller share of the population in these countries, and because of the relative underdevelopment of social protection programmes for people of working age.

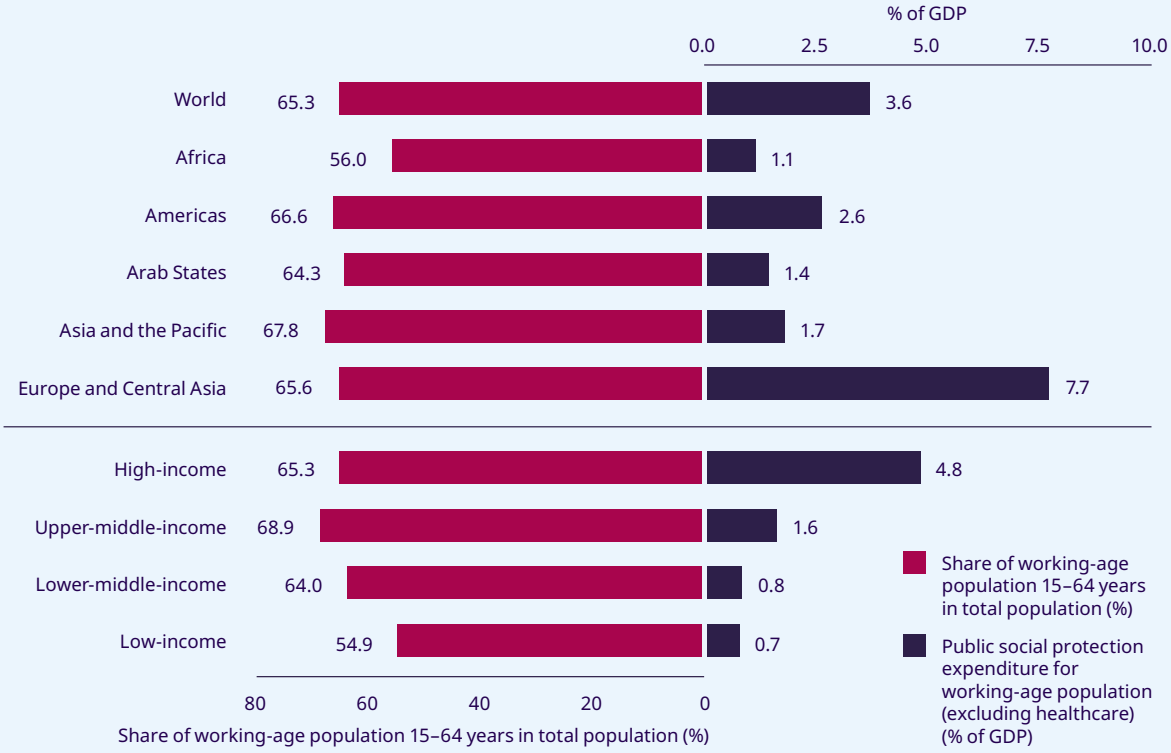
The COVID-19 crisis has further exacerbated unemployment, underemployment, economic inactivity and dwindling labour incomes, and has contributed to increases in working poverty, informality and inequality in many contexts. These trends have increased the strains on social protection systems to ensure income security for people of working age (ILO 2021k, 2016d, 2016a, 2017e; Berg 2015a). The crisis has once again highlighted the fact that income security cannot be achieved by social protection systems alone. To promote decent work in the recovery and beyond, social protection policies need to be well coordinated with policies in other areas, particularly labour market and employment policies, employment protection, wages (including minimum wages) and

> The COVID-19 crisis has contributed to increases in working poverty, informality and inequality in many contexts.

[2] Working age is broadly defined here as the age range during which most people are, or seek to be, economically active, reflecting the life-cycle approach of Recommendation No. 202, while recognizing that, in many contexts, women and men continue to be economically active, out of choice or necessity, until well into old age (see section 4.3). The upper and lower boundaries of "working age" are highly dependent on national contexts, as defined by national legislation and practice, and are often related to the length of time that people spend in education and to statutory pensionable ages. For the purpose of the comparability of statistical indicators, this report follows established international practice in using an age range of 15–64 years, but this is not to imply that all individuals within this age range can or should conform to a specific notion of "work" or "economic activity".

[3] ILO modelled estimates for 2019.

### ▶ Figure 4.7 Public social protection expenditure (excluding health) on working-age population (percentage of GDP) and percentage of working-age population 15–64 years in total population, by region and income level, 2020 or latest available year




Notes: See Annex 2 for methodological explanation. Public social protection expenditure for working-age population (excluding healthcare) global and regional aggregates are weighted by GDP.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

collective bargaining and ALMPs, as well as policies to support workers with family and care responsibilities and to promote gender equality in employment.[4] Such an integrated approach will also be crucial to foster the transition of workers and enterprises from the informal to the formal economy; and this in turn will be of key importance for the achievement of the SDGs, including SDG 8 on decent work and economic growth, of a human-centred recovery and of a future of decent work for all (Global Commission on the Future of Work 2019; ILO 2017f).

[4] Recommendation No. 202 highlights the links between social protection and other policy areas, and emphasizes each country's responsibility to implement the most effective and efficient combination of benefits and schemes in its national context, selecting from a repertoire including universal benefit schemes, social insurance schemes, social assistance schemes, negative income tax schemes, public employment schemes and employment support schemes.

The remainder of this section of Chapter 4 is divided into five subsections, dealing in turn with the areas of social security that are most relevant to people of working age, namely:

- maternity protection and paternity and parental leave benefits (section 4.2.2);
- sickness protection (section 4.2.3);
- employment injury protection (section 4.2.4);
- disability benefits (section 4.2.5); and
- unemployment protection (section 4.2.6).

Within each of these subsections, both contributory and non-contributory schemes are discussed, taking into account the fact that universal coverage is often achieved through a combination of different types of schemes, so as to allow the extension of social protection coverage to those with weak or no contributory capacities. While the primary focus is on cash benefits, it should be noted that benefits in kind, in particular healthcare, care and other social services,[5] play a major role in ensuring income security for people of working age. Access to healthcare is discussed in more detail in section 4.4. Together, these schemes contribute to building national social protection systems, including floors.

[5] These include, for example, employment services, skills development programmes, childcare facilities and long-term care services that have significant implications for income security, particularly for women (Martinez Franzoni and Sánchez-Ancochea 2015).

key messages

### 4.2.2 Maternity protection, and paternity and parental leave benefits

- The COVID-19 pandemic has adversely affected childbearing women by increasing the risk of employment and livelihood loss, and by raising the barriers to pre- and postnatal care and skilled delivery through disruptions in the healthcare system and other public services. At the same time, maternity protection has received very little attention in COVID-19 response measures, with only ten countries announcing measures to ensure income security for pregnant women during the final stages of pregnancy and after childbirth.

- Lack of income security during the final stages of pregnancy and after childbirth forces many women, especially those in the informal economy, to keep working into the very late stages of pregnancy and/or to return to work prematurely, thereby exposing themselves and their children to significant health risks. Those women who are physically unable to continue working are at greater risk of poverty owing to the loss of income. This risk is exacerbated when social health protection is low and the cost of seeking care is paid out of pocket.

- Estimates of effective coverage for SDG indicator 1.3.1 show that only 44.9 per cent of women with newborns worldwide receive a maternity cash benefit, with large regional variations: coverage of childbearing women is universal in most of Europe, compared to a mere 7.5 per cent in sub-Saharan Africa.

- Maternity protection includes income security (through cash benefits), leave policies and effective access to good-quality maternal healthcare for pregnant women and mothers of newborns. In addition, employment and labour market interventions such as employment protection and non-discrimination, childcare solutions after the woman's return to work and good occupational health and safety measures and breastfeeding facilities at the workplace are important to give adequate protection to pregnant women and new mothers.

- Paid paternity and parental leave recognize that both mothers and fathers have responsibilities as caregivers and contributors to household income, and facilitate a more equitable sharing of care responsibilities, in line with SDG target 5.4 on gender equality.


ATLANTIC
OCEAN
AFRICA

## A comprehensive approach to maternity protection

Maternity protection is essential to prevent and reduce poverty and vulnerability, promote the health, nutrition and well-being of mothers, achieve gender equality and advance decent work. It comprises income security, maternal healthcare, maternity leave, breastfeeding arrangements, employment protection and childcare solutions after return to work. While significant progress has been made, it is estimated that far too many women still face impoverishment or suffer from preventable consequences of complications during pregnancy or childbirth. In 2017, 295,000 women died of causes related to pregnancy and childbirth, 86 per cent of those deaths occurring in sub-Saharan Africa and South Asia (WHO 2020e). From a social protection perspective, ensuring effective access to maternal healthcare and income security in the critical period before and after childbirth are essential (ILO 2020x, 2019f, 2018g).

As a fundamental element of maternity protection and social health protection, good maternal healthcare provides for effective access to adequate healthcare and services – including reproductive health services – during pregnancy and childbirth and beyond, to ensure the health of both mothers and children. As with social health protection in general (see section 4.4), a lack of coverage puts the health of women and children at risk and exposes families to significantly increased risk of poverty.

UNICEF estimates that 116 million children were born between the WHO declaration of the COVID-19 outbreak as a pandemic on 11 March 2020 and the end of that year. The pandemic compromises access to maternal and other health services (already scarce in many countries even before the pandemic; see section 4.4), owing to the significant disruption of health systems it has caused, including pre- and postnatal care, skilled delivery and neonatal care services (UNICEF 2020b). Models estimate a resulting increase in maternal mortality, even in the least severe scenario, of at least 8 per cent over six months (Roberton et al. 2020). In order to prevent a further deterioration of maternal and newborn outcomes, the United Nations Population Fund (UNFPA) calls for maternity services to be prioritized as an essential core health service, alongside other sexual and reproductive health services such as family planning, emergency contraception, treatment of sexually transmitted diseases and safe abortion, among others, that need to be maintained during the pandemic (UNFPA 2020).

In addition to providing good-quality maternal healthcare, maternity cash benefits are of critical importance for the well-being of pregnant women, new mothers and their families, not least in order to enable adequate nutrition during pregnancy and breastfeeding. The absence of income security forces many women to keep working into the very late stages of pregnancy and/or to return to work prematurely after the birth, thereby exposing themselves and their children to significant health risks. Women in the informal economy are particularly vulnerable to the risks of income insecurity and ill health because of discrimination, unsafe and insecure working conditions, lack of employment protection, often low and volatile incomes, limited freedom of association, lack of representation in collective bargaining processes and lack of access to social insurance (ILO 2016f). The challenges facing women in the informal economy are often compounded by other factors. For example, indigenous women are 25.6 percentage points more likely to work in the informal economy than their non-indigenous counterparts (86.5 per cent versus 60.9 per cent) (ILO 2020b).

The COVID-19 crisis has rendered pregnant women more vulnerable to income shocks and impoverishment, more likely to be laid off or lose their livelihoods in other ways and less likely to be able to return to work. Despite these increased risks, only a very few governments have introduced specific maternity-related measures in their COVID-19 social protection response packages: only ten measures on income security in ten countries, or 0.4 per cent out of some 1,600 measures introduced in over 200 countries or territories, are linked to maternity, placing this function second from last of the functions addressed by the response measures (see figure 3.2). In some cases, too, the design of COVID-19 response measures has created access barriers for women. For example, reliance on digital methods of outreach, registration and payout may have exclusionary effects for women – as for other vulnerable groups – owing to the gendered aspect of the digital divide, namely the uneven distribution of ownership of, access to and knowledge of new technologies (EBRD 2020; Holmes et al. 2020).

## ▶ Box 4.7 International standards relevant to maternity protection

Women's right to maternity protection is enshrined in the Universal Declaration of Human Rights of 1948, which sets out the right to social security and special care and assistance for motherhood and childhood. The International Covenant on Economic, Social and Cultural Rights (1966) establishes the right of mothers to special protection during a reasonable period before and after childbirth, including prenatal and postnatal healthcare and paid leave or leave with adequate social security benefits. The Convention on the Elimination of All Forms of Discrimination against Women (1979) recommends that special measures be taken to ensure maternity protection, proclaimed as an essential right permeating all areas of the Convention.

Since the adoption by the ILO of the Maternity Protection Convention, 1919 (No. 3), in the very year of its foundation, a number of more progressive instruments have been adopted, in line with the steady increase in women's participation in the labour market in most countries worldwide. The Social Security (Minimum Standards) Convention, 1952 (No. 102), Part VIII, sets minimum standards as to the population coverage of maternity protection schemes, including cash benefits during maternity leave, to address the temporary suspension of earnings (see Annex 3, table A3.7). The Convention also defines the medical care that must be provided free of charge at all stages of maternity, to maintain, restore or improve women's health and their ability to work (see also box 4.26). Further, it provides that free maternal healthcare must be available to women and the spouses of men covered by maternity protection schemes.

The Maternity Protection Convention, 2000 (No. 183), and its accompanying Recommendation (No. 191), provide detailed guidance for national policymaking and action aiming to ensure that women:

- are granted at least 14 weeks of maternity leave paid at a rate of at least two thirds of previous earnings (Convention No. 183) or up to 18 weeks at 100 per cent (Recommendation No. 191);
- have employment protection during pregnancy, maternity leave and the right to return to the same or an equivalent position;
- enjoy the right to one or more daily nursing breaks or a daily reduction of hours of work to breastfeed their children; and
- are not required to perform work prejudicial to their health or that of their children.

In order to protect women's rights in the labour market and prevent discrimination by employers, ILO maternity protection standards specifically require that cash benefits be provided through schemes based on solidarity and risk-pooling, such as compulsory social insurance or public funds, while strictly circumscribing the potential liability of employers for the direct cost of benefits.

Recommendation No. 202 calls for access to essential healthcare, including maternity care and basic income security, for people of working age who are unable to earn sufficient income owing to (among other factors) maternity. Cash benefits should be sufficient to allow women a life in dignity and without poverty. Maternity medical care should meet criteria of availability, accessibility, acceptability and quality (UN, 2000a); it should be free for the most vulnerable; and it should not create hardship or increase the risk of poverty for people in need of healthcare. Maternity benefits should be granted to all residents of a country. Reinforcing the objective of achieving universal protection, the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), calls for the extension of maternity protection to all workers in the informal economy.

According to international labour standards (see box 4.7), maternity protection includes not only income security and access to healthcare, but also the right to interrupt work activities, to rest and to recover around childbirth. It ensures the protection of women's right to work and rights at work during maternity and beyond, through measures that prevent risks, protect women from unhealthy and unsafe working conditions and environments, safeguard their employment, protect them against discrimination and dismissal, and allow them to return to their jobs after maternity leave under conditions that take into account their specific circumstances, including the need for breastfeeding (ILO 2016c; Addati, Cassirer, and Gilchrist 2014; ILO et al. 2012). From the perspective of equality of opportunity for and treatment of women and men, maternity protection takes into account the particular circumstances and needs of women, enabling them to enjoy their economic rights while raising their families (ILO 2014a, 2018g). Adequate provision for paid paternity leave and parental leave is an important corollary to maternity protection policies, and contributes to a more equal sharing of family responsibilities (ILO 2019f, 2018g; Addati, Cassirer, and Gilchrist 2014).

> Maternity protection includes not only income security and access to healthcare, but also the right to interrupt work activities, to rest and to recover around childbirth.

## A diversity of schemes providing maternity protection

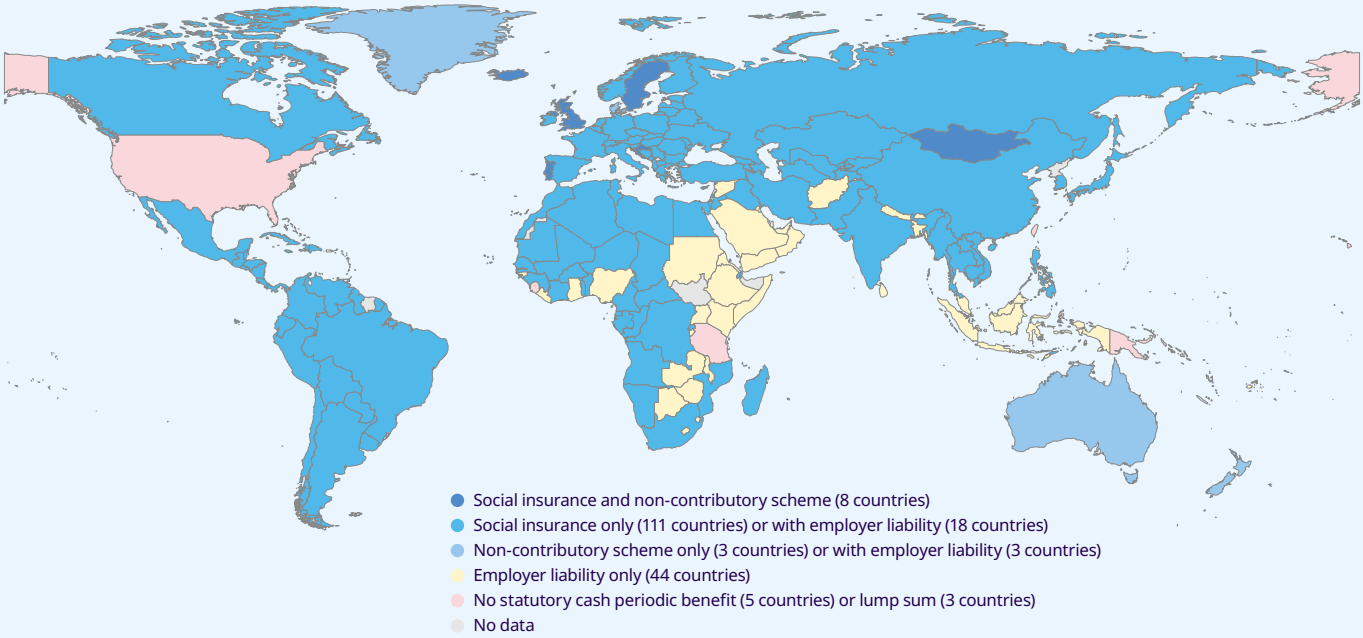
In 143 out of the 195 countries and territories for which information was available, periodic maternity cash benefits are anchored in national social security legislation and provided through collectively financed mechanisms: either social insurance that fully or partially replaces women's earnings during the final stages of pregnancy and after childbirth, or non-contributory schemes that provide at least a basic level of income (see figure 4.8). Almost all of these countries (137) had social insurance schemes, of which eight also operate non-contributory tax-financed schemes.[6] Forty-seven other countries – most of them in Africa or Asia – have provisions in their labour legislation for a mandatory period of maternity leave and establish the employer's liability for the salary (or a percentage thereof) during that period. Eighteen countries combine social insurance and employer liability mechanisms. Three countries provide maternity cash benefits exclusively through non-contributory schemes. In another three countries, women may take unpaid maternity leave, but do not benefit from income replacement.

The Maternity Protection Convention, 2000 (No. 183), recommends that countries introduce collectively financed maternity benefits (social insurance or tax-financed) rather than relying on employer's liability provisions. This improves equality of treatment for men and women in the labour market because it shifts the burden of bearing the costs of maternity benefits from the individual employer to the collective, reducing discrimination against women of childbearing age in hiring and in employment, and the risk of non-payment of due compensation by the employer. Such reforms can also facilitate the coverage of women with low contributory capacities and interrupted employment histories, including those in part-time or temporary employment, and those in self-employment.

In some countries, pregnant and childbearing women can benefit from non-contributory cash transfer programmes. However, these programmes are often not anchored in law and tend to cover only a small fraction of the population with often very modest benefit amounts that do not allow women to withdraw temporarily from paid or unpaid work. As a result, women continue working too far into pregnancy or return to work too soon after childbirth, with potentially negative effects on their own and their babies' health. Finally, in many low- and lower-middle-income countries, these cash transfer programmes come with behavioural conditions which tend to reinforce the traditional division of paid and unpaid care work between women and men (ILO 2016f, 2016c) (see box 4.4 in section 4.1 and box 4.8 below). For example, receipt of benefits may be conditional on uptake of pre- and postnatal care, skilled delivery or health check-ups for and vaccination of the child, and sanctions may be applied if the conditions are not fulfilled. Unless those services are affordable, accessible geographically, of high quality and culturally acceptable for women, conditionalities will result in women obtaining neither the cash benefit nor the needed health services.

[6] For more detailed characteristics of the schemes in place, see also Annex 4.

### ▶ Figure 4.8 Maternity protection (cash benefits) anchored in law, by type of scheme, 2020 or latest available year




Notes: Numbers of countries refer to numbers of countries and territories. In the United States there is no national programme. Under the Family and Medical Leave Act, 1993, maternity leave is unpaid as a general rule; however, subject to certain conditions, accrued paid leave (such as vacation leave or personal leave) may be used to cover some or all of the leave to which a woman is entitled under the Act. A cash benefit may be provided at the state level. Additionally, employers may offer paid maternity leave as a job benefit.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

In some countries, universal coverage and adequate benefit levels for maternity protection are achieved by combining contributory and non-contributory mechanisms. In Portugal, for example, women who are not entitled to paid maternity leave from social insurance receive a tax-financed maternity benefit. The effective coordination of these mechanisms within the social protection system is essential to guarantee at least a basic level, or floor, of income security for women workers who become pregnant. Likewise, cash and care benefits need to be well integrated, requiring coordination between health and social protection sectors.

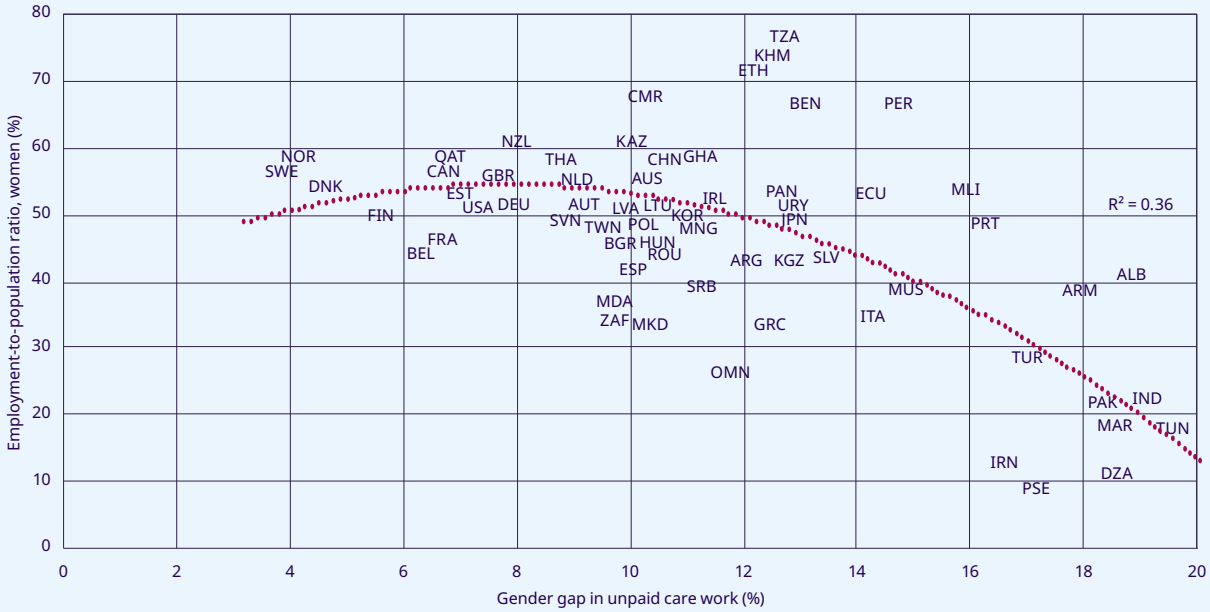
## ▶ Box 4.8 The motherhood penalty: Why mothers bear a cost in terms of employment, wages and leadership positions

The focus of maternity protection is on the protection of the mother during a period of increased vulnerability and special need for protection around childbirth. However, maternity protection measures and the design of family policies more broadly (see also section 4.1) have profound implications for gender equality and women's rights beyond delivery and childbirth. Social norms and structural inequalities, such as persistent gender pay gaps, continue to compel women to be the main caregivers and men to work longer hours as the main earners of household income. As a result, mothers of young children are less likely to be employed than women without children, fathers and men without children. Emerging evidence from Brazil, Chile, Costa Rica and Mexico shows that partnered women with children have experienced sharper pandemic-related drops in labour force participation than men – and that these are most pronounced for women living with children aged under 6 years (Azcona et al. 2020). Women with children also receive lower wages and are less likely than men, and less likely than women or men without children, to work in managerial or leadership positions (ILO 2019f). All these factors effectively penalize women when they have children – the so-called motherhood penalty.

The trend is troubling: between 2005 and 2015, the motherhood employment penalty has increased by 38.4 per cent, and while mothers earn lower wages than women without children, fathers are more likely to receive higher pay than men without children: a fatherhood bonus (ILO 2019f). The motherhood wage penalty varies significantly across countries. It ranges from 1 per cent or less in countries such as Canada, Mongolia and South Africa to almost 15 per cent in the Russian Federation and as much as 30 per cent in Turkey (ILO 2019f). Lone mothers are particularly severely affected, as demonstrated by their significantly higher poverty rates compared with two-parent families (UN Women 2019). Ironically, low-income women, who can least afford it, bear the largest proportionate penalty for motherhood, while the fatherhood bonus largely accrues to men at the very top of the income distribution (Budig 2014).

The main drivers behind the disadvantages that women with children face are the unequal distribution of unpaid care work within families (see figure 4.9), the lack of affordable and good-quality care services (childcare, long-term care and support for people with disabilities) as well as discriminatory attitudes and expectations around gender roles. Other contributory factors are a lack of career breaks for paid and unpaid maternity and care leave, reductions in hours of work, lack of flexible work solutions, lack of sickness benefits for sick children, masculine corporate cultures and related gender-biased hiring and promotion decisions at the enterprise level.

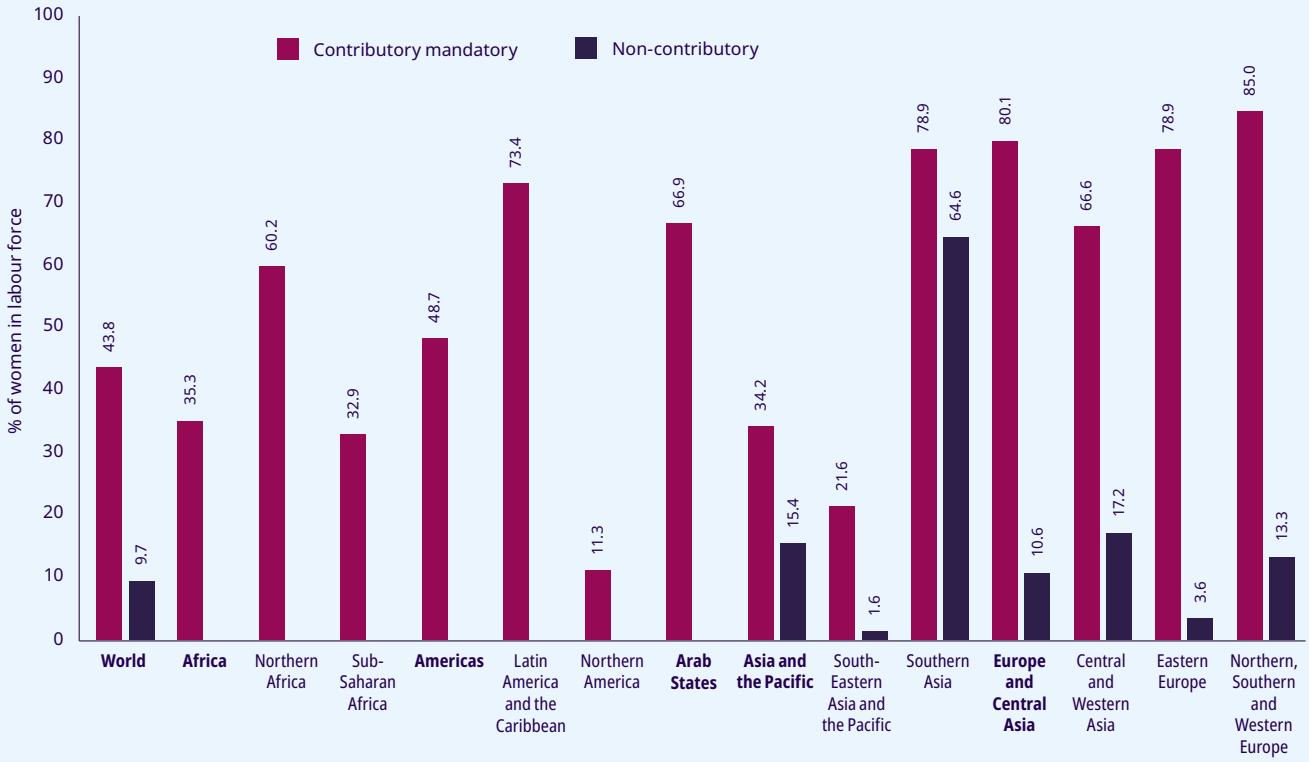
## ▶ Figure 4.9 Relationship between the gender gap in the share of time spent on unpaid care and women's employment-to-population ratio, latest available year




Source: ILO (2019f).

Link: https://wspr.social-protection.org.

### ▶ Figure 4.10 Legal coverage for maternity protection: Percentage of women in labour force aged 15+ years covered by maternity cash benefits, by region, subregion and type of scheme, 2020 or latest available year




Note: Global and regional aggregates are weighted by labour force 15+ years.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

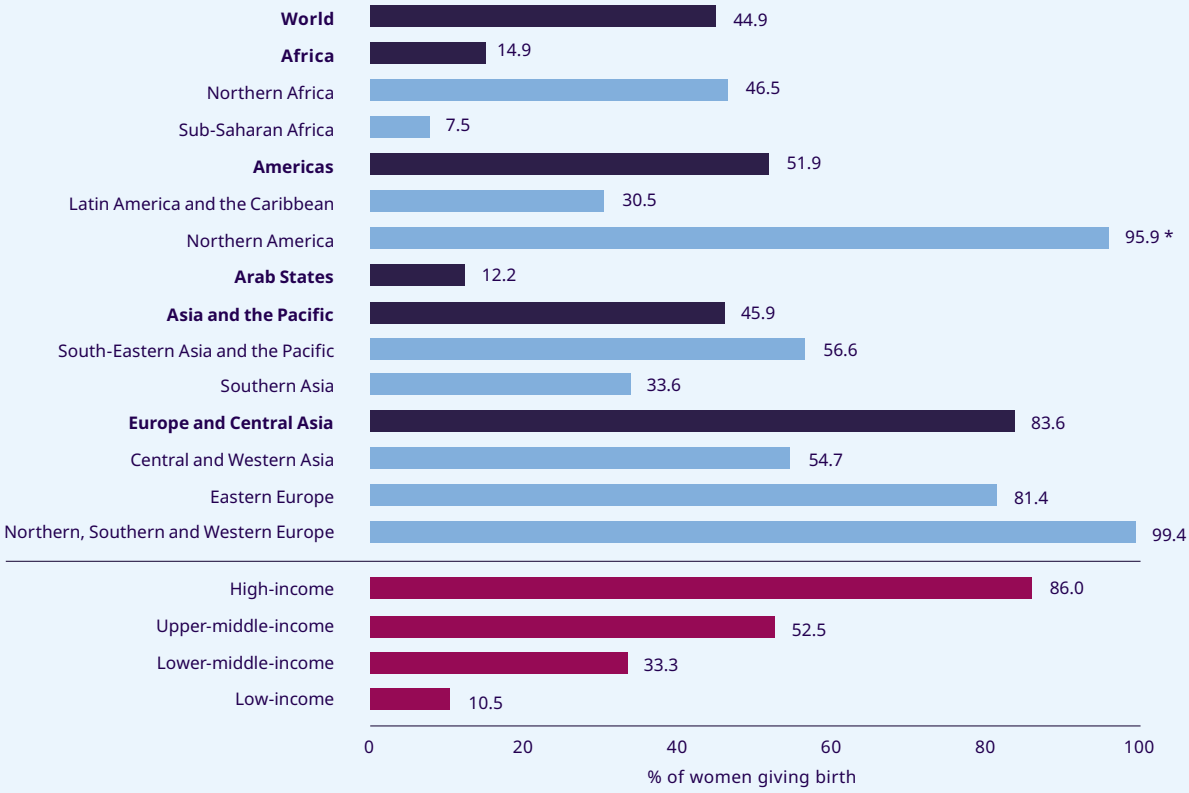
## ▶ Coverage of maternity cash benefits

Strictly speaking, maternity protection starts even before conception, with the ability of women to freely determine the number of children they want to have, and at what intervals, through access to affordable and good-quality family planning (Folbre 2021). In the absence of such services, women carry the social, economic and health consequences of unwanted pregnancies or unsafe abortions, which are especially severe in the case of adolescent mothers. Recent estimates show that most adolescent mothers live in developing regions, and that adolescent pregnancy disproportionately affects women from economically disadvantaged groups (UN Women 2019). Similarly, there is evidence that inequality in access to reproductive health and rights between wealth quintiles persists in a number of lower-middle-income countries (WHO 2020e).

Worldwide, roughly every second woman who becomes pregnant is not protected against loss of income. As figure 4.10 shows, only 43.8 per cent of the female labour force are entitled to maternity benefits through social insurance, and just 9.7 per cent are covered through statutory non-contributory benefits.

Moreover, not all women legally covered have effective access to their entitlements. Only 44.9 per cent of women giving birth actually receive maternity cash benefits (see figure 4.11). Forty-seven countries achieve close to universal coverage, with more than 90 per cent of pregnant women receiving maternity cash benefits, while in 23 countries (most of them in sub-Saharan Africa) this proportion is less than 10 per cent (figures 4.11 and 4.12). While in high-income countries 86 per cent of childbearing women are covered, this is the case for only 10.5 per cent of women in low-income countries. Coverage gaps largely relate to the prevalence of informal employment and the lack of appropriate mechanisms to cover women outside formal employment.

## ▶ Figure 4.11 SDG indicator 1.3.1 on effective coverage for maternity protection: Percentage of women giving birth receiving maternity cash benefits, by region, subregion and income level, 2020 or latest available year



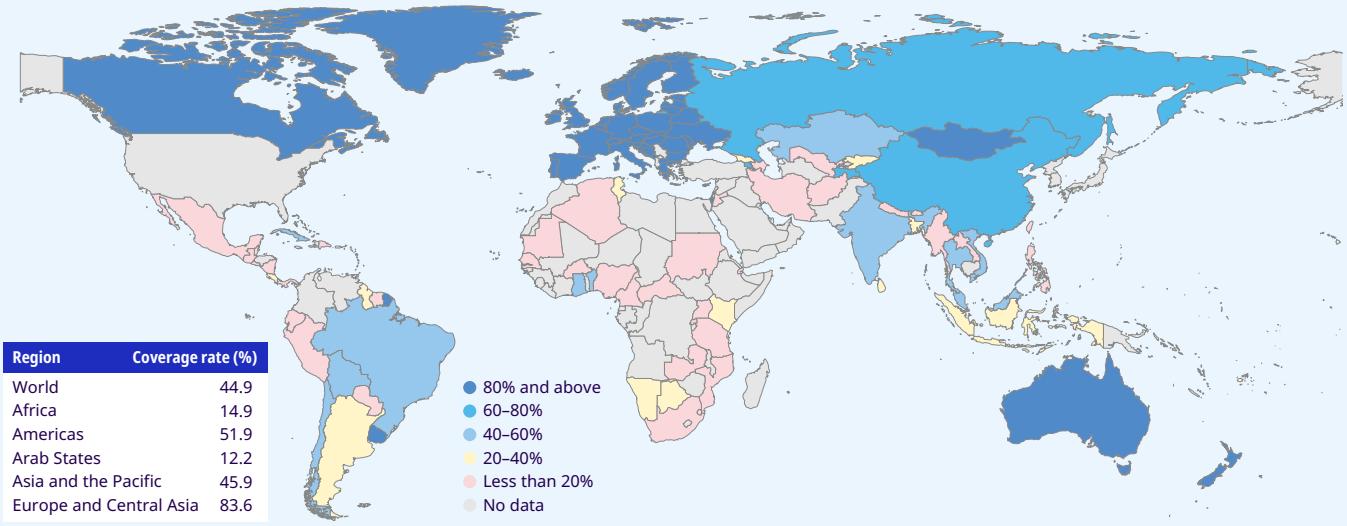

* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by number of women. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Figure 4.12 SDG indicator 1.3.1 on effective coverage for maternity protection: Percentage of women giving birth receiving maternity cash benefits, 2020 or latest available year




| Region | Coverage rate (%) |
|---|---|
| World | 44.9 |
| Africa | 14.9 |
| Americas | 51.9 |
| Arab States | 12.2 |
| Asia and the Pacific | 45.9 |
| Europe and Central Asia | 83.6 |

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by number of women. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Adequacy of maternity benefits, in duration and amount, in ensuring income security during maternity leave

The adequacy of cash benefits provided during maternity leave can be assessed in terms of their duration and amount. The purpose of maternity leave is rehabilitation; therefore, the leave needs to be sufficiently long for women to rest and recover. In contrast, longer periods of parental leave (in some countries more than one year) allow fathers and mothers to take care of the child and balance work and family obligations. These entitlements can typically be taken up by either parent, and are often designed in such a way as to encourage equal sharing of care work between both parents. Otherwise, long periods of parental leave for mothers have been shown to produce adverse effects for women's employment and career opportunities (Mandel and Semyonov 2006).

> Maternity leave needs to be sufficiently long for women to rest and recover.

Of the 183 countries for which data were available in the ISSA country profiles,[7] 174 provide statutory periodic maternity cash benefits in order to allow women to rest before and recover fully after childbirth. Of these, 59 countries provide at least 14 weeks' paid maternity leave, meeting the standards of Convention No. 183, and 42 countries provide benefits for 18 weeks or more as advised in Recommendation No. 191. In 42 countries, the length of paid maternity leave is 12–13 weeks, which meets the minimum standard set out in Convention No. 102. In 31 countries, maternity leave with cash benefits is provided for less than 12 weeks.

The level of the maternity cash benefit, calculated as a proportion of women's previous earnings for a minimum number of weeks of paid maternity leave, varies widely. In 66 out of the 174 countries providing statutory periodic maternity cash benefits, women are entitled to paid maternity leave of at least two thirds of their regular salary for a minimum period of 14 weeks, meeting the benchmark of Convention No. 183. In 23 countries, women are entitled to 100 per cent of their regular salary for at least 18 weeks, meeting the highest standard set out in Recommendation No. 191. In 47 countries, women are entitled to benefits at a level of 45 per cent or more of previous earnings for a minimum of 12–13 weeks, which is in line with the minimum requirements of Convention No. 102. In 38 countries, however, the cash benefit corresponds to less than 45 per cent of the previous salary and/or the period of paid maternity leave is under 12 weeks.

## ▶ Access to maternity care

Effective access to free, affordable and appropriate prenatal and postnatal healthcare and services for pregnant women and mothers with newborns is an essential component of maternity protection and social health protection alike. It is important to achieve progress towards SDG targets 3.1, 3.2, 3.8 and 5.6 on reducing maternal and child mortality, reaching universal health coverage and achieving gender equality. Access to maternity care is part of access to healthcare in general, which is highlighted in SDG target 3.8 and discussed in detail in section 4.4 below.

Where effective access to healthcare is not universal, economic deprivation too often translates into health deprivation (see section 4.4), resulting also in significant inequities regarding access to maternity care, for example between urban and rural areas, and between richer and poorer groups of the population (see figure 4.46). The lack of skilled health personnel with adequate working conditions plays a key role in the persistence of these coverage gaps. These inequalities have detrimental effects on maternal health, with often harmful long-term consequences for poverty reduction, gender equality and women's economic empowerment.

The cost of accessing maternity care, and the importance to the health of both mother and child of physical rest around childbirth and adequate nutrition during pregnancy and when breastfeeding, necessitate a comprehensive approach to maternity protection. This can be achieved by combining maternity care and income security, complemented by occupational safety and health measures, employment protection and non-discrimination, and adequate breastfeeding arrangements and childcare solutions after the woman's return to work, as stipulated in ILO maternity protection standards.

[7] https://ww1.issa.int/country-profiles.

## Maternity protection, paternity and parental leave at the crossroads: Motherhood penalties or universal adequate maternity protection, leave policies and early life services

Effective maternity protection is one of the key social protection elements for improving the lives of mothers, supporting the health and nutrition of women and newborns alike, and contributing to gender equality. Yet too many women across the world do not enjoy adequate levels of maternity protection, with regard to maternal care, income security, maternity leave or labour protection. Pregnancy and childbirth are uniquely female experiences, meaning that women require a period of leave to ensure physical recovery from childbirth. In contrast, caring and parenting are not uniquely female and should be shared between the parents. Even in high-income countries, women shoulder a disproportionate share of unpaid care work, which places them at a disadvantage in terms of their participation in the labour market and in economic and social life more broadly, with detrimental consequences for their health and well-being. The difficulty of combining family responsibilities with employment is one of the reasons for the low fertility rates (below the population replacement rate) in some high-income countries.

> Caring and parenting should be shared between the parents.

A more equitable sharing of care responsibilities between women and men, in parallel with adequate, affordable public services – in particular, universal early childhood care and education services – is thus crucial to achieve SDG target 5.4 on gender equality and to make progress towards larger socio-economic objectives (ILO 2019f, 2018a). Gender-related interventions in the framework of cash transfer programmes have focused on breaking the intergenerational cycle of poverty, particularly for disadvantaged girl children, but have been weaker in protecting women during pregnancy and childbirth, and in promoting women's economic empowerment through employment or other forms of sustainable livelihood. Addressing these shortcomings requires maternity protection to be considered as part of a comprehensive approach to gender equality that promotes an equal sharing of work and family responsibilities between women and men. This means placing parental leave within transformative care policies, which guarantee the human rights, agency and well-being of caregivers, as well as those of care receivers, by avoiding potential trade-offs and bridging opposing interests. The State should have the overall and primary responsibility not only for maternity leave, but also for care policies that include the provision of public goods and services in general, including paternity and parental leave, childcare and long-term care.

Parental leave policies, part-time work, flexitime, teleworking, sickness benefits for sick children, breastfeeding arrangements and also tax policies should be designed in such a way as to promote gender equality at home and at work. Change is under way, although unevenly across countries. Forty years ago, the ILO Workers with Family Responsibilities Convention, 1981 (No. 156), and its accompanying Recommendation, No. 165, opened the door to paternity and parental leave entitlements; since then, some countries have reformed their leave policies to facilitate greater involvement of fathers in childcare by introducing or extending paternity leave, as well as designing parental leave in a way that encourages the participation of fathers. European experience shows that men's effective use of parental leave can be increased through higher replacement rates (benefits as a percentage of pre-leave earnings) and more flexible arrangements that reserve a non-transferable proportion of the parental leave for the father on a use-it-or-lose-it basis (Folbre 2021; ILO 2019f). Yet some men are still stigmatized for taking their entitlements. Of the 183 countries for which data are available,[8] just 16 provide leave entitlements for fathers or the second parent, while paternity benefits are provided in only 39 countries.

[8] https://ww1.issa.int/country-profiles.

Recognizing and promoting the participation of men in household duties and care work at home, as well as in the labour market, is as important for gender equality as for creating equal employment conditions for women. In the absence of family policies that address both men and women, leave policies risk creating adverse labour market outcomes for women (Richardson, Dugarova, et al. 2020). Good-quality, affordable and accessible childcare services are the second key pillar for supporting female labour force participation (UN Women 2019). Public investment in care services also constitutes a reliable means of addressing social needs while creating decent jobs – a potentially critical element for a post-COVID-19 recovery.

COVID-19 has shown the risks of retrogression in gender equality as a result of shocks or crises. The pandemic has at best stalled and at worst reversed progress in fighting poverty, social exclusion and gender inequality. During lockdown, as schools, childcare and long-term care facilities were disrupted, the lion's share of unpaid care work was again shouldered by women. Women's high representation in sectors hardest hit by lockdown orders has translated into larger declines in employment for women than men in numerous countries, while domestic violence has increased in frequency and severity across countries (Kabeer, Razavi, and Rodgers 2021). Moreover, women, constituting close to 70 per cent of front-line workers in health and social care occupations, have faced a higher risk of contagion.[9] And finally, pregnant women in particular were more vulnerable to the pandemic as there was initially no vaccine approved for use during pregnancy.

[9] See ILO Newsroom, "COVID-19: Protecting Workers in the Workplace. Women Health Workers: Working Relentlessly in Hospitals and at Home". 7 April 2020. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm.

key messages

### 4.2.3 Sickness benefits

- The COVID-19 crisis demonstrated the importance of income security during ill health, including quarantine. Sickness benefits are crucial for prevention and physical recovery and to address health-related poverty.

- Currently, only a third of the world's working-age population have their income security protected by law in case of sickness. This coverage is not always adequate, as benefit level, duration and eligibility criteria (such as waiting periods) may create gaps in protection.

- Many countries have opted to provide paid sick leave fully or partially through employers' liability rather than sickness benefits, which creates additional coverage gaps. In particular, sole reliance on employers' liability tends to exclude some categories of workers and create discrimination against workers with chronic conditions; also, it may have adverse labour market impacts and is not appropriate in case of public health crises, as the COVID-19 pandemic has illustrated.

- While the COVID-19 crisis revealed important gaps in sickness benefit coverage, shortage of data on effective coverage constrains its monitoring under SDG target 1.3. More and better data are urgently needed; a third of countries and territories in the world do not report data.

- Though the impact of sickness on income loss remains little researched, especially in low- and middle-income countries, a growing body of evidence from patient cost surveys of major diseases such as tuberculosis (TB) illustrates its depth and the poverty risks it creates. These trends highlight the need to give sickness benefits high priority in the extension of social protection coverage.

### ▶ Box 4.9 Key principles of sickness benefits in international social security standards

The following ILO social security standards provide essential guidance on sickness benefits: the Income Security Recommendation, 1944 (No. 67); the Social Security (Minimum Standards) Convention, 1952 (No. 102); the Medical Care and Sickness Benefits Convention, 1969 (No. 130); and the Medical Care and Sickness Benefits Recommendation, 1969 (No. 134). These instruments reflect an international consensus on the following principles.

- **Scope**: Sickness benefits are provided in case of "incapacity for work resulting from a morbid condition and involving suspension of earnings" (C.102, Art. 14, and C.130, Art. 7(b)). They should be granted until recovery, including in the case of seeking preventive or curative care and being "isolated for the purpose of quarantine" (R.134, Para. 8(a) and (b)).
- **Coverage for all through public measures**: Sickness benefits should be organized in the most efficient way (R.202, Para. 9) to guarantee access to benefits for all.
- **Solidarity in financing**: The cost of sickness benefits and their administration should be borne collectively by way of social insurance contributions, taxation or both in a manner which avoids hardship to people of small means, ensuring that they can maintain their families in health and decency, and takes into account national economic situations (C.102, Arts 67 and 71; see also R.202, Para. 3(h), and R.67, Annex, Para. 26(8)).
- **Waiting periods** to access sickness benefits, if any, should not exceed three days (C.102, Art. 18; C.130, Art. 26.3).
- **Benefit level**: Sickness benefits shall be paid periodically, providing at least 45 or 60 per cent of past earnings (C.102, Arts 16 and 67, and C.130, Art. 22, respectively).
- **Care for dependants**: Appropriate provision should be made to help economically active people who have "to care for a sick dependant" (R.134, Para. 10).

## ▶ Definition and legal basis

Sickness benefits aim at ensuring income security during sickness, quarantine or sickness of a dependent relative. As such, they are a social protection instrument with a public health objective. Sickness benefits allow recipients to stay at home until they are fully recovered, thereby protecting their own health and, in the case of communicable diseases, the health of others. Sickness benefits contribute to the human rights to health and to social security (ILO 2017f), and are more important than ever when both individuals and societies are facing adverse health events.

The COVID-19 crisis put sickness benefit coverage gaps in the spotlight, illustrating how they compelled people to work when sick or quarantined, increasing the contagion risk (ILO 2020s). The consequent negative impact on disease prevention has long been documented, both in previous public health crises such as severe acute respiratory syndrome (SARS) or Middle East respiratory syndrome (MERS) (Drago 2010) and in the literature on occupational safety and health in the workplace (James 2019).

The ILO adopted the first Convention on sickness benefits in 1927; this was subsequently updated by further standards (see box 4.9) (ILO 2020x). Sickness benefits should not be confused with sick leave; box 4.10 provides some conceptual clarification. Although income security during sickness is included in the Social Protection Floors Recommendation, 2012 (No. 202), sickness benefits are not reflected in the SDGs. Despite its importance as a socio-economic determinant of health, income security during illness is not mentioned in either SDG target 1.3 on social protection or SDG target 3.8 on universal health coverage. Income security in times of ill health has limited visibility within the SDGs and is under-researched, especially in low- and middle-income countries (Lönnroth et al. 2020; Thorpe 2019).

### ▶ Box 4.10 Sick leave and sickness benefits: Definitions

***Sick leave*** addresses the need for a person to take leave when sick and should be defined in labour law. The right to take sick leave is recognized as an entitlement separated from other types of leave, such as holidays, in both the Holidays with Pay Recommendation, 1954 (No. 98), and the Holidays with Pay Convention (Revised), 1970 (No. 132). Sick leave entitlements should be reflected in contracts and should provide equality of treatment across several categories of workers, in particular for temporary and other types of vulnerable employment (ILO 2011a, 2019a). Each country may define instances in which there is a suspension of earnings during sick leave, and may also define a period, if any, during which there is a legal obligation for employers to cover the salary of workers (employers' liability).

***Sickness benefits*** guarantee that an adequate income is provided during sick leave when earnings are suspended. To maximize the impact of sickness benefit schemes, social security standards provide guidance for their design features and financing structure (see box 4.9). Sickness benefits should be provided in the most effective and efficient way based on broad risk-pooling and solidarity, for example through universal benefit schemes, national social insurance schemes, social assistance schemes or some combination of these. The cost of such benefits and their administration should be borne collectively, not by the employer or worker alone.

## ▶ Legal and effective coverage

### *Legal coverage*

The ILO estimates that 62 per cent of the global labour force, representing 39 per cent of the working-age population, is legally entitled to some income security via paid sick leave through an employer's liability, sickness benefits (provided by social insurance or assistance) or a combination of both mechanisms. This leaves nearly four in ten workers without legal coverage (see figure 4.13). There are wide regional differences, with high levels of legal coverage in Europe and Central Asia and the Arab States, and lower levels in Africa and Asia and the Pacific.

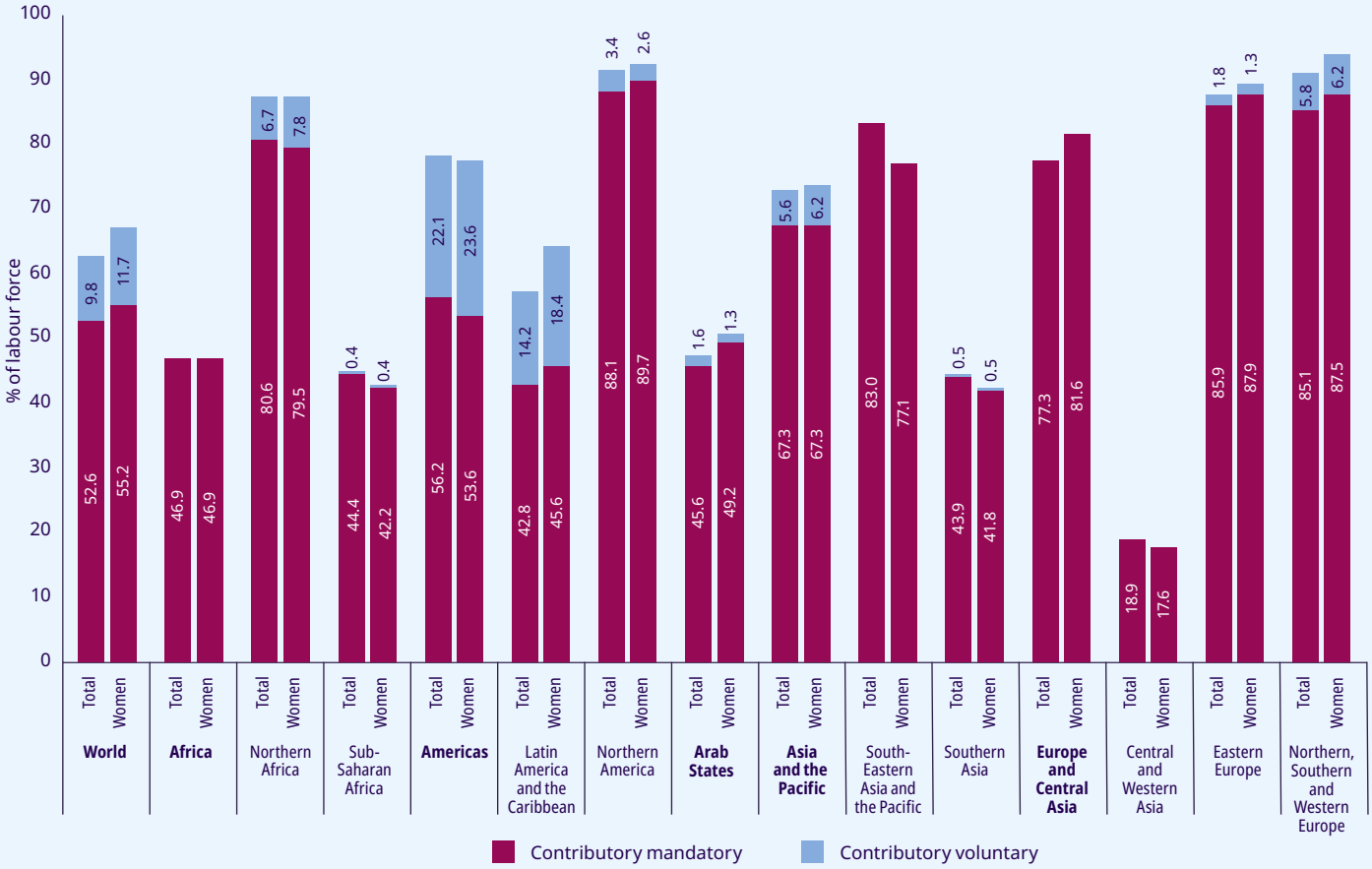
Although legal protection can be provided by employers' liability, sickness benefits offer a more robust way to provide income security in case of ill health. Reliance solely on employers' liability may have adverse effects. Coverage is limited, by definition, to salaried work only (the self-employed being their own employers), and often also excludes specific categories of employees, such as casual workers and workers who are paid hourly wages. Solidarity in financing is also limited as individual enterprises are left to bear the costs of workers' sickness. This may lead to pressure on workers not to take sick leave and to discrimination in recruitment against individuals with declared medical conditions. Small enterprises in particular may struggle with the financial implications, and therefore have an incentive to employ workers in forms of employment that are not subject to statutory sick leave (ILO 2020r).

Most countries have legal provisions for paid sick leave through employer's liability or for sickness benefits, or a combination of both, for at least one category of workers (see figure 4.14). Yet 59 countries rely exclusively on employer's liability to compensate for the loss of income during sickness, and only one third of African countries have legal provisions for sickness benefits. Also, existing provisions may exclude some categories of workers, and special efforts are needed to extend protection, including to workers in part-time and temporary employment, the self-employed and jobseekers (ILO 2021h).[10]

> Only one third of African countries have legal provisions for sickness benefits.

[10] Unemployment benefits should not be used in cases of sickness; instead, sickness benefit should be guaranteed.

### ▶ Figure 4.13 Legal coverage for sickness protection: Percentage of labour force aged 15+ years covered by sickness cash benefits, by region, subregion, sex and type of scheme, 2020 or latest available year




Note: Global and regional aggregates are weighted by labour force aged 15+ years.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

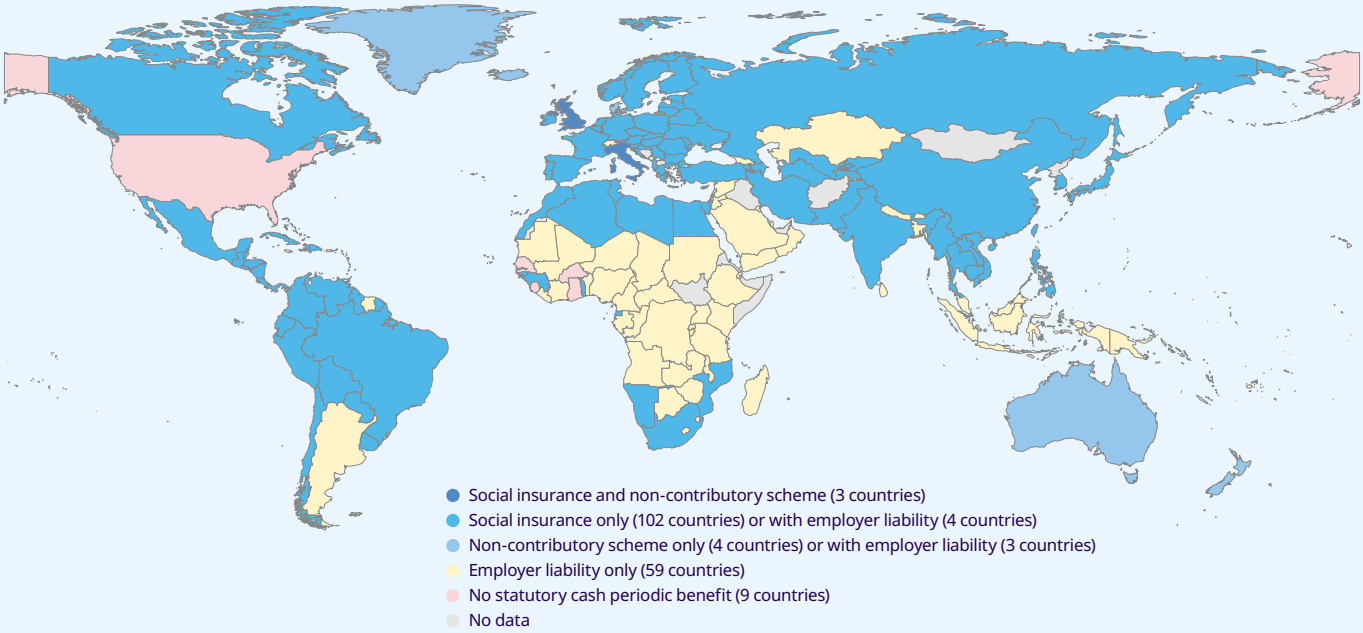
Link: https://wspr.social-protection.org.

### ▶ Box 4.11 Adjustments to sickness benefit schemes in response to COVID-19

Several countries have expanded sickness benefits in an attempt to curb the spread and impact of COVID-19. For example:

- in **Colombia**, beneficiaries of the regimen subsidiado, a non-contributory scheme that targets low-income families not covered by other schemes, were made eligible to receive lump-sum benefit payments equal to seven days' worth of the minimum wage if they contracted COVID-19 (Ministerio de Salud y Protección Social 2020);
- in **El Salvador**, the Government mandated the official social security institution, the Instituto Salvadoreño del Seguro Social, to assume full responsibility for benefit payments to any workers who need to quarantine, without a waiting period and regardless of whether or not they fell ill (*El Mundo* 2020);
- in **Japan**, cash sickness benefits were extended to those in quarantine or diagnosed with COVID-19, while simultaneously requirements to obtain medical certificates were waived (ISSA 2020).

### ▶ Figure 4.14 Sickness protection (cash benefits) anchored in law, by type of scheme, 2020 or latest available year




Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

#### *Effective coverage*

Even if workers are legally covered for sickness benefits, they will only be effectively covered once they are affiliated to a scheme, understand how to access benefits and actually receive their benefits when they fall ill. While income security in case of ill health should be monitored under SDG target 1.3, a lack of comprehensive and systematic data collection on the different aspects of effective coverage has led to this dimension currently being excluded from SDG monitoring efforts (Lönnroth et al. 2020).

Many countries have introduced measures via both contributory and non-contributory programmes, such as Brazil, Malawi, Malaysia (see box 4.12), Peru, South Africa, Viet Nam and Zambia. Even so, universal effective coverage remains concentrated in the European region, where broad risk-pooling and solidarity in financing are the basis of long-established systems (as in Finland; see box 4.13) (Thorpe 2019). Obstacles to effective coverage can include administrative or geographical barriers, non-compliance with registration procedures or lack of awareness (Scheil-Adlung and Bonnet 2011; ILO 2014c, 2017f).

## ▶ Adequacy of benefits

Benefit adequacy depends on the level of income replacement, the duration of payments, and the existence and length of a waiting period. When benefit levels are calculated as a percentage of past earnings, the existence of a guaranteed minimum level is essential for low-income workers (ILO 2021c, 253). Out of 94 countries for which information is available on social insurance schemes providing sickness benefits, 27 countries have provisions for income replacement lower than 60 per cent of past earnings, while an additional six countries offer flat-rate benefits.

Benefit duration is also important, as people affected by long-term illnesses are in critical need of income and may lose their jobs if there is no or insufficient sickness benefit provision. Indeed, with no sickness benefit in place, employers may not be able to afford to retain workers who are unable to work for extended periods of time. With a view to covering such cases, some countries have created specific benefits for long-term diseases, or have even integrated chronic diseases into the eligibility criteria for disability benefit schemes (see box 4.14). Among the 94 countries for which information is available, 33 provide benefits for a maximum duration not exceeding 26 weeks.

### ▶ Box 4.12 Introduction of sickness benefit in Malaysia

With a view to improving financial protection against ill health, in 2019 the Malaysian Government launched a sickness cash benefit programme to complement the national healthcare service in cases of critical illness and/or hospitalization. The MySalam national health protection scheme aims to cover 3.69 million citizens and permanent residents of working age and their spouses with income support in cases of selected illnesses. This total represents about 10 per cent of the total population, a little less than a quarter of the labour force. MySalam covers people included in the Bantuan Sara Hidup (BSH) register,[1] and people aged 18–65 years who are not in the BSH register, with an annual income of up to US$23,000 per year (MySalam 2020).

The scheme focuses on covering costs associated with hospitalization not otherwise covered and providing some income replacement during hospitalization. The benefit is means-tested and provides a lump sum upon diagnosis of one of 45 critical illnesses and daily hospitalization income replacement up to US$161 per year at any public hospital (MySalam 2020). A broader reform would allow for the expansion of both the population covered and the adequacy of the benefit to reach beyond cases of hospitalization.

[1] The BSH register was established by the Government in 2019 to help reduce the cost of living for people on low incomes (the group defined as B40) (Bantuan Prihatin Nasional, 2020). It includes the following categories of those eligible for benefits under MySalam: (1) individuals aged 18–65 years with spouses; (2) single individuals aged 40–65 years with an income of less than 24,000 Malaysian ringgit (US$5,500) per year; and (3) disabled individuals aged 18–65 years with an income of less than 24,000 ringgit (US$5,500) per year.

### ▶ Box 4.13 Sickness benefit for all in Finland

Finland has a national social insurance sickness benefit scheme which covers all non-retired residents aged 16–67 years (employees, self-employed, students, unemployed jobseekers and those on sabbatical or alternation leave[1]) as well as non-residents who have worked in the country for at least four months. The scheme is financed through employer and employee contributions as well as by the State, ensuring solidarity between those who can work and those who cannot. The benefits are either a proportion of previous earnings or a minimum allowance, depending on the recipient's employment status. In 2007, the country introduced the possibility of combining part-time sick leave and part-time work, with a view to allowing people with long-term conditions, such as mental illnesses, to stay connected with the workplace even when they are not able to work on a full-time basis (Kausto et al. 2014).

[1] This is an arrangement whereby an employee takes a period of leave, and an unemployed person fills the vacant position. The employee receives an unemployment benefit for the leave period, which must be between 100 and 360 calendar days.

Finally, in some countries sickness benefits may cover only periods of sickness, sometimes with a waiting period,[11] and not time spent seeking care, in quarantine or self-isolation, or caring for dependants. Sickness benefits should cover those undergoing preventive care or isolating for the purpose of quarantine, in line with ILO standards and as widely observed during the COVID-19 pandemic (see box 4.11). Provision should also be made available for economically active people who have to care for sick dependants (see box 4.15).

## ▶ The case for universal sickness benefits

Where sickness benefits are not available, both the health and the income security of workers and their families, as well as public health, are at risk. In this respect, valuable lessons can be learned from impact studies of long-lasting and chronic diseases.

[11] If they exist, such waiting periods should not exceed three days (see box 4.9).

### ▶ Box 4.14 Efforts to support income security for people affected by TB and HIV: Achievements and limitations

Considering the needs of HIV and TB patients facing income loss and additional non-medical expenses, in the absence of sickness benefit schemes, governments have been prompted to take action in many countries where these conditions impose a heavy burden. Such actions have included the following.

- ***Disease-specific schemes***. For example, a conditional cash transfer was made available to people living with drug-resistant TB in Ecuador (Cazares 2012). The programme was funded through Ecuador's National Tuberculosis Programme and provided cash benefits linked to adherence to treatment for up to 24 months (Presidencia de la Republica de Ecuador 2012). Currently, caregivers of children with severe illnesses and people living with HIV are also eligible under Executive Decree No. 804 of 2019. The limited evidence available warrants caution about disease-specific programmes, given the risk of exacerbating stigma and discrimination.
- ***Granting access to disability benefits that were already in place***. For example, South Africa provides a disability grant for people living with HIV, if the disease limits their activity and if the CD4 count is below a certain threshold.[1] This is the only non-contributory scheme that provides free healthcare and income security in the event of loss of working capacity owing to HIV infection for South Africans. While it provides a solution for a number of people living with HIV, it does not meet the needs of those with diseases that are less visible to policymakers (with a lower national burden).
- ***Granting households with at least one member living with HIV and/or TB access to social assistance programmes***. For example, in Botswana, the Orphan Care Program Short Term Plan of Action on Care Orphans, a cash transfer for households caring for an orphan, is available to children living with HIV. It offers children and their caregivers assistance with educational needs, free medical treatment in government health facilities, a transportation allowance and other income support assistance. While this has provided relief to children living with HIV and their caregivers, it does not offer income security while the family copes with a sick breadwinner.

[1] CD4 cell count is an indicator of immune function in people living with HIV.

### ▶ Box 4.15 Benefit to care for sick dependants

In Portugal, the scheme Subsídio para Assistência a Filho ensures that workers receive 65 per cent of their average daily earnings for up to 30 days a year if they need to take care of a sick child aged under 12, and 15 days a year to take care of sick children aged 12–18 in need of care and living in the same household. The benefit duration is extended to six months for children with disabilities or chronic illness, regardless of age, as long as they are dependent and living at home. The benefit may be extended for up to four years (ISSA and SSA 2018; ILO 2020r).

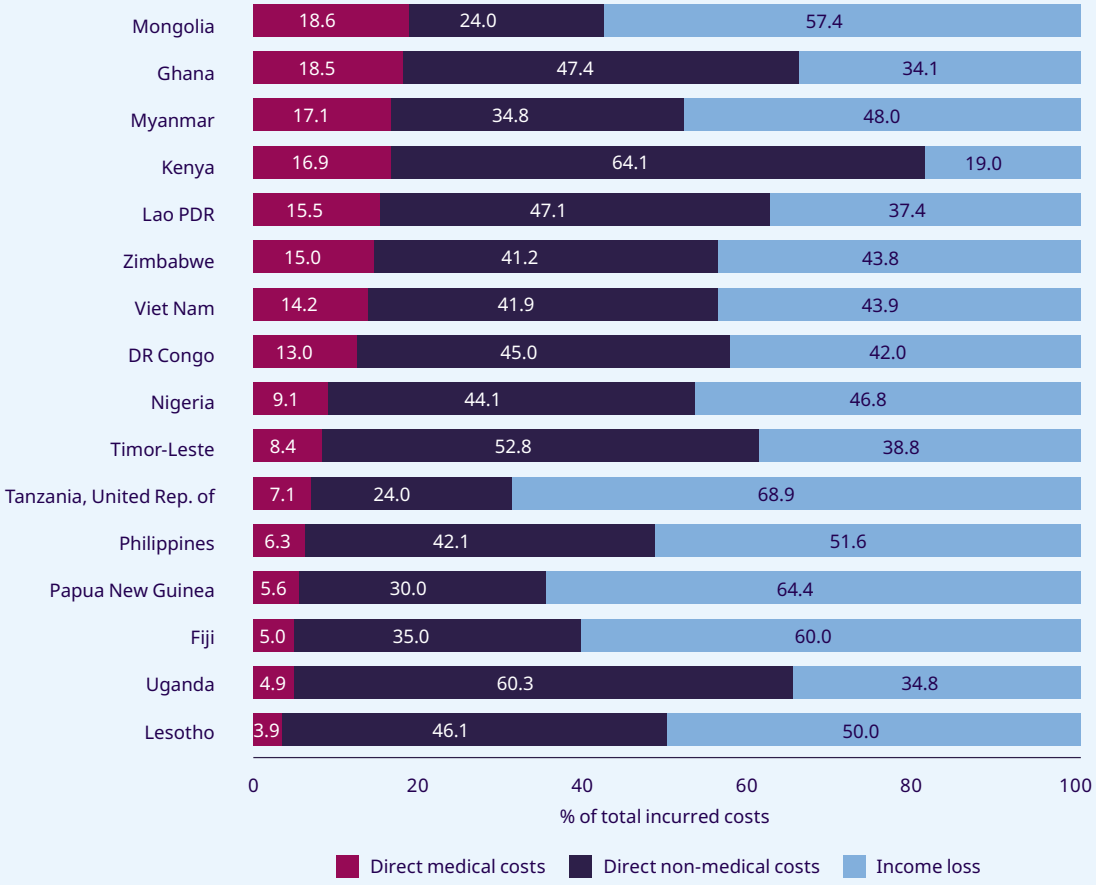
Such an example of expanded sickness benefit echoes the recommendations provided by the Medical Care and Sickness Benefits Recommendation, 1969 (No. 134). The benefit is available to fathers and mothers alike, recognizing the importance of sharing the burden of care, which tends to fall disproportionately on women (ILO 2018a).

#### *Addressing the non-medical costs of illness*

Non-medical costs,[12] including income loss, increase the risk of poverty for sick people and their families. The impoverishment risks are even greater when healthcare benefits are not guaranteed and the cost of healthcare services must be borne out of pocket (see section 4.4). In such cases, the compounded impact of illness on household health, income and well-being is immediate and may have a lasting effect (ILO 2020r).

[12] Costs that patients face due to their medical condition are typically classified as: (1) direct medical costs that occur within the health system (e.g. cost of drugs or fees of healthcare staff); (2) direct non-medical costs, that is, care-related costs that patients incur outside the health system (e.g. the cost of transportation to and from health facilities or increased food spending owing to a treatment-related change in diet); and (3) indirect costs, namely the opportunity cost of seeking care or being sick, notably the income loss caused by lost working time.

**▶ Figure 4.15 Snapshot of cost distribution (percentages of total incurred costs) from patient cost surveys conducted under the WHO Global Tuberculosis Programme in 16 countries**




Source: WHO (2020d).

Link: https://wspr.social-protection.org.

The impoverishing impact of sickness arising from income loss and direct non-medical costs is increasingly documented (WHO, 2018a). The global TB and HIV/AIDS strategies have included an income security component, and social protection access is monitored (WHO 2014; UNAIDS 2015; Lönnroth et al. 2014). For those diseases, while affordable or free healthcare services have been scaled up, the importance of other costs, such as productivity or job loss, is also increasingly recognized (Lönnroth et al. 2020, 2014). For instance, the national TB patient cost surveys coordinated by the WHO show that patients face not only varying levels of direct medical costs, depending on the country context, but also significant direct non-medical costs (mostly transport and nutrition) and income loss, creating incentives to forgo care (see figure 4.15).

### *Reaching universality*

A number of countries with a high TB and HIV burden have tried to expand coverage in the absence of universal sickness benefits through disease-specific programmes and other initiatives, as illustrated in box 4.14. While this effort is laudable, early evidence indicates that income loss and the resulting need for sickness benefits is also a challenge for people with a range of other communicable and non-communicable diseases, in particular in low- and middle-income countries (Thorpe 2019). Therefore, efforts should be made to extend income security protection in the event of sickness to all.

> Efforts should be made to extend income security protection in the event of sickness to all.

key messages

### 4.2.4 Employment injury protection

- Extending the coverage of employment injury protection for work-related injuries and occupational disease contributes to achieving SDG target 1.3. Effective coverage of workers by employment injury insurance (EII) is still low worldwide at 35.4 per cent, and significantly lower in most low- and middle-income countries, owing to labour market structures and weak enforcement of schemes where they do exist.

- Thirty-six countries, most of them in Africa or in Asia and the Pacific, still depend on direct compensation by employers in the event of injuries at work, and lack any kind of EII system. However, a growing number of countries are adopting and implementing EII systems following social security principles as specified in ILO Conventions Nos 102 and 121 (see box 4.16). This will improve effective coverage, in particular in hazardous occupations and in small and medium-sized enterprises, and enhance protection levels.

- The COVID-19 pandemic has rendered the importance of EII schemes self-evident, as these schemes protect workers and their families against the consequences of exposure to new diseases emerging in the workplace.

- The cost of employment injury benefits and of safety and health at work, including prevention of injury or disease and rehabilitation of injured workers, is part of the overall cost of production and contributes to preventing injured workers, and the families of deceased workers, from falling into poverty.

- Safety and health at work can benefit from policy synergies with employment injury benefits for all workers.

- Adequate employment injury benefits take the form of periodic payments, with cost-of-living adjustments for long-term benefits, for example in cases of permanent disability and for survivors' benefits.

- The challenge of extending employment injury protection to workers in the informal economy remains of high importance.

## Protecting workers in the event of work-related injuries and diseases

Every day, people die as a result of occupational accidents or work-related diseases; these factors account for more than 2.78 million deaths per year. There are also some 374 million non-fatal work-related injuries each year that result in more than four days of absence from work. The human cost in terms of avoidable death and impairment is vast. The economic burden of poor occupational safety and health practices is estimated at 3.94 per cent of global GDP each year (ILO 2021l).

Employment injury schemes, providing benefits in cash and in kind in cases of work-related accidents and diseases, were established to address one of the key challenges in modern workplaces. Employers are responsible for securing the occupational safety and health of their workers, and for providing fair, equitable and effective compensation to injured workers and families of deceased workers. Where employment injury schemes are not in place, the only hope of redress for injured workers or their survivors lies in direct compensation paid by their employer or in a lawsuit against the employer in the courts. Lawsuits are usually lengthy, expensive and stressful for victims, and so are resorted to only rarely; and compensation is often not paid.

In many countries where the financial responsibility for compensation rests on employers, they often take out private insurance. However, the outcomes of these schemes are often suboptimal. The processing of an insurance claim involves the need to obtain relevant information and requires the injured person to undergo rigorous medical assessments, causing them substantial delays in obtaining healthcare and other benefits. In addition, an employer may be reluctant to make a claim for fear of other legal implications and the cost of compensation. Also, since the employer may not continue in business and a private insurer may be reluctant to provide benefits for a long period of time, benefits are usually disbursed in the form of a lump sum, or periodic payments for a short period without adjustment in line with the cost of living. In recognition of these drawbacks, many countries have replaced the employers' liability system with social insurance.

In addressing work-related injuries and disease, the social insurance system adopts the following principles:

- "no fault": that is, an injured worker or survivor(s) of a deceased worker should qualify for benefits without the necessity to prove "fault" on the part of the employer;
- collective sharing of liability among employers, so that employers collectively finance the scheme, allowing for risk-pooling among them; and
- neutral governance of administration of the scheme: that is, the right to benefit is established outside the contractual relationship between a worker and their employer.

Employment injury benefits in most countries consist of:

- medical and allied care for injured workers; and
- earnings-related periodic cash benefits to disabled workers, or to survivors of deceased workers, including funeral grants.

Many national employment injury schemes also have a set of wider objectives, such as rehabilitation and re-employment of injured or sick workers, and the promotion and maintenance of safety and health at the workplace. These objectives can be achieved only in the context of an integrated framework for comprehensive occupational safety and health measures, strong inspection and enforcement measures, and adequate cash and healthcare benefits, accompanied by appropriate physical and vocational rehabilitation services.

A rating system, according to which levels of contribution are calculated to reflect the past performance of employers in respect of employment injuries, provides employers with an incentive to prevent workplace injuries as well as facilitating the return to work of injured workers. For such a scheme to work effectively, there must be a strong inspection mechanism, since a rating system also provides employers with an incentive to hide accidents. In consequence it is mainly high-income countries that adopt this system.

Financially sustainable and administratively efficient employment injury schemes are a step towards preventing injured workers and families of injured and deceased workers from falling into poverty and thereby contribute to the achievement of SDG 1, to "end poverty in all its forms everywhere".

### ▶ Box 4.16 International standards relevant to employment injury protection

The right to protection against employment injury is enshrined in the Universal Declaration of Human Rights (UDHR), 1948, and the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966.[1]

According to ILO Convention No. 102 (Part VI), any condition that has a negative impact on health and is attributable to a work accident or an occupational disease, and the incapacity to work and earn that results from it, must be covered. Accordingly, the provision must include medical and allied care free of charge, and cash benefits for the injured person or their dependants. The Employment Injury Benefits Convention (No. 121) and Recommendation (No. 121), 1964, set higher standards and recognize the importance of an integrated approach in improving working conditions, limiting the impact of employment injuries, and facilitating the reintegration of people with disabilities into the labour market and into society (for more details on the minimum requirements, see Annex 3).

The approach taken by Recommendation No. 202 is different, reflecting its focus on preventing or alleviating poverty, vulnerability and social exclusion through income security guarantees and access to at least essential healthcare for all in need, irrespective of the origin of the disability or ill health giving rise to the need for income security and care. Basic income security and access to essential healthcare can be ensured through a variety of approaches, combining contributory and non-contributory schemes and different types of benefits. Particularly relevant to employment injury protection is the Recommendation's further call for the combining of preventive, promotional and active measures with benefits and social services, and the coordination of social protection policies with policies that promote, among other things, secure work within a decent work framework.

[1] UDHR, Art. 25(1); ICESCR, Arts 7(b), 12(b) and (c). See UN, 2008.

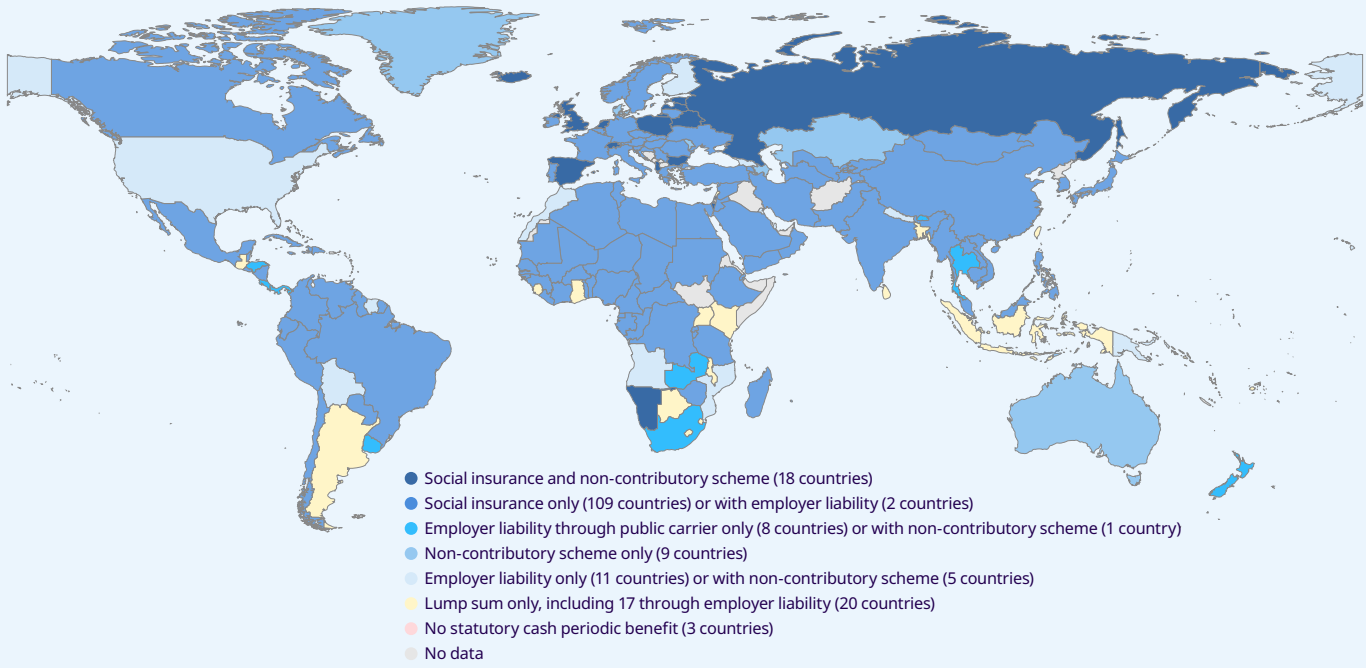
## ▶ Types of employment injury protection schemes and legal coverage

The majority of countries adopt a social insurance approach, although some countries retain elements of an employers' liability approach so that workers who are not covered by social insurance schemes are compensated directly by employers.

Figures 4.16 and 4.17 illustrate the patterns of legal coverage worldwide. As figure 4.16 shows, the emphasis on social insurance, as opposed to employers' liability, is higher in Europe, Central Asia and the Arab States, and lower in the Americas, Africa, and Asia and the Pacific. In Asia and the Pacific, an employers' liability system is still in place in countries such as Bangladesh, Brunei Darussalam, Nepal and Sri Lanka. Legal coverage levels show considerable gaps, especially in Africa and in Asia and the Pacific. Legal coverage of women is lower than that of men in some parts of the world, especially in Africa where the gender gap is particularly prominent. A number of countries are exploring how to extend coverage to self-employed workers, although setting up specific alternatives for such groups presents challenges.

In Africa, employer liability provisions are still in place in countries including Botswana, Eswatini, the Gambia, Ghana, Kenya, Malawi, Morocco, Sierra Leone and Uganda. However, some of these countries, such as Kenya and Malawi, are making efforts to implement a social insurance mechanism for providing employment injury benefits. In Africa, voluntary legal coverage – whereby employers can choose to compensate employees directly or to buy private insurance – represents a high proportion of the total legal coverage. Undesirable consequences of voluntary coverage (such as moral hazard), employers choosing not to compensate directly and failure of private insurers to cover high-risk sectors, could affect the cost of the scheme. In order to minimize these consequences, compulsory coverage for the majority of workers and voluntary coverage for limited categories of workers should be considered.

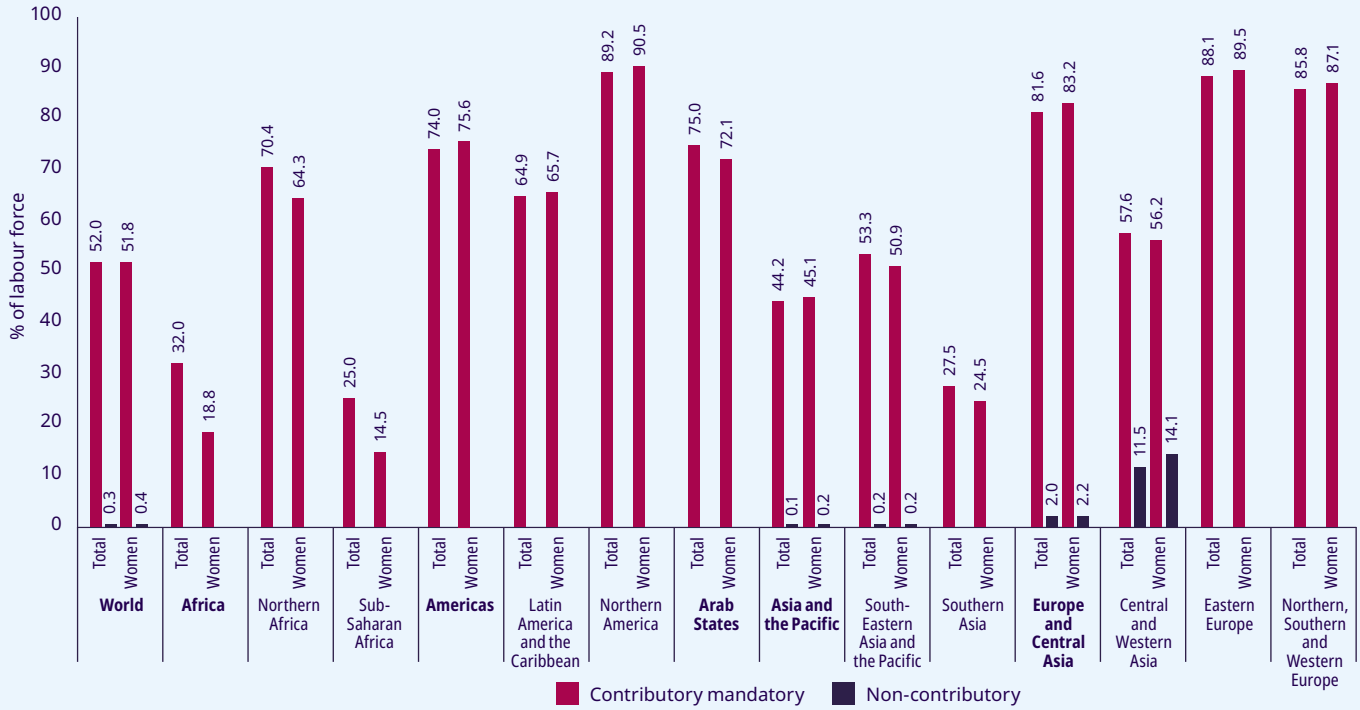
## ▶ Figure 4.16 Employment injury protection (cash benefits) anchored in law, by type of scheme, 2020 or latest available year




Sources: ILO, World Social Protection Database, based on ISSA Country Profiles; national sources.

Link: https://wspr.social-protection.org.

## ▶ Figure 4.17 Legal coverage for employment injury protection: Percentage of persons in labour force aged 15+ years covered by employment injury cash benefits, by region, subregion, sex and type of scheme, 2020 or latest available year

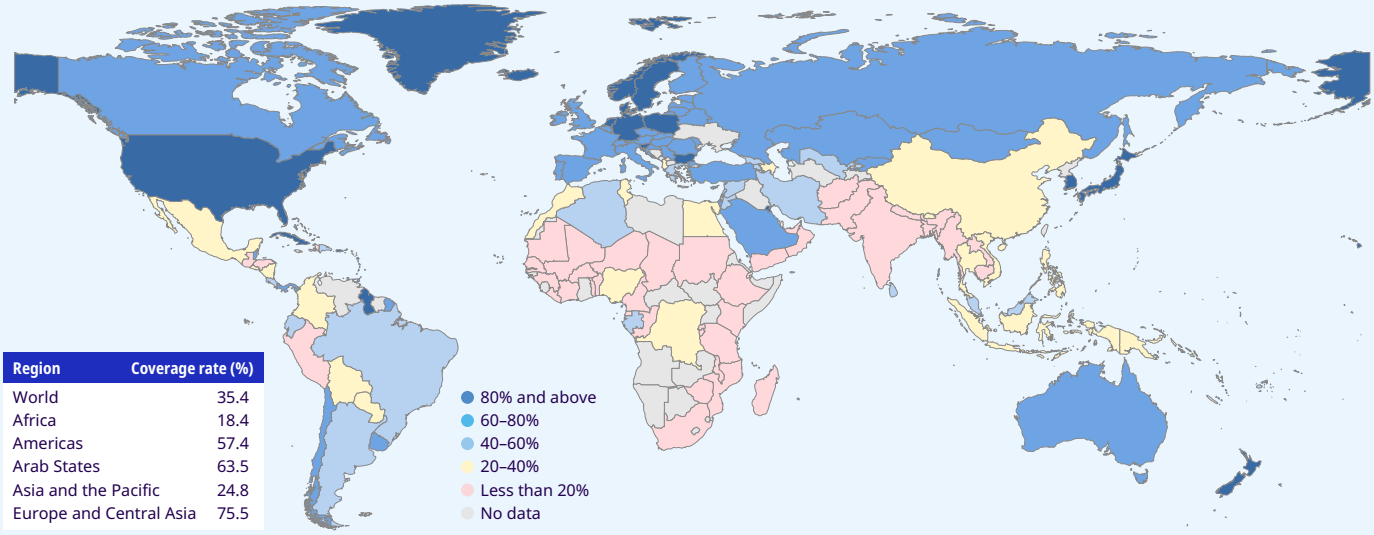



Note: Global and regional aggregates are weighted by labour force aged 15+ years.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

### ▶ Figure 4.18 SDG indicator 1.3.1 on effective coverage for employment injury protection: Percentage of labour force aged 15+ years covered by cash benefits in case of employment injury (active contributors), 2020 or latest available year




| Region | Coverage rate (%) |
|---|---|
| World | 35.4 |
| Africa | 18.4 |
| Americas | 57.4 |
| Arab States | 63.5 |
| Asia and the Pacific | 24.8 |
| Europe and Central Asia | 75.5 |

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by labour force aged 15+ years. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Effective coverage

Despite efforts to extend coverage, in many low- and middle-income countries the number of workers effectively registered in employment injury schemes is much smaller than those covered by law (figures 4.18 and 4.19). The low effective coverage in some parts of the world stems from substantial informality, labour and social security inspection mechanisms with low enforcement capacity, low contributory capacity on the part of employers, a lack of understanding of social insurance, a mismatch between benefits and needs, and complex administrative procedures.

Effective coverage figures show that 35.4 per cent of workers globally receive benefits in the event of employment injury. There are significant regional disparities, however: while 75.5 per cent of workers in Europe and Central Asia, and 63.5 per cent and 57.4 per cent in the Arab States and Americas, respectively, receive benefits, this is the case for only 24.8 per cent of workers in Asia and the Pacific and 18.4 per cent in Africa.

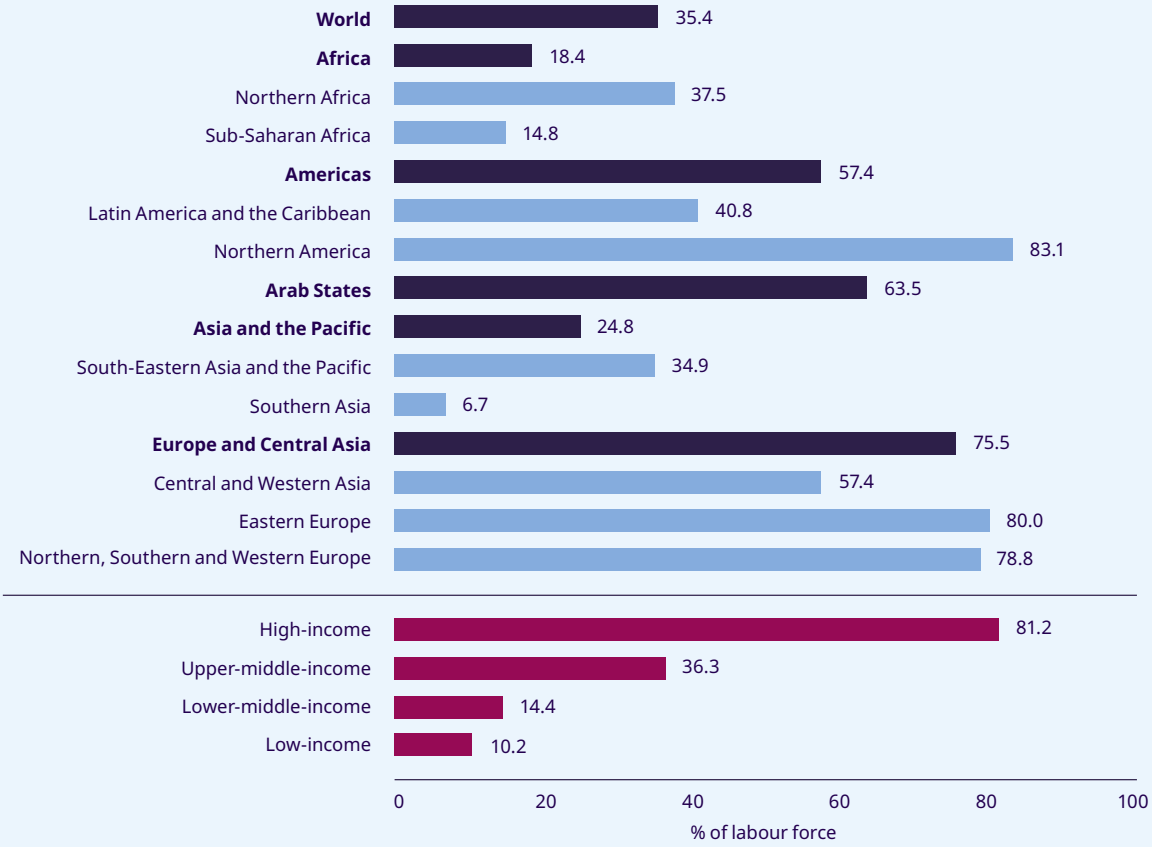
Despite low effective coverage in Asia and the Pacific and in Africa, new EII schemes are gradually being introduced. For example, the United Republic of Tanzania has recently introduced an EII scheme, which in 2018 effectively covered around 5 per cent of the labour force (ILO 2019h). Cambodia's EII was first launched in November 2008 to provide coverage for employees in private-sector companies employing eight or more workers. Coverage has grown from an initial 327 enterprises in 2008 to 12,513 enterprises and 1.63 million workers, of whom 56.2 per cent are women, in 2018 (Ham, Sopheara, and Sereyrarth 2019), a total estimated at 18 per cent of the labour force.[13]

While numbers of work-related injuries and diseases are measured or estimated in many countries, there are no statistics to monitor the proportion of injured workers effectively compensated. This lacuna in data collection requires urgent attention, especially in view of SDG indicator 1.3.1 calling for the coverage of employed workers in case of employment injury.

> In many countries there are no statistics to monitor the proportion of injured workers effectively compensated.

[13] ILO calculations based on the number of active members reported on the National Social Security Fund website and ILOSTAT data.

**▶ Figure 4.19 SDG indicator 1.3.1 on effective coverage for employment injury protection: Percentage of labour force aged 15+ years covered by cash benefits in case of employment injury (active contributors), by region, subregion and income level, 2020 or latest available year**




Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by labour force aged 15+ years. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

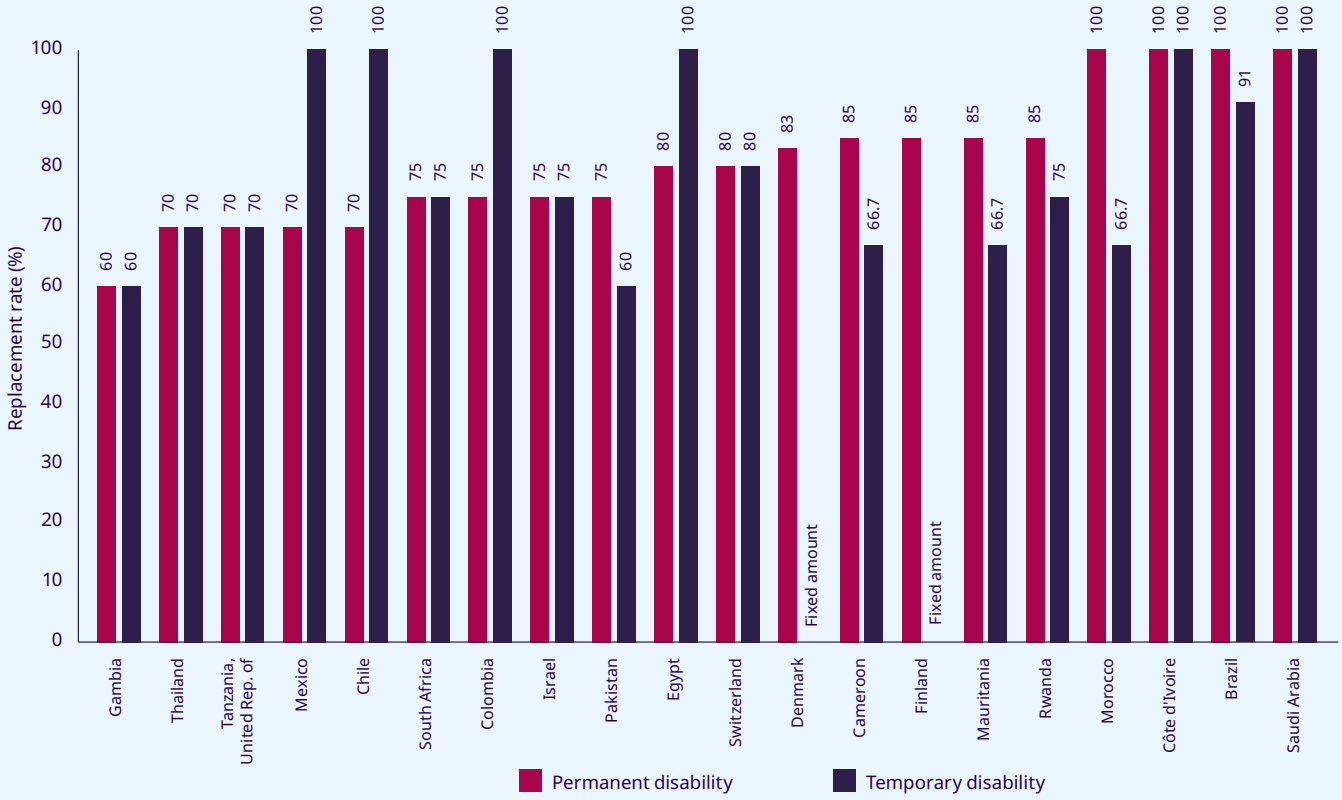
Link: https://wspr.social-protection.org.

## ▶ Adequacy of benefits

Cash benefits of EII schemes are usually disbursed in the form of periodic payments, with cost-of-living adjustments for long-term benefits such as permanent disability and survivors' benefits. Replacement rates, defined as benefits as a percentage of earnings before injury, differ considerably, as shown in figure 4.20. It is encouraging that, in Thailand, the worker compensation law was amended in 2018 to increase the benefits paid by the Social Security Office from 60 per cent to 70 per cent of monthly wages (ISSA 2018).

The interpretation of replacement rates as set out in national legislation requires careful attention. Certain technical aspects of schemes, which may not be explicitly expressed in the legislation, may lead to the substantial erosion of benefits. One example is the ceiling placed on wages to limit insurable earnings, that is, earnings subject to calculations of contributions and benefits. A ceiling that is too infrequently adjusted and therefore becomes too low leads to low benefits and contributions, as seen in the Sindh Province of Pakistan and in Zambia. This led to the provision of top-ups on benefits in the case of the Baldia factory fire of 2012 in Sindh Province, and efforts to substantially raise the ceiling in Zambia. Another example is the exclusion from total insurable earnings of certain benefits that the worker receives as part of job remuneration, which also leads to lower benefits and contributions.

### ▶ Figure 4.20 Replacement rates of employment injury schemes for permanent and temporary disability benefits, selected countries, 2020 or latest available year (percentage)




Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Recent developments: Extending employment injury insurance

Employers' liability schemes contain minimal provisions for benefits and services. Workers in small- and medium-sized enterprises are in a particularly vulnerable position: they are the most prone to injuries, given the limited resources that most of these enterprises allocate to prevention and the high staff turnover that discourages employers from investing in training their workers in preventing accidents and injuries.

For this reason, a number of developing countries are keen to establish an EII scheme or have recently introduced one. For example, in the United Republic of Tanzania, the Workers Compensation Fund was established on 1 July 2015 and is following a medium-term plan to revise contribution rates according to risk assessments of workplaces and other relevant factors. Countries in Eastern and South-Eastern Asia, including Japan, Malaysia, the Philippines, the Republic of Korea and Thailand, have a long history of implementing these schemes and gradually expanding coverage in cases of employment injury. For example, Malaysia recently introduced the Self-Employment Social Security Scheme. In its initial stage, this scheme is compulsory for the self-employed in the passenger transportation sector, which covers taxi drivers (including taxis booked online) and bus drivers under the provisions of the Self-Employment Social Security Act, 2017. With effect from 1 January 2020, the scheme was extended to 19 other sectors.[14] Some countries in Southern Asia, including India and Pakistan, have provincial

[14] See https://www.perkeso.gov.my/en/our-services/protection/self-employment-social-security-act-2017-act-789/self-employment-social-security-scheme.html.

### ▶ Box 4.17 Compensation for workers infected by COVID-19 while at work

Before the COVID-19 pandemic, EII or worker compensation schemes did not usually provide compensation for infectious diseases, owing to the difficulty of determining whether an infection is work-related or not. However, international labour standards stipulate that, if contracted because of work, contracting an infectious disease such as COVID-19 could be considered an employment injury. Employment injuries, under the scope of the Employment Injury Benefits Convention, 1964 (No. 121), and the Social Security (Minimum Standards) Convention, 1952 (No. 102), include industrial accidents and occupational diseases. In the specific circumstances of COVID-19, nearly 50 countries have provided compensation for workers infected by the virus. Some countries (such as Italy and Spain) regard these cases as work-related injuries, while others (such as Belgium, the Republic of Korea, South Africa and the United Kingdom) regard them as cases of occupational disease. Some countries (such as Germany) have provisions for both.

Many countries extend coverage to COVID-19 cases, at least for selected categories of workers, with relaxed conditions of proof of work-related incidence. Workers whose employment activities include engagement or interaction with people who may have contracted the virus are at a greater risk of contracting the virus themselves. In those cases, the workplace is judged to be the place of infection. For example, in Belgium, some categories of workers in the healthcare sector who are at significantly increased risk of being infected by the virus are eligible for compensation when diagnosed with COVID-19 by a laboratory test. However, in many countries claims are treated on a case-by-case basis.

Determining the onset of an occupational disease such as COVID-19 is a complex issue, owing to the latency period. This issue poses a challenge in claiming compensation in many countries with high levels of COVID-19 infection. In consequence, many countries have relaxed the proof, and therefore the eligibility, requirements for certain categories of workers in respect of demonstrating that a COVID-19 infection occurred in the workplace, and consequently should be treated as a work-related accident or disease. This has made it easier for workers not only to gain rapid access to benefits, but also to self-isolate and thereby avoid further workplace transmission. The abuse of such schemes can be avoided through proper administrative and financial governance. This contributes to maintaining fairness in respect of compensation for other work-related injuries and diseases, and ensures the system's long-term financial sustainability.

Source: ILO (2021n).

EII schemes in place, but the coverage is still limited, given these countries' labour market structure and employment practices that often lead to under-reporting or lack of compliance in registering workers.

In the context of the COVID-19 pandemic, many EII schemes have reviewed their administrative rules in order to provide fast and effective compensation to workers infected by the virus while at work. Box 4.17 gives some examples of national practice in this area.

In many countries, essential workers who run a high risk of exposure to COVID-19 have been compensated by an element of "hazard pay". However, more could have been done to compensate essential workers in this respect. In the absence of consistent and equitable pay policies and greater protections for worker safety, essential workers are likely to experience burnout and employers are likely to suffer high staff turnover, and together these eventualities may reduce the availability of greatly needed care services (Dorn et al. forthcoming). Furthermore, this context requires that employment injury provisions adequately address the additional burden of occupational mental ill health arising from stress as a result of long working hours, heavier workloads, continuous exposure to COVID-19 infection risk and insufficient time for rest and recuperation. The recognition of employment injury caused by mental stress, which is rampant in care-related occupations typically performed by women, raises a broader issue that goes beyond the COVID-19 pandemic about defining employment injury in a way that is relevant to the service-dominated labour markets of the twenty-first century.

### ▶ Box 4.18 Malaysia: Coverage of migrant workers

Peninsular Malaysia and Sarawak ratified the Equality of Treatment (Accident Compensation) Convention, 1925 (No. 19), in 1957 and 1964, respectively.

However, in 1993, foreign workers employed in Malaysia were transferred from the Employees' Social Security Scheme (E) to the Foreign Workers' Compensation Scheme (FWCS), mainly owing to difficulties in administering the provision of benefits to foreign workers and their families in their home countries. The benefits provided under the FWCS were significantly lower than those provided under the E, leading to a divergence of national law and practice from the provisions of the Convention, which establishes the principle of equality of treatment between foreign workers and national workers without condition of residence.

As of 1 January 2019, foreign workers' protection in relation to work-related injuries and diseases was moved back from the FWCS under the Workmen's Compensation (Foreign Workers' Compensation Scheme) (Insurance) Order, 2005, to the E, now administered under the Employees' Social Security Act (ESSA). Except for specific exclusions mentioned in its first schedule, the ESSA does not make any distinction between national and non-national workers as to their coverage by and entitlement to work-related injury benefits (ILO 2019c).

Migrant workers form a group that is particularly vulnerable to discrimination. The incidence of informal employment is high among migrant workers worldwide, as they are concentrated in low-skill, temporary, seasonal and casual work. They are often excluded from social security coverage, owing to restrictive legislation and a lack of enforcement, even though the type of work they typically engage in often carries a higher risk of accidents. When migrant workers are included in social security coverage, they often receive lower benefits than national workers. Box 4.18 describes the progress made in Malaysia to provide migrant workers with the same benefits as national workers.

A coherent national strategy to facilitate transitions to formality, not only for migrant workers but for all informal workers, needs to recognize that the costs of working informally and remaining unprotected from employment injury, as for all social security contingencies, are high for businesses, workers, the community and the global economy. Ensuring employment injury protection for vulnerable groups would help to achieve the indicators of SDG target 1.3.

key messages

### 4.2.5 Disability benefits and disability-inclusive social protection

- People with disabilities have been disproportionately affected by COVID-19, and numerous countries have made efforts to give them better protection during the current health and socio-economic crisis. Nevertheless, more needs to be done to ensure that these individuals are not left behind: measures directed at people with disabilities accounted for a mere 8.5 per cent of all measures announced.

- The latest ILO estimates of effective coverage show that only 33.5 per cent of people with severe disabilities worldwide receive a disability benefit, with large regional variation: while coverage in Eastern Europe appears to be almost universal, estimates for Southern Asia and sub-Saharan Africa show an effective coverage rate of below 7 per cent. Coverage in high-income countries is 85.6 per cent, compared with 11.3 per cent in lower-middle-income countries and 8.6 per cent in low-income countries.

- Disability-inclusive social protection systems guarantee effective access to healthcare and income security, including coverage of disability-related costs, for all people with disabilities. They usually comprise a combination of general and disability-specific schemes, both cash and in-kind, designed in ways that enable people with disabilities to participate actively in education, employment and society.

- Including questions related to disability in the collection of administrative data and household surveys, with data disaggregated by disability status, is crucially important to facilitate the effective monitoring of social protection systems, which in turn contributes both to the development of evidence-based policies and to the achievement of the SDGs.

## ▶ Protecting and supporting people with disabilities to ensure economic and social inclusion, income security and independent living

People with disabilities face multiple risks throughout their lives.[15] As a result of various factors, such as stigma, lack of support and certain institutionalized care practices, children with disabilities are at higher risk of violence, exclusion from education and being placed in institutions, which hampers their ability to participate in social, economic and cultural life, including skilled employment later in life (UN Women 2017; UNICEF 2013). Across countries with different income levels, people of working age with disabilities are less likely to be employed, especially in the formal economy (UN 2012b), and therefore less able to rely on stable and adequate earnings or on access to contributory social protection schemes. The prevalence of disabilities increases with age, resulting in a high proportion of older people with disabilities, particularly in the age group 55 years and above, with little to no support to tackle disability-related needs (WHO and World Bank 2011). This risk of functional limitations in old age is larger for lower-income groups (WHO 2015). All these factors contribute to people with disabilities being at greater risk of poverty and deprivation throughout the life cycle (Banks, Morgan, Kuper, and Polack 2018; Mitra et al. 2017).

The COVID-19 crisis has revealed, and further exacerbated, these pre-existing vulnerabilities, particularly for those with intersecting vulnerabilities, such as women and girls with disabilities (UNPRPD et al. 2020; UN 2020a). People with disabilities were significantly affected by disruptions of their usual support systems during lockdown, along with confinement and high rates of contagion because they rely more than others on support services, personal assistants and health services in their everyday lives. Ensuring the continuity and extension of services catering for the needs of people with disabilities has been critically important. However, fewer than half of the 181 countries that adopted COVID-19 social protection responses in 2020 referred to people with disabilities at all, and measures specifically directed at this group accounted for a mere 8.5 per cent of all measures announced (UNPRPD and ILO 2021).

Access to mainstream social protection schemes, as well as to disability-specific benefits, is of central importance for people with disabilities in ensuring their income security, covering disability-related costs, and promoting employment and participation in society. Social protection facilitates access to basic services such as health, education and public transport, as well as support services including social work, childcare and the provision of assistive devices. The provision of such an holistic package corresponds with the UN Convention on the Rights of Persons with Disabilities (CRPD), 2006, international social security standards and the 2030 Agenda, as expressed in particular in SDG targets 1.3 and 8.5 (ILO and IDA 2019; UN 2015c) (see box 4.19).[16]

## ▶ Types of disability benefit schemes

In addition to social protection benefits available to the general population, people with disabilities may require disability-specific schemes across the life cycle to address their greater needs for income support, arising from barriers to employment and disability-related costs. To address this, countries progressively developed a combination of contributory and non-contributory cash and in-kind benefits or tax reliefs and subsidies, such as free or subsidized access to assistive devices, public transport, housing and other provisions, as well as support services. A diversity of schemes, complemented by a range of high-quality public services, is necessary to address the range of different needs across the life cycle (see table 4.2).

> People with disabilities may require disability-specific schemes across the life cycle to address their greater needs for income support.

[15] There is no single definition of disability. However, the UN Convention on the Rights of Persons with Disabilities, 2006, recognizes that "disability is an evolving concept" (Preamble). "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (Art. 1).

[16] The CRPD strongly reaffirms the right to social protection for people with disabilities and establishes a pathway for their inclusion in all efforts related to the realization of this right (Art. 28). The 2030 Agenda explicitly refers to people with disabilities with regard to social protection systems, including floors (SDG target 1.3), and with regard to their full engagement in productive employment and decent work (SDG target 8.5).

## ▶ Box 4.19 The international normative framework for the right to social protection of people with disabilities

The international normative framework has progressively elaborated the right to social security of people with disabilities and States' obligations to secure this right in ways that foster access to socio-economic participation on an equal basis with others.

The CRPD emphasizes the critical role of social protection in supporting the full and effective participation and inclusion of people with disabilities across the life cycle. The CRPD sets out the obligations of States parties to:

- ensure that people with disabilities enjoy **adequate standards of living on an equal basis with others**, and have equal access to all social protection schemes and programmes, including pensions, public housing (Art. 28), healthcare (Art. 25), rehabilitation (Art. 26), and vocational training and return-to-work programmes (Art. 27), without any discrimination;
- ensure that people with disabilities have **access to assistance to cover disability-related expenses** as well as to **affordable and quality disability-related services and devices** (Art. 28) that they require to live independently and be included in the community (Art. 19);
- **support children with disabilities and their parents,** prevent institutionalization and ensure that in any case children are living in family-like settings (Arts 7, 16, 18 and 23);
- **address the particular disadvantages faced by women and girls with disabilities** (Arts 6 and 28); and
- **meaningfully consult and involve people with disabilities** through their representatives' organizations in the design, implementation and monitoring of social protection policies and programmes (Art. 4.3).

International social security standards complement this framework. ILO Convention No. 102 (Part IX) sets minimum standards for the provision of income security with respect to loss of income related to acquiring a disability through employment injury or other causes. This is complemented by the Employment Injury Benefits Convention, 1964 (No. 121), which stipulates the provision of additional benefits for people requiring constant support by a third person. Furthermore, the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128), in Article 13(1), sets higher standards for disability benefit schemes, including the provision of rehabilitation services to enable people with disabilities either to resume their employment or to perform another activity suited to their aptitudes. Its accompanying Recommendation, No. 131 (Para. 5), broadens the definition of the contingencies that should be covered under national schemes by including partial disability, which should give rise to a reduced benefit.

Although medical care, including medical rehabilitation, is dealt with under separate provisions in Convention No. 102 (Part II), the Medical Care and Sickness Benefits Convention, 1969 (No. 130), expands the provision of required medical care and rehabilitation, including access to assistive devices, that should be "afforded with a view to maintaining, restoring or improving [their] health … and [their] ability to work and to attend to [their] personal needs" (Art. 9).

ILO Recommendation No. 202 puts forward an integrated and comprehensive approach to social protection, according to which people with disabilities should enjoy the same guarantees of basic income security and access to essential healthcare as other members of society through national social protection floors. In addition, the Recommendation requires that social protection systems be designed in line with the principles of non-discrimination, gender equality and responsiveness to special needs, as well as respect for the rights and dignity of people covered by the social security guarantees.

### ▶ Table 4.2 Types of disability benefits for people with disabilities across the life cycle, by function

| Stage of life cycle | Function | | |
|---|---|---|---|
| | General income security | Coverage of disability-related costs | Healthcare |
| Childhood | Family and child benefits | Disability benefit, child disability benefit, concessions, caregiver benefit, early identification and intervention, respite care, education stipends or transport allowances, assistive products, etc. | |
| Working age | Unemployment protection benefit, disability insurance, employment injury, disability allowance, social assistance, etc. | Disability insurance, disability allowance compatible with work and other income support, concessions, personal assistance schemes, respite care, third person support benefit, sign language interpreters, assistive products, etc. | Universal healthcare coverage, including rehabilitation and assistive technology |
| Old age | Old-age pensions | | |

Source: ILO analysis.

Focusing more specifically on disability cash benefits, the large majority (175 countries) of the 188 countries for which information is available have schemes providing periodic cash benefits for people with disabilities anchored in national legislation. The remaining countries either provide lump sums only (11 countries) or have no scheme anchored in law (two countries) (see figure 4.21). Most countries (148) have social insurance schemes; for a large number of countries (90) this is the only mechanism through which they provide social protection for people with disabilities. This means that people with disabilities working outside the formal economy, including children, may face difficulties in meeting their disability-specific needs.

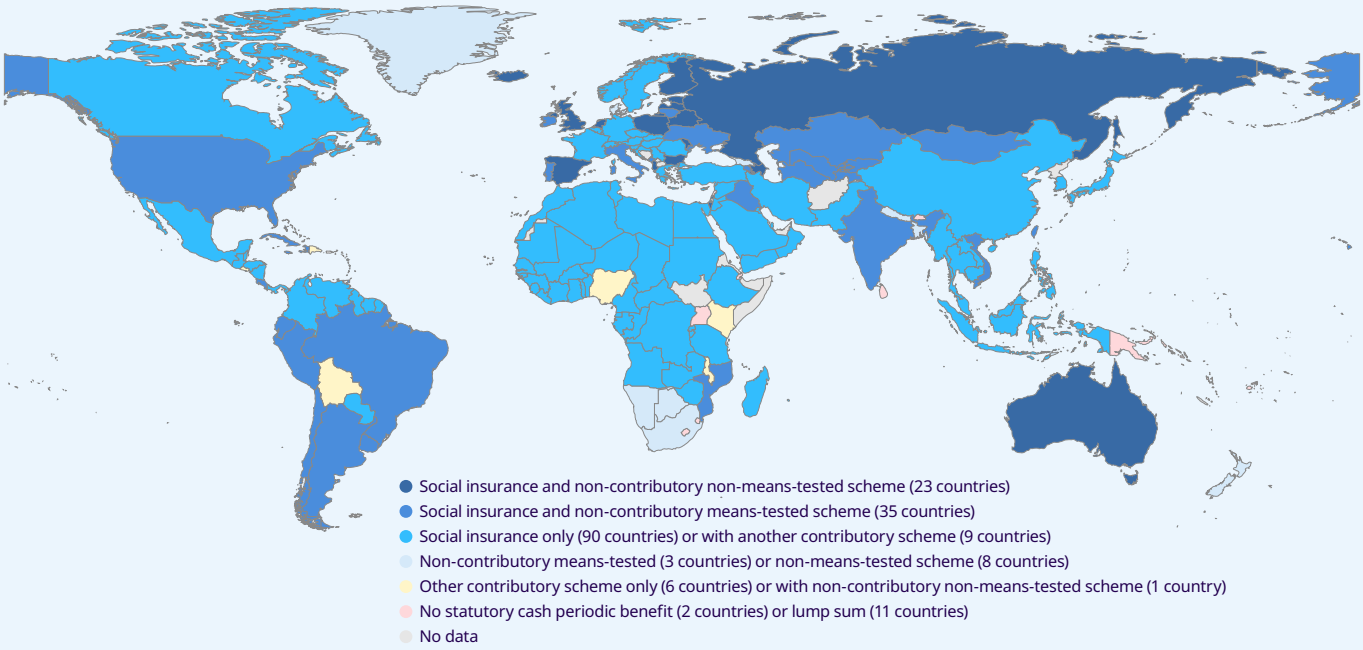
The overview also shows that 70 countries have non-contributory schemes with (38) or without (32) means-testing. However, the widespread means-testing of disability benefits often does not take into account disability-related costs or greater difficulties in accessing the labour market. Fifty-eight countries combine both social insurance and non-contributory schemes, of which 23 countries have non-means-tested schemes in place.

## ▶ Legal coverage

Just 33.8 per cent of all people with severe disabilities around the world are legally covered by mandatory contributory disability benefit schemes,[17] and another sixth (17.3 per cent) by non-contributory disability benefit schemes (see figure 4.22). Overall, women with disabilities are less likely to be covered by contributory schemes than men, largely reflecting their lower labour force participation, particularly in Northern Africa and the Arab States. In Europe and the Americas, such gender gaps are partially compensated for through the provision of non-contributory benefits; however, these often provide lower benefit levels.

[17] While there is no universally accepted definition of severe disabilities, the coverage estimates presented in this report use the definition adopted by WHO (see Annex 2).

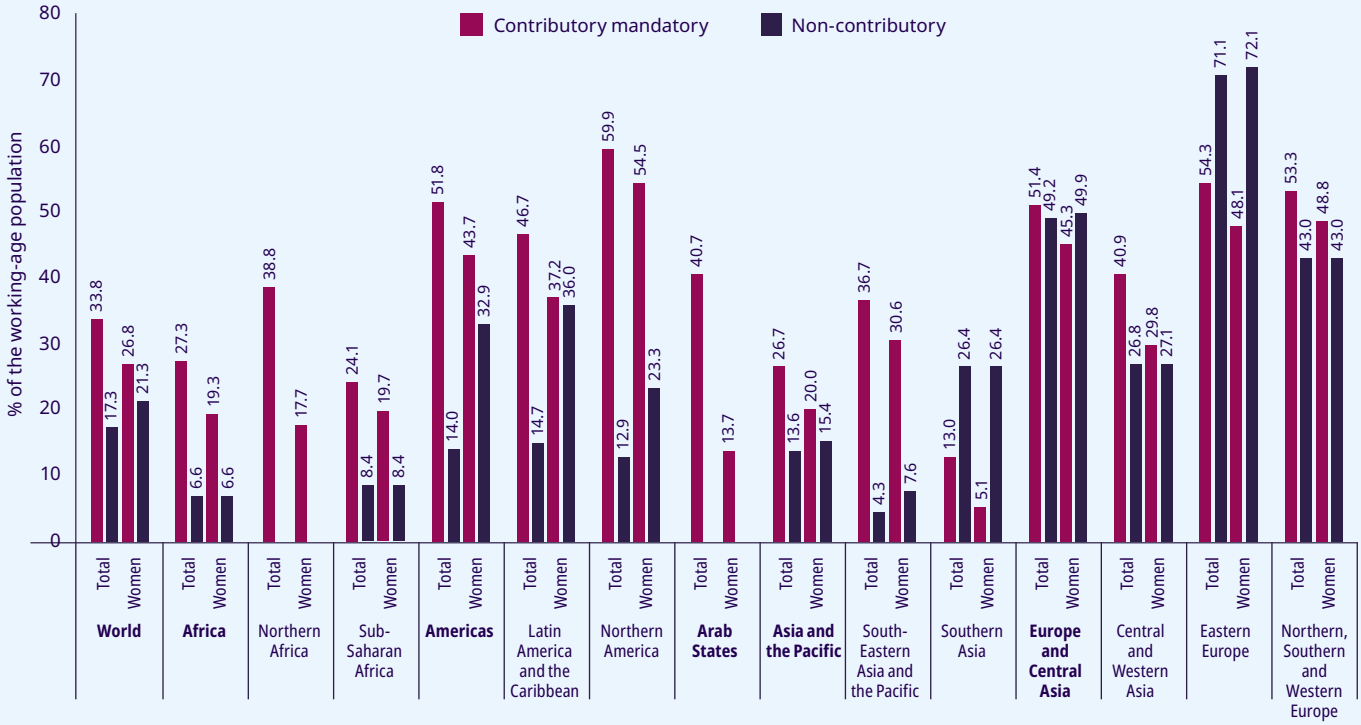
## ▶ Figure 4.21 Disability protection (cash benefits) anchored in law, by type of scheme, 2020 or latest available year




Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Figure 4.22 Legal coverage for disability protection: Percentage of working-age population aged 15+ years covered by disability cash benefits, by region, subregion, sex and type of scheme, 2020 or latest available year




Note: Global and regional aggregates are weighted by working-age population aged 15+ years.

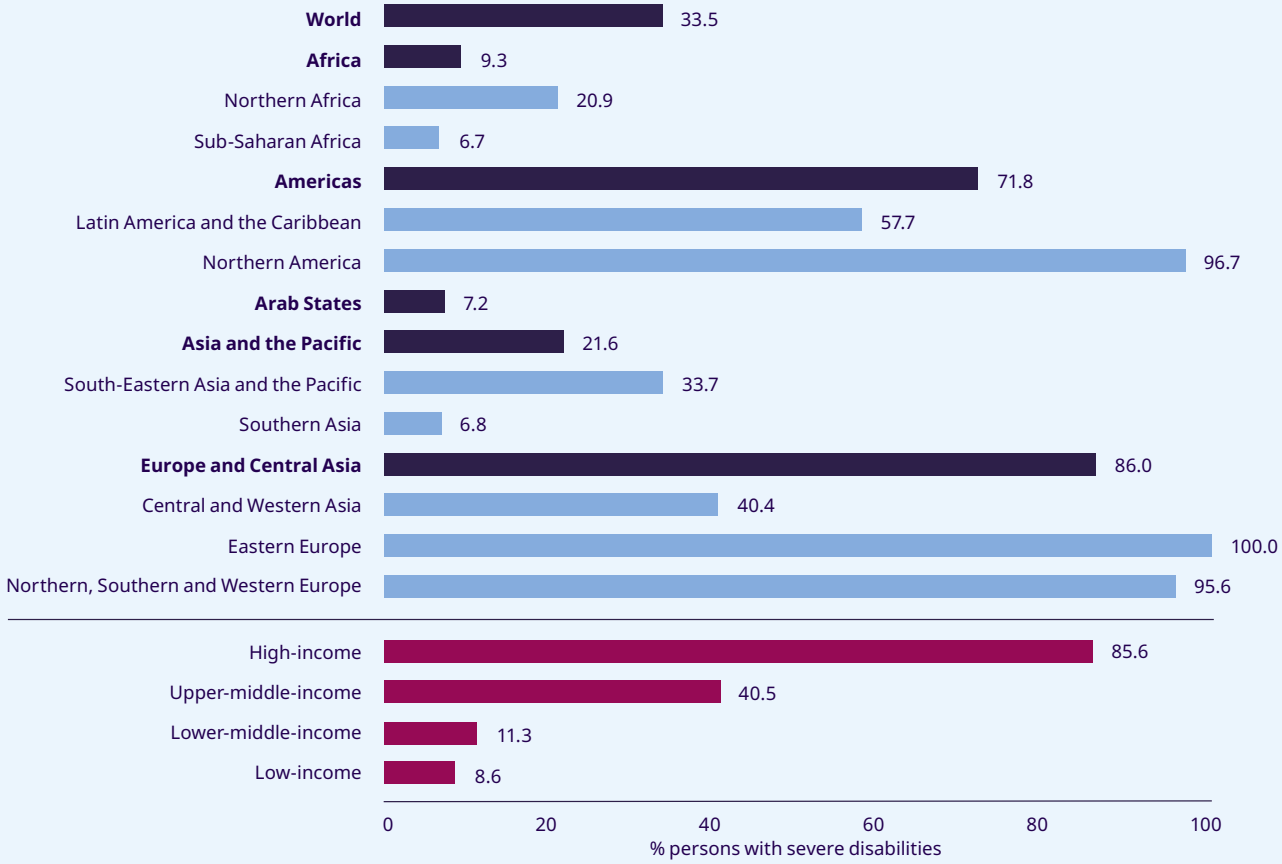
Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Effective coverage: Monitoring SDG indicator 1.3.1 for people with severe disabilities

Worldwide, 33.5 per cent of people with severe disabilities receive a disability benefit (see figures 4.23 and 4.24). Coverage in Central Asia is above 80 per cent and in Europe it is quasi-universal; in Africa and the Arab States, however, it is below 10 per cent. While universal provision for people with disabilities is more common in higher-income countries, it has also been achieved in Brazil, Chile, Mongolia and Uruguay. Significantly, other countries, among them Kyrgyzstan, Nepal and South Africa, are progressively extending disability benefits. Conversely, several countries undergoing fiscal consolidation after the financial crisis of 2008–10, including Greece, Hungary, Sweden and the United Kingdom, have cut disability benefits, for instance by introducing means tests for previously universal benefits (Malli et al. 2018; UN 2019d). As countries move out of the COVID-19 crisis into recovery, there is a risk that, under pressure to consolidate the public finances, they will cut social protection expenditure further, including benefits and support for people with disabilities – despite the fact that expenditure on disability benefits is already low in many countries. Before the crisis, only a handful of low- and middle-income countries spent above 0.3 per cent of GDP on provision in this area, as compared with a European Union average of 2.8 per cent of GDP in 2018 (Eurostat 2018; Kidd et al. 2019).

### ▶ Figure 4.23 SDG indicator 1.3.1 on effective coverage for disability protection: Percentage of persons with severe disabilities receiving cash benefits, by region, subregion and income level, 2020 or latest available year

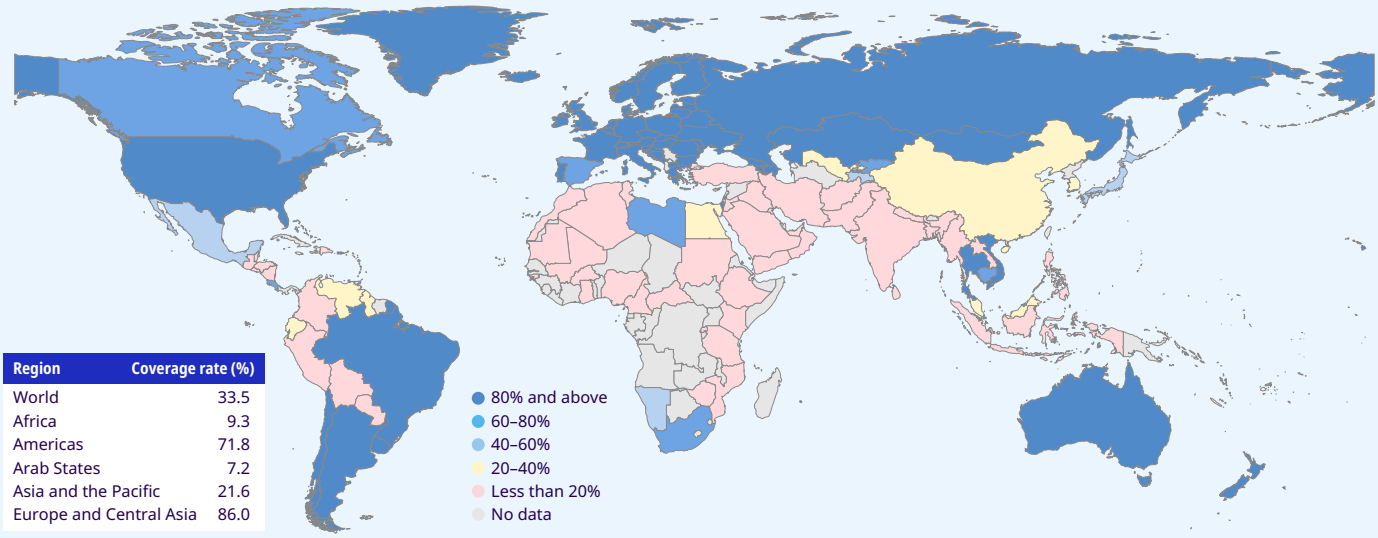



Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by population. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

### ▶ Figure 4.24 SDG indicator 1.3.1 on effective coverage for disability protection: Percentage of persons with severe disabilities receiving cash benefits, 2020 or latest available year




| Region | Coverage rate (%) |
|---|---|
| World | 33.5 |
| Africa | 9.3 |
| Americas | 71.8 |
| Arab States | 7.2 |
| Asia and the Pacific | 21.6 |
| Europe and Central Asia | 86.0 |

Notes: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by population. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Social protection for people with disabilities at the crossroads: From "incapacity to work" to "inclusion and empowerment"

Notwithstanding the paradigm change intended by the CRPD and the emphasis on "leaving no one behind" in the SDGs, existing social protection policies in many countries are still largely framed according to a paradigm that conceptualizes disability as incapacity to work and associated with poverty, rather than providing adequate support to enable the participation and inclusion of people with disabilities in society. In most low- and middle-income countries, the only available disability benefits tend to be targeted on those in poverty and/or conditional upon incapacity to work. Segregating people with disabilities into those "able" or "unable" to work, and making disability benefits conditional upon incapacity to work, locks people with disabilities into a vicious cycle of dependency and exclusion, thereby perpetuating existing stereotypes and prejudices. Many high-income countries have reformed their systems, adopting a more flexible approach that provides benefits to offset disability-related costs for those who are in work, supplemented by income replacement for people with disabilities who are not in a position to work. A few countries, such as Fiji, Georgia, Mauritius, Namibia and Thailand, among others, have universal disability benefits in place that are compatible with work and sometimes with other income support schemes. These efforts are often accompanied by measures to increase labour market accessibility for people with disabilities. This is a first step towards greater flexibility to support economic empowerment.

Taking the inclusion agenda seriously requires designing and implementing social protection systems with the following aspects in mind (ILO and IDA 2019).

### *Participation of relevant stakeholders*

Direct engagement with people with disabilities through their representative bodies (organizations of people with disabilities – OPDs) along the full policy cycle of planning, implementing, monitoring and reforming social protection policies and programmes is not only a requirement under Article 4.3 of the CRPD and Para. 3(r) of Recommendation No. 202, but is also necessary to

ensure that policies are designed in such a way that they reflect beneficiaries' needs and are effective. OPDs should in particular be involved in setting priorities for social protection interventions in a phased approach for progressively building universal social protection (ILO and IDA 2019). In Fiji, for example, the National Federation of Persons with Disabilities has been closely involved in the design of a disability allowance supportive of economic empowerment and a disability assessment and eligibility determination mechanism that is easily accessible at community level. This has contributed to strong ownership and has facilitated the successful and rapid roll-out of the programme (Pacific Disability Forum 2018). In Kenya, OPDs have been instrumental in working with the Government to identify people with disabilities quickly who could benefit from the ad hoc cash transfer introduced in the context of COVID-19 (UNPRPD 2021).

### *Ensuring that disability data and statistics include people with disabilities*

Household surveys and tools used to collect information for scheme administration need to be disability-inclusive (Barca et al. 2021). Since the adoption of the CRPD, the "Washington Group Short Set" (WGSS) of questions has become the standard tool for determining the prevalence of disability (for example in household surveys).[18] Allowing for data disaggregation, they also provide insights into the inequalities faced by people with disabilities and their level of access to different services. In the Dominican Republic, the inclusion of such questions in the SIUBEN (Sistema Único de Beneficiarios) survey enabled families of children with disabilities eligible for support to be identified more rapidly during the COVID-19 crisis. In addition to the WGSS, disability-specific modules (ILO Model Labour Force Resources)[19] and surveys (WHO Model Disability Survey),[20] and the SINTEF surveys,[21] are needed to provide more detailed information on the situations of people with disabilities and the barriers they face.

### *Ensuring that disability assessments provide for support and inclusion*

Disability assessments are carried out to determine eligibility for individual disability-related support. In many countries, assessments still follow a medical model that is focused solely only on a person's impairments. Such assessments may fail to provide insights into the diverse barriers faced or support needs in terms of devices and services, as recommended by the CRPD committee. Furthermore, in many low- and middle-income countries, medical assessments are often not easily accessible owing to a lack of qualified health professionals, severely restricting the access of many people with disabilities to disability-specific benefits. Some countries are carrying out innovative assessments at the community level with simple assessment tools and the possibility of referrals to reduce the costs to people with disabilities of accessing the system (UNPRPD et al. 2021). For example in Viet Nam, village committees have access to simple assessment instruments to determine eligibility of people with disabilities; a medical assessment is needed only in the event of an appeal or when the decision is not clear (Banks, Morgan, Walsham et al. 2018). In order to implement disability assessments effectively, good-quality assurance and proper training of assessors are essential.

The COVID-19 crisis has highlighted the importance of inclusive social protection information systems, including national disability registries, to channel benefits to people with disabilities (as evidenced in the example of the Dominican Republic). Such registers should be based on disability assessment and determination mechanisms that are easily available nationwide and consider the diverse barriers that people with disabilities face and their support requirements (UNPRPD et al. 2021).

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[18] The aim of the WGSS of questions is to identify people who are *at risk* of having a disability in the social model sense: that is, people who because of functional limitations can face restrictions on participation because of barriers they face in their environment. The questions were kept to the minimum number needed to identify a large majority of people with disabilities so that they would be practical for use in censuses and in the core demographic questions of household surveys. A growing consensus has emerged across producers and users of disability data that the WGSS is the preferred methodology for making international comparisons on disability prevalence and for disaggregating outcome indicators collected by censuses and household surveys. For more details, see https://www.washingtongroup-disability.com.

[19] See ILO Model Labour Force Resources.

[20] For more details, see https://www.who.int/disabilities/data/mds/en/.

[21] For more details, see https://www.sintef.no/en/projects/studies-on-living-conditions/.

### *Inclusive delivery mechanisms*

In many countries, common barriers to accessing social protection – such as physical distance, lack of simple and appropriate information, lack of financial inclusion, cumbersome and complex administrative procedures – are magnified for people with disabilities as a result of difficulties in accessing transport, premises, online portals and payment methods, as well as negative attitudes. Awareness-raising of staff, disability-disaggregated data, non-discrimination and accessibility provisions in regulations and standard operating procedures all effectively contribute to greater sensitization to disability inclusion requirements. Such inputs are needed throughout all steps along the delivery chain for all social protection schemes and programmes, whether disability-specific or mainstream, so as to ensure effective access for and greater coverage of people with disabilities (UNPRPD, ILO, and UNICEF 2021).

### *Addressing disability-related costs*

In order to provide adequate protection and support, design of benefits and eligibility determination mechanisms need to take into account the higher living costs of people with disabilities in comparison with people without disabilities (ILO and IDA 2019). These higher costs mean that at the same level of income people with disabilities will experience lower living standards than people without disabilities. Disability-related costs include higher daily costs of living, for example higher health or transport costs, and the costs of necessary support services or assistive devices, personal assistance, sign language and interpretation, and so on. They also include indirect opportunity costs such as time spent on support activities by family members or lower earned income owing to barriers faced in education and labour market opportunities. The level and type of costs incurred depend on the extent of each individual's functional limitations and support needs and the barriers in their environment, as well as their level of participation in social and economic life. Most people with disabilities cannot afford the costs required to achieve even basic participation. Some of these costs can be reduced by lowering the barriers to access, which can have a great impact but takes time, while other costs are fixed.

While social protection can play a critical role in covering these costs through a combination of cash and in-kind transfers, the additional costs are rarely factored into scheme design, or the poverty threshold used in means-tested schemes, and national poverty statistics are often not adjusted to reflect additional costs (see box 4.20). A few countries, such as the Republic of Moldova,

## ▶ Box 4.20 Measuring the additional cost of living for people with disabilities

If social protection systems are to provide adequate benefits to address disability-related costs, these costs must be measured accurately. Different approaches to the task capture different realities. The first approach uses household income and expenditure surveys to compare the standard of living of otherwise similar households with and without people with disabilities. The difference in the standard of living assessed provides an estimate of disability-related expenses, which often amount to between 30 and 50 per cent of average household incomes in higher-income countries (Mitra et al. 2017; Morris and Zaidi 2020). It is important to note that these reflect actual expenditure, and may not be sufficient to achieve full participation. Thus, estimates are usually lower in low- and middle-income countries, as households have less capacity to pay and the availability of services needed is lower. Recent studies have shown that the share of disability-related expenses relative to household incomes is significantly higher in the lowest income quintile than in the second or third quintile. The share of disability-related costs relative to incomes increases again in the highest quintile where households have greater capacity to pay for expensive services and devices.

To complement estimates, some studies ask people with disabilities and their families about the disability-related expenses they face. A study in South Africa shows that disability-related costs differ widely depending on the type of disability, the level of support needs and economic status, ranging from below the poverty line to 14 times the poverty line (South Africa 2016). Research from New Zealand showed that the additional weekly costs for a single person with a disability living alone could represent up to five times the minimum salary (Disability Resource Centre 2010).

have factored basic disability expenses faced by households into the benefit-calculation formula that determines the poverty assistance cash transfer level. Indonesia's poverty assistance programme provides a disability top-up for households with people with disabilities. While those adaptations are no substitute for individual disability allowances which foster autonomy and independence of people with disabilities, they do represent an important acknowledgement of the economic impact of disability.

The COVID-19 crisis has revealed significant coverage gaps for people with disabilities and demonstrated the importance for all countries of developing and strengthening disability-inclusive social protection systems. As countries move out of the crisis, recovery plans need to be inclusive and attentive to the realities of people with disabilities. Designing and implementing social protection systems with the above-mentioned aspects in mind will be key to realizing the human right to social security for people with disabilities.

key messages

## 4.2.6 Unemployment protection

- Unemployment protection schemes provide income support for involuntarily unemployed or underemployed people, and offer employment assistance to support their return to work, in line with international labour standards. At the macroeconomic level, unemployment protection schemes act as automatic stabilizers, stimulate economic recovery and support structural economic changes. At the microeconomic level, they improve the matching of skills with available jobs, and provide safeguards against falling into informal work and poverty.

- The COVID-19 pandemic highlighted the crucial role of unemployment protection schemes in ensuring income security for workers and their families. These include not only unemployment benefits, but also employment retention schemes that help mitigate the adverse impacts of lockdowns on both workers and enterprises.

- Unemployment protection programmes are also of paramount importance in supporting those suffering the adverse impacts of technological innovations, and of environmental and climate change, by facilitating structural adaptation and a just transition for enterprises and workers in all sectors.

- Globally, 96 countries have established an unemployment protection scheme in law, the vast majority (nine out of ten) through social insurance mechanisms.

- Only 18.6 per cent of unemployed workers worldwide actually receive unemployment benefits (SDG indicator 1.3.1), with large regional disparities. This shortfall is attributable to the absence of unemployment protection schemes in many countries, the legal exclusion of certain categories of workers, high rates of long-term unemployment and restrictive qualifying conditions.

- Young people, people with disabilities, older people, women, the long-term unemployed and people engaged in flexible work arrangements suffer particular challenges in accessing decent employment and, in turn, adequate unemployment protection. These inequalities are expected to increase following the COVID-19 crisis.

- Several middle-income countries have recently strengthened their unemployment protection policies by introducing or expanding the scope of unemployment insurance schemes, combining them with employment promotion measures.

- Further efforts are required to adapt unemployment protection schemes to ensure coverage for workers in all types of employment and improve coordination with employment services. Strengthened social dialogue and policies for the transition to the formal economy are also essential for an effective unemployment protection.

## The state of unemployment protection and its contribution to achieving the SDGs

The twofold objective of unemployment protection schemes is to guarantee income security in case of partial or full loss of a job and to promote decent employment. It can be achieved through unemployment insurance or assistance, or an employment guarantee, and is often strategically linked with employment promotion measures and ALMPs (ILO 2014c; Peyron Bista and Carter 2017).

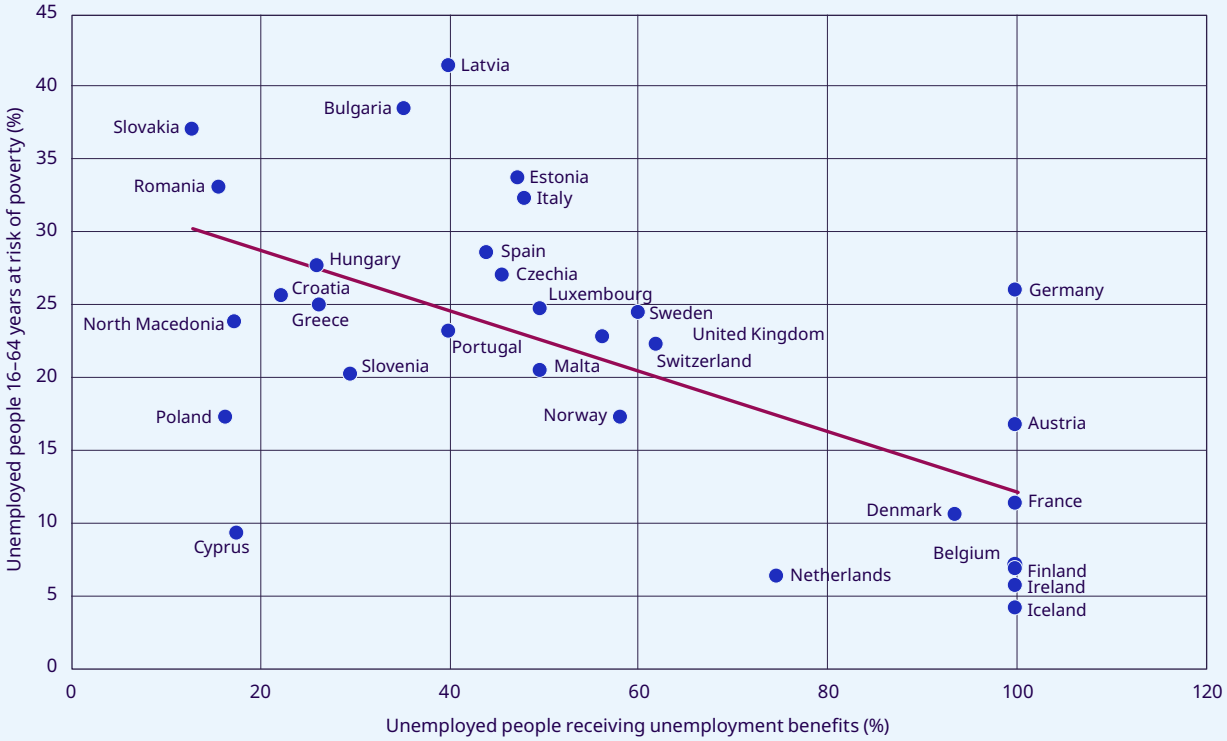
By mitigating the loss of income, unemployment benefits play a fundamental role in preventing individuals and households from falling into poverty and vulnerability when they become unemployed (Carter, Bédard and Peyron Bista 2013), in line with SDG target 1.3 (see figure 4.25).

Unemployment benefits also have the potential to progressively reduce inequalities and encourage the fair distribution of economic wealth, especially when combined with employment services tailored to the needs of specific groups, such as young people, older workers and the long-term unemployed (SDG 10.4). By providing unemployed workers with temporary financial support, they can help prevent a slide into informality and economic inactivity (Florez and Perales 2016; ILO 2021k, 2014c).

> Unemployment benefits play a fundamental role in preventing individuals and households from falling into poverty and vulnerability.

The close interrelationship between unemployment benefits and employment promotion measures, including ALMPs, contributes to the better matching of skills and jobs, and encourages increased employability (see box 4.21 and figure 4.26). This provides an enabling environment for the promotion of productive and decent employment (SDG targets 8.5 and 4.4).

**Figure 4.25 SDG indicator 1.3.1 on effective coverage for unemployment protection: Percentage of unemployed people receiving cash benefits and share of unemployed people 16–64 years at risk of poverty, selected European countries, 2019**




Note: Calculations based on a poverty line of 40% of equivalized median household income, which is lower than the threshold used by the European Union to identify those at risk of poverty (60% of median income).

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources and Eurostat Survey on Income and Living Conditions.

Link: https://wspr.social-protection.org.

### ▶ Box 4.21 International standards on unemployment protection

Protection against unemployment is an integral part of the right to social security, enshrined in various international human rights instruments as well as the Universal Declaration of Human Rights (Art. 25(1)) and the International Covenant on Economic, Social and Cultural Rights (Art.v 9) (see also UN 2008, paras 2 and 16).

ILO Conventions and Recommendations take a broad approach to unemployment protection by setting standards for the provision of cash benefits and services during periods of unemployment. They have a complementary objective: to ensure that individuals enjoy income security when they lose their earnings owing to the inability to obtain suitable employment, and to promote full and productive employment.

Convention No. 102 requires the provision of cash benefits for unemployed people capable of and available for work, but unable to obtain suitable employment. It sets quantitative and qualitative benchmarks to ensure: (1) the coverage of a substantial proportion of the population; (2) the sufficiency of levels of cash benefits to serve as income replacement, allowing beneficiaries and their families to enjoy decent living and health standards; and (3) provision of cash benefits for a sufficient period of time to serve their purpose (see Annex 3).

The Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168), increases the level and scope of protection that should be provided for the unemployed. In addition to full unemployment, it covers partial unemployment (temporary reduction in the number of working hours) and temporary suspension of work without a break in the employment relationship, also for reasons of an economic, technological or structural nature, as well as benefits for part-time workers who are seeking full-time work. It also requires the provision of social benefits for certain categories of people who have never been, or have ceased to be, recognized as unemployed or covered by unemployment protection schemes (for example, new entrants to the labour market, those previously self-employed, among others). Convention No. 168 further reinforces the need to coordinate unemployment protection and employment policies. The provision of unemployment benefits should contribute to the promotion of full, productive and freely chosen employment, including by combining cash benefits with measures that promote job opportunities and employment assistance (for example, employment services, vocational training and guidance). The Convention also recommends the adoption of special measures for those with particular needs in the labour market. Its accompanying Recommendation, No. 176, extends the scope of coverage and provides guidance on the promotion of productive employment, including in times of economic crisis, as well as on assessing the suitability of employment for jobseekers in order to avoid merely channelling them into any available jobs.

Recommendation No. 202 guides countries in defining and guaranteeing basic income security, at least at a nationally defined minimum level, for all members of the working-age population who are unable to earn sufficient income, notably in cases of unemployment. Such a guarantee should cover at least all residents, and may be provided through a variety of means including universal schemes, social insurance, social assistance, negative income tax, and/or public employment and employment support programmes. Echoing Convention No. 168, it recommends that the design and implementation of social protection floor guarantees combine preventive, promotional and active measures that advance decent employment and productive economic activity, notably through vocational training for productive skills, entrepreneurship and sustainable enterprises.

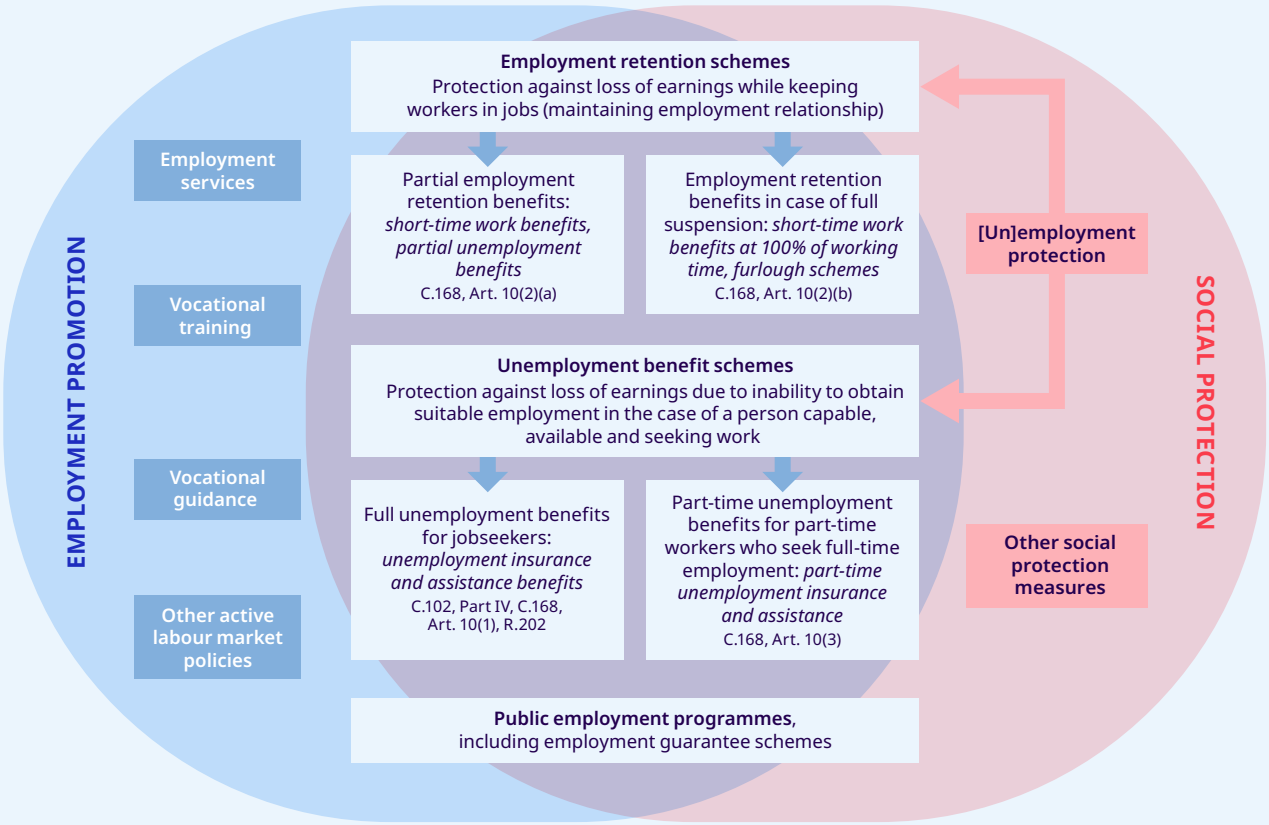
The effectiveness of unemployment protection extends beyond protecting incomes and promoting employment. Unemployment protection that combines contributory and non-contributory schemes, linked with activation measures, can also promote gender equality and women's empowerment (SDG 5). It can support women's reintegration in the labour market after periods of economic inactivity for family care and prevent them from taking jobs in the informal sector by providing income support during periods of unemployment, and has been proven to increase women's labour participation (ILO 2016f, 2014b).

Finally, unemployment protection schemes will be critical for ensuring a just transition into a new world of work that embraces green policies and adapts to technological innovations (SDGs 7, 9, 11, 12 and 13) (ILO 2017c).

> Unemployment protection schemes will be critical for ensuring a just transition into a new world of work.

## ▶ Box 4.21 (cont'd)

### ▶ Figure 4.26 Unemployment protection: A close articulation between social protection and employment promotion



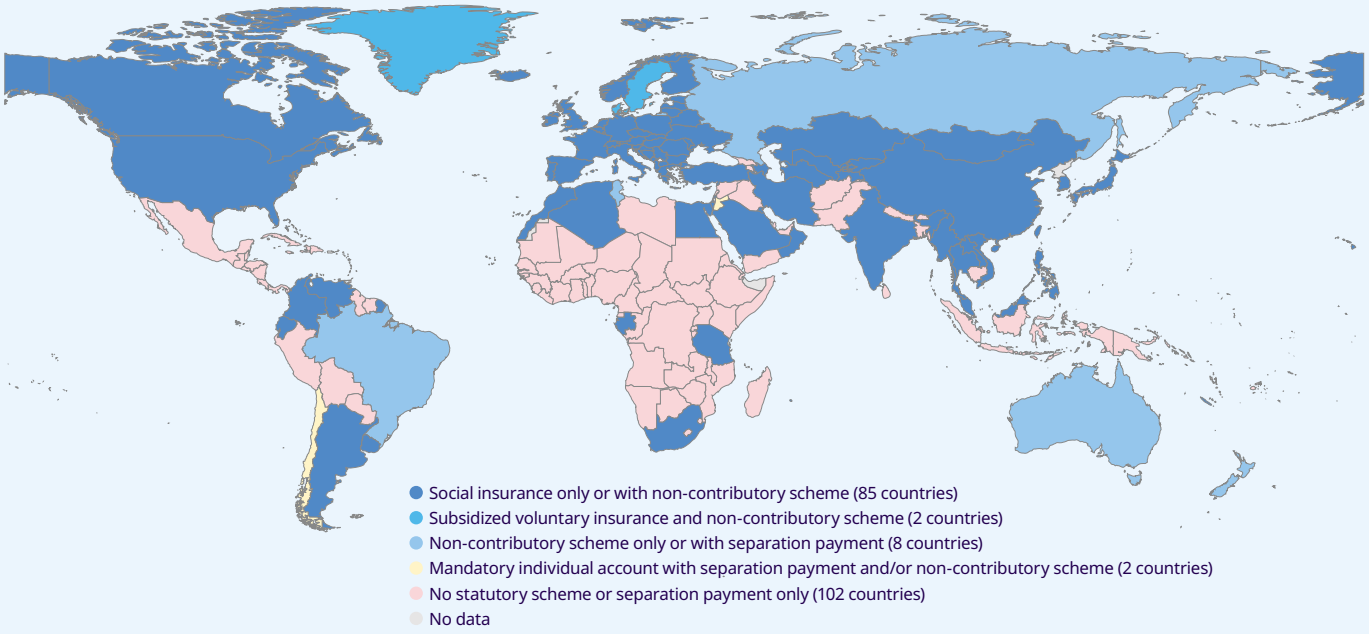

### *Types of unemployment protection schemes*

Unemployment protection schemes (either social insurance or non-contributory schemes) can be found in 96 out of the 199 countries or territories for which data are available (see figure 4.27). In the majority of cases, unemployment protection is provided through a social insurance mechanism (85 countries), either alone (17 countries), in coordination with a non-contributory mechanism (37 countries) or in parallel with a separation payment (47 countries). In a minority of cases, these social insurance mechanisms coexist with individual savings accounts (as in Ecuador and Gabon) or are provided on a voluntary basis and financed by both contributions and the State (as in Denmark and Sweden). The vast majority of social insurance schemes occasionally receive subsidies from the Government, which can serve to support the extension of coverage, in particular in periods of crisis.

In a few countries (including Andorra, Australia, New Zealand, the Russian Federation, the Seychelles and Tunisia), unemployment protection is provided only by non-contributory mechanisms, often in parallel with separation benefits. In Jordan, benefits in the event of unemployment are organized through individual savings accounts only, while in Chile there is also a small solidarity component. Individual savings accounts lack the key design element of risk-pooling, and thus provide only limited protection for those who have difficulty in building up sufficient savings.

A growing number of middle-income countries have recently introduced unemployment social insurance schemes; these include Cabo Verde, Gabon, Malaysia, Morocco, Oman, the Philippines and the United Republic of Tanzania. In some other countries (such as Romania and Uzbekistan), the share of social contributions has been reduced, often alongside increased support from the State. However, such reforms may have

### ▶ Figure 4.27 Unemployment protection (cash benefits) anchored in law, by type of scheme, 2020 or latest available year




Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Box 4.22 Main types of unemployment protection schemes

Unemployment protection includes:

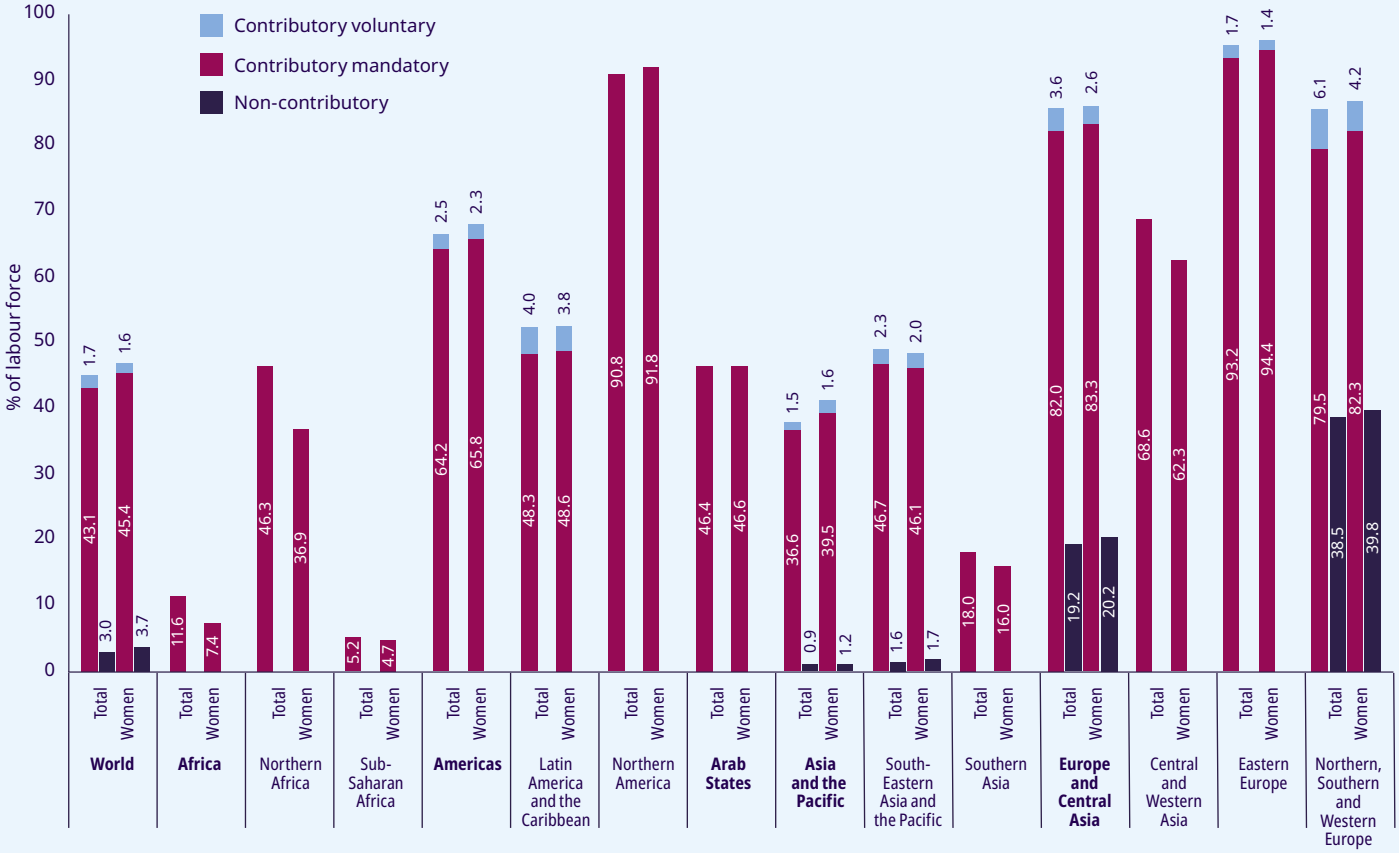
- **unemployment protection schemes**, provided through social insurance or social assistance, to support jobseekers while they find suitable employment;
- **employment retention schemes**, which provide full or partial income replacement during a temporary suspension of work without any break in the employment relationship; and
- **public employment programmes**, including employment guarantee schemes, whereby the State guarantees employment (as employer of last resort), usually to provide local assets or services, in cases of unemployment or severe underemployment.

These interventions are commonly combined with measures to facilitate a rapid return to employment and/or upgrading of skills, combining income replacement with employment promotion in line with international labour standards (see box 4.21).

Some countries use other types of provision which do not fulfil the requirements of ILO social security standards, and therefore do not qualify as unemployment benefits (ILO 2017f, 45). The two main types are as follows.

- **Unemployment individual savings accounts** require workers, mostly in formal employment, to accumulate savings that they can use in case of unemployment. However, without risk-pooling, such savings mechanisms provide only limited protection for those who are most at risk of losing their jobs (OECD 2010; Peyron Bista and Carter 2017).
- **Separation payments** encompass both severance pay (individual dismissals made at the initiative of the employer in line with the Termination of Employment Convention, 1982 (No. 158), and redundancy payments (termination payments that arise from terminating a worker on economic grounds, such as redundancy or restructuring) (see https://eplex.ilo.org/). In many cases they are offered only to those with long job tenures with the same employer as a form of deferred pay. Unlike unemployment insurance, separation payments are not linked to the objective of employment promotion, and increase financial burdens on enterprises, especially in times of economic distress, often resulting in non-payment. They thus fail to positively support the structural transformation of the economy (Duval and Loungani 2019).

**▶ Figure 4.28 Legal coverage for unemployment protection: Percentage of labour force aged 15+ years covered by unemployment cash benefits, by region, subregion, sex and type of scheme, 2020 or latest available year**




Note: Global and regional estimates are weighted by the labour force aged 15+ years.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

implications for the financial sustainability of the scheme and the level of benefits, and also on the equity of social protection systems where taxation is regressive.

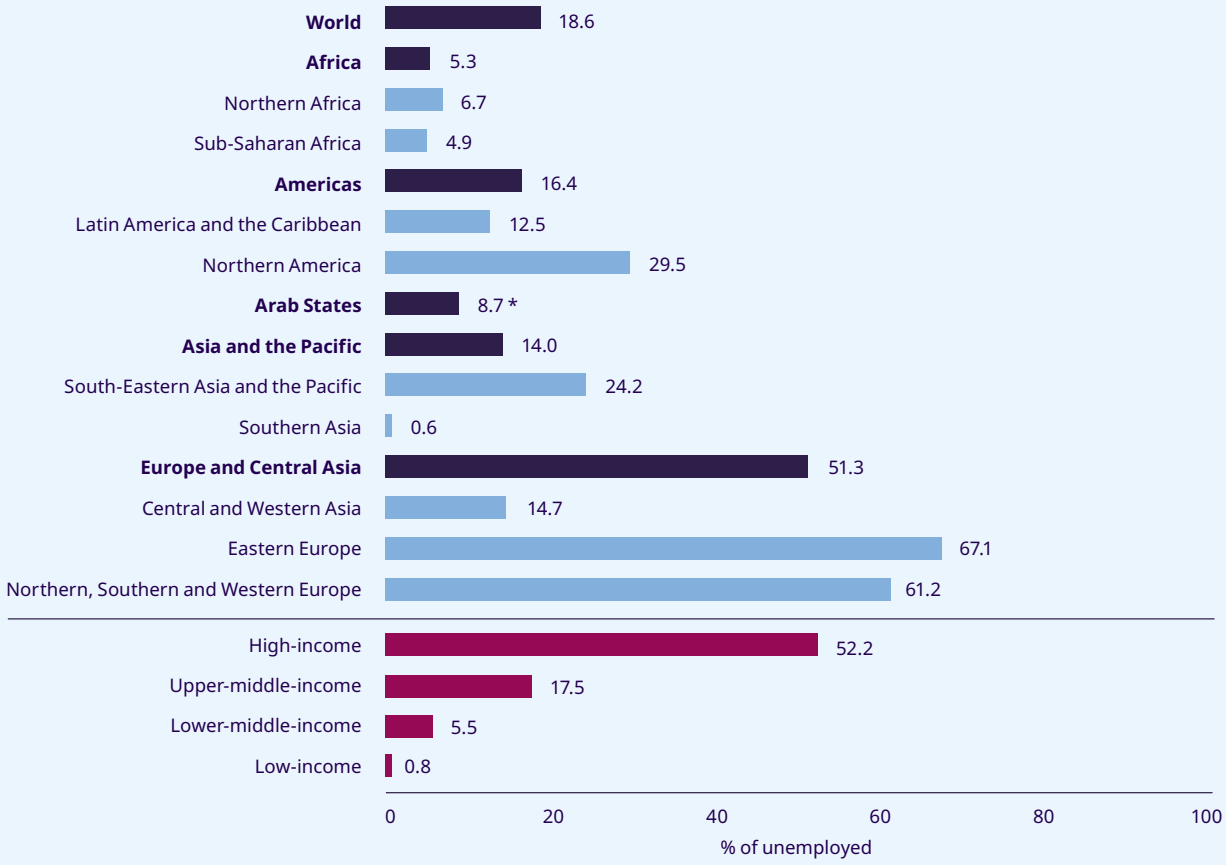
Among the 103 countries and territories which have no unemployment protection scheme, 86 provide separation payments for workers covered by the labour code, which offer a limited level of protection for some workers in formal employment. In certain cases, especially in Latin America, separation payments are administered through separate funds financed by employers' contributions.

### *Legal coverage*

Less than half of the global labour force are legally covered by unemployment protection through contributory (either mandatory or voluntary social insurance) and non-contributory schemes, anchored in national legislation (see figure 4.28).[22] Legal coverage rates for mandatory contributory schemes range from 11.6 per cent of the labour force in Africa to 36.6 per cent in Asia and the Pacific, 46.4 per cent in the Arab States, 64.2 per cent in the Americas and 82.0 per cent in Europe and Central Asia. Globally, women in the labour force are more likely than men to be legally covered

[22] Voluntary coverage provided for in the legislation often does not result in effective coverage, for various reasons.

### ▶ Figure 4.29 SDG indicator 1.3.1 on effective coverage for unemployment protection: Percentage of unemployed persons receiving cash benefits, by region, subregion and income level, 2020 or latest available year




* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 for methodological explanation. Global and regional aggregates weighted by the number of unemployed. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

by an unemployment protection scheme (50.7 per cent of women are covered). For instance, in Thailand and Viet Nam, unemployment insurance schemes cover proportionally more female than male workers, many being employed in industries which tend to operate in the formal economy.

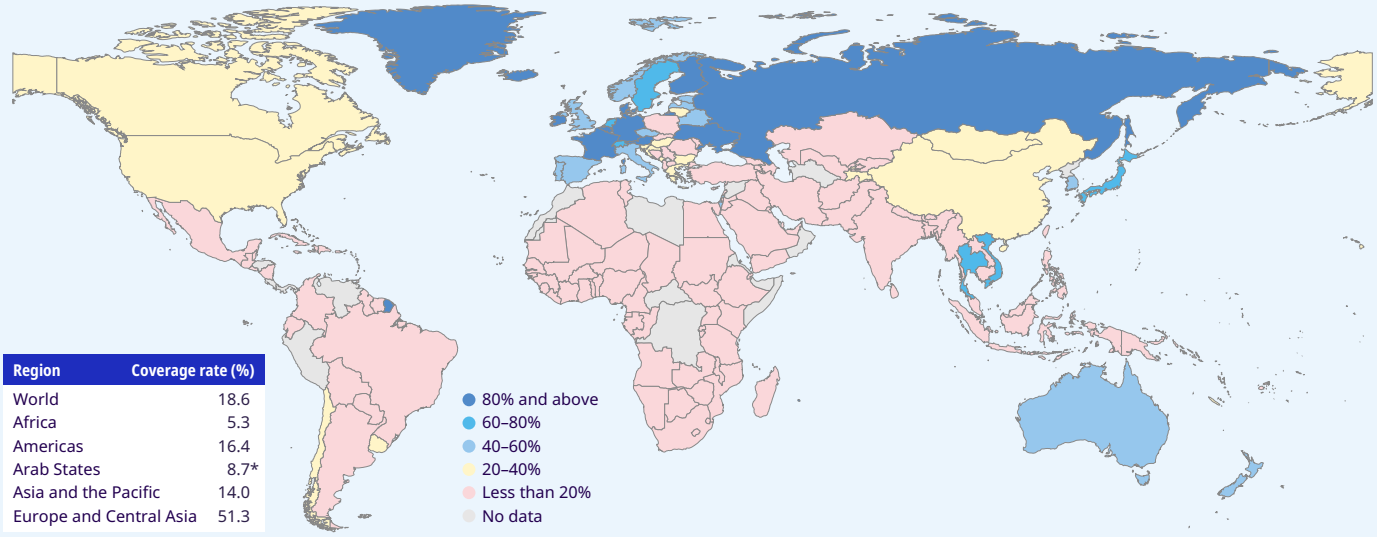
### *Effective coverage: Monitoring SDG indicator 1.3.1 for unemployment protection*

Across the world, only 18.6 per cent of unemployed people effectively receive unemployment benefits (SDG indicator 1.3.1), with wide regional variations (see figures 4.29 and 4.30). While 51.3 per cent of the unemployed receive unemployment benefits (including non-contributory benefits) in Europe and Central Asia, this is the case for only 16.4 per cent in the Americas, 14 per cent in Asia and the Pacific, and in the Arab States and in Africa just 8.7 per cent and 5.3 per cent, respectively.

Even in countries that have unemployment protection schemes in place, the number of unemployed workers actually receiving periodic cash benefits is still relatively low (see figures 4.29 and 4.30).[23] In most of these countries (55), less than one third of the unemployed actually receive unemployment benefits. Possible reasons for the

[23] Some of those not covered by unemployment benefit schemes may, however, receive other support such as general social assistance benefits.

### ▶ Figure 4.30 SDG indicator 1.3.1 on effective coverage for unemployment protection: Percentage of unemployed persons receiving cash benefits, 2020 or latest available year




| Region | Coverage rate (%) |
|---|---|
| World | 18.6 |
| Africa | 5.3 |
| Americas | 16.4 |
| Arab States | 8.7* |
| Asia and the Pacific | 14.0 |
| Europe and Central Asia | 51.3 |

* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: Global and regional aggregates are weighted by the number of unemployed.

Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources

Link: https://wspr.social-protection.org.

low effective coverage include the non-existence of unemployment protection schemes in many countries, the legal exclusion of certain categories of workers, high rates of long-term unemployment and restrictive qualifying conditions.[24]

## ▶ Renewed calls for expanded support for those without jobs: Global trends

In the context of the COVID-19 pandemic, lockdown measures resulted in the closure or reduction of business activities across the globe, reducing the working hours of millions of workers and causing loss of employment for many others (ILO 2020k; OECD 2020; UN 2020d). The ILO estimates that in 2020, 255 million full-time jobs were lost relative to the fourth quarter of 2019, approximately four times as many as during the global financial crisis in 2009 (ILO 2021k). Governments rapidly extended existing unemployment protection schemes and put in place new interventions to protect employment relationships and incomes and prevent a rapid increase in poverty and vulnerability.

In 2020, in response to the pandemic, some 95 countries implemented unemployment protection measures and 110 other countries job or income protection measures (ILO 2020y).[25] High-income countries could, to some extent, rely on existing unemployment insurance schemes, but still had to extend coverage through emergency measures, including adjustments to parameters and expansion of social assistance for uncovered groups. In middle- and low-income countries where unemployment insurance protection was

[24] Long contribution periods required to qualify for benefits can be a reason for low effective coverage. Conventions Nos 102 and 168 both require that the qualifying period be no longer than necessary to preclude abuse. Most countries require either six or 12 months of contributions to qualify.

[25] Unemployment measures cover any benefit provided to a protected person arising from the loss of gainful employment while income/jobs protection encompasses wage subsidies, short-time work schemes and other employment or income retention measures that concern the labour market, and that cannot be classified elsewhere e.g. as unemployment or sickness benefits.

absent, non-contributory emergency responses were implemented (see section 3.2). The crisis also shone a spotlight on the limitations of separation payments (see box 4.22). The implications of the COVID-19 pandemic for labour markets and workers are hard to decipher, but are troubling for the foreseeable future at least. Governments must maintain existing provisions, including emergency measures, to ensure that workers remain attached to the labour market and can resume activity in the recovery. Such measures need to be complemented by expansionary fiscal policies, as high-income countries are currently doing (see sections 3.2 and 3.3). For low-income countries with limited fiscal space, putting in place countercyclical fiscal and budgetary policies will be difficult without international support.

### *Consolidation and expansion of unemployment protection schemes in high-income countries*

Globally, unemployment protection schemes remain the least widely implemented branch of social security, found mainly in high-income countries. The economic crisis of 2008–09 led to an expansion of unemployment protection measures; however, this was slowed down by subsequent austerity measures, inhibiting the extension of such provision to, among others, workers in diverse contractual arrangements, until the COVID-19 crisis once more highlighted the necessity of those schemes. For example, prior to the COVID-19 crisis, some countries (such as France) increased the minimum contribution period, introduced higher earnings eligibility thresholds (Finland), reduced maximum duration of payments (Finland and the Netherlands), reduced benefit levels (Greece and Spain) or tightened qualifying conditions for unemployment benefits (Belgium, Czechia, Estonia and Hungary) (ILO 2017f). Many European Union Member States have scaled up conditions for unemployment benefit recipients, for example in respect of job-search requirements or participation in ALMPs (ILO and European Commission 2015). While these measures may facilitate quicker (re)integration into the labour market, the tightening of entitlement conditions could also lead to lower effective coverage and a lower stabilization impact (ILO, ISSA, and OECD 2021; Esser et al. 2013; Langenbucher 2015). Similarly, although more stringent job-search requirements can be effective in moving individuals off unemployment benefits, they do not always support them in moving into stable or better jobs (ILO 2019i; Petrongolo 2009).

> Unemployment protection schemes remain the least widely implemented branch of social security.

Conversely, several countries (such as Kuwait and Oman) have introduced new unemployment insurance schemes or extended the coverage criteria of existing schemes. Chile has extended coverage to domestic workers;[26] France and Ireland to artists (Galian, Licata, and Stern Plaza 2021); and Greece, Italy and the Republic of Korea to the self-employed (ILO 2017f). Other countries (such as Austria and Slovenia) have extended coverage by relaxing the eligibility qualifying periods for temporary contracts, or by reducing waiting periods (Canada).

More recently, as called for by ILO Convention No. 168 (Arts 8 and 26), certain groups of workers facing specific employment challenges have been given special attention. Young people are three times as likely to be unemployed as adults (ILO 2017a) and were particularly adversely affected by COVID-19, notably those making the transition from school to work. To address this situation, several countries had already adopted schemes before the pandemic to extend coverage to young people, including by reducing or removing qualifying conditions;[27] these included Portugal, Romania and Slovenia.[28] Furthermore, in many countries (including Austria,[29] France,[30] Malta,[31]

[26] See https://www.bcn.cl/leychile/navegar?idNorma=1149644.

[27] This is in line with Recommendation No. 176, which calls for qualifying periods to be adapted or waived for new jobseekers.

[28] An insurance period of at least six months in the previous 24 months entitles unemployed people younger than 30 years to a two-month unemployment benefit.

[29] Recently introduced special educational measures for young people in Austria include the introduction in 2017 of compulsory training requirements for young people under 18 years of age who have left school.

[30] Young people between 16 and 25 years of age who are experiencing difficulties benefit from a broad range of measures, including job-search assistance, financial aid, adapted education programmes and employment integration programmes.

[31] Unemployed people under 23 years of age are required to enrol in the Youth Guarantee Scheme in order to be eligible for benefits. This scheme offers training in order to acquire the necessary skills to enter the labour market (European Commission 2021).

Italy[32] and Slovakia[33]), young people can receive training to acquire the skills they need to enter the labour market while receiving an allowance. The requirement of a minimum contribution period makes access to unemployment benefits difficult not only for young workers, but also for other new entrants to the labour market and those with diverse contractual arrangements (short-term or part-time work and disguised self-employment).

Moreover, some high-income countries have implemented special arrangements that support older workers, notably by increasing benefits through a seniority supplement (as in Austria and Belgium), extending the duration of the entitlement (as in France, Greece and Lithuania), or allowing access to old-age pensions or equivalent benefits (for example a pre-retirement or bridge pension) in line with international standards.[34] Other countries have targeted people with disabilities (Germany and Luxembourg), parents with young children (Japan and Malta) or women (Poland and Spain) (ILO 2019i, 2011a).

Finally, the COVID-19 crisis is expected to increase long-term unemployment and economic inactivity (ILO 2021k). Some countries have special measures in place for the long-term unemployed, for example providing continued support beyond the benefit period to those who qualify under a means test (Cyprus, Greece and Latvia) (ILO 2019i, 2016b) or organizing public employment programmes (e.g. Austria, France, Hungary, Ireland and Slovakia) (ILO and European Commission 2015). It is important that new entrants into the labour market, long-term unemployed and those returning after a period of economic inactivity receive social benefits that are adapted to their specific circumstances and accompanied by measures to develop their skills and employability.[35]

### *The gradual extension of unemployment protection in low- and middle-income countries*

Most low- and middle-income countries still tend to rely solely on separation payment to protect workers in cases of job loss. Receipt of this payment is not predictable in the same way as benefits based on risk-sharing principles, but on the contrary is contingent on contractual relationships, employers' financial liquidity and workers' capacity to enforce payment; nor is it linked to employment support policies (see box 4.22) (Asenjo and Pignatti 2019; Kuddo, Robalino, and Weber 2015; Peyron Bista and Carter 2017). Even before the COVID-19 crisis, there was growing interest in a substantial number of countries in making the transition from severance payments towards unemployment insurance mechanisms, though in certain countries this was accompanied by some resistance to change, including by social partners. Social dialogue is critical for determining how best to render the two mechanisms complementary, or to substitute one with the other, ensuring that both employers' and workers' interests are taken into account.

Some countries with existing unemployment insurance schemes have extended coverage to workers previously excluded, such as young people (Ukraine), including learners in training (South Africa[36]), domestic workers (South Africa) and the self-employed (Jordan). As in the case of high-income countries, the provision of social insurance benefits is often linked to employment support and training measures (Malaysia, Viet Nam[37]), although there are challenges associated with implementation.

In some middle-income countries, particularly in Latin America, mandatory individual savings accounts or separation payments administered through saving accounts are implemented as alternative or complementary instruments to social insurance-based unemployment schemes

[32] The National Guarantee Programme invests in active guidance, education, training and job placement measures for young people who are unemployed or attending school or a training course.

[33] Benefits to help in the acquisition of professional experience are paid to unemployed graduates under the age of 26 who participate in the "Graduate Experience" programme (20 hours per week, over three to six months) (European Commission 2021).

[34] Recommendation No. 176 states in Para. 19: "When the duration of payment of benefit is limited by national legislation, it should be extended, under prescribed conditions, until pensionable age for unemployed persons who have reached a prescribed age prior to the pensionable age."

[35] Convention No. 168, Art. 26.

[36] Unemployment Insurance Amendment Act 10 of 2016.

[37] Viet Nam Employment Law (Law No. 38/2013/QH13).

(as in Chile, Colombia, Costa Rica, Ecuador, Honduras and Peru). Such schemes have been promoted in contexts with high levels of informal employment and weak administrative capacities to check eligibility conditions, with the view that they will limit moral hazard (Robalino, Vodopivec, and Bodor 2009). However, such schemes are unlikely to provide adequate protection, because workers more likely to be unemployed will not accumulate sufficient savings (see box 4.22).

The job losses and economic slowdown caused by COVID-19 underlined the lack of measures to support unemployed workers in many low- and middle-income countries and territories, including those in the informal economy. This has led to tripartite discussions to assess the feasibility of establishing unemployment insurance schemes in, for example, Bangladesh, Eswatini, Indonesia, Lebanon, the Occupied Palestinian Territory, Saint Lucia, Tunisia and Uzbekistan. However, in many of these countries the extension of unemployment insurance schemes is hindered by the labour market structure, including high levels of informality and underemployment, large shares of short-term, seasonal, part-time and multi-employer employment, and of self-employment, especially among women, as well as weak or absent employment policies and accompanying employment services (Peyron Bista and Carter 2017). Unless the extension of unemployment benefits is accompanied by policies to encourage employment and formalization, unemployment insurance schemes are likely to miss the objective of protecting those who are at risk of being unemployed and cultivating a virtuous cycle of decent employment. In addition, it is necessary to consider "employment policy" within a broader approach which includes macroeconomic, trade, investment and industrial policies (ILO 2011a).

Coordination of unemployment protection schemes with ALMPs is an important way to maximize their efficiency, and key to protecting vulnerable segments of the population that are in or at risk of slipping into poverty and informality (Peyron Bista and Carter 2017; Pignatti 2016). Such complementary policies include programmes that combine cash transfers with support for skills development and the creation of employment and entrepreneurship opportunities (as in Malaysia and Pakistan); entrepreneurship training, wage subsidies for internships and job-matching for youth (as in Egypt, Jordan, Tunisia and Yemen); entrepreneurship programmes and "soft skills" training targeted at women (as in Egypt and Jordan), parents with young children (as in Bulgaria, Pakistan and the Russian Federation), migrants and forcibly displaced people (as in Lebanon) and the long-term unemployed (as in Bulgaria); and employment guarantee schemes and other public employment programmes (as in Ethiopia, India, Kenya, Pakistan, Rwanda, South Africa and Uzbekistan) (Bird and Silva 2020; ILO 2019i, 2014c; Peyron Bista and Carter 2017). These programmes can enhance income security by offering paid work and access to certain social protection benefits to unemployed and underemployed workers, especially in contexts where informality is high and activation measures are weak (such as Argentina, Ethiopia, India, Mexico, Pakistan and South Africa), and thus can contribute to their transition to the formal economy (ISPA, n.d.; Lieuw-Kie-Song 2011; Philip et al. 2020).[38]

In implementing unemployment insurance schemes, policymakers should be aware of the technical and administrative difficulties involved in their planning and introduction. While ALMPs are crucial for the optimal functioning of unemployment insurance schemes, in developing countries they often suffer from programmatic and institutional fragmentation, leading to duplication of services and inefficiency (Bird and Silva 2020), and insufficient financial, technical and administrative capacity to provide efficient labour market information and placement services (Davern 2020). Given these challenges, social dialogue, informed by a review of the socio-economic and labour market context and social protection priorities, plays an essential role in assessing the technical and administrative difficulties involved in the introduction of unemployment protection schemes, including the need for effective employment services and the progressive pursuit of universal social protection, with a particular focus on the poor and workers in the informal economy.[39]

> Social dialogue plays an essential role in assessing the technical and administrative difficulties involved in the introduction of unemployment protection schemes.

[38] See https://ispatools.org/public-works/.

[39] ILO Recommendation No. 176, Paras 26 and 27.

### *Guaranteeing income security and supporting the economy during crises: Essential for a just transition*

Beyond the COVID-19 crisis, a future of work where workers will be expected to move between jobs will require solid social protection schemes to provide income security for workers who are at risk of unemployment because they work in industries and economies affected by climate change, or by structural changes induced by the transition to a greener economy (ILO 2018h, 2015), or by new technologies and automation. In addition, a range of training and retraining, as well as effective job placement services that workers can easily access, will be needed to ensure that workers remain connected to the labour market and do not drift into extended periods of unemployment followed by economic inactivity, in particular in the aftermath of the COVID-19 pandemic (ILO 2021k). By supporting workers' labour market mobility and reskilling, unemployment benefit schemes also support the structural transformation of the economy towards higher levels of productivity (Behrendt 2014; Berg and Salerno 2008; ILO 2011b), in a manner that is compatible with environmental sustainability (ILO 2016d).

The COVID-19 crisis has further increased inequalities and uncertainty about the future among those in precarious employment and young people, especially those making the transition from school to work and those in the first years of their working lives. There is an urgent need for countries to act quickly to help young people acquire the experience they need to gain and maintain labour market attachment.

A just transition calls for strengthened unemployment protection schemes, combining tax-funded and contributory financing mechanisms, while providing skills training and upgrading, job placement and other appropriate measures to support enterprises and workers in sectors suffering negative impacts from transformations in the world of work, possibly accelerated by the COVID-19 crisis (for example, through the fast-tracking of technology in certain sectors) (ILO 2021q).

key messages

## 4.3 Social protection for older women and men: Pensions and other non-health benefits

- Pensions for older women and men are the most widespread form of social protection in the world, and a key element in meeting SDG target 1.3. Globally, 77.5 per cent of people above retirement age receive some form of old-age pension. However, major disparities still exist across regions, between rural and urban areas, and between women and men.

- Pension systems are often composed of a mix of contributory and non-contributory schemes aimed at providing income security. As both the expression and the result of social solidarity, and when financed sustainably with due regard to social justice and equity, pension systems are a key means by which States can ensure redistribution and overcome various inequities in societies.

- In countries with high levels of informality that face difficulties in extending contributory schemes, the introduction of tax-financed pensions has allowed the extension of coverage to previously uncovered population groups, especially women. However, in many instances the benefits provided lack a legal basis and do not provide adequate levels of basic income security that can guarantee a dignified life.

- Significant progress has been made with respect to the objective of extending pension systems in developing countries to achieve universal coverage. Universal pensions have been developed in a wide variety of countries, including in low- and middle-income countries, as part of national social protection floors.

- Observed trends vary substantially across regions and even among countries within the same region. In countries with comprehensive and mature systems of social protection, with ageing populations, the main challenge is to maintain a sound balance between financial sustainability and pension adequacy. At the other extreme, many countries around the world are still struggling to extend and finance their pension systems; these countries face structural barriers linked to low levels of economic development, high levels of informality, low contributory capacity, poverty and insufficient fiscal space, among others.

- Apart from the challenge of extending protection to uncovered people, ensuring that those who benefit from pensions are able to maintain themselves in health and decency represents another important challenge.

- Adequate protection in old age remains a challenge for women, people in low-paid jobs, those in precarious forms of employment, people working on digital platforms and migrants.

- Public pension schemes, based on solidarity and collective financing in line with ILO social security standards, remain by far the most widespread pillar of old-age protection globally. Many countries are introducing parametric reforms to their contributory pension systems in order to adapt them to changing conditions and ensure their long-term sustainability. While important, these parametric reforms can only go so far in the face of macro phenomena such as wage suppression, frozen contribution rates, growing inequalities and, last but not least, the falling labour share of income.

- Increasingly, public pension schemes are complemented by voluntary or mandatory defined contribution schemes (individual savings accounts and notional defined contributions), the objective of which is to raise benefit levels on the basis of market or economic performance, although without guarantee as to the levels ultimately secured.

- The COVID-19 crisis brought additional pressures to bear on the costs and financing of pension systems, but with a moderate to low impact over the long term. The massive response of countries to the crisis has highlighted the critical role that old-age protection systems, including long-term care, play in ensuring the protection of older adults, particularly in times of crisis.

## 4.3.1 Ensuring income security in old age to realize older people's right to social security

Ensuring income security for people in old age is a crucial dimension of the human right to social security (see box 4.23). Public pension schemes constitute the foundation of systems to guarantee income security for older people through a combination of rights-based mechanisms. Income security in old age is also closely related to the availability of accessible social services, including healthcare, home help and long-term care.

Income security for older people plays a key role in preventing poverty and vulnerability among older people, and is part and parcel of achieving SDG target 1.3 and other SDGs. To guarantee that no older person is left behind, policymakers and legislators should aim at building and maintaining comprehensive social protection systems based on the principle of universality. Recommendation No. 202 calls for contributory and non-contributory pension schemes to be combined in an optimal way to protect the entire population.

## 4.3.2 Types of pension schemes

In international practice, pension systems are organized in many different ways. ILO social security standards recognize the need for various mechanisms to coexist with a view to achieving universal coverage (see box 4.23). Public pension schemes have proven to be effective in ensuring adequate levels of income security of older people, as well as in combating poverty and social inequality. Most countries have progressively added additional components to their systems to guarantee minimum pensions and, in certain cases, have established supplementary mechanisms aimed at securing higher levels of benefits.

Thus the vast majority of countries provide old-age pensions in the form of a periodic cash benefit through at least one scheme, and often through a combination of different types of contributory and non-contributory schemes. In a few countries, schemes offer no periodic benefits, but do provide lump-sum benefits through provident funds or similar programmes. Some combination of contributory and non-contributory schemes is the most prevalent form of organization of

### ▶ Box 4.23 International standards on old-age pensions

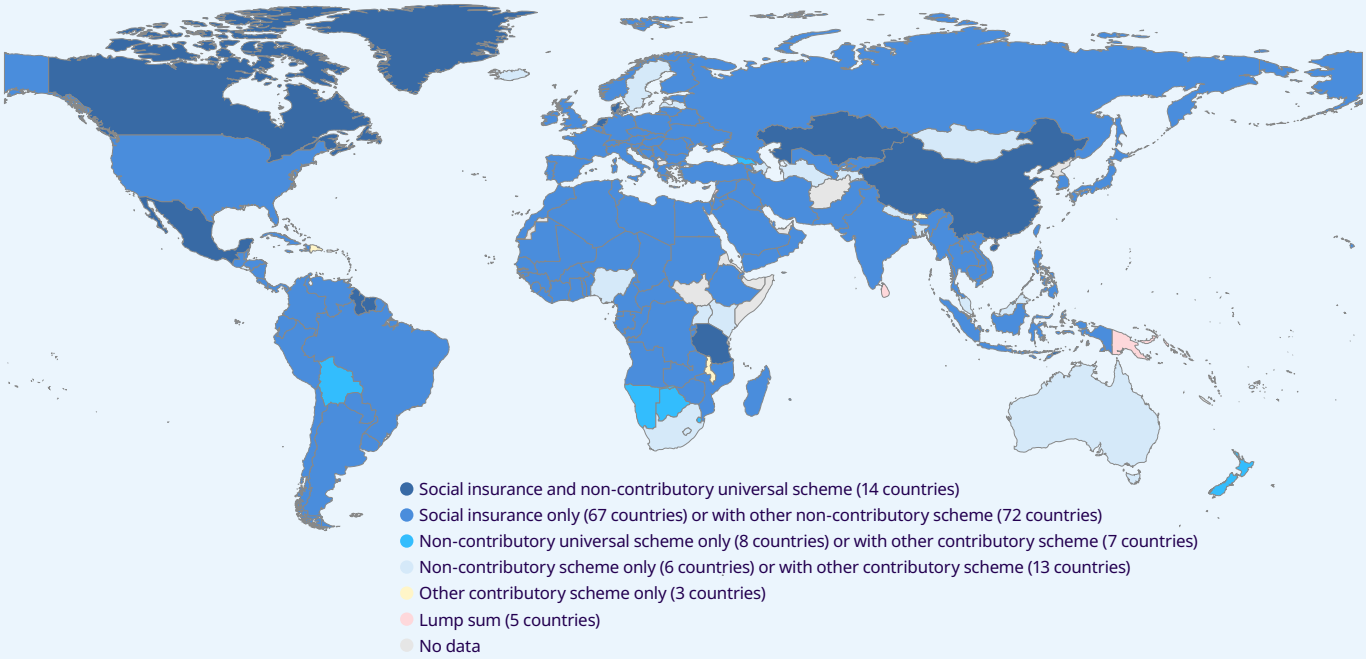
The rights of older people to social security and to an adequate standard of living are laid down in the major international human rights instruments, the Universal Declaration of Human Rights (UDHR), 1948, and (in more general terms) in the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966.[1]

Convention No. 102, Convention No. 128 and its accompanying Recommendation No. 131, and Recommendation No. 202 together provide an international reference framework for pensions and other social security benefits to ensure income security, as well as access to healthcare, in old age. They state that adequate old-age pensions should be provided at guaranteed levels, upon completion of a qualifying period, and regularly adjusted to maintain pensioners' purchasing power until the beneficiary's death. Pensions can be provided through contributory schemes and/or by universal or means-tested non-contributory schemes. Contributory pensions should ensure income maintenance by guaranteeing at least minimum replacement rates corresponding to a prescribed proportion of an individual's past earnings, or minimum benefit levels. Non-contributory pensions, including means-tested old-age pensions, should guarantee that the provision offered is at least sufficient to maintain the family of the beneficiary in health and decency (Convention No. 102, Art. 67(c)). Together, these benefits should guarantee a national social protection floor that secures a dignified life in old age as part of comprehensive social protection systems that also provide higher levels of pensions.

International social security standards thus provide a comprehensive framework of core principles and benchmarks for the establishment, development and maintenance of adequate old-age pension systems at national level. Importantly, in the face of rapidly ageing societies and the financing challenges involved, Recommendation No. 202 confirms the State as the entity entrusted with the overall and primary responsibility for social protection, including that of ensuring the financial, fiscal and economic sustainability of pension systems with due regard to social justice and equity.

[1] UDHR, Arts 22 and 25(1); ICESCR, Art. 9. See also UN 2008.

### ▶ Figure 4.31 Old-age protection (pensions) anchored in law, by type of scheme, 2020 or latest available year




Sources: ILO World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

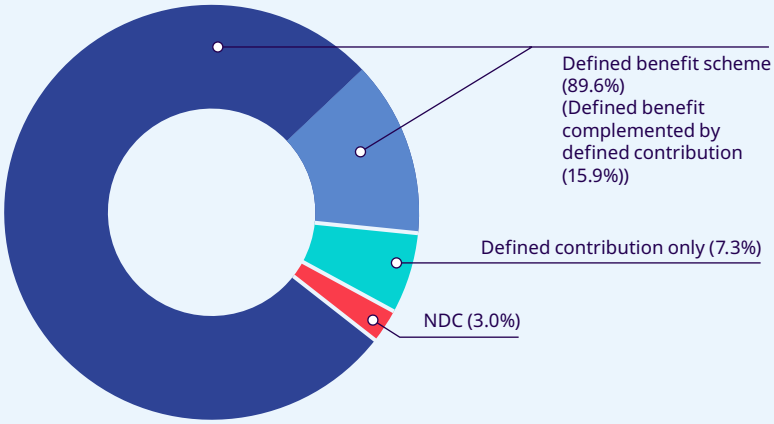
pension systems in the world, applied in 106 countries (54 per cent) out of the 195 countries for which data are available (see figure 4.31). The non-contributory schemes in these countries vary: 21 countries provide universal benefits for all older people above a certain age threshold, and 85 countries provide means-tested (either income- or pensions-tested) benefits for older people who do not receive any other pension.

In 70 countries (36 per cent of the total number of countries for which data are available), contributory schemes are the only mechanism providing old-age pensions – most of them (67 countries) operating under a public social insurance scheme and mainly covering employees and self-employed workers. In 14 cases, however, pensions are provided exclusively through non-contributory schemes. Of these, the majority (eight countries) provide universal coverage.

As regards contributory schemes, defined benefit pension schemes, based on collective financing, are predominant, being present in 90 per cent of countries. In one in six countries (16 per cent), defined benefit schemes are complemented by mandatory defined contribution schemes. Only 7.3 per cent of countries rely exclusively on mandatory defined contribution schemes, based on individual accounts, and just 3 per cent have only notional defined contribution schemes (see figure 4.32).[40]

[40] This term describes notional or fictitious individual personal accounts under a public pay-as-you-go scheme.

## ▶ Figure 4.32 Financial mechanisms for old-age pensions: Percentages of countries with pension schemes financed by defined benefits and defined contributions

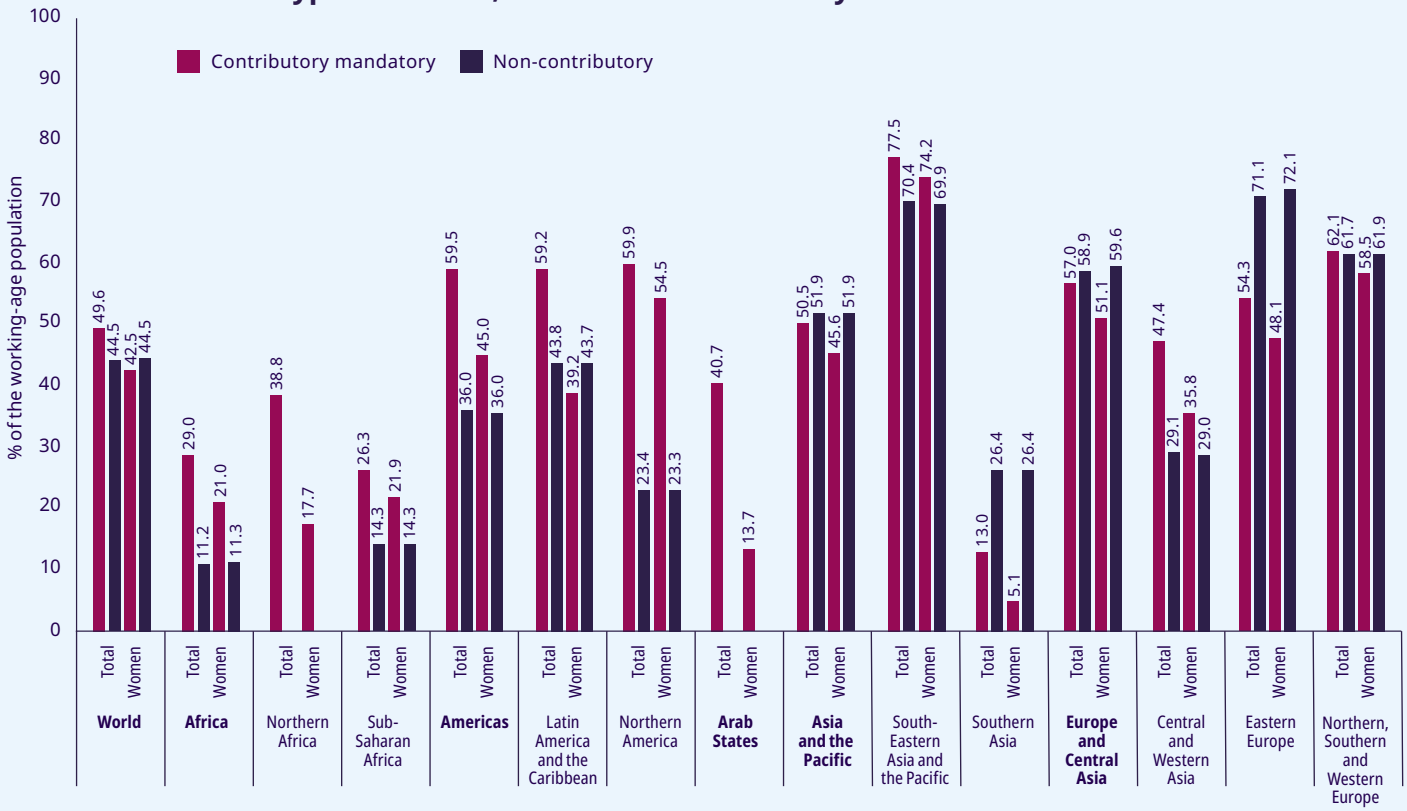



Note: NDC = notional defined contribution.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## ▶ Figure 4.33 Legal coverage for old-age protection: Percentage of working-age population aged 15+ years covered by old-age pensions, by region, subregion, sex and type of scheme, 2020 or latest available year




Note: Global and regional aggregates are weighted by the working-age population aged 15+ years.

Sources: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## 4.3.3 Legal coverage

While there is an observable global trend towards increasing both legal and effective coverage, considerable coverage gaps and inequalities persist in pension systems. Globally, 49.6 per cent of the working-age population are covered by existing laws under mandatory and voluntary contributory schemes and would therefore be potentially eligible for a contributory pension once they reach the prescribed age. At the same time, 44.5 per cent of the world's working-age population are legally covered by non-contributory schemes and are therefore potentially eligible for a non-contributory benefit once reaching pensionable age (see figure 4.33). Although national legal frameworks often include the option of voluntary pension coverage, the likelihood of coverage through voluntary mechanisms is not high, given that few individuals take this option owing to the significant contributory burden and the perceived remoteness of the contingency, in contrast to the immediate needs of households.

Considerable coverage gaps and inequalities persist in pension systems.

In contributory schemes, legal coverage for women tends to be lower than for men, at 42.5 per cent and 49.6 per cent, respectively, of the total population. This gender gap reflects women's lower labour market participation and their over-representation among the self-employed and those working as contributing family workers (particularly in agriculture), as domestic workers, or in other occupations or sectors frequently excluded from the scope of existing legislation. In the Arab States, legal coverage of women in contributory schemes is only 13.7 per cent, while total population coverage stands at 40.7 per cent. Similar trends can be observed for sub-Saharan and Northern Africa, where women's legal coverage is lower as a proportion of the total population. While some of these women may be eligible for survivors' pensions, these do not provide the same level of protection as pensions earned in their own right.

## 4.3.4 Effective coverage: Monitoring SDG indicator 1.3.1 for older people

Effective coverage of pension schemes can be measured by two complementary indicators focusing, respectively, on people of working age contributing to a pension scheme and people of retirement age actually receiving benefits.

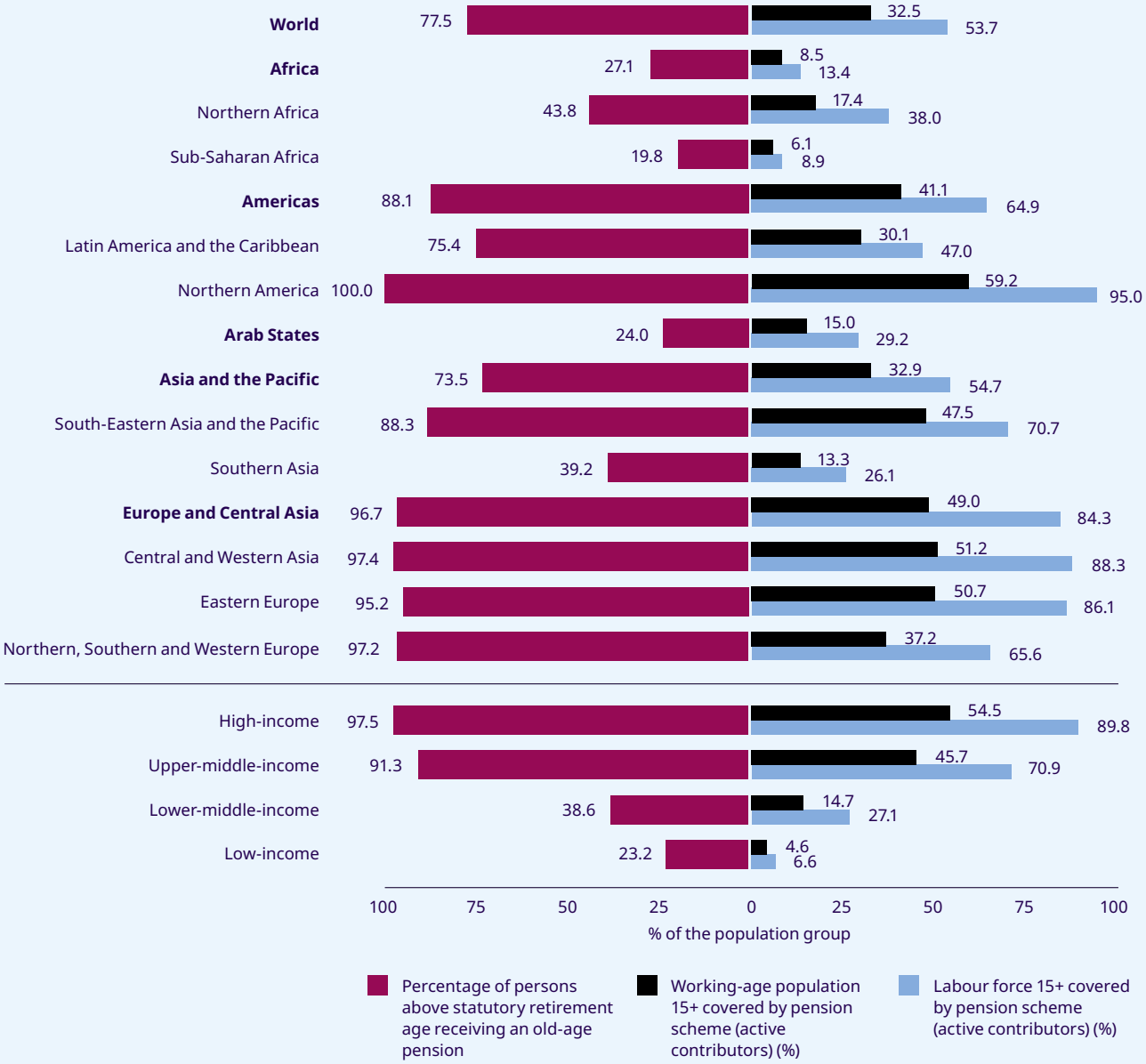
### ▶ Effective coverage of people of working age (contributors)

Figure 4.34 presents two indicators that help us to understand the implementation of statutory schemes: active contributors as a percentage of the working-age population, and active contributors as a percentage of the labour force. These provide an indication of future pension coverage for those who are economically active and those of working age who are contributing to existing contributory pension schemes. An important cause for concern is that, at the global level, only a third of the working-age population (32.5 per cent) contribute to pension schemes, with large regional variations. Just over half of the global labour force (53.7 per cent) contribute to a pension scheme (figures 4.34 and 4.35), and can therefore expect to receive a contributory pension upon retirement; again, though, there are significant regional variations. For example, in sub-Saharan Africa, only 8.9 per cent of the labour force are contributing to pension schemes and accumulating rights to a contributory pension, whereas in Northern, Southern and Western Europe, and Northern America, coverage rates are 88.3 per cent and 95 per cent, respectively.

At the global level, only a third of the working-age population contribute to pension schemes.

In low-income contexts, usually only a very small proportion of those employed are wage and salary earners with formal employment contracts covered by contributory pensions. This is reflected in the low proportion of the labour force, just 6.6 per cent, actively paying contributions in low-income countries. Informality, associated with low contributory capacity, contribution evasion and fragile governance (including lack of institutional capacity to ensure enforcement of laws) is also more prevalent in low- and middle-income

## ▶ Figure 4.34 SDG indicator 1.3.1 on effective coverage for old-age protection: Percentage of persons above statutory retirement age receiving an old-age pension and percentage of labour force aged 15+ years and working-age population aged 15+ years covered by pension scheme (active contributors), by region, subregion and income level, 2020 or latest available year

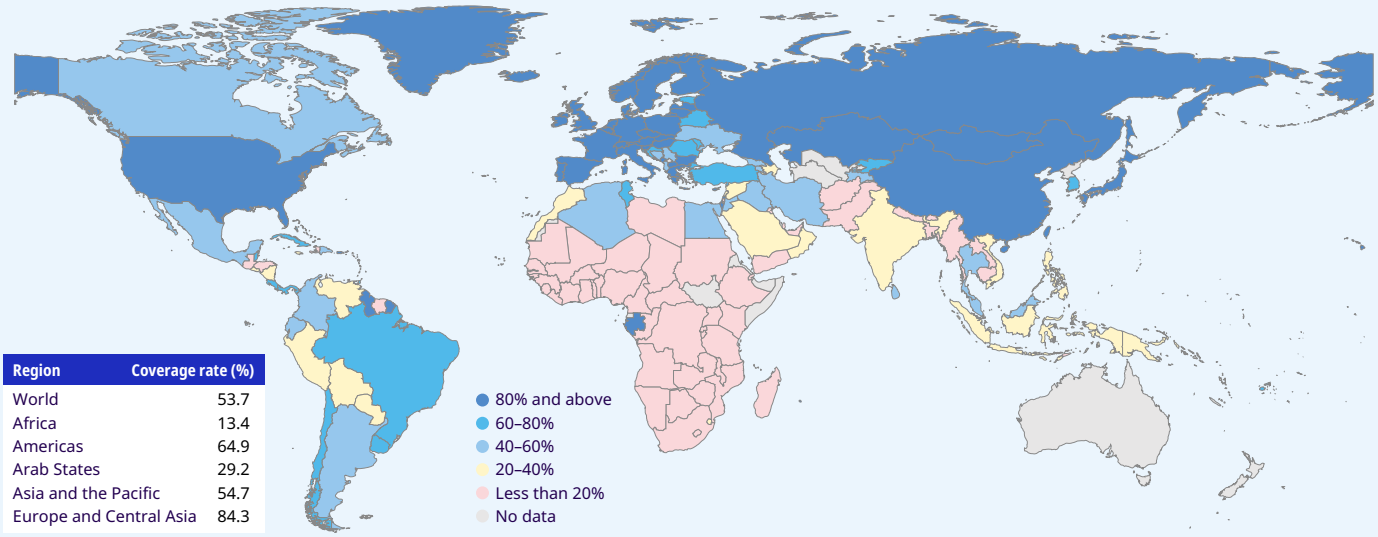



Notes: See Annex 2 for methodological explanation. For active contributors, regional and global aggregates are weighted by working-age population aged 15+ years and labour force aged 15+ years. For beneficiaries, regional and global aggregates are weighted by population of retirement age. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

### ▶ Figure 4.35 Effective coverage for old-age protection: Percentage of labour force aged 15+ years covered by pension scheme (active contributors), 2020 or latest available year




| Region | Coverage rate (%) |
|---|---|
| World | 53.7 |
| Africa | 13.4 |
| Americas | 64.9 |
| Arab States | 29.2 |
| Asia and the Pacific | 54.7 |
| Europe and Central Asia | 84.3 |

Note: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by the labour force aged 15+ years. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

countries, resulting in a high number of people reaching old age without any pension entitlements under contributory schemes.

Efforts to extend contributory schemes to all people with contributory capacity, and also, importantly, the introduction of non-contributory pensions in many countries, have led to a significant extension of coverage to workers in informal employment, securing at least some level of income security in old age for those hitherto unprotected.

## ▶ Effective coverage of older people (beneficiaries)

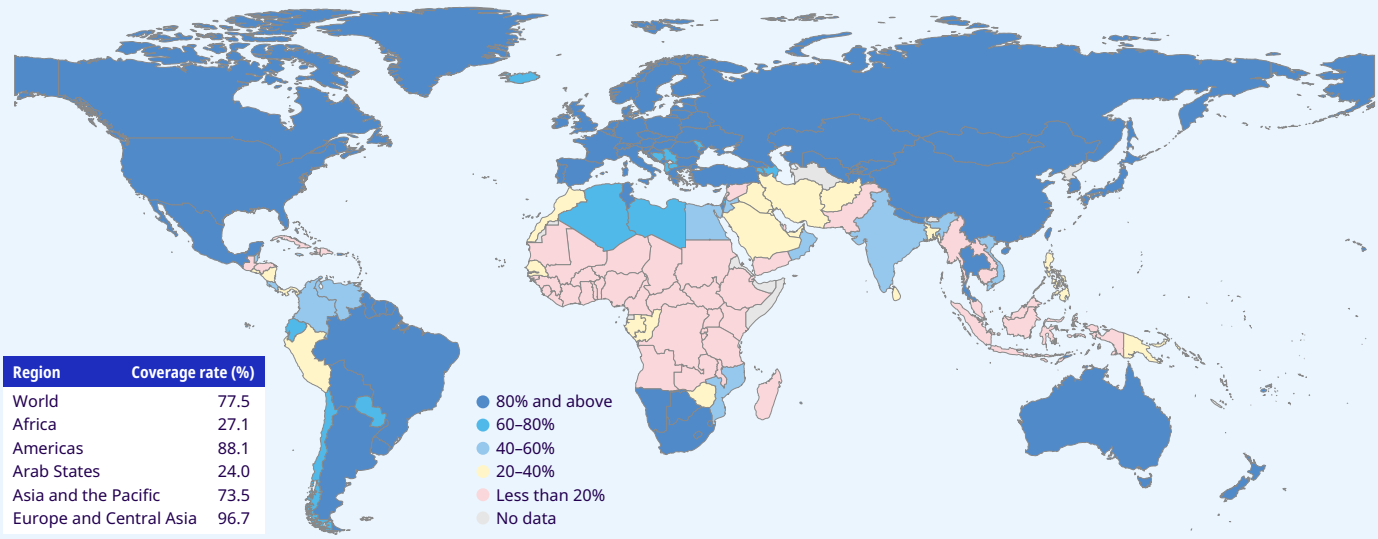
Figure 4.36 shows the percentage of older people above statutory pensionable age receiving contributory or non-contributory pensions.

Worldwide, 77.5 per cent of people above retirement age receive a pension, either contributory or non-contributory.[41] Income protection for older people is thus the most widespread form of social protection, significant progress in coverage having been achieved over recent years. Regional differences in income protection for older people are very significant, however: coverage rates in higher-income countries are as high as 97.5 per cent, while in sub-Saharan Africa they are only 19.8 per cent, and in Southern Asia 39.2 per cent, of people above retirement age (see figure 4.36).[42]

[41] Weighted by total population.

[42] As the available data for many countries do not allow for a detailed age breakdown of old-age pensioners, the indicator is calculated as the total number of beneficiaries of old-age pensions as a proportion of the population above statutory pensionable age.

**▶ Figure 4.36 SDG indicator 1.3.1 on effective coverage for old-age protection: Percentage of persons above statutory retirement age receiving an old-age pension, 2020 or latest available year**




| Region | Coverage rate (%) |
|---|---|
| World | 77.5 |
| Africa | 27.1 |
| Americas | 88.1 |
| Arab States | 24.0 |
| Asia and the Pacific | 73.5 |
| Europe and Central Asia | 96.7 |

Note: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by the population above the retirement age. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

## 4.3.5 Trends in pension coverage across the world: Achieving universal social protection for all older people

While challenges remain, a significant number of countries have made substantial progress in extending effective pension coverage in recent years. Whereas in 2000 only 34 countries had reached effective coverage of more than 90 per cent of the population above statutory pensionable age, 78 countries fell into this category between 2015 and 2020. In addition, the number of countries where pension provision reaches fewer than 20 per cent of older people fell to 48, according to the most recent data available, compared with 73 countries in 2000. Overall, the data indicate positive trends in both legal and effective coverage.

> A significant number of countries have made substantial progress in extending effective pension coverage.

As indicated by the examples presented in box 4.24, many countries have made significant progress towards universal pension coverage. While some countries, such as the Plurinational State of Bolivia, Botswana, Lesotho, Namibia and the United Republic of Tanzania (Zanzibar), have established universal non-contributory, tax-financed schemes, other countries, such as Cabo Verde and Trinidad and Tobago, are close to achieving universality through a combination of contributory and non-contributory schemes. These experiences show that progress towards universal pension coverage is feasible in low- and middle-income countries.

As indicated in figure 4.37, a substantial number of countries have been successful in expanding effective coverage: Bangladesh, Belarus, Belize, Ecuador, India, the Republic of Korea and Viet Nam, among others. In many countries, the extension of coverage was achieved mainly through the establishment or extension of non-contributory pension schemes, which provide at least a basic level of protection for many older people, while others have combined the extension of contributory schemes to previously uncovered groups of the population with other

### ▶ Box 4.24 Extension of pension coverage through universal social pensions or by a mix of contributory and non-contributory provision

**Plurinational State of Bolivia:** Despite having the lowest GDP per capita in South America, Bolivia has one of the highest coverage rates in old-age pensions. With the introduction in 2007 of the non-contributory old-age pension, "Renta Dignidad", it achieved universal coverage. Renta Dignidad reaches close to 100 per cent of the population over the age of 60 years, providing benefit levels at around US$54 a month for each recipient without a contributory pension and around US$47 for each beneficiary of a contributory scheme. The programme costs 1.2 per cent of GDP and is financed from a direct tax on hydrocarbons and dividends from state-owned companies. It has led to a 14 per cent reduction in poverty at the household level and has secured beneficiary incomes and consumption.

**Cabo Verde:** In 2006 Cabo Verde took two major steps towards a universal pension system. The first was the creation of the National Centre of Social Pensions. Non-contributory pensions, in combination with the contributory scheme, cover about 84.8 per cent of the population above pensionable age, and provide benefits of around US$53 a month (20 per cent above the national poverty line). The second was the creation of the Mutual Health Fund, from which pensioners also benefit through its subsidy of the purchase of medicines from private pharmacies and provision of a funeral allowance.

**Namibia:** The Basic Social Grant in Namibia guarantees all residents over 60 years of age a monthly allowance of 1,100 Namibian dollars (approximately US$78), lifting beneficiaries well above the poverty line. Beneficiaries have been found to share the grant with the extended family, especially by supporting the schooling and well-being of grandchildren. While there are some problems in reaching people in remote areas, the total coverage is estimated to be over 90 per cent.

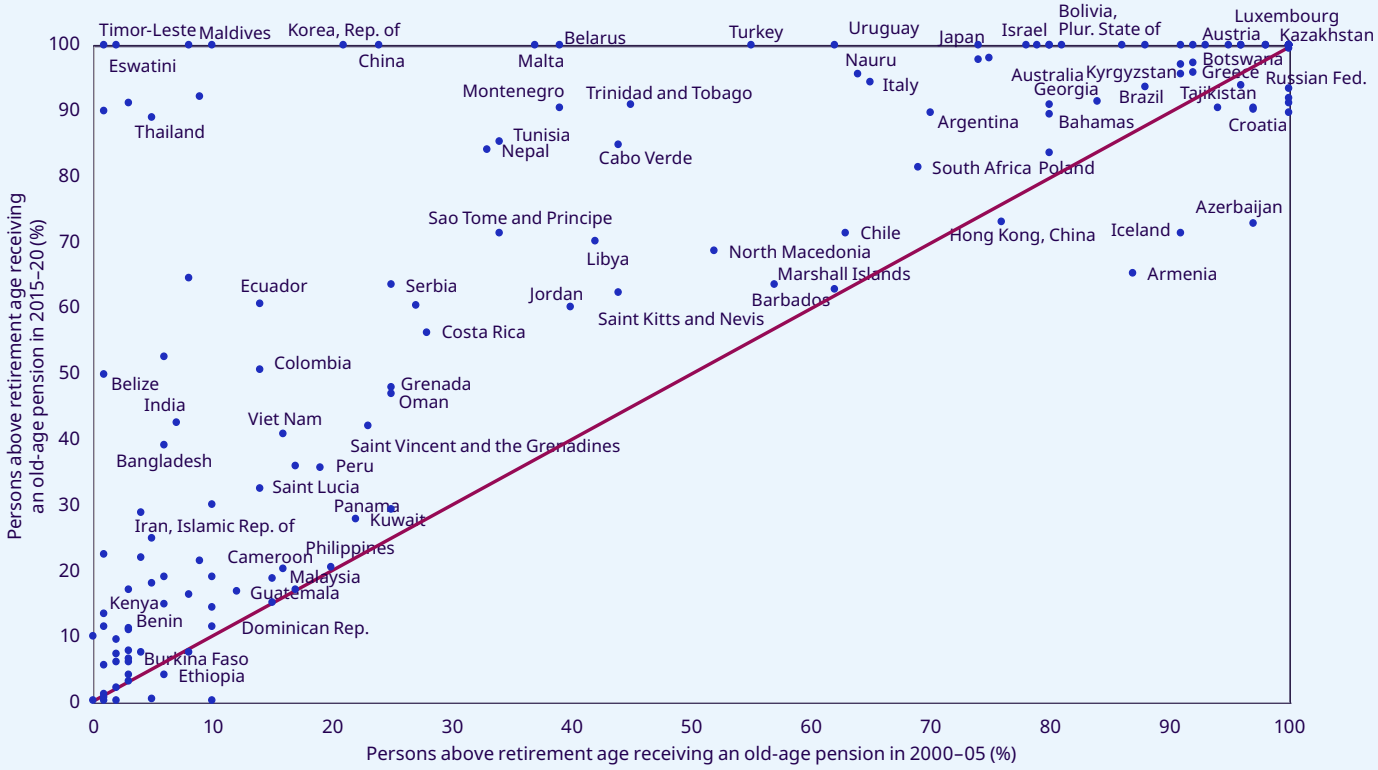
**South Africa:** South Africa was the first African country to introduce a social pension to extend coverage to those older people who did not have social insurance. The Older Person's Grant is an income-tested scheme, providing a monthly payment of 1,500 South African rand (US$112) for each person aged 60–75 years and 1,520 rand (US$114) for each person above 75 years. It is paid to around 3 million older people in South Africa, reaching 100 per cent coverage in some jurisdictions. The Older Person's Grant is given to citizens, permanent residents and refugees with legal status, and is estimated to have helped to reduce inequality significantly, bringing the Gini coefficient down from 0.77 (without grants) to 0.60 (with grants).

**United Republic of Tanzania (Zanzibar):** In April 2016, Zanzibar became the first territory in East Africa to implement a social pension financed fully by the Government. The Universal Pension Scheme provides all residents over the age of 70 with a monthly pension of 20,000 Tanzanian shillings (US$9). In a context characterized by high levels of poverty and labour market informality, very few people are eligible for the contributory pension. While the benefit level of the social pension is modest and on its own cannot lift older people out of poverty, it constitutes a reasonable first step towards achieving universal coverage. In May 2016, 21,750 people, or 86 per cent of the eligible population, received the universal pension.

**Trinidad and Tobago:** A contributory retirement pension administered by the National Insurance Board and a non-contributory Senior Citizens' Pension (SCP) provide income security for older people in the country. The SCP is a monthly grant of up to 3,500 Trinidad and Tobago dollars (US$520) paid to residents aged 65 years or more. This is higher than the national poverty line. The SCP cost 1.6 per cent of GDP in 2015. With 90,800 citizens receiving the SCP in September 2016, it is estimated that the combination of the contributory retirement pension and the SCP achieves universal coverage of older people in the country.

Sources: Based on Global Partnership for Universal Social Protection; INPS Cabo Verde 2019; ILOSTAT; Autoridad de Fiscalización y Control de Pensiones y Seguros de Bolivia, *Boletín Estadístico*, December 2020.

**▶ Figure 4.37 SDG indicator 1.3.1 on effective coverage for old-age protection: Comparison of percentage of persons above statutory retirement age receiving an old-age pension, 2000 and 2015–20**




Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; OECD Social Benefit Recipients Database (SOCR); national sources.

Link: https://wspr.social-protection.org.

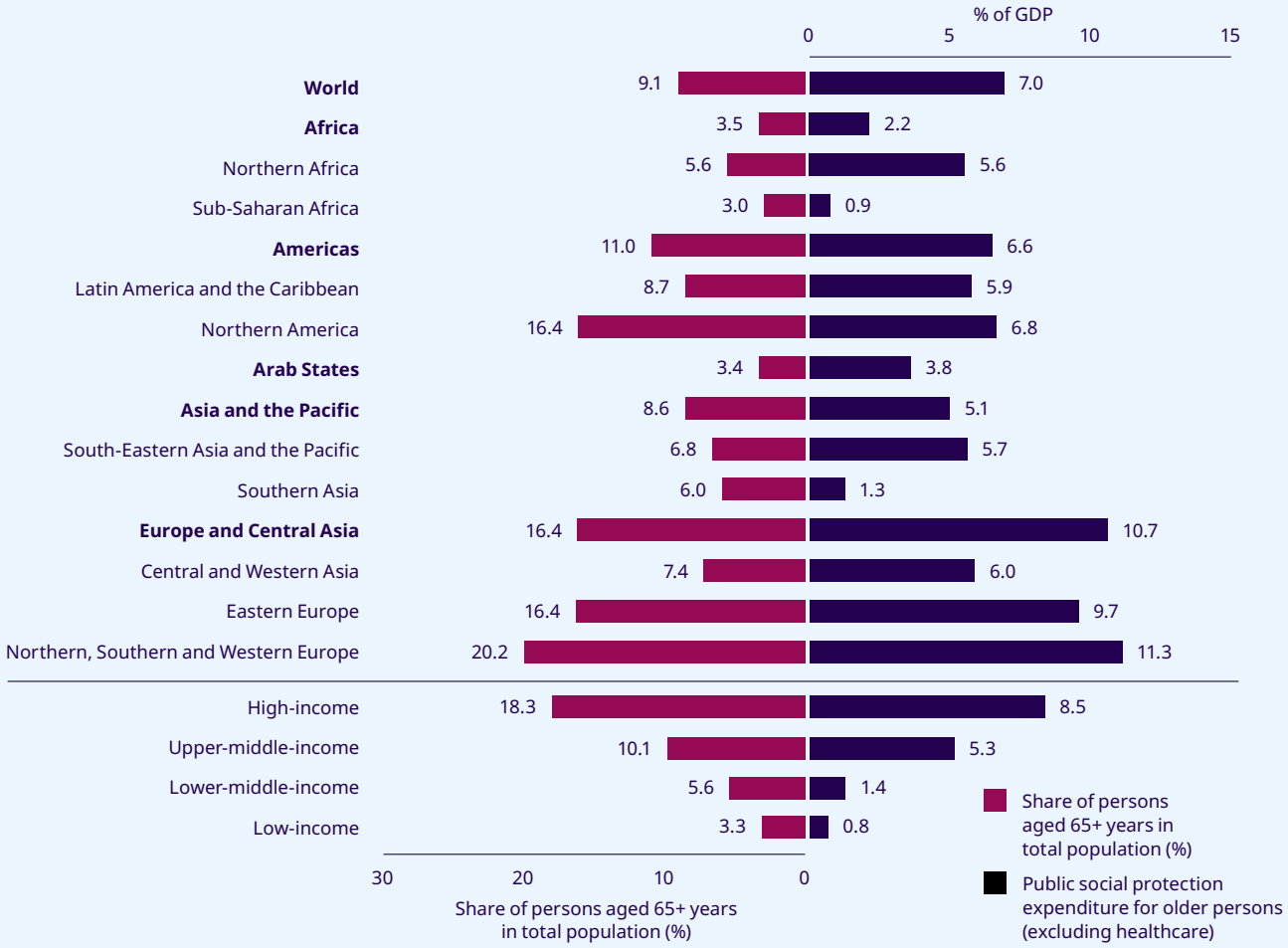
measures. While the introduction of tax-financed mechanisms covering hitherto unprotected people has extended effective coverage, the benefit levels often remain inadequate to maintain beneficiaries in health and decency.

Figure 4.37 indicates that, despite significant efforts to extend coverage around the world and the success stories presented above, not all countries have fared well. Armenia and Azerbaijan, for instance, which had achieved coverage rates close to or above 90 per cent in 2000, have since suffered a drastic regression.

## 4.3.6 Expenditure on social protection for older people

The level of expenditure on the income security of older people represents a useful indicator of the level of development of pension systems, and is highly correlated with the proportion of older people in the population. National public pension expenditure levels are influenced by several factors, including the country's demographic structure, effective coverage rates, adequacy of benefits, and variations in the policy mix between public and private provision of pensions and social services. Public social security expenditure on pensions and other non-health benefits earmarked for older people amounts on average

### ▶ Figure 4.38 Public social protection expenditure (excluding health) on older population (percentage of GDP) and percentage of older persons aged 65+ years in total population, by region, subregion and income level, 2020 or latest available year




Notes: See Annex 2 for methodological explanation. Public social protection expenditure for older persons (excluding healthcare) global and regional aggregates are weighted by GDP.

Sources: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

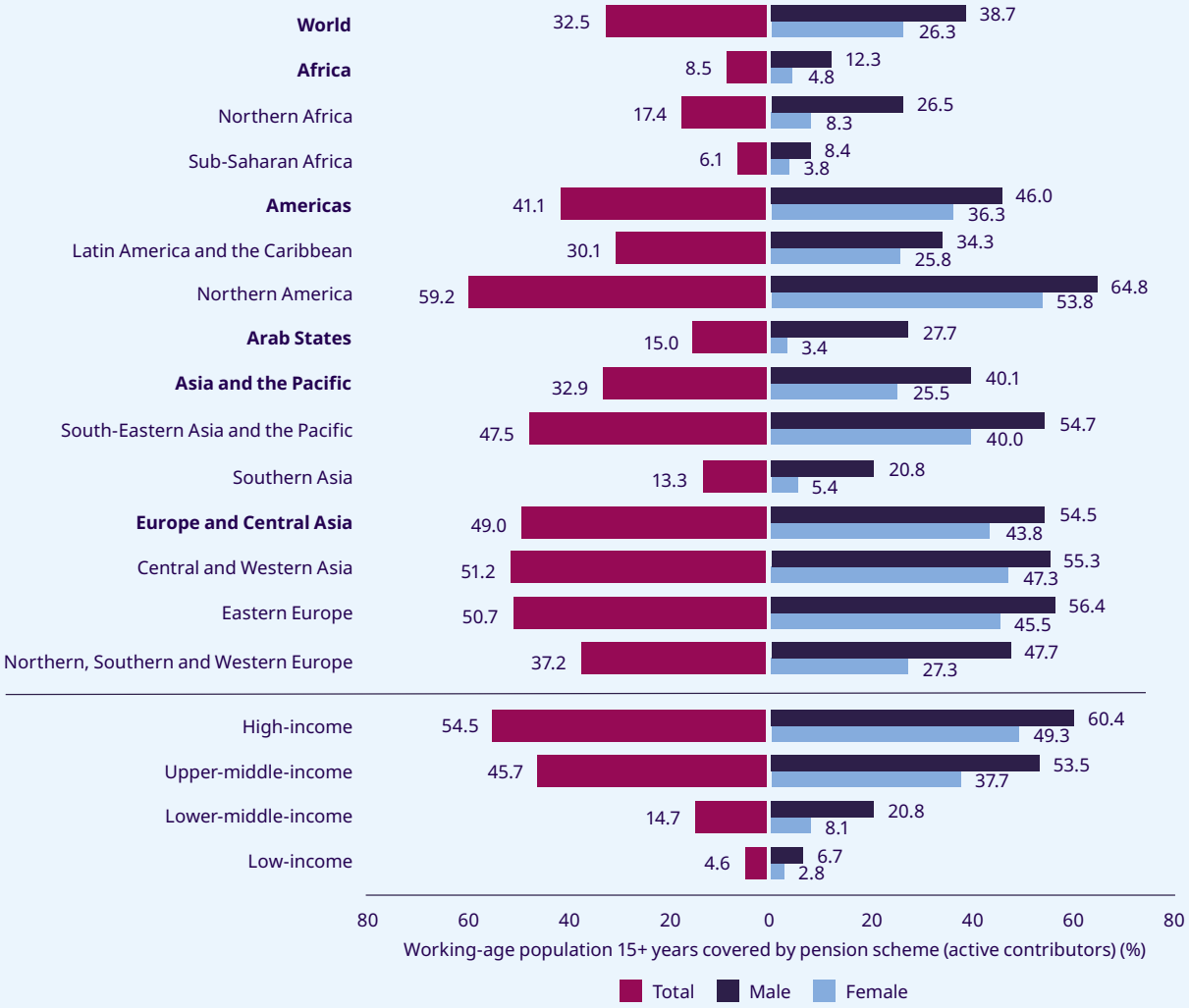
Link: https://wspr.social-protection.org.

to 7.0 per cent of GDP globally (see figure 4.38),[43] but there are large regional differences, with levels ranging from 10.7 per cent of GDP in Europe and Central Asia to 3.8 per cent in the Arab States.

The proportion of older people in the national population, in combination with the level of expenditure on pensions, offers an indication of the economic sustainability of the pension system. Figure 4.38 shows that countries around the world are at widely different stages in the population ageing process, with notable variations associated with income level. In general, developing countries have younger population structures and nascent pension systems, giving them the opportunity to anticipate the changes required to respond in a timely manner by optimizing system design and adopting reforms as appropriate to ensure the system's long-term economic sustainability.

[43] While the data include not only pensions but, as far as possible, other cash and in-kind benefits for older people, they do not include expenditure on long-term care, the cost of which in many countries is already significant and is likely to increase further in the future as a result of demographic change.

▶ **Figure 4.39 Effective coverage for old-age protection: Percentage of working-age population aged 15+ years covered by pension scheme (active contributors), by region, subregion, income level and sex, 2020 or latest available year**




Note: See Annex 2 for methodological explanation. Global and regional aggregates are weighted by the working-age population 15+ years. Estimates are not strictly comparable with 2016 regional estimates owing to methodological enhancements, extended data availability and country revisions.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources.

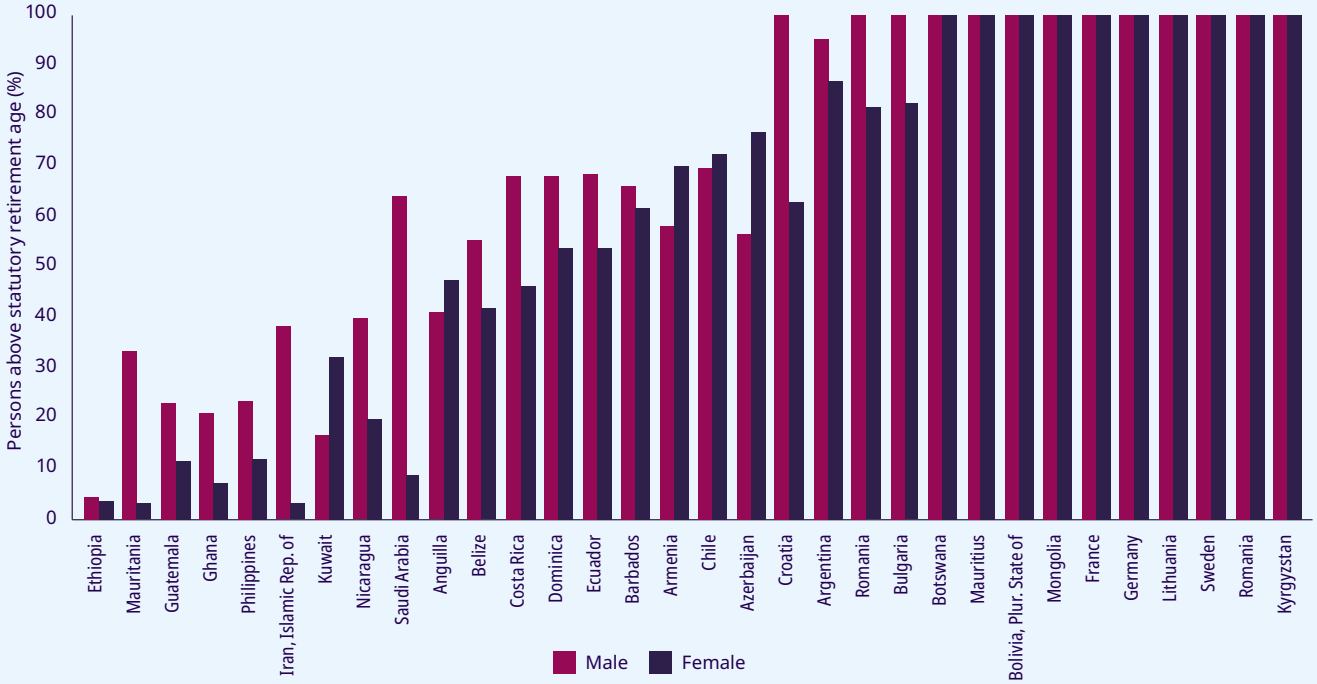
Link: https://wspr.social-protection.org.

## 4.3.7 Closing gender gaps in access to income security in old age

Securing women's income security in old age remains a challenge in many countries, in view of persistent gender inequalities in labour markets as well as broader societal inequalities and disparities, including gendered division of unpaid family responsibilities. All these factors contribute to women's lower labour force participation, their higher representation in vulnerable forms of employment (also as contributing family workers), persistent gender pay gaps and lower lifelong earnings.

For these reasons, women in many countries are less likely than men to contribute to a pension scheme, and also less likely to receive a pension. While at the global level 38.7 per cent of working-age men are covered under a pension scheme, this percentage is only 26.3 per cent for women (see figure 4.39). The gender gap

▶ **Figure 4.40 SDG indicator 1.3.1 on effective coverage for old-age protection: Percentage of persons above statutory retirement age receiving an old-age pension, selected countries, by sex, 2020 or latest available year**




Sources: ILO World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

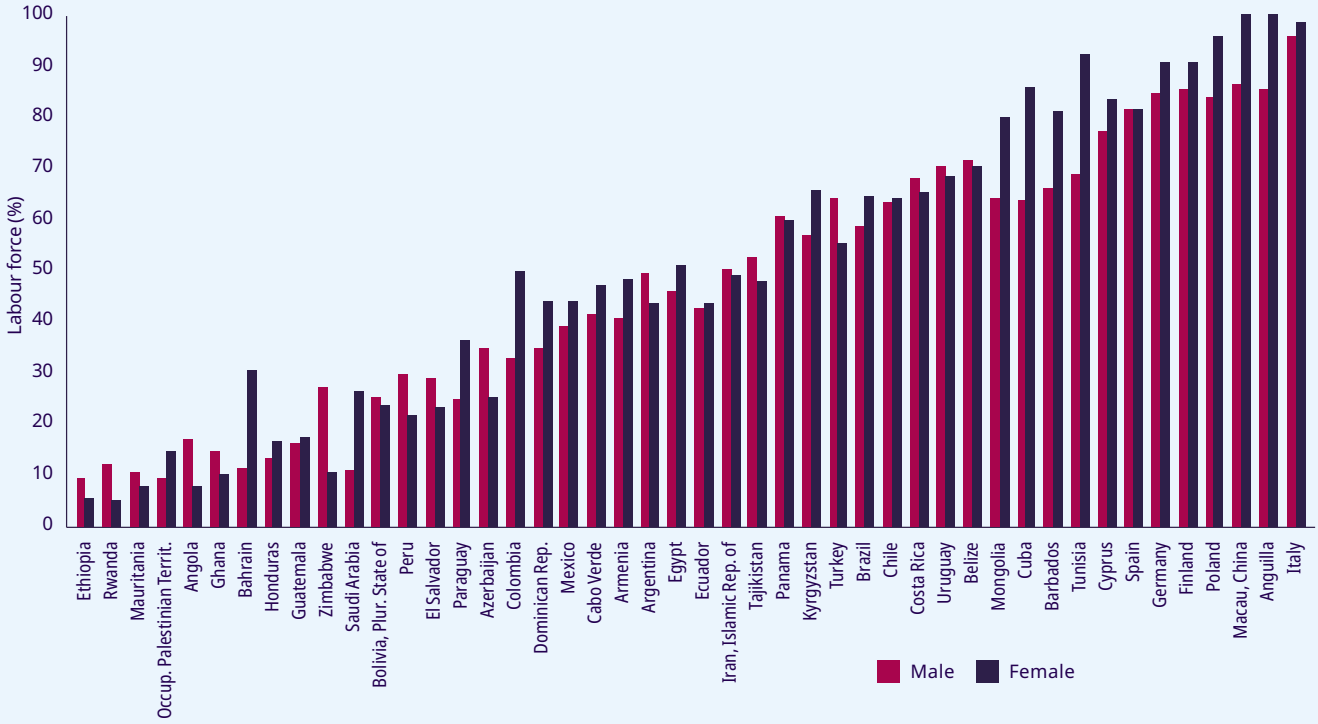
is more pronounced in lower-middle-income countries, where 20.8 per cent of men are covered compared to only 8.1 per cent of women. There are also marked differences across regions, with some regions having particularly high coverage gaps between men and women; for example, in the Arab States only 3.4 per cent of working-age women are covered, compared with 27.7 per cent of men (see figure 4.39).

Women also tend to have lower earnings then men, and to interrupt their market-based work more often to take care of dependants. These factors lead to gender inequalities in pension schemes; some countries have partially offset such inequalities by introducing compensatory mechanisms, such as pension care credits for both women and men, or an extension of minimum pension guarantees. Unlike public pension schemes, private pension schemes do not offer such compensatory measures, as benefit levels are more strictly based on past contributions, penalizing women for lower contributions, earlier retirement and, where gender-specific actuarial tables are used, for their greater average longevity (Behrendt and Woodall 2015; Behrendt 2000).

In many parts of the world, men's higher rates of out-migration from rural areas are resulting in women becoming disproportionately represented among rural populations, where paid work, even if available, is very often poorly remunerated, informal and insecure. In the absence of other forms of pension coverage, non-contributory pensions, particularly in low- and lower-middle income countries, help bridge gender coverage gaps, though not necessarily adequacy gaps. While non-contributory pensions can go a long way towards securing women's (and men's) access to basic protection, benefit levels are often too low to allow beneficiaries to fully meet their needs. Hence, the provision of non-contributory pensions should be accompanied by efforts to support women's increased participation in contributory schemes (ILO 2016f).

In Ecuador, for instance, 68.4 per cent of men above retirement age are receiving a pension, compared to 53.9 per cent of women (see figure 4.40). For Zimbabwe, the data in figure 4.41 also show a relatively low proportion of women in the labour force (10.6 per cent) contributing to a pension scheme, compared with 27.5 per cent of men. Although in many countries the proportion

**▶ Figure 4.41 Effective coverage for old-age protection, by sex: Percentage of labour force aged 15+ years covered by pension scheme (active contributors), selected countries, 2020 or latest available year**




Sources: ILO World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources.

Link: https://wspr.social-protection.org.

of women in the labour force contributing to pensions may be higher than that of men (see figure 4.41), frequently women end up with a lower effective coverage rate in terms of pension benefit recipients, especially in developing countries (see figure 4.40).

It is encouraging that, in parallel to the introduction of tax-financed pension schemes, measures are being introduced to expand contributory schemes progressively to cover self-employed and other workers with contributory capacity.

Gender considerations are also increasingly gaining ground in the public debate on pension reforms. Proactive gender-sensitive policy measures have been implemented to reduce the impact of differentiated career patterns on pensions. Women's pensionable age has been aligned with men's, albeit coupled with increases in retirement age applicable to both women and men (see table 4.3 below).

Care-related contribution credits are also gaining ground in pension systems. They can be provided irrespective of whether the care is for children or other family members needing care, although in practice credits are primarily awarded for childcare (UN Women 2015; Fultz 2011). Promoting the sharing of care responsibilities between women and men contributes to greater equality in employment and social protection, redressing women's socio-economic disadvantages in old age and improving the adequacy of their pensions (see box 4.4).

### ▶ Table 4.3 Old-age pensions: Examples of parametric reforms in selected countries/territories, 2018–20

| Country/territory and year | Measure |
|---|---|
| Sweden (2020) | Increase of minimum retirement age for contributory pensions from 61 to 62. The minimum retirement age for the guaranteed tax-financed pension is expected to rise from 65 to 66 by 2023 and to 67 by 2026. |
| Viet Nam (2019) | Gradual increase of retirement age from 60 to 62 for men and from 55 to 60 for women, as of January 2021. The rate of increase will be three months per year for men (up to 2028) and four months per year for women (up to 2035). |
| Brazil (2019) | Creation of a minimum retirement age for workers in the private sector, which will be 65 for men and 62 for women, with transition rules for those who have already entered the labour market. |
| Saudi Arabia (2019) | Increase of the official retirement age for women under the country's public PAYGO pension programme, from 55 to 60, to match the retirement age of men. |
| United Kingdom (2019) | Increase of retirement age from 63 for women and 65 for men to 66 for men and women as of 2019, and 67 as of 2026. |
| Croatia (2019) | The normal retirement age for women (age 62 and four months as of 1 January 2019) will gradually rise by four months a year to age 65 in 2027, matching the normal retirement age for men. The normal retirement age for men and women will subsequently rise at the same rate up to age 67 in 2033. |
| French Polynesia (2018) | Increase of retirement age from 60 to 62. |

Source: ILO, World Social Protection Database, based on ILO Social Protection Monitor.

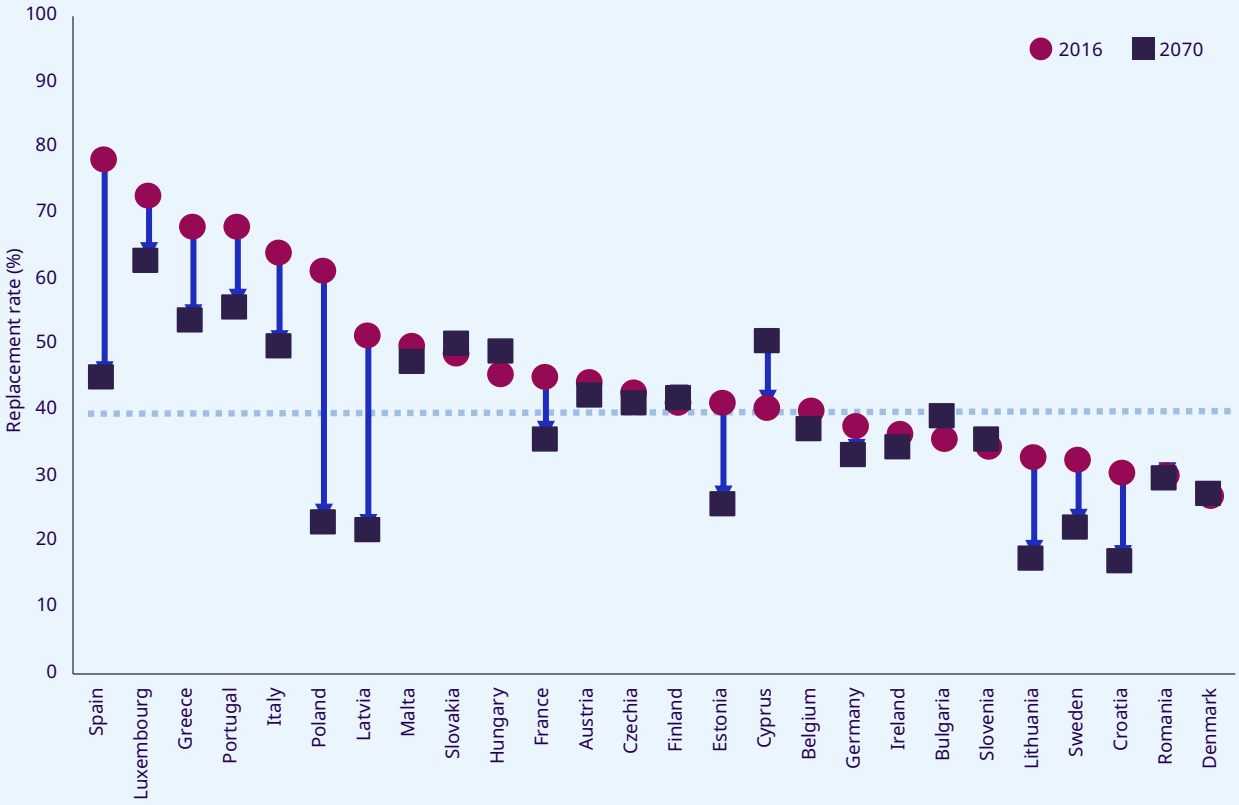
## 4.3.8 The adequacy of pensions to provide genuine income security for older people

Alongside universal coverage, the objective of securing adequacy of pensions is also central, yet designing a methodology applicable globally to measure the adequacy of old-age pensions is challenging. The notion of pension adequacy combines objective indicators (such as the replacement rate or the capacity of the pension to sustain the basic needs of beneficiaries) with more subjective ones (such as beneficiaries' perception of the extent to which their pensions sustain living standards in retirement or reflect their contribution to economic and social progress during their active years). Importantly, there are other critical factors influencing pension adequacy beyond the levels of pension benefits themselves: these include the affordability of essential goods and services such as healthcare, food, housing and transport. Furthermore, assessment of the adequacy of retirement benefits needs to be dynamic in that it evolves over time as social, cultural, demographic and economic conditions change.

> Securing adequacy of pensions is central.

Figure 4.42 shows the average replacement rates at retirement in earnings-related public pension schemes across selected European countries, indicating a troubling downward trend to reduction towards 2070 in projected data. In some cases, these reductions are significant, with rates projected to fall well below the minimum benchmarks established by ratified ILO social security standards, notably Convention No. 102 and Convention No. 128, which respectively stipulate rates of at least 40 per cent and 45 per cent of previous earnings after a period of 30 years of contributions or employment.

**▶ Figure 4.42 Average replacement rates at retirement in earnings-related public pension schemes, selected European countries, 2016 and projected for 2070 (percentage)**




Notes: A minimum 40 per cent replacement rate of previous earnings is prescribed by Convention No. 102 for periodic old-age benefits after a contributory period of 30 years (currently applicable to Bulgaria, Croatia, Cyprus, Denmark, France, Greece, Italy, Luxembourg, Poland, Portugal, Romania, Slovenia and Spain as regards old-age benefits). Convention No. 128 increases this minimum replacement rate to 45 per cent for the same contributory period (currently applicable to Austria, Belgium, Czechia, Finland, Germany, the Netherlands, Slovakia and Sweden as regards old-age benefits).

Source: European Commission 2018, table II.1.18, p. 84.

Link: https://wspr.social-protection.org.

Pensions are long-term benefits, and so an important consideration and condition for gauging their adequacy is their ability to retain their purchasing power and real value over time. This is particularly important for women, who tend to live longer than men and thus face a higher risk of depreciation of the value of their pensions.

All ILO social security standards recognize the need for pension levels to be periodically reviewed with reference to changes occurring in the levels of earnings and the cost of living. National practices in this respect vary from ad hoc mechanisms to automatic indexation, and vary across countries and schemes, as shown in table 4.4.

While adjustment of pension levels in relation to levels of earnings was more widespread historically, an increasing number of current schemes limit adjustments to changes in the cost of living, either through ad hoc government interventions or more protective automatic indexation mechanisms. In this respect, ILO social security standards set the principle of regular adjustment of benefit levels according to criteria such as substantial changes in either the general level of earnings or the cost of living. In Egypt, in 2020, the Government implemented a new law that replaced ad hoc adjustments with automatic yearly adjustments of the pension based on changes in the national consumer price index, with a maximum annual increase of 15 per cent.

### ▶ Table 4.4 Indexation methods

| Indexation method | No. of schemes |
|---|---|
| Price indexation | 76 |
| Wage indexation | 37 |
| Mixed price/wage indexation | 26 |
| Regular, not specified | 18 |
| Ad hoc | 4 |
| No indexation/no information | 182 |
| **Total** | **343** |

Note: "No information" in most cases means "no indexation".

Source: ILO, World Social Protection Database, based on ISSA/SSA, Social Security Programs Throughout the World.

Many pension schemes, however, provide only ad hoc pension adjustments, often contingent on political factors, which risks the erosion of their purchasing power. In inflationary environments, the majority of pensioners end up receiving nominal pensions with limited impact in preserving beneficiaries' purchasing power. Unless pensions are regularly adjusted to keep up with increases in real wages or other measures related to the overall cost of living, the standard of living of older people will deteriorate, pushing more of them into poverty.

## 4.3.9 Reforming pension systems in a challenging context

According to data collected by the ILO Social Protection Monitor, between 2010 and 2020 a total of 291 measures were announced by governments in several regions of the world with the aim of rationalizing expenditure on adjusting revenues of pension schemes to foster economic sustainability, especially with regard to contributory schemes. Of these, 150 were related to delaying pension receipt by raising the retirement age (100 announcements), the elimination of early retirement, the introduction or increase of penalties on early retirement, the introduction or increase of incentives for late retirement, and measures aimed at increasing the eligibility period or tightening eligibility criteria (see table 4.5). It remains to be seen whether and how the COVID-19 pandemic will affect the patterns of pension system reforms observed during the past decade.

### ▶ Table 4.5 Government announcements of pension reforms (contraction), 2010–20

| Type of measure (expenditure rationalization and revenue adjustment) | No. of cases |
|---|---|
| *Delaying pension receipt*: raising retirement age (100), introducing or increasing incentives for late retirement (16), introducing or increasing penalties on early retirement (10), eliminating early retirement (6), increasing eligibility period (12), tightening eligibility criteria (6) | 150 |
| Freezing pension indexation (5), modifying calculation formula (34), eliminating or decreasing subsidies on benefits (1), reducing subsidies on contributions (2) | 42 |
| Introducing or increasing taxes on benefits (8), reforming indexation method (20), freezing pension indexation (5), rationalizing and narrowing schemes or benefits (1) | 34 |
| *Others*: increasing contribution rates (41), increasing contribution ceiling (4), partial or total closure of a scheme (4), privatization or introduction of individual accounts (16) | 65 |
| **Total number of measures** | **291** |

Source: ILO, World Social Protection Database, based on ILO Social Protection Monitor.

Reforms of pension systems to guarantee their sustainability have been prompted by a series of factors: demographic changes combined with decades of wage stagnation and frozen contribution rates; challenges related to a rapidly changing world of work and the emergence of precarious forms of unprotected employment; a low-interest-rate environment; fiscal austerity policies; and sometimes constraints imposed in the context of financial assistance. To secure the financial sustainability of pension systems, many countries have introduced a series of adjustment measures. Most of these measures affect either benefit levels or eligibility criteria so as to delay pensionable age, for example, by increasing penalties for early retirement, raising the statutory pensionable age or indexing the retirement age to increases in life expectancy. Some pension reforms aimed at securing financial sustainability have tightened the link between contributions and entitlements with insufficient regard to also securing social justice and equity, as stipulated by Recommendation No. 202, making

benefits more contingent on investment returns and market performance, in some cases by establishing individual account schemes. While the introduction of non-contributory pensions has helped increase protection in old age at a basic level, the extension and strengthening of employment-related contributory schemes remains crucial in securing adequate benefit levels.

In many cases, reforms aim at adjusting benefit levels, retirement age or eligibility requirements (table 4.3). The ILO Social Protection Monitor records 57 cases of reforms announced by governments that have reduced benefit levels. These comprise 39 cases of reform that have decreased pension benefits, modified the calculation formula, eliminated or reduced subsidies on benefits, or decreased subsidies on contributions; and 18 reform measures that have reduced pension system adequacy by reforming the indexation method, freezing pension indexation and introducing or increasing taxes on benefits.

In line with the principles and benchmarks established by international social security standards, which provide guidance on a range of options for designing pension schemes, the ILO's approach to pension reform seeks to privilege structural or parametric reforms in line with these standards, with a view to securing the dual objective of ensuring financial, economic and fiscal sustainability while according due regard to equity and social justice. The ILO has thus promoted reforms aimed at achieving protection in old age in both qualitative and quantitative terms based on core normative principles (see box 4.25): among others, providing adequate and predictable benefits until the death of beneficiaries and as legal entitlements; transparent, accountable and sound financial management and administration, including through the participation of social partners/insured people's representatives in the management of pension funds; collective and solidarity financing; and periodic review of benefit levels to prevent erosion of purchasing power. Supported reforms include those that, while preserving financial sustainability, seek to establish lower minimum contribution thresholds for workers with fragmented contribution histories; provide credits to cover periods of unemployment; strengthen the portability of benefits; and support decent work and decent wages, while preventing the misclassification of employees to escape pension contributions.

The ILO has promoted reforms aimed at achieving protection in old age in both qualitative and quantitative terms.

While ILO principles allow and even encourage combining contributory and non-contributory mechanisms into multi-pillar pension systems, and do not rule out any type of financing mechanism, certain types of schemes, such as individual savings accounts, generally fail to comply with key principles established in international labour standards, such as securing predictable benefit levels, guaranteeing receipt of benefits until death, participatory management, periodic review of benefit levels to prevent the erosion of purchasing power, and equity within and across generations. Such additional mechanisms could represent an option to complement (voluntarily or mandatorily) solidarity-based social insurance systems, provided that their financing does not jeopardize the financial viability of the solidarity-based pillars and their capacity to guarantee benefits at least at the minimum rates prescribed by ILO standards, based on the core principles set out above.

Even though a number of countries have introduced defined contribution schemes (on a mandatory or voluntary basis or both), in most cases these are intended not to replace social insurance pension schemes, but to complement them so as to increase benefit levels. Unlike solidarity-based mechanisms, schemes based on individual accounts and defined contributions transfer market risks on to individuals and magnify existing inequalities in the labour market, including gender inequalities. Conversely, solidarity-based mechanisms are key to reducing not only vertical inequality (between high- and low-income earners) but also horizontal inequality (for example, between stable and fragmented careers, between men and women) and inter-generational inequality. Thus, from the point of view of ILO principles and standards, solidarity-based contributory and non-contributory pension schemes are key pillars in securing the levels of old-age protection established in national legal frameworks. In countries with sufficiently developed financial services and facilities, individual savings mechanisms regulated by public authorities, or managed jointly by employers and workers, could complement social insurance pensions. Moreover, while additional sources of financing could be explored to complement contributions in order to increase the fiscal space and secure the financial sustainability of pension

### ▶ Box 4.25 What do international social security standards say about the organization and financing of social security systems?

The 1990s witnessed a drive to reduce the State's responsibility in social security by increasing the role of private mechanisms and gradually reducing the public tier. These reforms were assessed from the point of view of ILO standards, which allow diverse modalities of ensuring protection without prejudging any system, provided that it adheres to certain core principles set out in international social security standards.

Those principles, notwithstanding their flexibility and a recognition that there is no one-size-fits-all pension system, establish certain boundaries for reforms, including limits on the privatization of social security.

In practice, while a number of countries have complemented their pension systems with individual savings account pillars, in many instances these have functioned to the detriment of social solidarity and redistribution by reducing the share of finances that go into the collective pay-as-you-go mechanisms. ILO supervisory bodies have generally observed that pension schemes based on the capitalization of individual savings managed by private pension funds were organized in disregard of the principles of solidarity, risk-sharing and collective financing which are the essence of social security, as well as in disregard of the principles of transparent, accountable and democratic management, which must include the participation of representatives of the insured persons. The CEACR pointed out in 2009 that these principles underpin all international social security standards and technical assistance, and offer the appropriate guarantees of financial viability and sustainable development of social security; neglecting them, and at the same time removing state guarantees, exposes members of private schemes to greater financial risk.

The collectively financed schemes managed by the State, in particular through pay-as-you-go financing, have also fared much better during crises than the fully funded privately managed schemes, which have sustained severe losses. The failure of so many private schemes to deliver decent pensions, not least because of the losses sustained during economic crises, has triggered a move by public authorities to re-establish or reinforce solidarity and income redistribution mechanisms. Increasingly, as seen during the pandemic, these basic principles are also at the centre of public appeals for a reinvigorated social contract that puts social protection and good governance at the heart of building back a better economy.

Source: Based on ILO (2011a).

systems, reliance on progressive tax mechanisms offers better outcomes in terms of social justice and equity than regressive ones, such as taxes on consumption.

In many cases, the reduction of pension levels consequent on recent reforms is expected to compromise their adequacy, which in turn is likely to increase the number of workers who resort to tax-financed social assistance or guaranteed minimum income schemes to ensure life in dignity in their old age. Compliance with the minimum levels established by ILO standards, including Conventions Nos 102 and 128, will thus become an issue in ratifying countries implementing such reforms.

In the context of the COVID-19 pandemic, some countries drew on the reserve funds of their pension programmes to pay emergency benefits, raising concerns about the effects on financial sustainability. According to the Federation of Pension Fund Administrators (FIAP), a number of countries in Latin America have proposed the early withdrawal of pension funds from individual savings accounts to mitigate the adverse impacts of the worldwide COVID-19 pandemic, thereby depleting their savings. This has resulted in significant reductions in worker coverage and a suppression of or marked reduction in future pension benefits.[44] In Chile, two consecutive withdrawals have resulted in around 40 per cent of contributors depleting their individual accounts. This means that, in the future, the State will have to finance more non-contributory pensions through taxes, and the adequacy of pensions will also be affected. In Peru, successive legal provisions have increased the total amount that can be withdrawn in a lump sum on meeting certain early or old-age retirement requirements to up to 95.5 per cent of the funds. Consequently, by November 2020,

[44] FIAP Statement: The withdrawal of pension funds to mitigate the effects of Covid-19. See https://www.fiapinternacional.org/en/fiap-statement-the-withdrawal-of-pension-funds-to-mitigate-the-effects-of-covid-19/.

16 per cent of the total amount of the pension funds had been withdrawn. At least one third of workers have withdrawn 25 per cent of their funds, and as a result will no longer have sufficient funds to finance their retirement. While tapping into resources accumulated for old-age protection to face the consequences of the pandemic does not represent a good practice, measures to authorize such withdrawals are motivated by a lack of alternative funds that can be mobilized. This illustrates the greater fragility of defined contributions pension systems, which lack a solid pay-as-you-go pillar and unemployment protection schemes able to better respond to crisis conditions.

## 4.3.10 Ensuring income security for older people in the future

As life expectancy increases, so the need for protection in old age increases accordingly. Even though no two national pension systems are identical, and there is no blueprint for an ideal system, most countries have tended to secure the future sustainability and universality of their pension systems by introducing multi-tiered pension schemes composed of both contributory and non-contributory components, in which the former guarantee adequate levels of income replacement while the latter help secure basic income security for older people. In the face of changing labour markets and population ageing, countries, especially those with more mature pension systems, are increasingly opting to introduce parametric changes (increasing retirement ages or required contributory periods) or to complement pension contributions from general government revenue. How progressive or regressive these taxes are, including especially the respective shares of revenue financing from labour and from capital, has a direct impact on how equitable and redistributive the resulting pension system is – for example, taxes more closely linked to employment outputs will achieve these objectives better than regressive taxes on consumption.

Aside from demographic considerations, a series of other factors threaten the capacity of States and pension systems to guarantee each person's right to protection in old age. The future of work and questions regarding how to secure adequate social protection coverage for workers in all types of employment – including platform work, flexible working arrangements and so on – constitute an important source of concern in respect of old-age protection. Uncertainties in current legal frameworks about the legal nature of these workers' relationships with the platforms need to be resolved, and, where necessary, these frameworks should be adapted in order to secure both sustainable sources of collective financing and adequate old-age protection for these categories of workers, without which they will be left vulnerable and dependent on tax-funded basic old-age pensions.

Most countries have tended to secure the future sustainability and universality of their pension systems by introducing multi-tiered pension schemes.

Another central challenging factor for the sustainability of pension systems is the prevalence – and, in many cases, even the expansion – of informal economies. In the developing world, informality and poverty are widespread, and a significant share of those in formal employment are sliding into informality. Despite decisive steps taken in extending tax-financed pensions to people previously active in the informal economy, these benefits are often insufficient to maintain a dignified life or are too narrowly targeted, leaving many people unprotected. In addition, in the absence of effective and comprehensive formalization strategies, which will also result in strengthened contributory mechanisms, financing pensions for the majority of people in old age from taxation represents a considerable burden on public finances which could compromise their sustainability in the long run. In this context, ensuring better articulation between contributory and non-contributory pension mechanisms, in parallel with formalization policies, is key to promoting employment-related contributory mechanisms providing adequate and sustainably financed pensions. All nations, to varying degrees, face the challenge of securing the future of their pension systems, and need to strike a judicious balance between financial, economic and social sustainability by guaranteeing acceptable financing and benefit eligibility conditions, as well as adequate benefit levels, in order to secure pension systems that function effectively and efficiently, and support progress towards achieving the 2030 Agenda.

key messages

## 4.4 Social health protection: Towards universal coverage in health

- The right to social health protection is not yet a universal reality. Despite laudable progress, barriers to accessing healthcare remain in the form of out-of-pocket (OOP) payments on health services, physical distance, limitations in the range, quality and acceptability of health services, long waiting times, and opportunity costs such as lost working time.

- Significant progress has been achieved in increasing population coverage, with almost two thirds of the global population protected by a health scheme. Still, people in the lowest income quintile and in rural areas often face challenges in meeting their health needs without hardship. While population coverage has increased, less attention has been paid to adequacy in some contexts. The COVID-19 crisis highlighted the limitations of benefit adequacy and the need to reduce OOP payments.

- Collective financing, broad risk-pooling and rights-based entitlements are key principles in supporting effective access to healthcare for all in a shock-responsive manner. The principles set out in international social security standards are more relevant than ever in making progress towards universal health coverage (UHC), especially within the current public health context. More and better data collection on legal coverage is a priority for monitoring progress on coverage and equity.

- Investing in the availability of quality healthcare services is crucial. The COVID-19 pandemic has further revealed the need to invest in healthcare services and to improve coordination within health systems. The pandemic is drawing attention to the challenges faced in deploying, retaining and protecting well-trained, supported and motivated health workers to ensure the delivery of quality healthcare services.

- Stronger linkages and better coordination between access to medical care and income security are urgently needed to address key determinants of health. The COVID-19 crisis has thrown into sharp focus the critical preventive role of the social protection system, and the complementarity of healthcare and sickness benefit schemes. Coordinated approaches are particularly needed with respect to special and emerging needs, including human mobility and the increasing burden of long-term and chronic diseases, as well as population ageing. The impact of the pandemic on older people has also starkly revealed the need for better coordination between health and social care.


ULAN

## 4.4.1 The crucial role of social health protection for individuals and the economy

### ▶ A key contribution to the SDGs

The COVID-19 crisis has revealed large gaps in social health protection. Ensuring universality and continuity of coverage was essential in a pandemic where the health of one person affected the health of everyone. Accordingly, governments worldwide swiftly responded to the spread of the disease by ensuring access to health services and sickness benefits, extending their reach, improving their adequacy and facilitating their delivery (see section 4.2.3). It is now necessary to build on the lessons learned from these temporary measures in moving towards more sustainable, comprehensive and universal social protection systems that offer effective access to affordable healthcare services and adequate sickness benefits for all. Both support the objective of UHC.

In September 2019, the UN Member States at the General Assembly adopted a political declaration on UHC, reinforcing their commitment to achieving the health-related SDGs (UN General Assembly 2019). Social health protection is central to reaching the objective of UHC, which emphasizes the importance of financial protection and effective access to healthcare services. The SDG targets on UHC (SDG 3.8) and universal social protection systems, including floors (SDG 1.3), are complementary and closely linked priority measures aimed at achieving a healthy and dignified life for all.

Extending social health protection to all is also implicit in SDG 8 on promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work, because achieving these ends will require a healthy workforce. Ill health and an inability to obtain medical care because of financial, geographical, social or other barriers has adverse impacts on the productivity of the workforce, undermines households' capacity to invest in productive assets and pushes them into poverty. More broadly, social health protection contributes to addressing poverty and inequalities (SDG targets 1.1, 1.2 and 10.4), as poor access to, and OOP costs for, healthcare have been shown to affect the poor disproportionately. Social health protection also contributes to reducing gender inequality (SDG target 5.4) through equitable access to care.

Many countries, including Colombia, Mongolia, the Philippines, Rwanda, Thailand and Viet Nam, have shown that extending social health protection to all is achievable even in low-income settings and/or where levels of informal employment are high. Their experience demonstrates that a sustained political and financial commitment embedded in a rights-based approach is indispensable if no one is to be left behind.

### ▶ A rights-based pathway to UHC

Social health protection provides a rights-based pathway towards the goal of UHC. As an integral component of comprehensive social protection systems, social health protection comprises a series of public or publicly organized and mandated private measures to achieve (ILO 2008):

- effective access to quality healthcare without hardship, which is the focus of this section; and
- income security to compensate for lost earnings in case of sickness (see section 4.2.3 above).

The lack of affordable quality healthcare risks creating both poor health and impoverishment, with a greater impact on the most vulnerable. For this reason, the principle of universality of coverage was underlined in social security standards early on (see box 4.26).

### ▶ Monitoring social health protection coverage

Monitoring progress in social health protection requires considering both population coverage and adequacy of benefits (that is, the range of health services covered and the extent of financial protection), in law and in practice. The SDG framework has fostered additional data collection and provides new proxies for dimensions relating to effective coverage (WHO and World Bank 2020). Nevertheless, more and better data are still needed, particularly on legal coverage, public awareness and quality of care, which remain poorly or unsystematically captured (Kruk et al. 2018).

The complexity and interdependency of these dimensions, as well as the lack of systematic data collection on many of them, make social health protection coverage difficult to monitor. Good performance in one dimension does not automatically translate into good performance in others. For instance, while in Latin America over two thirds of the population are registered with a scheme and effectively use health services, financial protection remains a matter of concern, with high and impoverishing OOP costs for health. The following sections present available indicators and discuss important data gaps.

## ▶ Box 4.26 International social security standards on healthcare coverage

### *Universality*

In 1944, the Medical Care Recommendation (No. 69) introduced the principle of universality, setting out that healthcare services should cover all members of the community, "whether or not they are gainfully occupied" (Para. 8). The right to health was subsequently formally enunciated by human rights instruments.[1] The human rights to health and social security are understood as creating an obligation to guarantee universal effective access to adequate protection (ILO 2019e; UN 2008). Social health protection is rooted in this framework and represents the optimal mechanism to substantiate these human rights (ILO 2020x).

### *Financing and institutional arrangements*

International social security standards promote collectively financed mechanisms to cover the costs of accessing health services, recognizing recourse to taxes and contributions made by workers, employers and government. Likewise, the standards recognize a range of institutional arrangements, namely national healthcare services, by which public services deliver affordable health interventions, and national social health insurance, by which an autonomous public entity collects revenues from different sources (social contributions and/or government transfers) to purchase health services, either only from public providers or from both public and private providers. In practice, most countries use a combination of financing sources and institutional arrangements to reach universal coverage.

### *Coverage extension*

The ***horizontal extension of coverage*** aims to cover the entire population with at least a minimum level of protection across four basic social protection floor guarantees, including healthcare, in line with Recommendation No. 202 (ILO 2021c, 2017f, 2019i).

The ***vertical extension of coverage*** aims to improve benefit adequacy progressively, ensuring higher levels of protection. International social security standards establish a minimum level of benefit to be guaranteed by law. The benefit level for healthcare encompasses two dimensions:

- the range of services effectively accessible; and
- financial protection against the costs of such services.

With respect to the first element, the range of services to be included has been progressively widened. While social protection floors should include the provision, at a minimum, of "essential healthcare" as defined nationally, including free prenatal and postnatal care for the most vulnerable, countries should progressively move towards greater protection for all, as reflected in Conventions Nos 102 and 130, which stipulate the provision in national law of access to a comprehensive range of services. To be considered adequate, in line with human rights compliance monitoring mechanisms, health services need to meet the criteria of availability, accessibility, acceptability and quality (Recommendation No. 202, Para. 5(a)) (UN 2000b).

With respect to the second element (financial protection), ILO instruments stipulate legal entitlements to healthcare "without hardship". OOP payments should not be a primary source for financing healthcare systems. The rules regarding cost-sharing must be designed to avoid hardship, with limited copayments and free maternity care.

[1] Universal Declaration of Human Rights, 1948 (Art. 25); International Covenant on Economic, Social and Cultural Rights, 1966 (Art. 12).

## 4.4.2 Population coverage

### ▶ Legal coverage

Given the importance of legal frameworks to guarantee people's rights to health and social security, bridging the current data gap in this dimension should be a priority (see box 4.27). While there is some provision for systematic information collection in European countries, there remain significant data gaps for the rest of the world (see Annex 2).

Many countries in Asia have established entitlements to healthcare for the whole population within their respective legal frameworks: these include China, Indonesia, the Philippines, Nepal, Sri Lanka, Thailand and Viet Nam.

### ▶ Box 4.27 Monitoring legal coverage of social health protection: An urgent need

Monitoring legal coverage should include key dimensions of:

- population coverage, enabling the identification of any group(s) excluded;
- adequacy of entitlements, including a guaranteed benefit package (defined positively or negatively), the level of financial protection (defined positively or through the establishment of maximum copayments) and the range of healthcare providers that can be accessed.

Persistent coverage gaps often reflect socio-economic inequalities and multidimensional discrimination against certain population groups. For example, some countries focus legal entitlements on citizens or permanent residents and exclude or limit the adequacy of benefits for temporary residents, such as migrant workers on temporary work permits, who may represent the majority of the workforce in some country contexts.

### ▶ Awareness of entitlements and effective protection

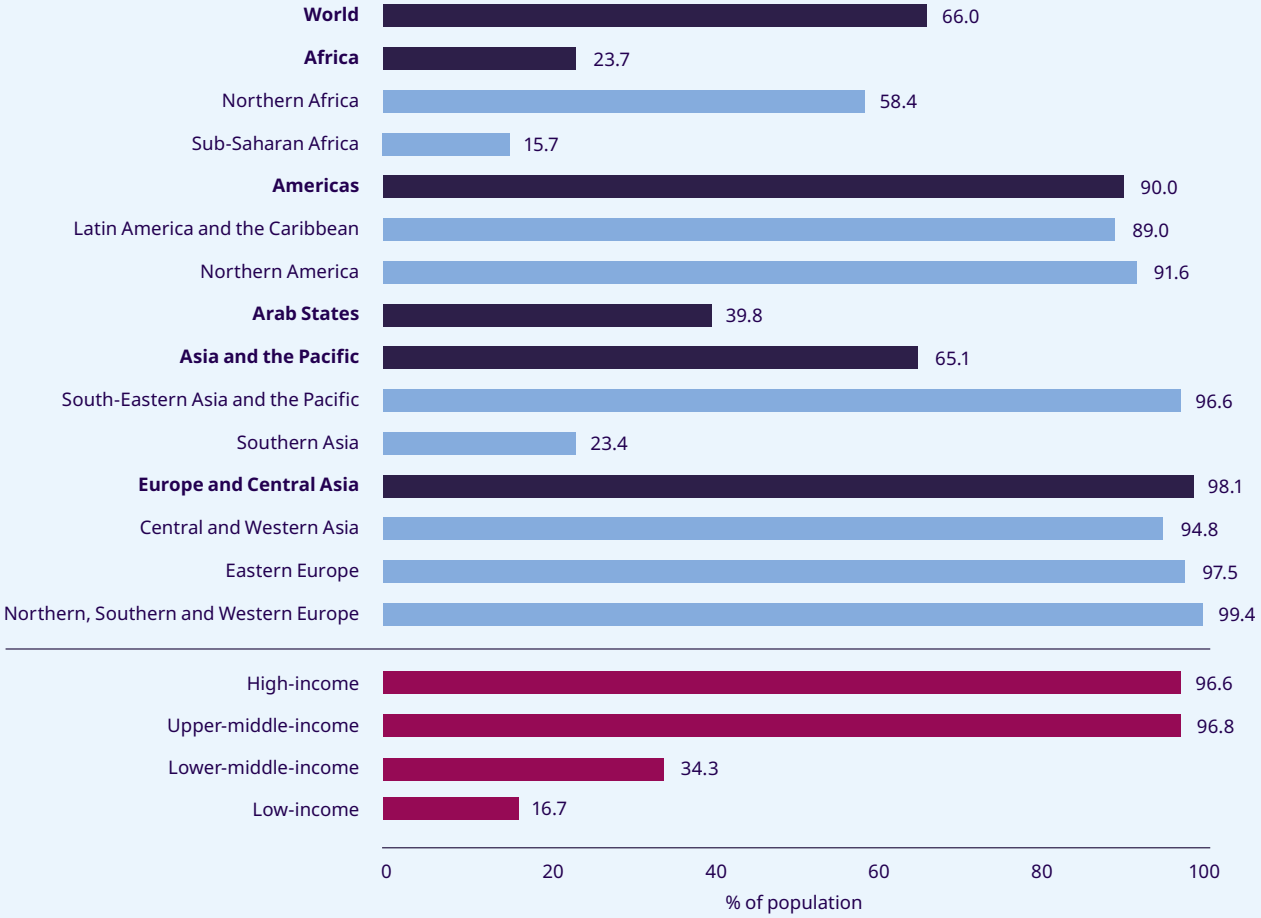
For individuals to effectively access health services when they need them without hardship, it is important that such access be considered a right and embedded in the legal framework. It is equally important that people are aware of their legal entitlements and how to obtain them. A correlated proxy indicator is the percentage of population protected by a scheme (for more details see Annex 2). In striving for universal protection, a large number of countries across all income levels have made laudable progress in extending the effective reach of social health protection schemes, to the point where more than half of the world's population are now protected by such a scheme (see figure 4.43). Regions with lower rates of coverage are Africa, the Arab States and Asia and the Pacific; those with higher rates are Europe and Central Asia and the Americas.

A common challenge encountered by countries at various levels of development is the protection of populations who rely on the informal economy, including informal economy workers themselves and other members of their households (children, young people and older adults) who depend on those revenues for their livelihood (OECD and ILO 2019). It is necessary to ensure that they are aware of their rights, trust publicly mandated schemes and are willing to use them for the primary coverage of the entire household (Traub-Merz and Öhm 2021).

Setting the right incentives, and eliminating obstacles to joining the formal economy more broadly, can support improving awareness of rights and entitlements (ILO 2021g). Some categories of workers, such as self-employed and domestic workers, may be excluded from mandatory schemes. In the case of contributory schemes, contribution levels and modalities may not be adapted to patterns of income for informal workers (which may be seasonal or otherwise fluctuating). Conversely, health benefits can be a strong incentive for workers and employers to contribute to social protection systems and thereby support their transition to the formal economy.

For non-contributory and contributory schemes alike, distance and complex administrative procedures (such as geographical and cultural distance from administrative authorities, issues related to identification documents, length of procedures and so on) can be significant barriers

### ▶ Figure 4.43 Effective coverage for health protection: Percentage of the population covered by a social health scheme (protected persons), by region, subregion and income level, 2020 or latest available year




Notes: Based on data collected for 117 countries and territories representing 89 per cent of the world's population, representing the best estimate of people protected by a healthcare scheme for their primary coverage. Mechanisms include national health insurance; social health insurance mandated by the State (including subsidized coverage for the poor); national healthcare services guaranteed without user fees or with small copayments; and other programmes (user fee waivers, vouchers, etc.). In all, 189 schemes for primary coverage were identified and included. To avoid overlaps, only public or publicly mandated, privately administered primary healthcare schemes were included. Supplementary and voluntary public and private programmes were not included, with the sole exception of the United States (the only country in the world where private health insurance plays a significant role in primary coverage). Global and regional aggregates are weighted by population.

Sources: Based on data from ILO Social Security Inquiry and OECD Health Statistics 2020; national administrative data published in official reports; information from regular national surveys of target populations on awareness on rights.

Link: https://wspr.social-protection.org.

to registration, disproportionately affecting those who depend on the informal economy. To counter these obstacles, a number of health schemes have developed innovative enrolment procedures (see box 4.28). Greater public awareness of rights and entitlements, and efforts to improve health literacy, are an essential part of empowering people to demand health services. Only when people understand their entitlements and how to avail themselves of them can they play a role in improving the quality and accountability of, and trust in, the system. Such steps should accompany interventions in the political and institutional environment to improve benefit adequacy (see below), scheme accountability and the associated perceptions of fairness and trust (ILO 2021f).

### ▶ Box 4.28 Facilitating registration for those in the informal economy

***Rapid expansion of affiliation to the National Health Insurance Fund (NHIF) in Sudan:*** The 2016 Health Insurance Act established that all residents should be covered by the NHIF to guarantee their access to healthcare services without hardship. In 2019, 27.2 million people (67.7 per cent of the population) were registered, a doubling of coverage since 2014 (Bilo, Machado, and Bacil 2020). This rapid extension was made possible by the State joining forces with non-contributory social protection schemes, using the same identification and eligibility mechanism to facilitate entry into the scheme, combined with a proactive campaign to disseminate information and encourage registration. Such rapid extension of the registered population requires an equal expansion of health services to ensure the adequacy of benefits.

***Adapting national health insurance to the self-employed in Kazakhstan:*** The launch of the mandatory national health insurance scheme in 2020 led to the rapid affiliation of 88 per cent of the population within one year. The Government covers the cost of contributions on behalf of specific groups, including children under 18, pregnant women, pensioners, people with disabilities, mothers with children and full-time students. The self-employed pay a single flat-rate contribution differentiated between urban and rural settings, the largest part of which is allocated to the national health insurance scheme (40 per cent); the rest goes to other social insurance schemes and income tax (10 per cent of the contribution), thereby ensuring comprehensive coverage and formalization (Kazakhstan 2021).

### ▶ Box 4.29 Integration of refugees in urban areas of Rwanda into the national health insurance system

The national health insurance system in Rwanda comprises several schemes addressing different professional and socio-economic groups, including the community-based health insurance (CBHI) scheme, managed by a single central institution. In 2017, the Rwandan Government pledged to integrate refugees gradually into the system. The enrolment of 12,000 urban refugees began in September 2019, along with the issuance of identity cards by the Rwandan Government. A memorandum of understanding between the ministry responsible for refugees, the CBHI scheme and the Office of the United Nations High Commissioner for Refugees (UNHCR) ensures that refugees can access healthcare under conditions similar to those enjoyed by host communities (ILO and UNHCR 2020).

The regional estimates presented in figure 4.43 hide significant inequalities across population groups within regions and countries, further influenced by various demographic trends. For instance, human mobility, whether voluntary or forced, within or across countries, is currently happening on an unprecedented scale. This makes it imperative to ensure portability of healthcare entitlements for migrants, including refugees, and to provide appropriate services (IOM 2019; Orcutt et al. 2020). Some countries are making efforts to include refugees in their social health protection systems (for an example, see box 4.29), despite numerous challenges.

The scheme-level data collected to compute the estimates in figure 4.43 indicate that most countries rely on a diversity of financing mechanisms and institutional arrangements to cover their populations. While it is advisable to combine various sources of funding to ensure the maximum allocation of public resources to the health system, broad risk-pooling is also an important determinant of equity in effective access to care. In this respect, it is encouraging that a number of countries have achieved significant extension of coverage while reducing institutional fragmentation among social health protection schemes (for an example, see box 4.30) (ILO 2020l).

Most countries rely on a diversity of financing mechanisms and institutional arrangements to cover their populations.

Figure 4.43 provides an indication of the number of people protected in a given country that has active monitoring policies in place. Registration in a scheme, or regular monitoring

### ▶ Box 4.30 Reducing institutional fragmentation in Indonesia

With the enactment of the 2004 Law on the National Social Security System and Law No. 24 of 2011, Indonesia made a strong commitment towards UHC. In 2012, the National Social Security Board (Dewan Jaminan Sosial Nasional, DJSN) and the Ministry of Health laid out a road map to an integrated social health protection system and the establishment of a Social Security Administrative Body for Health (BPJS Kesehatan). In 2014, various fragmented health schemes were merged into the Jaminan Kesehatan Nasional (JKN) scheme, collecting revenues from both taxes and social contributions, managed by BPJS Kesehatan. JKN is now one of the world's largest single-payer systems, with 223 million members in 2020, more than 82 per cent of the population.

of entitlement awareness, do not themselves automatically translate into effective, affordable and adequate access to healthcare in times of need. Many barriers can remain in place, compromising adequacy:

- the availability, accessibility, acceptability and quality of healthcare services may be poor, in practice not allowing effective access or access to a level that would allow improvements in health status;
- benefit packages may be limited (covering few services and leaving patients to cover high OOP expenses for services needed);
- high official copayments or informal payments may be requested (again leaving a significant share of the total costs of care to be borne by patients).

## 4.4.3 Adequacy of benefits

### ▶ Legal entitlements to adequate healthcare benefits

A systematic approach to data collection is urgently needed to establish the extent to which core elements of adequacy (benefit packages, costs covered, network of providers) are guaranteed by law. Nonetheless, data available for SDG indicators 3.8.1 and 3.8.2 provide some insights into effective coverage of these aspects.

### ▶ Service coverage

In 2017, almost four decades after the Alma-Ata Declaration on Primary Health Care,[45] half of the world's population still did not receive the essential services they needed, with large disparities across countries (see figure 4.44) (Hogan et al. 2018; WHO 2019d). Convention No. 102 covers care of both a preventive and a curative nature, and stipulates that health benefits should comprise at least a basic set of interventions,[46] including pre- and postnatal care. Convention No. 130 goes further, including dental care and rehabilitation services. SDG indicator 3.8.1 computes 14 tracer indicators for specific medical interventions across four clusters, namely reproductive, maternal, newborn and child health (RMNCH); infectious diseases; non-communicable diseases (NCDs); and service capacity and access. Though more data are needed to analyse the situation across a wider range of services, clearly the basic package stipulated by international social security standards cannot yet be accessed by the majority of the world's population.

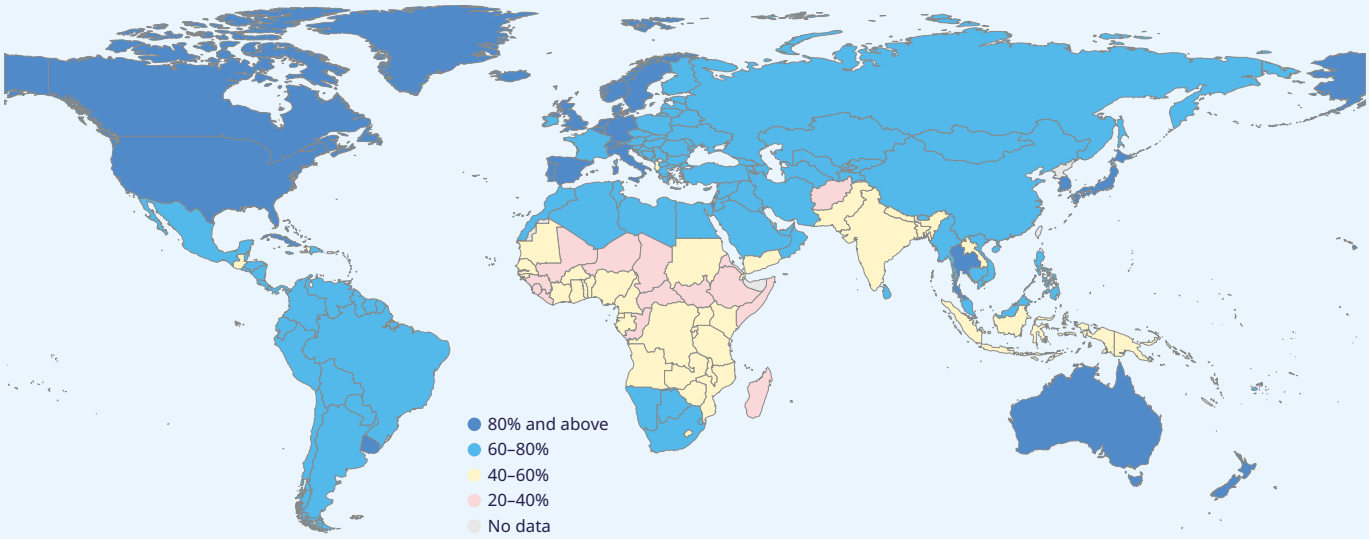
> The basic package stipulated by international social security standards cannot yet be accessed by the majority of the world's population.

Laudable progress has been made in service coverage over the last two decades, and scores on the service coverage index (SCI) rose as access to essential interventions on communicable diseases improved (WHO 2019d). Analysis shows

[45] Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. See https://www.who.int/publications/almaata_declaration_en.pdf.

[46] At least general practitioner care, including domiciliary visiting; specialist care at hospitals for inpatients and outpatients, and such specialist care as may be available outside hospitals; essential pharmaceutical supplies, as prescribed by medical or other qualified practitioners; hospitalization where necessary; and pre- and postnatal care for pregnancy and childbirth and their consequences, either by medical practitioners or by qualified midwives, including hospitalization where necessary.

### ▶ Figure 4.44 Universal Health Coverage Index (SDG indicator 3.8.1): Average coverage of essential health services, 2017




Source: Based on WHO (2019d).

Link: https://wspr.social-protection.org.

that remaining deficits in service coverage are unevenly distributed across geographical locations, income levels, population groups and types of health interventions (Lozano et al. 2020). For instance, deficits can be particularly severe for interventions addressing NCDs, which are increasingly prominent within the global burden of disease (Vos et al. 2020). Similarly, low- and middle-income countries have lower SCI scores than high-income countries and, while service availability has increased, middle-income countries struggle to match the needs of their growing and ageing populations (WHO 2019d). More and better disaggregated data (by sex, age, location, migration status and income) are needed in order to identify in more detail the population groups left behind and devise inclusive policies (Lozano et al. 2020).

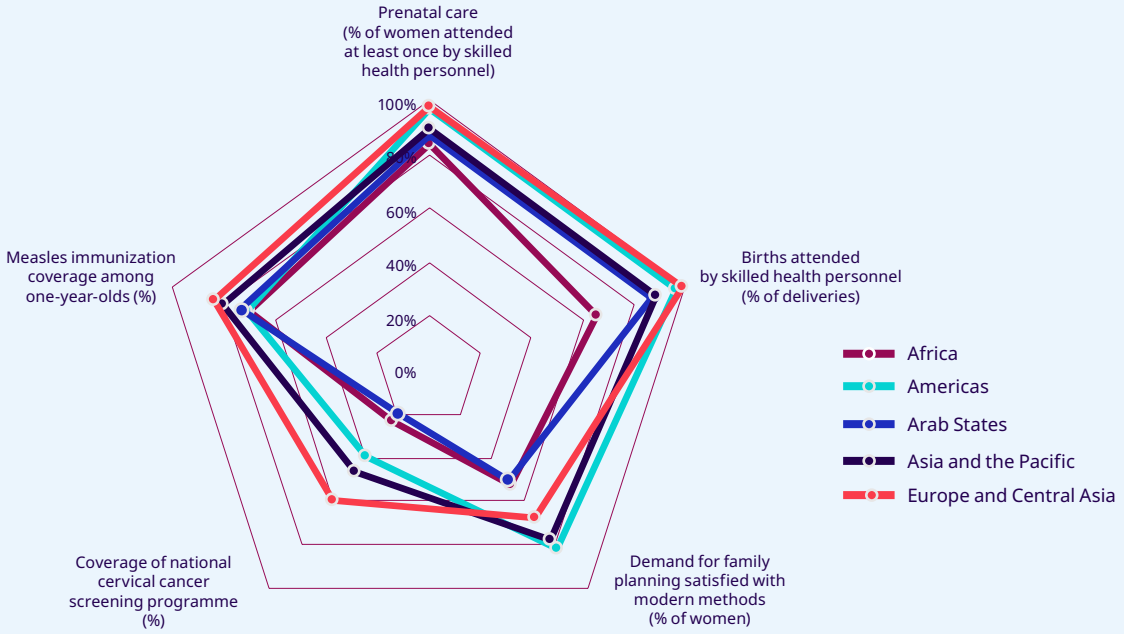
Access to treatment and prevention for infectious diseases (in particular TB, HIV/AIDS and malaria) has improved in a number of countries (Murray, Abbafati, et al. 2020). Efforts towards the integration of single-disease programmes within existing health schemes and systems would help to ensure the sustainability of the health gains made in this respect (for an example from Kenya, see box 4.31).

### ▶ Box 4.31 Articulating workplace health promotion and social health protection in the context of the HIV response in Kenya

With 84 per cent of workers in the informal economy, few of whom are covered by social protection programmes, Kenya launched voluntary modes of affiliation which have had limited success. While the National Hospital Insurance Fund (NHIF) covers over 3 million workers, only 10 per cent of these are voluntarily registered in the scheme. Many workers and their families are not aware of the scheme's benefits, or of how to enrol. This is an important issue for people living with HIV: although antiretroviral therapy is free through the National AIDS and Sexually Transmitted Infection Control Programme, other costs, such as medical consultations, are not covered. Affiliation to the NHIF is therefore complementary, as it provides access to those.

Under the Voluntary Counselling and Testing for Workers' Initiative (VCT@WORK Initiative) launched in 2013, Kenya enhanced access to HIV testing among workers in both the formal and the informal economies and facilitated their access to national social protection schemes (ILO and UNAIDS 2017). In particular, the programme incorporated advice on and support for enrolling with NHIF.

### ▶ Figure 4.45 Unequal advances in service coverage for reproductive, maternal, newborn and child health (RMNCH)




Source: Data extracted from WHO World Health Observatory.

Link: https://wspr.social-protection.org.

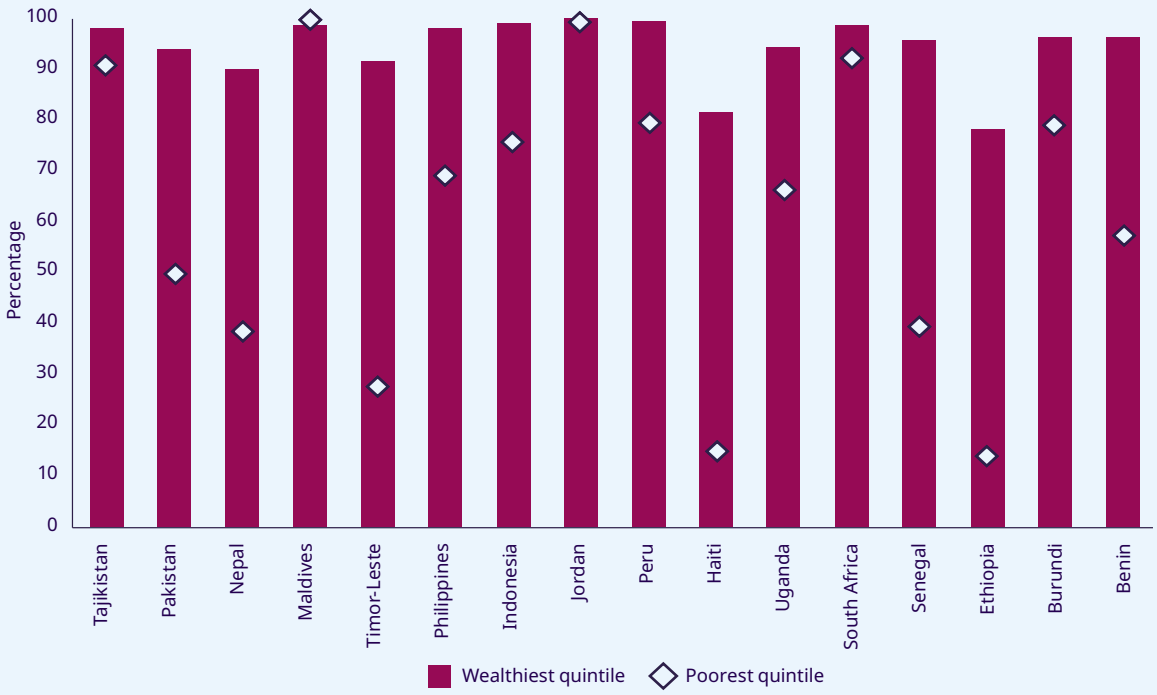
Similarly, many countries have made progress in providing effective access to RMNCH services, largely encouraged by the Millennium Development Goals, with the fastest increase in low-income countries (WHO 2019d). Nonetheless, significant inequities in access remain both across regions (see figure 4.45) and across wealth quintiles (see figure 4.46). More efforts are needed to ensure access to free, high-quality maternity care in line with international social security standards (for an example, see box 4.32), to expand maternity cash benefits, and to improve coordination between pre- and postnatal care and income security schemes (see section 4.2.2 above on maternity benefits). Indeed, access to both healthcare and income security is essential to ensure a healthy pregnancy, childbirth and postpartum period (Shaw et al. 2016), to reduce maternal and infant mortality, and to ensure that pregnancy and childbirth do not jeopardize women's rights, including their right to work and rights at work. Similarly, global monitoring of quality of care is needed; on this, much can be learned from the efforts made in respect of RMNCH (Fullman et al. 2018).

### ▶ Box 4.32 Free maternity care in Burkina Faso

In April 2016, Burkina Faso introduced a free healthcare policy for pregnant women, whereby official user fees for maternal and childcare (for children under 5 years) were removed. This translated into a significant reduction, though not a complete removal, of OOP expenses for maternal care, illustrating the need to consider additional measures for tackling informal payments. In 2019, the programme benefited over 700,000 women during their pregnancies and over 10 million children. Delays in the reimbursement to medical facilities remain an impediment in the programme's implementation. Community monitoring mechanisms help to ensure awareness and accountability.

Sources: Based on Bilan (2019); Meda et al. (2019); ThinkWell (2020).

### ▶ Figure 4.46 Inequities in access to maternal healthcare services: Percentage of live births attended by skilled health personnel by wealth quintile, countries with data for 2016 or later




Source: Data extracted from WHO World Health Observatory.

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Alongside medicine and medical devices, a central component of the availability of healthcare services is investment in infrastructure and equipment, along with the recruitment and retention of a qualified health sector workforce. This is true for both public and private health sectors (see box 4.33). Significant inequalities in both physical and human resources persist across countries and regions, as well as between rural and urban areas (see figure 4.47).

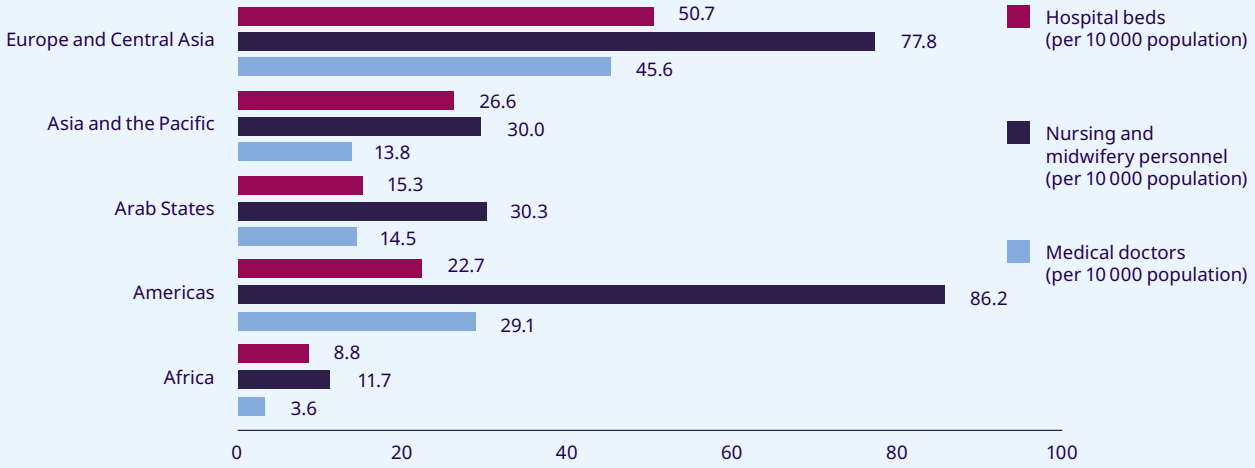
### ▶ Box 4.33 Public and private provision of health services

The provision of health services may be realized by public or private entities, and in practice many health systems rely on a combination of both. The involvement of the private sector allows additional investments in infrastructure and the expansion of the service offer. Nevertheless, the strong stewardship and regulatory role of ministries of health are essential to ensure both the quality of care and equitable access to health as a public good for all. It is also important that social health protection agencies in charge of purchasing health services align their incentive structures towards providers with the national vision for service provision.

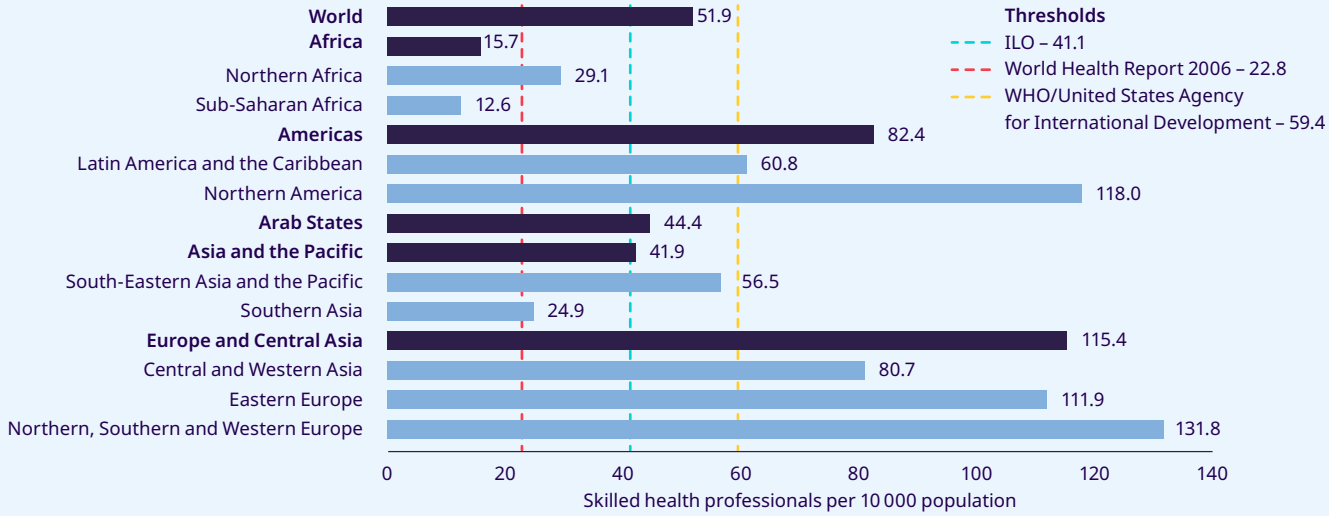
In countries where a large proportion of health services, including health interventions essential to the guaranteed benefit package, are provided by the private sector, considerable effort should be deployed to ensure the population is adequately protected financially. Indeed, evidence from Bangladesh, India and Nigeria indicates that dominant private-sector provision without appropriate social health protection mechanisms often goes hand-in-hand with high OOP expenditure on health (Mackintosh et al. 2016; Islam, Akhter, and Islam 2018).

## ▶ Figure 4.47 Deficits in staff and infrastructure at the heart of inequalities in access to healthcare

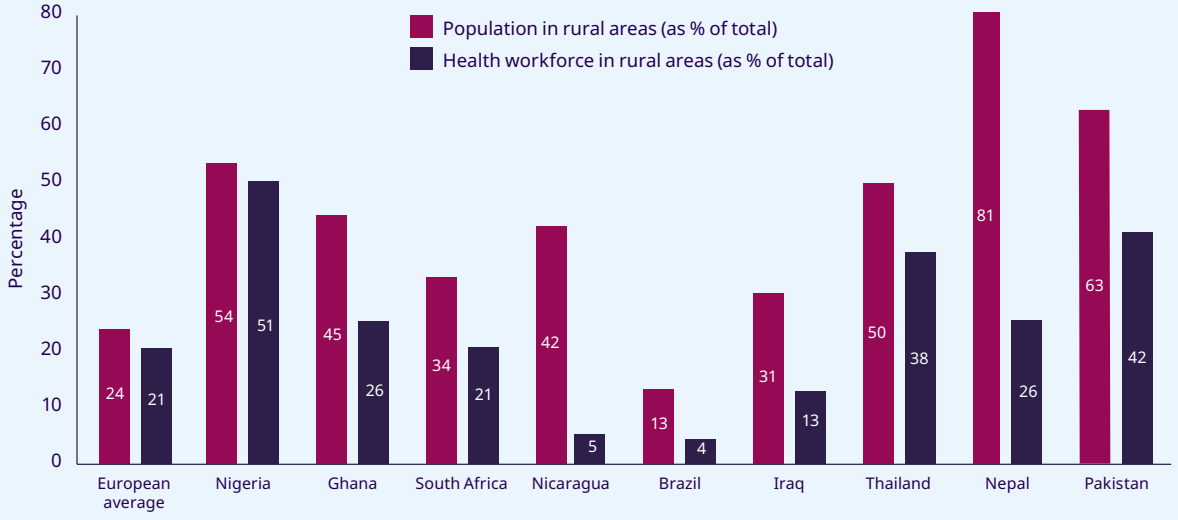
*(a) Regional estimates for hospital bed and selected skilled health professional density, latest available year*




*(b) Skilled health staff density against three thresholds across regions*




*(c) Inequalities in the availability of health workers in urban and rural areas, selected countries*




Notes: Panel (b): More details on the use of these reference points can be found at https://www.who.int/workforcealliance/knowledge/resources/GHWA-a_universal_truth_report.pdf. (c) European average represents 28 countries for which data were available (see Annex 2).

Sources: ILO Labour Force Surveys; ILO-OECD-WHO Working for Health Programme and the WHO World Health Observatory.

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Ensuring availability and quality of care requires the creation of decent jobs in the health sector, which currently faces a global deficit of 18 million workers, projected to increase further by 2030 (High-Level Commission on Health Employment and Economic Growth 2017). A large number of those workers are needed in nursing and midwifery, where the projected shortfall of nurses is expected to reach 5.7 million by 2030 (McCarthy et al. 2020). Nurses and midwives play a central role in improving service coverage, and have been key contributors to the progress made in RMNCH services. Hiring, training and retaining them, including in rural areas, is a key building block in ensuring availability, accessibility, acceptability and quality of care in line with international labour standards (ILO 2018b). Workers in this field account for nearly half the global health workforce, and are predominantly women (WHO 2019a). Hence, investing in decent working conditions, in line with Recommendation No. 69, the Nursing Personnel Convention (No. 149) and its accompanying Recommendation (No. 157), 1977 is urgent and requires the use of a gender lens to take account of the fact that most workers in the sector are women. The COVID-19 pandemic has highlighted the essential role of these front-line care workers and the need to secure decent work for them, including access to social protection and occupational safety and health.

Finally, it is important that the national and global monitoring of quality of care and patient experience indicators is improved (Kruk et al. 2018). Social health protection institutions can contribute to this effort (see box 4.34).

### ▶ Box 4.34 The EsSalud national socio-economic survey of access to health services in Peru

The survey was conducted in 2015 on a sample of 25,000 households, complementing information from administrative records and national health surveys. The survey focused on knowledge and use of health entitlements, user experience at the point of service, and users' degree of confidence in EsSalud and the health facilities at their disposal. It covered services from 29 healthcare networks and over 200 health centres. Disparities on factors relating to socio-economic status were explored, providing a basis on which to identify and prioritize necessary quality improvements.

Source: Based on information from EsSalud.

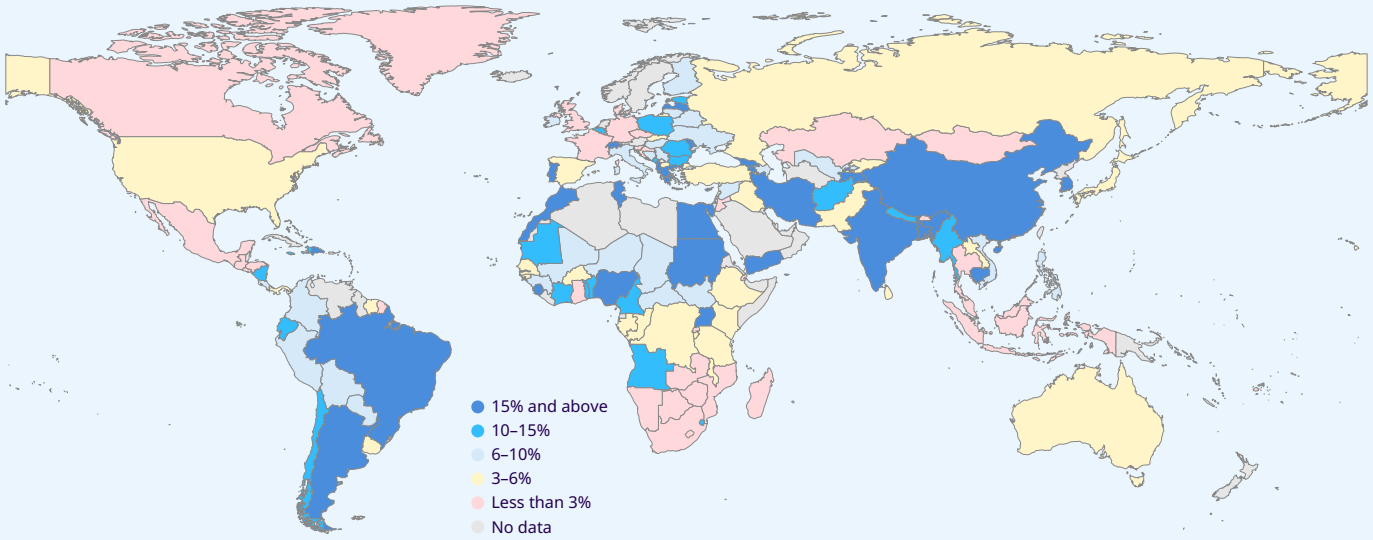
## ▶ Financial protection

In 2015, 930 million people worldwide incurred catastrophic health spending (defined as OOP expenditures exceeding 10 per cent of total yearly household consumption or income), creating a major poverty risk, with significant disparities across regions (see figure 4.48) and country income groups (see figure 4.49) (WHO and World Bank 2020). It is important to note that low catastrophic health spending could be a result of insufficient service coverage rather than improved financial protection, reinforcing the need to analyse the various dimensions of coverage together.

Reasons why so significant a share of health costs is borne by households may include some or all of the following factors operating at the country level.

- Limited benefit packages (covering few services) push individuals to pay OOP for any other services they require. This is increasingly common in emerging economies, where service coverage has increased but social health protection schemes may lag behind in terms of updating their benefit packages (see figure 4.49). Benefit packages must be adapted to both population needs and developments in the disease burden. Also, in some countries the healthcare landscape has changed, with an increasing share of providers in the private sector, while the social protection framework may cover a network limited to public providers, leaving a significant share of effective health expenses uncovered.
- Ineffective implementation of, and the absence of universal entitlements to, social health protection push the costs of care on to households, creating incentives to delay or forgo necessary care, with direct impact on health outcomes. Low public expenditure on health correlates with higher rates of impoverishment owing to OOP expenses (see figure 4.50).
- Low levels of cost coverage, with remaining user fees, copayments and/or substantial informal payments representing a high share of the total cost of care to be borne by patients. In this respect, recent analysis has shown that even non-catastrophic health expenditure has a significant impoverishing effect (see figure 4.50), with significant disparities across wealth quintiles and between urban and rural areas (Wagstaff et al. 2018). These changing realities underline the urgency of guaranteeing the right to social health protection for all.

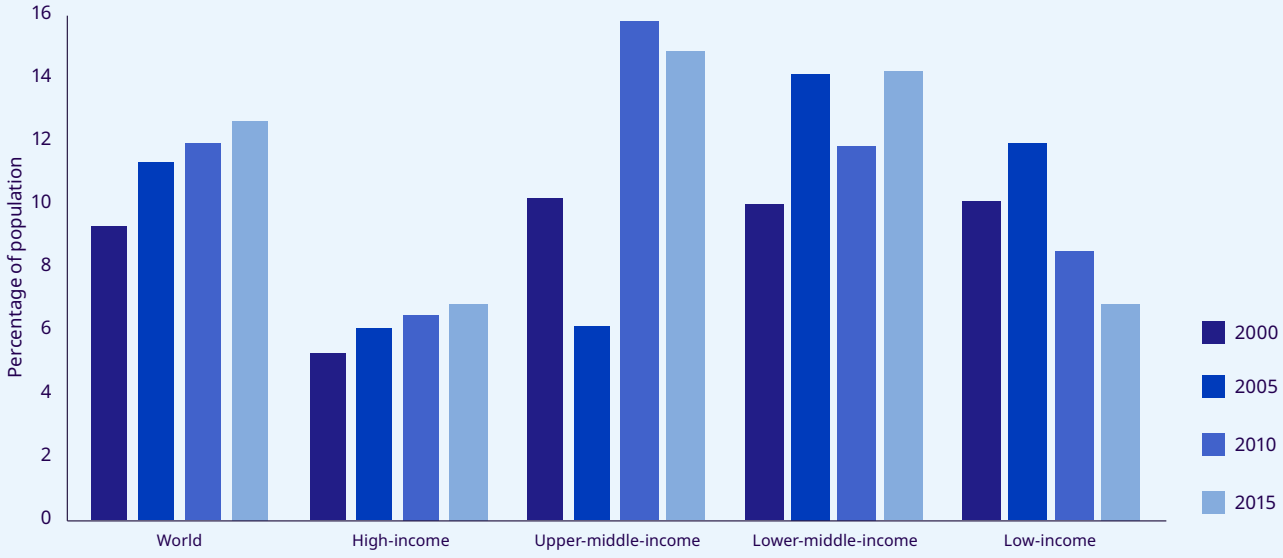
### ▶ Figure 4.48 Incidence of catastrophic health spending (SDG indicator 3.8.2: More than 10 per cent of annual household income or consumption), latest available country data 2000–18 (percentage)




Source: Based on WHO and World Bank (2020).

Link: https://wspr.social-protection.org.

### ▶ Figure 4.49 Incidence of catastrophic health spending (more than 10 per cent of annual household income or consumption), by income level, 2000–15 (percentage)

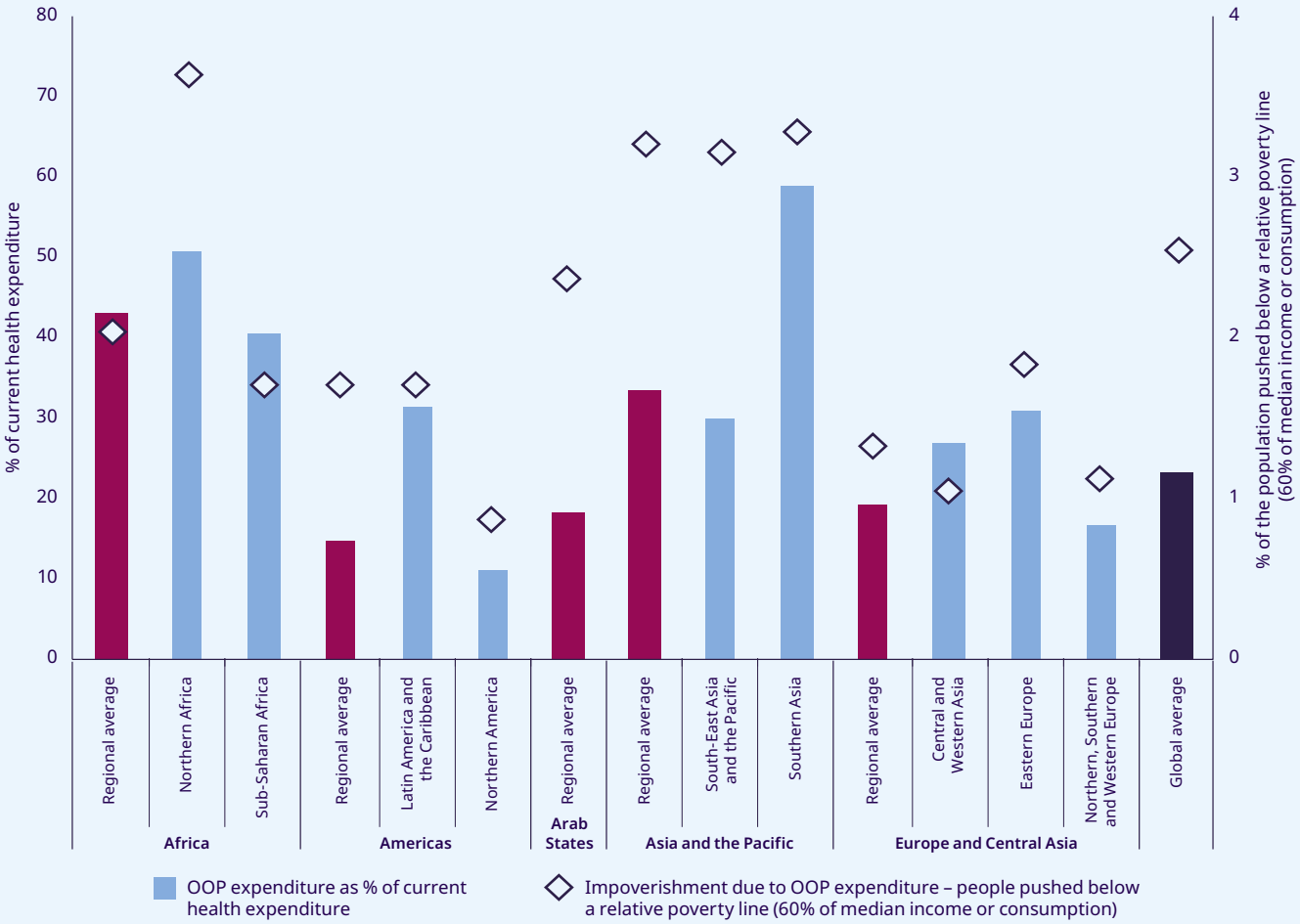



Note: Countries are grouped according to the groupings for the World Bank fiscal year in which the data were released.

Source: Based on WHO and World Bank (2020).

Link: https://wspr.social-protection.org.

**▶ Figure 4.50 Impoverishment owing to OOP healthcare expenses: Shares of OOP expenditure in total health expenditure, and of population pushed below a relative poverty line (60 per cent of median income or consumption), by region, 2018 (percentage)**




Note: Data for 2018 were unavailable for Libya and Yemen; for these two countries figures from 2011 and 2015, respectively, were used.

Sources: Data extracted from WHO Global Health Expenditure Database and World Bank World Development Indicators.

Link: https://wspr.social-protection.org.

Especially worrying is the fact that the share of the global population affected by catastrophic OOP spending increased between 2000 and 2015, leading to 2.6 per cent of the global population – roughly 200 million people – currently being impoverished by OOP spending on healthcare (figures 4.49 and 4.50) (WHO and World Bank 2020). Adequacy of the benefits provided clearly remains a key challenge for social health protection systems.

Although the share of OOP expenses in total health expenditure is decreasing, its absolute value in monetary terms is increasing, and so is its impact on poverty. These trends, which are linked to increasing healthcare costs, demonstrate the need for improvements in the healthcare supply in many countries, and the need to ensure the adequacy of health benefits (the cost coverage component and in some cases also the extent of the benefit package) as well as to adapt the purchasing policies of social health protection schemes with due consideration for equity in accessing quality healthcare.

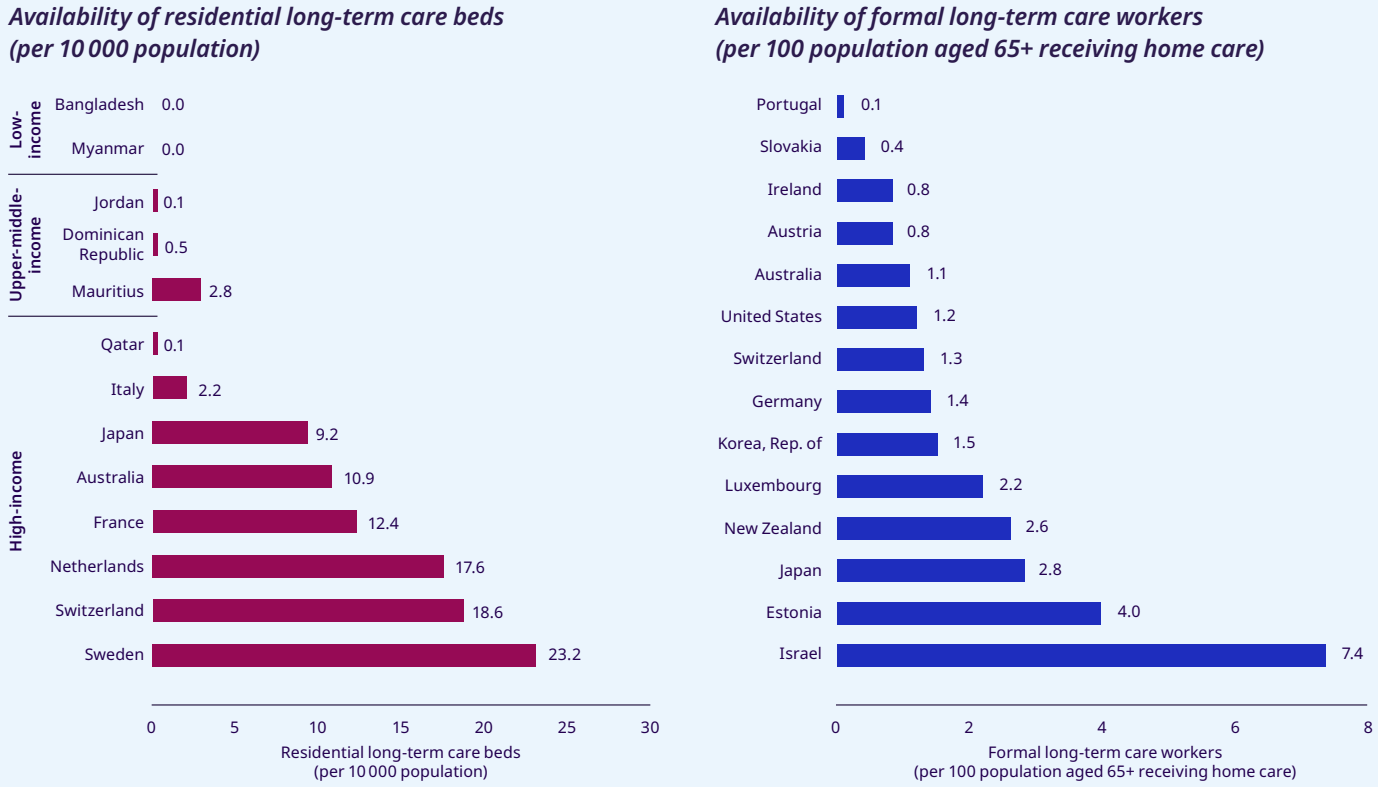
## ▶ Adequate health and long-term care in an ageing society

The acceleration of population ageing calls for increased efforts to promote healthy and dignified ageing (Wang et al. 2020). With an increasing global burden of NCDs, ensuring healthy ageing requires a life-cycle approach where prevention is prioritized from an early age, and determinants of chronic and long-term diseases are addressed (Vos et al. 2020; Murray, Aravkin, et al. 2020). Health systems should evolve with a greater emphasis on preventive and early detection services, as well as services responsive to the needs of older people coordinated with social care services (WHO 2015). Social health protection needs to support this shift.

In old age, people tend to suffer the compounded effects of healthcare deficits experienced throughout their lives, and this tendency disproportionately affects women. Indeed, women are over-represented among the older population in all country income groupings, especially as they advance in age (UN Women 2019). Women are also more likely than men to report disabilities and difficulties with self-care, owing to their overall greater longevity and the steep rise in disability after ages 70–75 years (Vos et al. 2020).

There are limited data on legal and effective coverage for long-term care (LTC); the evidence that is available highlights significant coverage gaps, suggesting that as little as 5.6 per cent of the global population live in countries that provide universal coverage based on national legislation (Scheil-Adlung 2015). The limited available data suggest that investments in LTC infrastructure and human resources are marked by large disparities, some in countries with similar demographic structures (see figure 4.51).The absence of LTC coverage often results in women in particular having to care for older family members, with

### ▶ Figure 4.51 Long-term care (LTC) infrastructure: Unequal investments across countries for which data are available, 2016–19




Note: "Formal LTC workers" include nurses and personal care workers providing LTC at home or in LTC institutions (other than hospitals); for more details, see Global Health Observatory (WHO 2020c).

Source: Data extracted from WHO Global Health Observatory.

Link: https://wspr.social-protection.org.

### ▶ Box 4.35 Investment in LTC in Singapore

Older people represent an increasing share of the population in Singapore, which has the highest life expectancy in the world combined with low fertility rates. People aged 65 and above represented 15.2 per cent of the resident population in 2017, and the old-age support ratio (of people in the working-age group to older people) was 5.2, representing half of its 1990 level. Hence the country anticipated an increased demand for LTC and a commensurate need for financial protection.

In 2002, ElderShield was introduced as a basic LTC insurance scheme addressing severe disability, especially during old age. Enrolment into the scheme is automatic at the age of 40, from when the contribution period continues until the retirement age of 65. An assessment conducted in 2018 prompted reform, and the CareShield Life and Long-Term Care Bill (Bill No. 24/2019) was subsequently adopted to replace ElderShield by CareShield Life. While the management of ElderShield was delegated to private insurance companies, CareShield Life is publicly managed, with the stated objective of ensuring greater equity. Under the scheme, eligible people who need support in the activities of daily living are entitled to lifetime monthly cash benefits to cover the related costs.

In parallel, the Ministry of Health engaged in a reform process aiming at better integrating the different levels of healthcare, as well as health and social care, with a view to improving service supply. The Agency of Integrated Care symbolizes the high priority given to overcoming bottlenecks for patients who need to navigate complex health and social care systems.

Sources: Based on information from the Singapore Department of Statistics and Ministry of Health; Nurjono et al. (2018); Ow Yong and Cameron (2019).

limited support or respite, which can have adverse impacts on their physical and mental well-being, as well as their participation in paid work and income security in working life and old age alike (ILO 2018a).

While the need for qualified staff is growing, evidence gathered by the ILO–OECD–WHO Working for Health partnership in selected countries indicates that working conditions need to improve to make the sector attractive. The personal care workforce[47] is predominantly female (up to 90 per cent in some European countries), with a wider gender pay gap than for other categories of health professionals, and a relatively lower level of income (in Europe, 60 per cent of personal care workers fall into the two lowest income quintiles).

A number of countries have invested in LTC schemes with a variety of institutional and financing arrangements (see box 4.35). These include:

- dedicated LTC schemes;
- "top-up" pension benefits and/or expansion of the scope of disability benefits;
- LTC provision embedded within social health protection benefit packages.

These schemes can either encompass the effective provision of LTC services or provide a cash benefit that can be used to buy services from LTC providers. In most cases, the effective provision of good-quality LTC services without hardship requires strong coordination between income support and healthcare schemes, as well as high levels of integration between health and social care. Insufficient investment in both areas leaves important adequacy gaps, even in countries where LTC is recognized as a life contingency in its own right. The impact of COVID-19 on older people has shed further light on the need for closer coordination between health and social care services (Gardner, States, and Bagley 2020).

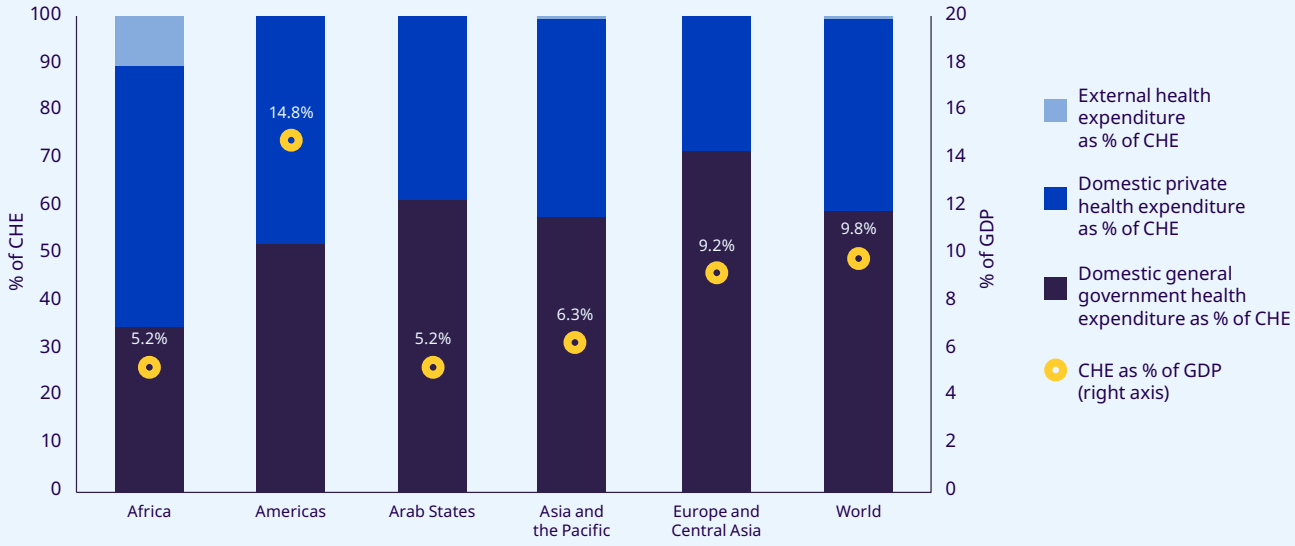
[47] Including institution-based personal care workers, home-based personal care workers, healthcare assistants and other categories of care attendants in health services.

## 4.4.4 Persistent gaps in public financing

Insufficient funding is a key determinant of persistent healthcare deficits. It results in increased risk of financial hardship and lack of effective access to adequate healthcare services. Both taxes and social contributions are captured within general government health expenditure (GGHE), which represented 59.5 per cent of current health expenditure (CHE) globally in 2018, with significant disparities across regions (see figures 4.52 and 4.53). Although there is a consensus that the efficient allocation of resources should be prioritized and geared towards high-quality care to achieve positive health outcomes, various reports have noted that guaranteeing UHC with appropriate levels of financial protection is challenging if GGHE is below 5 per cent of GDP (Jowett et al. 2016; Røttingen et al. 2014; WHO 2010). Of the countries for which data are available, two thirds fall below this target.

Public domestic financing is the largest source of health financing in developing countries (WHO 2018b). Its share has increased as a percentage of total health expenditure in recent years (WHO 2019b). Consequently, the relative share of OOP health expenditure decreased between 2000 and 2016, with the largest decline in South-East Asia, followed by Africa. However, OOP expenditure remains relatively high (at 44 per cent of CHE on average), and, as noted above, its value in absolute terms and its impact on relative poverty have both increased, illustrating the need for further investment in public domestic health financing. Indeed, increased public spending on health from pooled sources (taxes and social contributions) is positively correlated with lower OOP expenditure on health, while no such correlation was found with funds channelled through private health insurance (WHO and World Bank 2020). This suggests that publicly mandated social health protection schemes, in line with international social security standards, provide the most appropriate pathway towards financial protection that is inclusive of the poorest and most vulnerable. Publicly led programmes are at the heart of coverage extension strategies, underlining the pertinence of international labour standards in respect of the principle of solidarity in financing, as illustrated by box 4.36.

▶ **Figure 4.52 Current health expenditure as percentage of GDP, and composition of current health expenditure, by region, 2018**

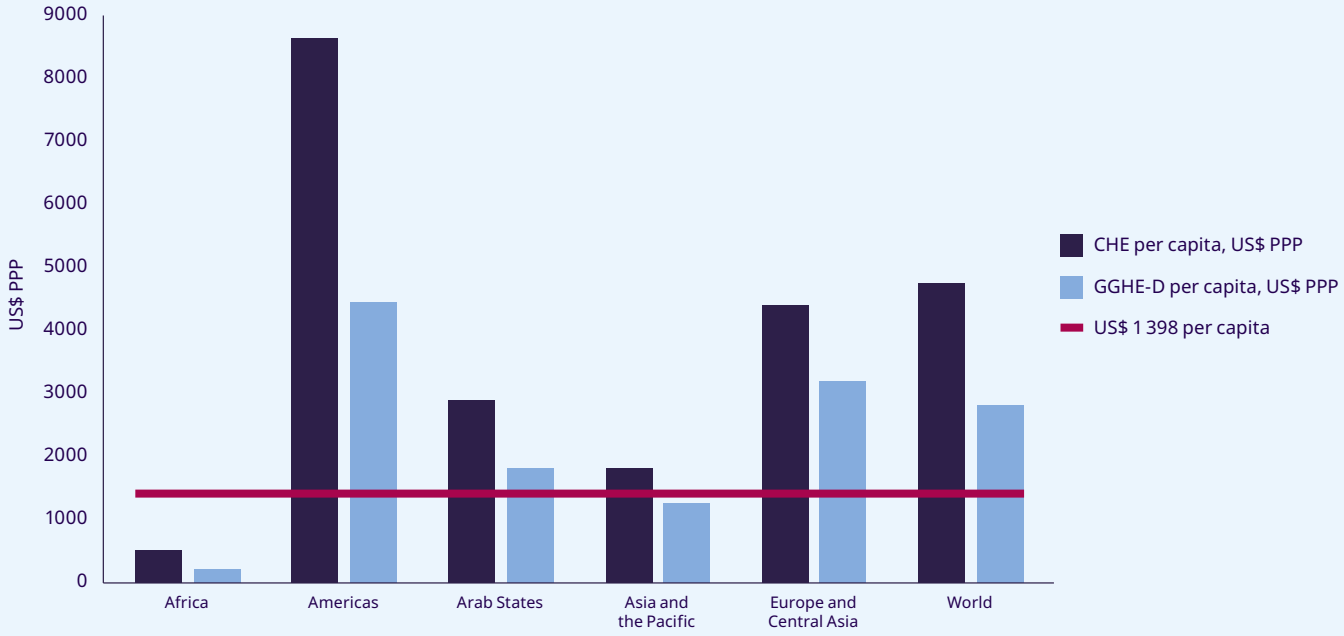



Notes: Data for 2018 were unavailable for Yemen, instead figures from 2015 were used. Global and regional aggregates are weighted by GDP. CHE: current health expenditure.

Source: Based on WHO (2020b).

Link: https://wspr.social-protection.org.

### ▶ Figure 4.53 Current health expenditure per capita in US$ PPP, including domestic general government health expenditure (GGHE-D) per capita in US$ PPP, by region, 2018




Notes: Recent analysis suggests that countries need to allocate US$1,398 PPP per capita in pooled health spending to reach a score of 80 on the SCI (Kruk, Ataguba, and Akweongo 2020). Data for 2018 were unavailable for Yemen and the Syrian Arab Republic; for these countries, figures from 2015 and 2012, respectively, were used.

Source: Based on WHO (2020b).

Link: https://wspr.social-protection.org.

Advancing social health protection within social protection systems, and in coordination and articulation with other social protection guarantees across the life cycle, creates the opportunity to further address key determinants of health (WHO 2008; WHO 2019c). Indeed, recent evidence shows that social protection has a role both in mitigating the consequences of ill health and in addressing the social determinants of poor health (WHO 2019c). In conclusion, healthcare and income security are closely linked. Their effective implementation and coordination lays the basis for a common agenda to mobilize fiscal space, and is crucial to ensure that no one is left behind.

> Social protection has a role both in mitigating the consequences of ill health and in addressing the social determinants of poor health.

### ▶ Box 4.36 Solidarity in financing and voluntary private health insurance

International social security standards acknowledge a diversity of arrangements that can legitimately exist for the financing, purchasing and provision of healthcare, as long as they respect key principles, in particular the principle of solidarity in financing (ILO 2020x).

In some countries, publicly mandated national health insurance schemes are administered by private actors (private insurance companies or not-for-profit organizations). Nevertheless, social health insurance should not be confused with voluntary private health insurance. Social health insurance is characterized by mutual support. The level of individual contributions is not related to individual risk (factors such as age, sex, previously existing conditions) but to the ability of the people covered to contribute financially. By contrast, private health insurance premiums usually relate to individual risks. As such, they are not based on solidarity and can be exclusionary of people with pre-existing conditions.

chapter 5

# Shaping the future of social protection

# key messages

- Taking the high road towards universal social protection is essential for securing a human-centred recovery and future of work. Building universal social protection systems is not just an emergency response for use in times of crisis. These systems are essential to address today's and tomorrow's challenges, in particular supporting women and men in better navigating life and work transitions, facilitating the transition of workers from the informal to the formal economy, bolstering the structural transformation of economies, and fostering the transition to more environmentally sustainable economies and societies.

- Countries now have a unique policy window in which to reinforce their social protection systems, including floors, to achieve universal social protection, decent work and inclusive growth, become prepared for further crises and ultimately ensure a socially just future. Decisive policy action is needed to close protection gaps and adapt social protection systems to changing conditions, so as to accelerate progress towards realizing rights-based universal social protection systems and making them a cornerstone of countries' national social and economic policy architecture. Such a high-road strategy needs to build on broad support from governments, social partners, civil society and other stakeholders.

- Investing more in social protection is not an aspiration to be deferred to the future; it is required here and now. In particular, prioritizing investments in nationally defined social protection floors is central to delivering on the promise of the 2030 Agenda – especially attaining SDG targets 1.3 and 3.8 – to leave no one behind, and to unleashing the potential of high human development with high growth. Domestic resource mobilization is critically important, but so is concerted international support to fast-track progress in countries lacking fiscal and economic capacities.

- The COVID-19 crisis has confirmed the vital role of social protection as a social buffer and economic stabilizer. By making progress on the promise to achieve universal social protection by 2030, and by protecting and promoting human rights, States can strengthen the social contract. This will also ensure better preparedness to cope with future crises, including the risks arising from climate change, natural resource depletion and environmental degradation.

COVID-19 has acted as a stress test for social protection systems. It has further exacerbated pre-existing gaps in coverage, comprehensiveness and adequacy of protection, while also revealing the stark inequalities in access to social protection – across regions, within countries, and for workers in different forms of employment. The crisis has poignantly demonstrated not only that from the viewpoint of human rights it is unacceptable to deny people their fundamental rights and jeopardize their human dignity, but that we are all only as safe as the most vulnerable among us. The prescient dictum that "poverty anywhere constitutes a threat to prosperity everywhere",[1] one of the fundamental constitutive principles of the ILO, has regrettably been proven once more. Consequently, while the call to accelerate progress towards universal social protection by taking a high-road scenario to recovery is not a new one, it has acquired greater urgency.

An inclusive recovery and a just transition of our economies towards a more digital, greener, fairer and human-centred future of work requires reinvigorated social protection systems, linked to care policies, that can help people navigate transitions and seize new opportunities. As a lubricant of change, social protection systems support structural transformations, contributing to the promotion of decent, productive and freely chosen employment, providing a conducive environment for sustainable enterprises while supporting those who have hitherto been left behind. In other words, social protection is essential if a human-centred future of work is to become reality.

In order to fulfil their important transformative function, national social protection systems need to adapt to new realities, in particular with regard to ensuring that workers in all forms of work are adequately covered. This requires, as a matter of priority, building a social protection floor that guarantees at least a basic level of income security and access to healthcare for everyone, throughout their life course. Establishing such basic social protection guarantees is a key element of a transformational approach that puts people at the centre of policies.

To fulfil their important transformative function, national social protection systems need to adapt to new realities.

Achieving this objective by 2030 requires strong political will, translated into effective strategies and policies, legal frameworks and sustainable financing mechanisms. Less than nine years remains to achieve the 2030 Agenda, including SDG targets 1.3 and 3.8. In a world where the majority of the population today have no, or insufficient, access to social protection and are locked in a vicious cycle of vulnerability, poverty and social exclusion, it is imperative that both individual countries and the global community step up efforts to make the right to social security a reality for all.

Social protection has a key role to play in supporting people in their life and work transitions (section 5.1) and in the structural transformation of the economy and society (section 5.2), as part of a human-centred approach. Accelerating progress towards universal social protection (section 5.3) is indispensable for achieving social justice (section 5.4).

[1] ILO, Declaration of Philadelphia (1944), Art. 1(c).

# ▶ 5.1 Closing coverage gaps and supporting life and work transitions

A robust recovery from the crisis and a human-centred future of work require that employment and social protection policies work in concert, not only to improve people's living standards, but also to empower them to navigate the life and work transitions they face in a changing world of work. Tackling economic insecurity and deep-rooted inequalities, including gender inequalities, is indispensable to enable people and societies to adapt to change. Such an approach not only provides an enabling environment for individuals, families and communities; it also contributes to productive employment, sustainable enterprises and a human-centred future of work, and is a key component of an integrated policy agenda to achieve the SDGs. This approach requires in particular greater attention to closing coverage gaps to enable workers to better navigate the future of work (section 5.1.1), including the large coverage gaps that leave migrant workers without any protection (section 5.1.2). To do this effectively, it is essential to reinforce the links between social protection policies and other policy areas, in particular lifelong learning and ALMPs (section 5.1.3) and care policies (5.1.4). Work along these lines is precisely what is needed to carve a high road out of this crisis.

## 5.1.1 Protecting workers in all types of employment and enabling them to better navigate the future of work

COVID-19 has been a powerful reminder of the important role of social protection systems in enabling workers and employers to better navigate the changing world of work, by ensuring adequate social protection for workers in all types of employment. Social security is not only compatible with labour market flexibility; it is indeed a precondition for ensuring well-functioning labour markets that generate productive and decent employment without unduly shifting financial risks on to individual workers and employers. In order to support labour market mobility, the development of specific branches of social protection (among them unemployment protection), broad risk-sharing, and the portability and transferability of rights and entitlements are essential. These measures protect workers from loss of coverage when they move from one job to another, during maternity or care-related leave, or when they become unemployed. Such guaranteed protection is essential, as has been powerfully illustrated during the COVID-19 crisis.[2] The Global Commission on the Future of Work (2019) stressed that the future of work demands the development of equitable, inclusive and sustainable social protection systems, including floors, based on the principles of solidarity and risk-sharing, to protect people over the life cycle. Universal access to comprehensive and sustainable social protection is a key element of a set of policies that enables people to benefit from the opportunities of a changing world of work, as highlighted in the Centenary Declaration.

> Social security is a precondition for ensuring well-functioning labour markets.

Inclusive social insurance schemes, tax-financed schemes or a combination of both provide a practicable mechanism for facilitating flexibility, labour mobility and decent work, as they provide for portability, broad risk-sharing, and sustainable and equitable financing of social protection systems (ILO 2018d; Behrendt, Nguyen, and Rani 2019). Social insurance schemes that cover workers in all types of employment, including part-time, temporary and self-employment, can play this role especially effectively, and at the same time reduce pressures on non-contributory social protection schemes and government budgets, thereby ensuring that the social protection system as a whole functions efficiently (see section 2.2).

[2] This is one of the reasons why the ILO promotes the principles of collective financing and broad risk-sharing as part of the bedrock of social protection systems, and emphasizes the importance of social insurance and tax-financed benefits as the core of social protection systems. Other forms of protection, in particular individualized solutions that are entirely dependent on workers' capacity to provide for themselves (as in individual savings accounts or personal pension schemes), or employer-provided or sponsored arrangements that are linked to a specific employment contract (such as employer liability for maternity benefits or severance payments, or employer-sponsored health or pension insurance) do not conform with these principles, but may possibly have a role in complementing collectively financed protection mechanisms.

The following principles are particularly relevant for adapting social protection systems to the changing world of work, on a basis of tripartite social dialogue.

- *Universality of protection, coverage and effective access*: ensuring effective access for workers in all types of employment to provision that is adapted to their situation and needs, while reaffirming that social security is an integral component of the cost of labour and does not represent a tax thereon.
- *Adequacy*: ensuring that social protection systems not only effectively prevent poverty but also provide appropriate income replacement, and facilitate access to healthcare and other care services throughout people's lives, in an equitable and sustainable way.
- *Transferability/portability*: ensuring that social protection systems positively support labour market mobility (within and across borders), and are adapted to the structural transformation of the labour market and the economy.
- *Transparency*: ensuring that all actors are fully aware of their rights and responsibilities; that legal frameworks provide for clear and predictable entitlements; and that administrative procedures are as simple and transparent as possible, fully harnessing the potential of digital technologies while protecting personal data, respecting privacy, and ensuring that non-digital solutions remain in place for those who may not be able to use digital technology.
- *Gender equality*: ensuring that social protection systems are adapted to the different realities that women and men face in the labour market, employment and society, and that they promote equality between women and men.
- *Risk-sharing and solidarity*: ensuring that there is an appropriate level of risk-sharing in the social protection system, including solidarity in financing through collective financing mechanisms that avoid individual workers having to bear an undue level of financial and economic risk.
- *Financial sustainability and good governance*: ensuring that social protection systems are financed in a sustainable and equitable way, and also ensuring their efficient management and administration.

Adaptation along these lines should be based on a diversity of approaches and mechanisms, synergies with employment and other policies, and progressive but sustained investment.

Integrated policies that address the diverse barriers to coverage, are adapted to the realities of workers and enterprises, and ensure sustainable and equitable financing mechanisms through social insurance contributions, general government revenue (based on progressive taxation) or a combination of both are most likely to succeed (ILO 2016d, 2018d, 2021i, 2021e, 2019b; ILO and FAO 2021; ILO and OECD 2018, 2020). Such integrated policies will include measures and innovations that:

- prevent misclassification of employment relationships and curb disguised employment, guided by the ILO Employment Relationship Recommendation, 2006 (No. 198);
- adapt financing mechanisms and modalities to the disparate situations of workers and enterprises, ensuring a fair sharing of responsibilities between workers and employers, those who benefit from their work and, where necessary, the Government, and facilitating registration and the payment of contributions, including through simplified tax and contribution collection mechanisms and digital technology;
- facilitate social protection coverage for workers in temporary and part-time employment by adapting eligibility conditions, through measures such as lowering legal thresholds regarding minimum working hours, earnings or duration of employment, and allowing greater flexibility in contributions required to qualify and interruptions to such contributions;
- ensure the portability and transferability of rights and entitlements, especially for geographically or occupationally mobile workers, for example by reducing fragmentation of social security systems;
- establish coordination mechanisms to ensure adequate coverage in the case of cross-border arrangements;
- facilitate the coverage of workers with multiple employers and workers on digital platforms, for example by introducing appropriate online and mobile interfaces for employers and workers, along with tax incentives that encourage compliance;

- raise awareness among workers and employers, including through partnerships with workers' and employers' organizations;
- embed the extension of social security coverage into broader policies to prevent poverty and insecurity, and to promote the formalization of enterprises and employment; and
- support the poor and vulnerable through a combination of non-contributory social security schemes and access to decent jobs and/or the creation of small enterprises.

Social protection policies are essential if workers are to navigate a changing world of work. At the same time, these policies on their own cannot fully address the increase in inequalities that is emerging from changes in work and employment relationships. Well-designed labour regulation and employment protection mechanisms, and other labour market institutions, are also essential to protect workers' rights and ensure fair competition for enterprises, for example with respect to preventing the misclassification of employment relationships (ILO and OECD 2020; ILO 2020m; Berg 2015b).

### 5.1.2 Protecting migrant workers and supporting international labour mobility

Ensuring equal access to social protection is an essential element of policies and laws to protect the rights of migrant workers, while at the same time contributing to the smooth functioning of national labour markets (ILO 2018c, 2021g; UN 2018). Equality of treatment between migrant workers and nationals, along with the extension of coverage and effective access through better coordination of social security systems, and through social security agreements facilitating the portability of entitlements to social protection, are essential to address the obstacles faced by migrants in accessing healthcare and other social protection benefits (ILO 2021b; Panhuys, Kazi-Aoul, and Binette 2017).[3] To this end, States are encouraged to:

- ratify and apply relevant ILO Conventions and Recommendations as a first step towards the domestication of the principles and standards set out therein;[4]
- conclude and enforce bilateral and/or multilateral social security agreements to ensure social security coordination across borders;
- include social security provisions in bilateral labour arrangements or memoranda of understanding;
- adopt unilateral measures, including ensuring equality of treatment or the establishment of national social protection floors, to extend social protection to migrant workers, refugees and their families; and
- set up complementary measures addressing the administrative, practical and organizational obstacles faced by migrant workers and refugees (ILO 2020t, 2021g) in consultation with their representative organizations.

To design migrant-sensitive policies and measures, take into account the specific needs of migrant workers and their families, and ensure political buy-in and public support, it is critically important to involve social partners and other relevant stakeholders in all stages of the policymaking and implementation process (Panhuys, Kazi-Aoul, and Binette 2017).

### 5.1.3 Strengthening links with skills development and ALMPs

Supporting life and work transitions requires the effective coordination of social protection with skills development policies and ALMPs, including the participation of social partners. In the course of this process, particular attention should be paid to the needs of specific groups, such as women with interrupted careers, young people, people with disabilities, the working poor and low-skilled workers (Peyron Bista and Carter 2017).

Social protection can play an essential role in facilitating lifelong learning, and continuously developing knowledge, skills and know-how throughout people's lives. Income transfers

[3] For example, the bilateral labour agreement between Canada and Mexico guarantees access to social security benefits including healthcare for seasonal agricultural workers.

[4] This includes in particular the Equality of Treatment (Social Security) Convention, 1962 (No. 118), and the Maintenance of Social Security Rights Convention, 1982 (No. 157), and its accompanying Recommendation, 1983 (No. 167).

should complement training and employment services, thereby fostering opportunities to acquire competencies that enable access to decent employment while ensuring a minimum guaranteed income for individuals participating in ALMPs. Of particular significance is the coordination of unemployment protection schemes with ALMPs to guarantee income security in cases of job loss or difficulty in finding a job, while at the same time facilitating job search and retraining (see section 4.2.6). Such an integrated approach can facilitate access to decent, productive and freely chosen employment, not least in the context of labour market transformations arising from technological, climate-related or other changes (ILO 2015, 2018h, 2019k, 2020o, 2020h).

### 5.1.4 Facilitating work–life balance and access to care

Well-coordinated social protection policies and care policies are essential in ensuring access to quality childcare and long-term care, contributing to an equitable work–life balance for workers, and to the promotion of gender equality in employment as well as in families and societies (UN 2019c, 2019b; UN Women 2019). The disproportionate impact of the COVID-19 pandemic on women workers, both paid and unpaid, and the dearth of gender-responsive measures in response to the crisis, are a powerful reminder of the centrality of links between social protection, care and employment policies (UNDP and UN Women 2020; ILO 2020j).

Quality childcare services are an important complement to child or family cash benefits in giving children a good start in life, facilitating access to early childhood education, and removing barriers to parents' engagement in decent and productive employment, especially for women (ILO, IOM, OECD and UNICEF 2019) (see box 4.4). Moreover, the introduction of paternity benefits to complement maternity benefits, as well as well-designed parental benefits that encourage take-up by fathers (through non-transferable quotas, often dubbed "daddy quotas"), also contribute to a more equal sharing of care responsibilities between parents. This is critical for emphasizing that both fathers and mothers have caregiving responsibilities, in line with SDG target 5.4 on gender equality and the Workers with Family Responsibilities Recommendation, 1981 (No. 165).

The complementarity between cash benefits and care services is also an important component of disability-inclusive social protection systems, to enable people with disabilities to participate more fully in labour markets, support living in the community and make appropriate compensation for disability-related costs (ILO and IDA 2019; see also section 4.2.5).

In the context of demographic ageing, addressing long-term care needs remains a key challenge for many countries. Deficiencies in existing services of this kind became starkly evident during the COVID-19 crisis. While in some countries (for example Costa Rica and Sweden) long-term care is part of national health and care systems, other countries have established long-term care as an additional social insurance branch (for example Germany, Japan and the Republic of Korea) or are currently developing such policy solutions (for example China) (ILO 2017f, 2019i). In other contexts, the institutionalized separation of long-term care from the health system, exacerbated by years of austerity and weak regulation of the care-home sector, produced tragic results (Daly et al., forthcoming). As countries move into the recovery phase, it is essential that better access to adequate long-term care benefits and services is provided to meet people's needs, and this has broader implications for both the healthcare system and decent work. Better provision of a variety of well-adapted and high-quality support services for long-term care – from home-based services to community services and institutional care – can enhance older people's well-being, dignity and rights, while also supporting their families. Investment in long-term care protection can shift some of the responsibility for care from unpaid family carers (mostly women) to skilled workers. It can also avoid keeping people with long-term care needs in hospitals for lack of other options, which can be inadequate and not cost-effective.

As well as its essential role in improving people's lives, the care sector offers significant potential for the creation of decent employment in the years ahead, for both women and men. The ILO estimates that 30 million additional jobs could be created in the long-term care sector if countries were to invest in it sufficiently (ILO 2018a).[5]

[5] In a similar vein, earlier studies conducted by the International Trade Union Confederation also highlighted the employment potential of investing in the care economy (De Henau et al. 2016; De Henau, Himmelweit, and Perrons 2017).

# ▶ 5.2 Supporting the structural transformation of economies and societies

As the world struggles to recover from the COVID-19 pandemic, there is a broad consensus that reverting to the pre-crisis situation is not good enough if the world is to be put on a sustainable track towards the future. Building forward better requires the structural transformation of economies and societies towards a human-centred future of work and a more sustainable economy. A high-road social protection strategy will help to foster a more sustainable and inclusive recovery, and a just transition to a human-centred, greener and more caring economy. It will contribute to both economic and social development, and serve as an essential element of a rights-based approach to development and decent work. It is now better understood that social protection policies are not merely a vehicle for the transfer of income in cash and in kind, aimed at smoothing consumption, but at their heart an investment in people, which can enhance their capabilities, help them to engage in productive employment and enable them to enjoy their rights.

Two aspects are particularly relevant in this context, namely the role of social protection in supporting, first, the structural transformation of economies, productivity gains and good-quality jobs (section 5.2.1) and, second, a just transition to a more climate-friendly economy (section 5.2.2), both of which contribute to a human-centred future of work.

## 5.2.1 Supporting productive employment and the structural transformation of the economy

An inclusive recovery from the COVID-19 crisis requires more than the lifting of lockdown measures. It necessitates a shift in policymaking to tackle persistent obstacles to inclusive growth, including poverty, informality, low productivity and inequality. High-road social protection policies are an important part of a coordinated effort to put full employment and decent work at the centre of macroeconomic, trade, monetary and fiscal policies (UNCTAD 2020; ILO 2021k, 2021d). The IMF recognizes the need to invest in social protection systems as automatic economic stabilizers, especially in developing countries and for the most vulnerable (IMF 2020a).

Social protection can play an essential role in fostering an inclusive recovery and the productive transformation of the economy, in particular structural shifts to higher-productivity activities (ILO 2021d, 2020h; UNCTAD 2020; Dewan and Ernst 2020). It can do so through three broad economic channels: by enhancing labour supply, strengthening and stabilizing aggregate demand, and improving the allocation of labour. The following points unpack its contributions in more detail.

- Social protection facilitates investment in human capabilities by supporting better nutrition, hygiene, and access to healthcare, education and skills development; increasing household incomes; reducing poverty and inequalities; and promoting social cohesion (ILO 2014c, 2017f; Bastagli et al. 2016).
- By helping people to manage risks better, social protection can facilitate innovation and entrepreneurship, especially among people living in poverty (Social Protection Floor Advisory Group 2011; Mathers and Slater 2014).
- Social protection also contributes to the productivity and competitiveness of enterprises, as well as business continuity, as amply demonstrated during the COVID-19 crisis.
- Social protection can reduce precautionary savings, stimulate aggregate demand and have significant effects on economic growth, particularly through countercyclical spending during economic downturns (UNCTAD 2020). It can help channel resources to rural communities and stimulate local markets, especially in contexts where the cash-based economy is underdeveloped (Davis et al. 2016).
- Social protection, and social policies more broadly, account for a sizeable sector of the economy that provides substantial employment opportunities, especially for women, in the areas of healthcare, childcare and long-term care, social work and social security administration (ILO 2018a).
- By smoothing life and work transitions and supporting labour market mobility (see section 5.1.2), social protection systems contribute to the better functioning of labour markets, thereby fostering productivity gains and the creation of decent jobs.

In order to promote an inclusive recovery from the pandemic and address structural imbalances, social protection needs to become a core element of an integrated set of human-centred policies, coordinated with employment, skills development, sectoral, macroeconomic, investment, trade and fiscal policies. In developing such an integrated approach, attention needs to be given to the following points:

- Social protection policies should be better harnessed as part of a comprehensive set of policies to tackle the growth in vulnerable employment and working poverty that slows down domestic demand and exacerbates job polarization (UNCTAD 2020). To this end, policies should pay particular attention to removing barriers that stand in the way of women's equal participation in good-quality employment (Verick 2018; Dasgupta and Verick 2016). Ensuring social security to workers in all types of employment (see section 5.1.1) is essential for overcoming labour market polarization and fostering productive employment and inclusive growth (ILO 2021h).
- The structural transformation of the economy hinges on, and contributes to, fostering the progressive transition of workers and enterprises from the informal to the formal economy, in which social protection is a key element (ILO 2020a, 2020f; UN 2020j). Accelerating the extension of coverage to those workers who are not yet adequately covered must be at the centre of the agenda. Not only does the extension of the contribution base create more fiscal space for social protection, the formalization of businesses also widens the tax base, improving the financing mix for social protection and other public services.
- A more systematic effort to tackle inequalities that inhibit social development and economic growth is indispensable for a more inclusive recovery and future of work (UNDP 2019). There are concerns that the COVID-19 crisis has exacerbated inequalities and reduced social mobility (see section 3.1), a trend which – if left unchecked – may lead to long-lasting grievances and ultimately to social unrest (Georgieva and Gopinath 2020; UN 2020g).
- Investment in the social infrastructure – including good-quality healthcare, education, childcare and long-term care services (see section 5.1.4) – also contributes to building a high-road strategy towards employment generation in key sectors. Well-designed and well-resourced public services, as well as well-regulated private services, are essential for progress in social development and gender equality (UN 2019c). The ILO has estimated that investing in good-quality care services could result in 269 million additional jobs being created compared to the number of jobs in 2015, especially benefiting women (ILO 2018a). In conjunction with efforts to improve working conditions and ensure decent work in the care sector, especially for front-line workers, such policies would deliver a triple dividend: enhancing human capabilities of care recipients; generating employment in the sector itself; and facilitating women's participation in the labour market by reducing the time they allocate to unpaid care work.
- Effective policies to manage migration have an important contribution to make to structural transformation, by harnessing the potential of migration as a source of prosperity and innovation in such a way as to benefit both countries of origin and destination, and migrant workers themselves (UN 2018). Ensuring the inclusion of migrant workers in social security schemes and the portability of their rights and entitlements can facilitate labour mobility, including return and reintegration, promote formalization, and ensure the proper functioning of integrated labour markets by avoiding labour cost differentials between national and migrant workers (ILO 2020q, 2021g). Migrant workers can play an important role in addressing labour shortages, particularly in economies with ageing workforces, thereby contributing to the sustainability of social security systems (ILO 2020q). Comprehensive policies, including tax incentives, simplification of procedures and information campaigns, can support the extension of coverage in sectors with a high number of migrant workers, such as domestic service (ILO 2019a, 2021g, 2021h).[6]

[6] Argentina has significantly increased social security coverage among migrant domestic workers, and thereby contributed to their formalization. Mexico has introduced an electronic registration system to facilitate the formalization of domestic workers, allowing employers to quickly and easily register and pay social insurance contributions for their domestic employees. France also significantly increased social insurance coverage of domestic workers through a service voucher system, which it introduced in 2006.

## 5.2.2 Supporting a just transition to a more climate-friendly economy

The climate crisis is an existential threat to humankind, disrupting people's lives and the world of work (ILO 2019e). The effects of climate change, such as sea-level rises, higher temperatures, heatwaves, floods, droughts and other extreme weather shocks can further exacerbate existing life-cycle risks. At the same time, climate change mitigation measures, including efforts to reduce greenhouse gas (GHG) emissions, can create new employment opportunities in environmentally sustainable sectors of the economy. The ILO estimates that 24 million new jobs could be created by 2030 through efforts to reduce carbon emissions and reliance on fossil fuels, and to improve energy and resource efficiency (ILO 2018h). Measures to reskill workers and provide social protection will be necessary to ensure a "just transition" to greener economies and societies, supporting workers whose livelihoods depend on carbon-intensive sectors, as reflected in the Paris Agreement (UNFCCC, 2015). The ILO has also adopted tripartite guidelines for a just transition to ensure that structural transitions towards greater sustainability are socially equitable (ILO, 2015), and is spearheading the implementation of the UN-wide Climate Action for Jobs initiative to operationalize those guidelines.

Social protection is at the heart of any just transition process, playing a twofold role. First, it can be used to protect populations at increased risk of climate-related hardship, thus supporting adaptation efforts. Social protection benefits and services, such as healthcare, unemployment protection, social assistance and employment guarantee schemes, can support individuals and households affected by extreme weather or slow-onset events linked to climate change in coping with changing conditions. Many countries are adapting existing schemes and programmes or designing new ones to provide climate-responsive social protection for households at risk. Examples include the Philippines' use of a pre-existing employment guarantee scheme to provide income-earning opportunities for poorer households affected by Typhoon Haiyan in 2013, affiliating participants to state-run social protection schemes for health and employment injury (ILO and AFD 2016b). Algeria's National Fund for Paid Leave and Weather-related Unemployment in the Infrastructure Sector (CACOBATPH) provides workers unable to work owing to extreme weather conditions (including heat) with partial unemployment benefits, paid to more than 195,000 workers in 2018. Having social protection measures in place before an event occurs helps to expedite relief, and is more cost-efficient than response efforts designed and implemented only after the shock.

Social protection is at the heart of any just transition process.

Second, social protection is essential to support individuals and households that are negatively affected by green policies, such as national efforts to implement commitments to reduce GHG emissions according to the nationally determined contributions (NDCs) specified under the Paris Agreement of 2015. Some climate policies will inevitably have negative impacts on workers or other segments of the population whose livelihoods are tied to unsustainable practices. Social protection provision, including unemployment benefits, cash and in-kind transfers and public works programmes, can help those who lose their jobs, encounter new restrictions on their livelihood activities or face higher prices for their essential energy needs. By offsetting the side effects of green policies, social protection contributes to their acceptability and to strengthening social consensus (ILO 2017f). For example, China extended unemployment benefits and services to workers affected by environmental conservation measures, and made cash transfers to populations affected by land-use restrictions to discourage land clearing for agricultural use and promote forest protection (ILO and AFD 2016a). Costa Rica and the United States identified social protection as a strategic element of decarbonization policies in their long-term development strategies aimed at reducing GHG emissions (Lambeau and Urban, forthcoming). The EU's Green Deal, launched in 2020 with the aim of facilitating a transition towards a zero-carbon economy while leaving no one behind, includes a just transition mechanism. The related Just Transition Fund aims at mobilizing at least €100 billion to support the regions, sectors and workers that will be most affected by the transition, complementing other recent initiatives, including the European Pillar of Social Rights and a European Unemployment Reinsurance Scheme (Lambeau and Urban, forthcoming).

Countries have been increasingly mainstreaming social and health protection into international, regional and national policies and plans in response

to climate change challenges. As the health sector is recognized in 55 per cent of NDCs as being particularly vulnerable to the impacts of climate change, a number of countries (such as Cambodia, Ecuador, Egypt and the Republic of Moldova) have identified specific measures to enhance the adaptability of this sector. These measures include improving health infrastructure, service delivery and capacities, and expanding access to affordable healthcare, including to populations living in remote locations and areas vulnerable to the effects of climate change. Many countries (among them the Marshall Islands, Peru and Viet Nam) have integrated social protection into their climate plans, with a particular focus on the needs and vulnerabilities of specific groups (self-employed farmers in Egypt, rural workers in the Republic of Moldova, and mothers and children in Tajikistan).

## 5.3 Strengthening social protection systems to accelerate progress towards universal social protection

### 5.3.1 Reinforcing social protection systems

Ultimately, taking a high-road approach to achieving universal social protection requires giving clear priority to extending coverage to hitherto uncovered categories of the population, improving the quality of benefits and services, defining clear rights and corresponding obligations for the State and individuals alike, and ensuring sustainable and equitable financing structures. Well-designed policies and strong institutional capacities are indispensable for building social protection systems. As a direct interface between people and the State, social protection systems constitute an important element of effective, accountable and inclusive institutional frameworks that people should be able to trust and depend upon. Trust and accountability in turn contribute to peaceful and inclusive societies (SDG 16).

The ILO's normative framework, as reaffirmed by the Centenary Declaration and the Conclusions of the International Labour Conference 2021 (see box 1.2), provides essential guidance for countries seeking to reinforce and adapt their social protection systems for the future.

> Taking a high-road approach to achieving universal social protection requires giving clear priority to extending coverage to hitherto uncovered categories of the population.

#### Formulating and implementing national social protection strategies and policies through social dialogue

Achieving universal social protection calls for the formulation of a strategic approach – embodied in national social protection policies and strategies – that provides a clear road map setting out routes towards reducing coverage and adequacy gaps, ensuring policy coherence, and developing synergies with other economic and social policies. In a world characterized by ever-increasing complexities, interconnectedness and dislocations at both the individual and the societal level, it becomes all the more important to understand and respond to people's diverse and changing needs. Such an approach will need to be more systemic and integrated than a narrow safety-net approach; it should also address the need for adequate protection of all members of society at all times, aiming not just to reduce but to prevent poverty and destitution. Priority should be given to closing gender gaps and other shortfalls in social protection provision, including for migrants and the forcibly displaced, ethnic minorities and people with disabilities (UNPRPD et al. 2020; UN 2020c; De Schutter 2020).

Effective social dialogue contributes to making policies more inclusive, transparent, consensual and well-balanced, and therefore able to achieve greater buy-in and ownership (ILO 2018e, 2019i). In a recent review of 50 national social protection strategies and policies, only eight acknowledged the participation of social partners (ILO, forthcoming d), illustrating that social dialogue urgently needs to become the rule rather than the exception.

## ▶ Enshrining social protection in law

During the COVID-19 pandemic, the majority of the world's population could not be sure that the State would provide the protection they needed, let alone that they would be able to hold the State and those acting on its behalf accountable through institutional and legal frameworks. Benefit "cliff-fall" scenarios, whereby emergency programmes end prematurely and leave individuals without protection, have been a recurrent concern throughout the crisis. This is not consistent with a human-rights based approach to social protection that is embedded in a system of rights and corresponding obligations and ensures that benefit entitlements are prescribed by law, guaranteeing their continuity and predictability. When social protection is not enshrined in law and is not predictable, individuals are not able to reap its socio-economic dividends (see section 1.2); without the assurance of protection, individuals may be reluctant to take financial risks that have medium- to long-term pay-offs, such as investing in health, education or upskilling. It is therefore critically important to enshrine social protection in law, integrating temporary programmes into sustainable social protection systems, and ensuring that legal coverage translates into effective coverage (see section 2.1).

## ▶ Building trust and raising awareness

States need to create an enabling context where individuals are aware of their rights and obligations, and have trust in the system. This can be done by increasing transparency, accountability and sustainability, and ensuring the quality of benefits and services. Partnerships with workers' and employers' organizations are a key element of this process, as is the integration of social protection in school and training curricula (Méndez and Giroud-Castiella 2019). Awareness and trust are particularly important in the context of contributory systems, where individuals who contribute today need to have the certitude that they will be adequately protected when needs arise. Having trust in the social protection system, and seeing its tangible benefits, including the quality of its services, will also enhance individuals' willingness to pay taxes to sustain it.

## ▶ Coherence with social, economic and employment policies

Especially in times of great upheaval – as demonstrated during the COVID-19 response, but also with a view to supporting work and life transitions and structural transformations – it is crucial that social protection be coordinated with other social and economic policies, including employment and sectoral policies. Such coordination is essential for achieving greater policy coherence, creating synergies and exercising maximum impact (see also section 3.2).

Policy areas that would benefit from coordination with social protection policies include formalizing informal employment arrangements and enterprises, promoting the transition from the brown to the green economy and bolstering public investment in the care economy. Employment policies and ALMPs will accelerate and sustain recovery, and ensure decent work beyond the crisis. The close coordination of these policies can support integrated solutions, such as providing unemployed workers with income security through employment retention, public employment or unemployment support schemes, and with training opportunities to enable them to reskill or enhance their existing skills. Social protection can also be better integrated with family-friendly policies, for example on childcare and parental leave, to guarantee family income security and well-being, and reduce the care burden on women, while also creating decent jobs in the care sector (see box 4.4).

## ▶ Enhancing resilience

Resilience has become a buzzword in recent years, in particular around adaptation to and mitigation of climate change, and in relation to disaster risk reduction. Comprehensive social protection systems, including floors, contribute to preventing, containing and mitigating crises, promoting swift recovery and building resilience in the wake of shocks. In recognizing this critical role, it is important to emphasize the strategic links between short-term relief interventions, humanitarian assistance, and the systematic development of nationally owned and sustainable social protection systems – which again requires coordination among the respective actors in appropriate forums.

### 5.3.2 Ensuring sustainable and equitable investment in social protection

Current worldwide social protection expenditure remains insufficient to guarantee national social protection floors, let alone to provide progressively higher levels of protection to as many people as possible (see section 2.3). Particularly for low-income countries, the additional amounts of investment needed to achieve SDG targets 1.3 and 3.8 are daunting in comparison to their economic capacity. On average, meeting these targets would require the outlay of 16 per cent of their 2020 GDP (Durán Valverde et al. 2020). Yet increased investment in social protection is not an aspiration to be deferred to the future; it is required here and now. Social protection has multiple desirable impacts and represents an important social and economic investment (see section 1.2). Such investment can unleash patterns of high human development along with high growth, whereas its absence risks leaving economies trapped in a cycle of low cost and low human development.

Inevitably, closing the financing gap for social protection is primarily about increasing the domestic fiscal space (Ortiz et al. 2019). Governments, social partners, and other actors at the national and international levels need to deliberate on the optimal balance of different financing modalities and policy options in their particular national contexts (see section 2.3), with due regard to solidarity in financing, financial, fiscal and economic sustainability, and social justice and equity. The successful undertaking of such deliberations requires strong alignment between national social protection strategies and medium-term national financing frameworks.

There are diverse options for expanding fiscal space, including increasing revenue from taxes and social security contributions, with careful consideration of the links between policies on taxation, labour markets, employment and enterprise formalization. Social security is an integral component of, not a tax on, the cost of labour. To be effective, national efforts need not only to improve the efficiency of the domestic taxation system – and also its progressivity, which would help to address rising income inequality – but also to be grounded in greater international cooperation on tax matters. Such cooperation includes the important initiative to fight tax base erosion and profit shifting, and proposals for a unitary tax system. Efforts at the domestic level can be further supported by creating greater policy space for more accommodating macroeconomic frameworks. The commitments made by the IFIs to secure fiscal space for social spending (IMF 2019) have a critical role to play in enabling, rather than circumscribing, national social protection policies.

Closing social protection financing gaps in low-income countries also requires strengthening ODA. Most OECD countries fall woefully short of the agreed target of 0.7 per cent of GNI for ODA; preliminary figures for 2019 show an average value of just 0.3 per cent of combined GNI for all OECD DAC countries (OECD 2021). Beyond technical support, this could include the temporary and partial financing of social protection benefits in low- and middle-income countries, prioritizing low-income countries and investment in social protection floors, which could act as a catalyst to promote domestic resource mobilization.

### 5.3.3 Partnering for universal social protection

If there is a silver lining to the COVID-19 crisis, it may be found in broader support for investing in social protection systems as a catalyst for an inclusive recovery, contributing to greater resilience in the face of global risks and mounting insecurity. Social protection systems are recognized as one of the key policy instruments that policymakers have at their disposal to address inequalities, advance social inclusion and build – or rebuild – a social contract. The call for action issued by the Global Partnership for Universal Social Protection (USP2030) identified five priority actions that are highly relevant for countries at all levels of development (USP2030 2019):

1. **Protection throughout the life cycle**: Establish universal social protection systems, including floors, that provide adequate protection throughout the life cycle, combining social insurance, social assistance and other means, anchored in national strategies and legislation.
2. **Universal coverage**: Provide universal access to social protection and ensure that social protection systems are rights-based, gender-sensitive and inclusive, leaving no one behind.

3. **National ownership**: Develop social protection strategies and policies based on national priorities and circumstances, in close cooperation with all relevant actors.
4. **Sustainable and equitable financing**: Ensure the sustainability and fairness of social protection systems by prioritizing reliable and equitable forms of domestic financing, complemented by international cooperation and support where necessary.
5. **Participation and social dialogue**: Strengthen governance of social protection systems through institutional leadership, multi-sector coordination, and the participation of social partners and other relevant and representative organizations, to generate broad-based support and promote the effectiveness of services.

In a highly globalized world, the issue of financing social protection cannot be left to national governments alone; solidarity, coordination and cooperation at the global level are indispensable in the search for workable solutions that serve everyone, while respecting the principle of country ownership. The systematic advancement of coordination and collaboration between UN agencies, development partners and IFIs on the design and financing of social protection remains a priority. All financing and policy decisions should be informed by human rights obligations and international social security standards. These instruments provide critical guidance on the objectives that should guide efforts to build social protection, how the adequacy of social protection can be assured, and how sustainable, efficient and equitable financing (ILO 2019i) for it can be secured.

## ▶ 5.4 Social protection for social justice

A human-centred recovery calls for universal access to comprehensive, well-adapted and sustainable social protection systems that provide adequate levels of benefits for all, during the entire life course, and in response to a multitude of possible shocks (ILO 2021b). A high-road strategy is needed to break the vicious cycle of vulnerability, poverty and social exclusion, and to build fairer and more inclusive societies, and sustainable and productive economies. Investing in robust and adaptable rights-based social protection systems, including floors, together with a coherent set of employment, economic and social policies, enables people to better navigate life and work transitions and facilitates the transformation of economies and societies. Returning to the pre-COVID-19 world will not be sufficient to achieve this inclusive recovery. To do that, it will be essential to address the deep structural inequalities that have obstructed progress towards social justice for too long, and to take a decisively human-centred approach to building a better future for humanity (UN 2020b).

Mapping out a pathway towards achieving the SDGs will require a determined strategy to build rights-based social protection systems, including floors, based on a shared understanding of social protection as an investment with high returns, offering a way to end poverty, reduce inequalities and reinvigorate the social contract. A pronounced shift of gears is needed in efforts towards achieving the SDGs by 2030 if people and societies are to be able to address the profound transformations that are associated with demographic, technological and climate change. Less than nine years remains to achieve the 2030 Agenda, including SDG targets 1.3 and 3.8. The pandemic has demonstrated the centrality of the objectives of universal social protection and universal health coverage, the enormous gains to be made if they are accorded policy priority, and the risks associated with failure to do so. Poverty anywhere remains a threat to prosperity everywhere; and no one is safe until everyone is safe.

# annexes

# Annex 1. Glossary

This glossary focuses on the basic concepts, definitions and methodology guiding the analytical work of the ILO on social security or social protection.[1] It does not set out to assert any universal definitions; its purpose is simply to clarify how terms and concepts are used in this report and in the ILO more broadly.

**Cash transfer programme** Non-contributory scheme or programme providing cash benefits to individuals or households, usually financed out of taxation, other government revenue, or external grants or loans. Cash transfer programmes[2] may or may not include a means test.

Cash transfer programmes that provide cash to families subject to the condition that they fulfil specific behavioural requirements are referred to as conditional cash transfer programmes (CCTs). For example, beneficiaries may be required to ensure that their children attend school regularly, or to use basic preventive nutrition and healthcare services.

**Contributory scheme** Schemes in which contributions made by protected persons (actual or potential beneficiaries) directly determine entitlement to benefits (acquired rights). The most common form of contributory social security scheme is a statutory social insurance scheme, usually covering workers in formal wage employment and, in some countries, the self-employed. Other common types of contributory schemes, providing – in the absence of social insurance – a certain level of protection include national provident funds, which usually pay a lump sum to beneficiaries when particular contingencies occur (typically old age, invalidity or death). In the case of social insurance schemes for those in wage or salaried employment, contributions are usually paid by both employees and employers (though in general, employment injury schemes are fully financed by employers). Contributory schemes can be wholly financed through contributions but are often partly financed from taxation or other sources; this may be done through a subsidy to cover the deficit, or through a general subsidy supplanting contributions altogether, or through subsidies directed specifically at certain groups of contributors or beneficiaries (for example, those not contributing because they are caring for children, studying, in military service or unemployed, or have too low a level of income to make full contributions, or receive benefits below a certain threshold because of low contributions in the past).

**Employment guarantee scheme** Public employment programme which provides a guaranteed number of days' work per year to poor households, generally providing wages at a relatively low level (typically at the minimum wage level if this is adequately defined).

**Means-tested scheme** A scheme that provides benefits upon proof of need and targets certain categories of individuals or households whose means fall below a certain threshold. These schemes are also often referred to as *social assistance schemes* (for which see also below). A means test is used to assess whether the individual's or household's own resources (income and/or assets) are below a defined threshold to determine whether the applicants are eligible for a benefit at all, and if so at what level that benefit will be provided. In some countries, proxy means tests are used; that is, eligibility is determined without actually assessing income or assets, on the basis of other household characteristics (proxies such as household composition, housing characteristics, productive assets or level of education of household members) that are deemed more easily observable. Means-tested schemes may also include entitlement conditions and obligations, such as work requirements, participation in health check-ups or (for children) school attendance. Some means-tested schemes also include other interventions that are delivered on top of the actual income transfer itself.

**Non-contributory schemes** Non-contributory schemes, which include non-means-tested and means-tested schemes, normally require no direct contribution from beneficiaries or their employers as a condition of entitlement to receive relevant benefits. The term covers a broad range

[1] The glossary draws largely on the definitions, concepts and methods provided in previous editions of this report (ILO 2010, 2014c, 2017f).

[2] Strictly speaking, this term would encompass all social transfers provided in cash, including fully or partially contributory transfers. However, it is usually understood as limited to non-contributory transfers.

of schemes, including universal schemes for all residents (such as national health services), categorical schemes for certain broad groups of the population (such as children below a certain age, or older people above a certain age) and means-tested schemes (such as social assistance schemes). Non-contributory schemes are usually financed through taxes or other state revenues, or, in certain cases, through external grants or loans.

**Public employment programme** Government programme offering employment opportunities to certain categories of people who are unable to find other employment. Public employment programmes include employment guarantee schemes (see above) and "cash for work" and "food for work" programmes.

**Social assistance scheme/programme** A scheme that provides benefits to vulnerable groups of the population, especially households living in poverty. Most social assistance schemes are means-tested.

**Social insurance scheme** Contributory social protection scheme that guarantees protection through an insurance mechanism, based on: (1) the payment of contributions before the occurrence of the insured contingency; (2) the sharing or "pooling" of risk; and (3) the notion of a guarantee. The contributions paid by (or for) insured people are pooled together, and the resulting fund is used to cover the expenses incurred exclusively by those individuals affected by the occurrence of the relevant (clearly defined) contingency or contingencies. In contrast to commercial insurance, risk-pooling in social insurance is based on the principle of solidarity, with contributions typically related to people's capacity to pay (e.g. proportional to earnings) as opposed to premiums that reflect individual risks.

Many contributory social security schemes are presented and described as "insurance" schemes (usually "social insurance schemes"), despite being in actual fact of mixed character, with some non-contributory elements in entitlement to benefits; this allows for a more equitable distribution of benefits, particularly for those with low incomes and short or broken work careers, among others. These non-contributory elements take various forms, being financed either by other contributors (redistribution within the scheme) or by the State.

**Social protection** Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle. Social protection includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection (medical care), old-age benefits, invalidity/disability benefits, and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits (including social assistance).

As a human right, social protection, or social security, is enshrined as such in the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), and other major United Nations human rights instruments. States have a legal obligation to protect and promote human rights, including the right to social protection, or social security, and to ensure that people can realize their rights without discrimination. The overall responsibility of the State includes ensuring the due provision of benefits according to clear and transparent eligibility criteria and entitlements, and the proper administration of the institutions and services. Where benefits and services are not provided directly by public institutions, the effective enforcement of the legislative framework is particularly important for the provision of benefits and services (UN 2008).

"Social protection" is a current term used to refer to "social security", and generally the two terms are used interchangeably. It must be noted, however, that the term "social protection" is sometimes used to cover a broader range of services than "social security", including protection provided between members of the family or members of a local community; on other occasions it is also used with a narrower meaning, understood as comprising only measures addressed to the poorest, most vulnerable or excluded members of society. In the majority of contexts, however, the two terms, "social security" and "social protection", are largely interchangeable, and the ILO and other United Nations institutions use both in discourse with their constituents and in the provision of relevant advice to them.

**Social protection floor** ILO Recommendation No. 202 stipulates that Member States should establish and maintain national social protection floors as a nationally defined set of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion (ILO 2012). These guarantees should ensure, at a minimum, that

over the life cycle all in need have effective access to at least essential healthcare and basic income security. These together ensure effective access to essential goods and services defined as necessary at the national level. More specifically, national social protection floors should comprise at least the following four social security guarantees, as defined at the national level:

(a) access to essential healthcare, including maternity care;

(b) basic income security for children;

(c) basic income security for persons of working age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and

(d) basic income security for older persons.[3]

Such guarantees should be provided to all residents and all children, as defined in national laws and regulations, and subject to existing international obligations.

Recommendation No. 202 also states that basic social security guarantees should be established by law. National laws and regulations should specify the range, qualifying conditions and levels of the benefits giving effect to these guarantees, and provide for effective and accessible complaint and appeal procedures.

Social protection floors correspond in many ways to the notion of "core obligations", namely the obligation to ensure the realization of, at the very least, minimum essential levels of rights embodied in human rights treaties (UN 2012a; UN General Assembly 2013).

**Social protection programme/scheme (or social security programme/scheme)** Distinct framework of rules to provide social protection benefits to entitled beneficiaries. Such rules specify the geographical and personal scope of the programme (the target group), entitlement conditions, the type of benefits provided, the amounts of such benefits (cash transfers), periodicity and other benefit characteristics, as well as the financing (through contributions, general taxation and/or other sources), governance and administration of the programme.

While "programme" may refer to a wide range of programmes, the term "scheme" is usually used in a more specific sense referring to a programme that is anchored in national legislation and characterized by at least a certain degree of formality.

A programme/scheme can be supported by one or more social security institutions governing the provision of benefits and their financing. It should, in general, be possible to draw up a separate account of receipts and expenditure for each social protection programme. It is often the case that a social protection programme provides protection against a single risk or need, and covers a single specific group of beneficiaries. Typically, however, one institution will administer more than one benefit programme.

**Social security** The fundamental right to social security is set out in the Universal Declaration of Human Rights (1948) and other international legal instruments. The notion of social security adopted here covers all measures providing benefits, whether in cash or in kind, to secure protection from, among other things:

- lack of work-related income (or insufficient income) caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member;
- lack of (affordable) access to healthcare;
- insufficient family support, particularly for children and adult dependants; and
- general poverty and social exclusion.

Social security thus has two main (functional) dimensions, namely "income security" and "availability of medical care", reflected in the Declaration of Philadelphia (1944), which forms part of the ILO's Constitution, in the following terms: "social security measures to provide a basic income to all in need of such protection and comprehensive medical care".[4] Recommendation No. 202 stipulates that, at least, access to

[3] Recommendation No. 202, Para. 5.

[4] Art. III(f). These two main dimensions are also identified in the ILO Income Security Recommendation, 1944 (No. 67), and the Medical Care Recommendation, 1944 (No. 69), respectively, as "essential element[s] of social security". These Recommendations envisage that, first, "income security schemes should relieve want and prevent destitution by restoring, up to a reasonable level, income which is lost by reason of inability to work (including old age) or to obtain remunerative work or by reason of the death of a breadwinner" (Recommendation No. 67, Guiding principles, Para. 1); and, second, that "a medical care service should meet the need of the individual for care by members of the medical and allied professions" and "the medical care service should cover all members of the community" (Recommendation No. 69, Paras 1 and 8). Recommendation No. 202 also reflects these two elements in the basic social protection guarantees that should form part of national social protection floors (for more details, see box 1.1).

essential healthcare and basic income security over the life cycle should be guaranteed as part of nationally defined social protection floors, and that higher levels of protection should be progressively achieved by national social security systems in line with Convention No. 102 and other ILO instruments.

Access to social security is essentially a public responsibility, and is typically provided through public institutions, financed from either contributions or taxes or both. However, the delivery of social security can be and often is mandated to private entities. Moreover, there exist many privately run institutions (of an insurance, self-help, community-based or mutual character) which can partially assume certain roles usually played by social security (such as the operation of occupational pension schemes) to complement and perhaps largely take the place of elements of public social security schemes. Entitlements to social security are conditional either on the payment of social security contributions for prescribed periods (contributory schemes, most often structured as social insurance arrangements) or on a requirement, sometimes described as "residency plus", under which benefits are provided to all residents of the country who also meet certain other criteria (non-contributory schemes). Such criteria may make benefit entitlements conditional on age, health, labour market participation, income or other determinants of social or economic status and/or even conformity with certain behavioural requirements.

Two main features distinguish social security from other social arrangements. First, benefits are provided to beneficiaries without any simultaneous reciprocal obligation (thus it does not, for example, represent remuneration for work or other services delivered). Second, it is not based on an individual agreement between the protected person and the provider (as is, for example, a life insurance contract); the agreement applies to a wider group of people and thus has a collective character.

Depending on the category of applicable conditions, a distinction is also made between non-means-tested schemes (where the conditions of benefit entitlement are not related to the total level of income or wealth of the beneficiary and her or his family) and means-tested schemes (where entitlement is granted only to those with income or wealth below a prescribed threshold). A special category of "conditional" schemes includes those which, in addition to other conditions, require beneficiaries (and/or their relatives or families) to participate in prescribed public programmes (for example, specified health or educational programmes).

**Social security system/social protection system** Totality of social security/protection schemes and programmes in a country, taking into account that the latter term is often used in a broader sense than the former.

All the social security schemes and institutions in a country are inevitably interlinked and complementary in their objectives, functions and financing, and thus form a national social security system. For reasons of effectiveness and efficiency, it is essential that there is close coordination within the system, and that – not least for coordination and planning purposes – the receipts and expenditure accounts of all the schemes are compiled into one social security budget for the country so that its future expenditure and financing of the schemes comprising the social security system are planned in an integrated way.

**Social transfer** All social security benefits comprise transfers either in cash or in kind: that is, they represent a transfer of income, goods or services (for example, healthcare services). This transfer may be from the active to the old, the healthy to the sick, or the affluent to the poor, among others. The recipients of such transfers may be in a position to receive them from a specific social security scheme because they have contributed to such a scheme (contributory scheme), or because they are residents (universal schemes for all residents), or because they fulfil specific age criteria (categorical schemes) or meet specific resource conditions (social assistance schemes), or because they fulfil several of these conditions at the same time. In addition, it is a requirement in some schemes (employment guarantee schemes, public employment programmes) that beneficiaries accomplish specific tasks or adopt specific behaviours (conditional cash transfer programmes). In any given country, several schemes of different types generally coexist and may provide benefits for similar contingencies to different population groups.

**Targeted scheme/programme** See *social assistance scheme*.

**Universal scheme/categorical scheme** Strictly speaking, universal schemes provide benefits under the single condition of residence. However, the term is also often used to describe categorical schemes, which provide benefits to certain broad categories of the population without a means test or a proxy means test. The most common forms of such schemes are those that transfer income to older people above a certain age, to all people with disabilities, or to children below a certain age. Some categorical schemes also target households with specific structures (one-parent households, for example) or occupational groups (such as rural workers). Most categorical schemes are financed by public resources.

**Universal social protection** refers to social protection systems that ensure everyone has access to comprehensive, adequate and sustainable protection over the life cycle, in line with ILO standards. Achieving universal social protection entails actions and measures to realize the human right to social security by progressively building and maintaining nationally appropriate social protection systems. Rights-based social protection systems, encompassing social protection floors and higher levels of protection, guarantee that the rights and obligations of all parties concerned – workers, employers, governments, State institutions – are anchored in law and duly observed to ensure human well-being and a dignified life. The State has primary responsibility for establishing the legal and administrative architecture and sustainable financing of social security, and is the final guarantor of its proper administration and good governance. Universal social protection is crucial for the prevention and reduction of poverty, inequalities and social exclusion, effectively maintaining workers' incomes and living standards. In the context of covariate shocks and crises, it can respond effectively, enabling access to healthcare and stabilizing aggregate demand by supporting income security and business continuity. A universal social protection system bolsters the social contract: as an investment in human capabilities, decent work and inclusive economies, it ensures the willingness of everyone to pay taxes and make social contributions, thereby sustaining the system and fostering social cohesion.

# ▶ Annex 2. Measuring social protection coverage and expenditure

## Social protection coverage

### ▶ Measurement of effective coverage for SDG indicator 1.3.1

This report provides a comprehensive data set for the monitoring of SDG indicator 1.3.1, based on the data compiled through the ILO SSI together with other sources. The data set was submitted to the United Nations Statistics Division in the framework of SDG monitoring; in particular, in the context of SDG 1 ("End poverty in all its forms everywhere"), the ILO is responsible for producing estimates on SDG indicator 1.3.1: "Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims, and the poor and the vulnerable".

The indicator reflects the proportion of persons effectively covered by social protection systems, including social protection floors (for the definition of "effective coverage" and how it is measured, see below). It covers the main components of social protection – child, family and maternity benefits; support for people without jobs, people with disabilities, victims of work injuries and older people[1] – with the aim of gauging progress towards SDG target 1.3, and towards the goal of providing at least a basic level of support in all the main contingencies of the life cycle, as defined in Recommendation No. 202. Health coverage, although it is one of the four basic guarantees of the social protection floor, is monitored not under SDG indicator 1.3.1 but under SDG indicators 3.8.1 and 3.8.2 (see the definition of "effective coverage" and criteria for its measurement in the next section of this annex). Calculations include separate indicators to distinguish effective coverage of social protection cash benefits for children, unemployed people, older people and people with disabilities, pregnant women and mothers with newborns, those who have suffered injury at work, the poor and the vulnerable. For each case, coverage is expressed as a proportion of the respective population group. Effective coverage for workers in the event of sickness, although reflected in Recommendation No. 202, is not included within SDG indicator 1.3.1.

Indicators are calculated as follows.[2]

(a) *Proportion of the population covered by at least one social protection cash benefit*: Ratio of the population receiving cash benefits[3] under at least one of the contingencies/social protection functions (contributory or non-contributory benefit) or actively contributing to at least one social security scheme to the total population.

(b) *Proportion of children covered by social protection benefits*: ratio of children/households receiving child or family cash benefits to the total number of children/households with children.

(c) *Proportion of women giving birth covered by maternity benefits*: ratio of women receiving cash maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates published in the UN's *World Population Prospects* or on the number of live births, corrected for the share of twin and triplet births).

(d) *Proportion of persons with disabilities receiving benefits*: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the WHO) and each country's population.

(e) *Proportion of unemployed receiving benefits*: ratio of recipients of unemployment cash benefits to the number of unemployed persons.

(f) *Proportion of workers covered in case of employment injury*: ratio of workers protected by injury insurance to total employment or the labour force.

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1 Healthcare is included under other SDG indicators, such as those under SDG target 3.8.

2 For the detailed metadata, visit https://unstats.un.org/sdgs/metadata/files/Metadata-01-03-01a.pdf.

3 Excluding healthcare and sickness benefits.

(g) *Proportion of older persons receiving a pension*: ratio of persons above statutory retirement age receiving an old-age pension (including contributory and non-contributory) to persons above statutory retirement age.

(h) *Proportion of vulnerable persons receiving benefits*: ratio of social assistance cash benefits recipients to the total number of vulnerable persons. The latter are calculated by subtracting from total population all people of working age who are contributing to a social insurance scheme or receiving contributory benefits, and all persons above retirement age receiving contributory benefits.

## Aggregate coverage indicators

Two aggregate measures of coverage are used in this report: the first aggregate indicator reflects *legal coverage*,[4] the second *effective* coverage (for more details, see below).

- The proportion of the population enjoying comprehensive social security protection is estimated based on the number of people of working age who enjoy comprehensive *legal* social security coverage, that is, are covered by law in respect of eight areas (sickness, unemployment, old age, employment injury, child/family benefit, maternity, invalidity, survivors) specified in Convention No. 102.[5]
- The proportion of the population covered by at least one social protection cash benefit (SDG indicator 1.3.1(a), see above) reflects the *effective* coverage of the population in at least one area,[6] that is, the proportion of the total population receiving contributory or non-contributory benefits in at least one area or actively contributing to at least one social security scheme.

## Measuring social protection coverage: Concepts and criteria

### *General considerations*

Measuring social protection coverage is a complex task. Several dimensions need to be considered in order to arrive at a comprehensive assessment.

In practice, few countries have available the full range of statistical data necessary for such a comprehensive assessment of social security coverage; nevertheless, partial information is available for a large number of countries. Many countries have acknowledged the need to undertake better regular monitoring of social security coverage and are stepping up their efforts to improve data collection and analysis; the SDG agenda, and especially targets 1.3 and 3.8, have been instrumental in encouraging this work.

Social security coverage is a multidimensional concept with at least three dimensions:

- **Scope**. This is measured by the range (number) and type of social security areas (branches) to which the population of the country has access. Population groups with differing status in the labour market may enjoy different scopes of coverage, and this factor must be taken into account in assessing overall scope.
- **Extent**. This usually refers to the percentage of people covered within the whole population or the target group (as defined by, for example, gender, age, income level or labour market status) by social security measures in each specific area.
- **Level**. This refers to the adequacy of coverage in a specific branch of social security. It may be measured by the level of cash benefits provided, where measurements of benefit levels can be either absolute or relative to selected benchmark values such as previous incomes, average incomes, the poverty line and so on. For health benefits, it is measured as the range of health services covered and the level of financial protection (support value) provided in relation to those services. Measures of quality are usually relative, and may be objective or subjective – for example, the satisfaction of beneficiaries as compared with their expectations would be a subjective measure.

In measuring coverage, a distinction is made between legal coverage and effective coverage in each of the above three dimensions, so as to reflect different dimensions of coverage. Table A2.1 summarizes these various dimensions.

[4] Legal coverage is sometimes referred to as "statutory coverage", taking into account that provisions may be rooted in statutory provisions other than laws.

[5] Access to healthcare is not included.

[6] Excluding sickness benefits and access to healthcare.

## ▶ Table A2.1 Multiple dimensions of coverage: Examples of questions and indicators

| Dimension of coverage | Legal coverage | Effective coverage |
|---|---|---|
| **Scope** | Which social security areas are anchored in the national legislation?<br><br>For a given group of the population: for which social security area(s) is this group covered according to the national legislation? | In which areas is social security provision actually implemented?<br><br>For a given group of the population: for which social security areas is this group effectively covered (benefits actually being available)? |
| **Extent** | For a given social security area (branch): which categories of the population are covered according to the national legislation? What percentage of the population or labour force is covered according to the national legislation? | For a given social security area (branch): which categories of the population enjoy actual access to benefits in case of need (currently or in the future)?<br><br>The "beneficiary coverage ratio": for a given social security area, what percentage of the population affected by the contingency receives benefits or services (e.g. percentage of older persons receiving an old-age pension; percentage of unemployed receiving unemployment benefits)?<br><br>The "contributor coverage ratio": for a given social security area, what percentage of the population contributes to the scheme, or is otherwise insured by the scheme, and can thus expect to receive benefits when needed (e.g. percentage of working-age population or of the labour force contributing to a pension scheme)?<br><br>By extension, the "protected person coverage ratio" would include people who, in the future – assuming that legislation is unchanged – would be entitled to a health benefit (as a service user, beneficiary, contributor or dependant, according to the type of national system) or a non-contributory cash benefit, through either a universal scheme or a means-tested scheme, provided they meet the eligibility criteria. |
| **Level** | For a given social security area: what is the level of protection provided according to the national legislation?<br><br>For cash benefits: what is the prescribed amount or replacement rate according to the national legislation?<br><br>For healthcare benefits: what is the prescribed health package and level of co-payment, if any? | For a given social security area: what is the level of protection actually provided (e.g. for cash benefits, average level of benefit as a proportion of median income, minimum wage or poverty line; for health benefits, effective use of services and level of financial protection (affordability))? |

Source: Based on ILO (2010).

### *Legal coverage*

Estimates of the scope of legal coverage usually measure the number of social security areas (branches) by which – according to existing national legislation – a population or specific groups within it is or are covered. The list of the nine branches covered by ILO Convention No. 102 is used as guidance.

Estimates of the extent of legal coverage use both information on the groups covered by statutory schemes for a given social security area (branch) in national legislation and available statistical information quantifying the number of people concerned at the national level. A population group can be identified as legally covered in a specific social security area (for example, old age, unemployment protection, maternity protection) if the existing legislation sets out that this group is mandatorily covered by social insurance, or that the group will be entitled to specified non-contributory benefits under certain circumstances – for instance, to an old-age state pension on reaching the age of 65, or to income support if income falls below a specified threshold. A legal coverage ratio for a given branch of social security is the ratio between the estimated number of people legally covered and – as appropriate – the labour force or working-age population in the relevant age range. For example, since Convention No. 102 allows a ratifying country to provide coverage through social insurance, through universal or means-tested benefits, or through a combination of these, it also formulates alternatives to minimum requirements for the extent of coverage, as follows:

(a) prescribed classes of employees, constituting not less than 50 per cent of all employees; or

(b) prescribed classes of the economically active population, constituting not less than 20 per cent of all residents; or

(c) all residents whose means during the contingency do not exceed prescribed limits.

The level of legal coverage for specific branches of social security is usually measured for cash benefits by benefit ratios or replacement ratios calculated for specified categories of beneficiaries, using benefit formulas or benefit amounts specified in the legislation. For example, Convention No. 102 sets minimum replacement rates for cash benefits in seven of the nine specified branches (see tables in Annex 3 below). It stipulates that such minimum rates should apply to a defined "standard" beneficiary meeting qualifying conditions, and be guaranteed at least to those with earnings up to a certain prescribed selected level. For healthcare benefits, the extent of the prescribed benefit package is necessarily a qualitative indicator against the main components of a comprehensive package as defined in ILO standards, including promotive, preventive, curative and rehabilitative care. The extent of healthcare provision that can be accessed also needs to be stipulated in legislation. The level of co-payment is measured in percentage of the costs of care left to the patient to cover out of pocket. Currently, data on legal provisions for benefit packages and financial protection are not collected systematically or in a uniform fashion across regions, and therefore could not be reported in this edition of the *World Social Protection Report*.

### *Effective coverage*

Measurements of effective coverage should reflect how the legal provisions are implemented in reality. Effective coverage is usually different from (and usually lower than) legal coverage because of non-compliance, problems with enforcement of legal provisions, or other deviations of actual policies from the text of the legislation. In order to arrive at a full coverage assessment, measures of legal and effective coverage need to be used in parallel.

Measurements of the scope of effective coverage in a country reveal the number of social security areas (branches) for which there is relevant legislation that is actually enforced: in other words, whether in all such areas the majority of the population legally covered are also effectively covered (as measured by the extent of effective coverage; see below).

When measuring the extent of effective coverage, a distinction has to be made between measurement in terms of protected persons and in terms of actual beneficiaries. Protected persons are those who have benefits guaranteed but are not necessarily currently receiving them – for example, people who contribute to a pension scheme are protected, but not yet receiving a pension. Similarly, people affiliated to a healthcare scheme are effectively protected, although they receive the benefit only when they have a specific health need (e.g. immunization, injury, illness).

In respect of protected persons, the contributor coverage ratio reflects, in the case of contributory schemes, the number of those protected should they be affected by the contingency covered, now

or in the future: that is, the share of the employed population (or alternatively the population of working age or in the labour force) who contribute directly or indirectly to social insurance in a given social security area and are thus likely to receive benefits when needed. An example is the percentage of employed people contributing to a pension scheme. The protected person coverage ratio includes all people entitled to benefits (both contributory and non-contributory), assuming no change to legislation. For health benefits, even in contributory schemes, the protection granted usually extends to the dependants of the contributor; hence, for healthcare benefits, the protected persons coverage ratio represents the percentage of the population protected by a scheme, regardless of whether they are contributing or not. The proportion of the population protected by social health protection (figure 4.43) reflects this methodology.[7]

In respect of actual beneficiaries, the beneficiary coverage ratio describes the proportion of the population affected by a certain contingency (such as older people or the unemployed) who actually benefit from the appropriate social protection benefits (in these examples, old-age pensions or unemployment benefits). This ratio reflects the number of those actually receiving benefits, for example the number of recipients of any pension benefits among all residents over the statutory pensionable age, or the number of beneficiaries of some kind of income support among all those unemployed, or all below the poverty line. For healthcare benefits and sickness cash benefits, measurement of actual benefit provision in relation to the occurrence of such contingencies is challenging, and there is no consensus on the optimal methodology to capture these dimensions of coverage.

Measurements of the level of effective coverage aim to identify the levels of benefits (usually related to certain benchmark amounts or benefit packages) actually received by beneficiaries, such as unemployment benefits or pensions paid, compared to average earnings or the minimum wage or the poverty line. In the case of contributory pension schemes, the effective level of benefit may also relate to future (potential) benefit levels. In the case of healthcare, SDG indicator 3.8.1 is an index by which to measure effective access to a range of health services and infrastructure in times of need by a given national population (WHO and World Bank 2017).[8] When it comes to the level of financial protection afforded when effectively accessing health services, there is an international consensus on the use of OOP payments made by households on healthcare and its impact on poverty as a proxy indicator for the lack of financial protection, as reflected in SDG indicator 3.8.2 (WHO and World Bank 2017).

When assessing coverage and gaps in coverage, three types of schemes need to be distinguished, namely: (1) contributory social insurance; (2) universal schemes covering all residents (or all residents in a given category);[9] and (3) means-tested schemes potentially covering all those who pass the required test of income and/or assets. In the case of social insurance it makes sense to look at the numbers of those who are actually members of and contributors to such schemes, and who thus potentially enjoy – sometimes with their dependants – coverage in the event of any of the contingencies covered by their social insurance. These people fall into a category of persons "protected" in the event of a given contingency. The concept of protected persons may also apply where people are covered by universal or categorical programmes if all residents, or all residents in a given category (for example, a certain age range), are entitled to certain benefits or to free access

[7] This represents the best estimate of people protected by a healthcare scheme for their primary coverage. Mechanisms include national health insurance; social health insurance mandated by the State (including subsidized coverage for the poor); national healthcare services guaranteed without charge or with small copayments; and other programmes (user fee waivers, vouchers, etc.). In all, 189 schemes for primary coverage were identified and included. To avoid overlaps, only public or publicly mandated privately administered primary healthcare schemes were included. Supplementary and voluntary public and private programmes were not included, with the sole exception of the United States (the only country in the world where private health insurance plays a significant role in primary coverage).
Multiple sources were combined for this indicator, including data from the ILO SSI and the OECD Health Statistics 2020 database, national administrative data published in official reports, and information from regular national surveys of target populations on awareness on rights. Data were collected for 117 countries and territories representing 89% of the world's population.

[8] The additional indicators displayed in this report on health service use and availability are sourced from the WHO Global Health Observatory (methodology and metadata accessible at: https://www.who.int/data/gho), while indicators on the health workforce are calculated using labour force survey data from the ILO–OECD–WHO Working for Health Programme (https://working4health.org/).

[9] Such schemes are also referred to as categorical schemes.

to social services by law and in practice in the event of the given contingency. It is, however, rather difficult to specify who is in fact effectively protected in the case of benefits granted on the basis of a means test or proxy means test, or in the form of conditional cash transfers.

The above measures of extent and level of coverage are specifically applied to certain areas (branches) of social security (and sometimes even only to specific schemes or types of scheme); they do not attempt to provide a generic measure of social security coverage. Ensuring the specificity of coverage indicators by area is essential to arrive at a meaningful analysis and ensure its relevance for policy development. In the case of healthcare benefits, the level of benefit coverage needs to encompass both the extent of services used in practice and the financial protection awarded against the costs of healthcare. SDG indicators 3.8.1 (service coverage) and 3.8.2 (catastrophic expenditure on health) are used as proxies to monitor the level of effective coverage along those two dimensions.

## Social protection expenditure

Data on social protection expenditure are collected according to different standards around the world. Within the European Union the standard is the European System of Integrated Social Protection Statistics (ESSPROS) system, while comparable data for other parts of the world are available through the IMF's Government Finance Statistics (GFS), according to either the GFS 2014 standard, or the older GFS 2001 or 1986 standards. Figures on social protection expenditure are presented both including and excluding general government expenditure on health (GGHE), with a view to disaggregating cash and care benefits. The source for GGHE is the WHO's Global Health Expenditure Database.[10]

Data on expenditure for this report were obtained from various sources (see table A2.2).

### ▶ Table A2.2 Comparison of different definitions used to measure social protection expenditure

| Source | Definition | Functions/areas covered |
|---|---|---|
| **International Monetary Fund (IMF)**<br><br>https://www.imf.org/external/pubs/ft/gfs/manual/pdf/ch6ann.pdf | *Expenditure on social protection*<br>Government outlays on social protection include expenditures on services and transfers provided to individuals and households, and expenditures on services provided on a collective basis. Expenditures on individual services and transfers are allocated to groups 7101 (sickness and disability) to 7107 (social exclusion); expenditures on collective services are assigned to groups 7108 (R&D Social Protection) and 7109 (Social Protection NEC). Collective social protection services are concerned with matters such as formulation and administration of government policy; formulation and enforcement of legislation and standards for providing social protection; and applied research and experimental development into social protection affairs and services. | Sickness, disability, old age, survivors, family and children, unemployment, housing, social exclusion (social assistance), research on social protection, general administrative expenditure on social protection. |
| | *Expenditure on health*<br>Government outlays on health include expenditures on services provided to individuals and services provided on a collective basis. Expenditures on individual services are allocated to groups 7071 (medical products, appliances and equipment) to 7074 (public health services); expenditures on collective services are assigned to groups 7075 (R&D Health) and 7076 (Health NEC). | Health. |

[10] https://apps.who.int/nha/database/.

## ▶ Table A2.2 (cont'd)

| Source | Definition | Functions/areas covered |
|---|---|---|
| **Eurostat**<br><br>https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_protection_statistics_-_background#The_structure_of_social_protection_expenditure | *Expenditure on social protection*<br>Expenditure on social protection includes: social benefits, administration costs (which represent the costs charged to the scheme for its management and administration) and other expenditure (miscellaneous expenditure by social protection schemes, principally payment of property income). | Sickness/healthcare benefits (including paid sick leave, medical care and the provision of pharmaceutical products); disability, old-age, survivors', family and children, unemployment, housing and social exclusion (social assistance) benefits. |
| **Organisation for Economic Co-operation and Development (OECD)**<br><br>https://data.oecd.org/socialexp/social-spending.htm<br>https://data.oecd.org/healthres/health-spending.htm | *Expenditure on social protection*<br>Social expenditure comprises cash benefits, direct in-kind provision of goods and services, and tax breaks with social purposes. Benefits may be targeted at low-income households, the elderly, disabled, sick, unemployed, or young people. To be considered "social", programmes have to involve either redistribution of resources across households or compulsory participation. Social benefits are classified as public when general government (that is, central, state and local governments, including social security funds) controls the relevant financial flows. All social benefits not provided by general government are considered private. Private transfers between households are not considered as "social" and not included here. | Old-age, survivors', incapacity-related and family benefits; ALMPs; unemployment and housing benefits; and benefits in other social policy areas. |
| | *Expenditure on health*<br>Health spending measures the final consumption of healthcare goods and services (i.e. current health expenditure) including personal healthcare (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Healthcare is financed through a mix of financing arrangements including government spending and compulsory health insurance ("government/compulsory") as well as voluntary health insurance and private funds such as households' OOP payments, non-governmental organizations (NGOs) and private corporations ("voluntary"). | Health. |
| **United Nations Economic Commission for Latin America and the Caribbean (ECLAC)**<br><br>http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/MetodosClasificaciones.asp?idioma=i | *Expenditure on social protection*<br>ECLAC uses the EUROSTAT/OECD definition.<br>See "Classification of final expenditure on GDP" at http://www.oecd.org/std/prices-ppp/37985038.pdf. | Older people, disabled people, people suffering from occupational injuries and diseases, survivors, unemployed, destitute, family and children, homeless, low-income earners, indigenous people, immigrants, refugees, alcohol and substance abusers, etc. |
| | *Expenditure on health*<br>See the IMF definition above. | Health. |

▶ **Table A2.2 (cont'd)**

| Source | Definition | Functions/areas covered |
|---|---|---|
| **Government Spending Watch (GSW)**<br><br>http://www.governmentspendingwatch.org/research-analysis/social-protection | *Expenditure on social protection*<br>All government spending which boosts economic development for the poor and promotes inclusive and employment-intensive growth that can help meet this goal. GSW data focus on the direct government interventions that have been most effective in reducing poverty and providing employment, known as "social protection" spending. | Social safety nets, social funds, social welfare assistance/ services, labour market interventions and social insurance programmes (including pensions). Excludes all social services provided by government that could be classified as education or health, nutrition, or water, sanitation and hygiene. |
| **Asian Development Bank (ADB)**<br><br>https://www.adb.org/sites/default/files/publication/632971/ki2020.pdf | *Expenditure on social protection*<br>Government expenditure on social protection includes expenditure on services and transfers provided to individuals and households, and expenditure on services provided on a collective basis. Expenditure on social protection is allocated to sickness and disability, old age, survivors, family and children, unemployment, housing, social exclusion not elsewhere classified, and social protection R&D. | Sickness, disability, old age, survivors, unemployment, etc. |
| | *Expenditure on health*<br>Government expenditure on health includes expenditure on services provided to individuals and services provided on a collective basis. Expenditure on health is allocated to medical products, appliances and equipment; outpatient services; hospital services; public health services; health R&D; and health not elsewhere classified. | Health. |
| **World Health Organization (WHO) Global Health Expenditure Database**<br><br>http://apps.who.int/gho/data/node.wrapper.imr?x-id=1 | *Expenditure on health*<br>General government expenditure on health comprises the sum of health outlays paid for in cash or supplied in kind by government entities, such as ministries of health, other ministries, parastatal organizations or social security agencies (without double counting government transfers to social security and extra-budgetary funds). It includes all expenditure made by these entities, regardless of the source, so includes any donor funding passing through them. It includes transfer payments to households to offset medical care costs, extra-budgetary funds to finance health services and goods, and both current and capital expenditure. | Health. |

## Global and regional estimates

Regional results for effective and legal coverage indicators are obtained as averages of figures from countries in each region weighted by the population group concerned. For effective coverage, estimates are based on administrative data produced by the countries and collected via the ILO SSI. For SDG regions with insufficient country coverage, imputations were used. Regional and global estimates were produced in cooperation with the ILO Department of Statistics (see methodological details below).

Regional results for expenditure indicators are obtained as averages of figures from countries in each region weighted by the total GDP of the corresponding country. The GDP data used were current GDP in US$ according to the World Bank.

### ▶ Regional and income groupings

The regional and income groupings used are listed in tables A2.3, A2.4 and A2.5.

### ▶ Table A2.3 Regional groupings

| Region | Subregion (broad) | Countries and territories |
|---|---|---|
| **Africa** | *Northern Africa* | Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, Western Sahara |
| | *Sub-Saharan Africa* | Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Congo (Democratic Republic of the), Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Saint Helena, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tanzania (United Republic of), Togo, Uganda, Zambia, Zimbabwe |
| **Americas** | *Latin America and the Caribbean* | Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Martin (France), Saint Vincent and the Grenadines, Sint Maarten (Kingdom of the Netherlands), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands, Uruguay, Venezuela (Bolivarian Republic of) |
| | *North America* | Bermuda, Canada, Greenland, Saint Pierre and Miquelon, United States |
| **Arab States** | *Arab States* | Bahrain, Iraq, Jordan, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen |
| **Asia and the Pacific** | *Eastern Asia* | China, Hong Kong (China), Japan, Korea (Democratic People's Republic of), Korea (Republic of), Macau (China), Mongolia, Taiwan (China) |
| | *South-Eastern Asia* | Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam |
| | *Southern Asia* | Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka |
| | *Oceania* | American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Palau Islands, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis and Futuna Islands |

## ▶ Table A2.3 (cont'd)

| Region | Subregion (broad) | Countries and territories |
|---|---|---|
| **Europe and Central Asia** | *Northern, Southern and Western Europe* | Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Channel Islands, Croatia, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Guernsey, Iceland, Ireland, Isle of Man, Italy, Jersey, Kosovo,* Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Portugal, San Marino, Serbia, Slovenia, Spain, Sweden, Switzerland, United Kingdom |
| | *Eastern Europe* | Belarus, Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia, Ukraine |
| | *Central and Western Asia* | Armenia, Azerbaijan, Cyprus, Georgia, Israel, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan, Uzbekistan |

* As defined in UN Security Council resolution 1244 of 1999.
Note: Figures do not always include all the countries in a region because of missing information or unreliable data.

## ▶ Table A2.4 Income groupings

| Income group | Countries and territories |
|---|---|
| High-income | Andorra, Australia, Austria, Antigua and Barbuda, Aruba, Bahrain, Bahamas, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Curaçao, Cyprus, Czechia, Denmark, Estonia, Falkland Islands (Malvinas), Faroe Islands, Finland, France, French Guiana, French Polynesia, Germany, Gibraltar, Greece, Greenland, Guam, Guernsey, Hong Kong (China), Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Korea (Republic of), Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau (China), Malta, Martinique, Monaco, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Norway, Oman, Palau Islands, Poland, Portugal, Puerto Rico, Qatar, Réunion, Saint Kitts and Nevis, Saint Martin (France), Saint Pierre and Miquelon, San Marino, Saudi Arabia, Seychelles, Singapore, Sint Maarten (Kingdom of the Netherlands), Slovakia, Slovenia, Spain, Sweden, Switzerland, Taiwan (China), Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, United States Virgin Islands, Uruguay, Wallis and Futuna Islands |
| Upper-middle-income | Albania, Algeria, American Samoa, Anguilla, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Cook Islands, Costa Rica, Croatia, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Grenada, Guadeloupe, Guyana, Iran (Islamic Republic of), Iraq, Jamaica, Kazakhstan, Lebanon, Libya, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Montserrat, Namibia, Nauru, North Macedonia, Panama, Paraguay, Peru, Romania, Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Serbia, South Africa, Suriname, Thailand, Tonga, Turkey, Turkmenistan, Tuvalu, Venezuela (Bolivarian Republic of) |
| Lower-middle-income | Angola, Armenia, Bangladesh, Bhutan, Bolivia (Plurinational State of), Cabo Verde, Cambodia, Cameroon, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Eswatini, Georgia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Kiribati, Kosovo,* Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Mauritania, Mayotte, Micronesia (Federated States of), Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Occupied Palestinian Territory, Pakistan, Papua New Guinea, Philippines, Republic of Moldova, Saint Helena, Sao Tome and Principe, Solomon Islands, Sri Lanka, Sudan, Syrian Arab Republic, Tajikistan, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Western Sahara, Yemen, Zambia |
| Low-income | Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Congo (Democratic Republic of the), Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Korea (Democratic People's Republic of), Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Tanzania (United Republic of), Togo, Uganda, Zimbabwe |

* As defined in UN Security Council resolution 1244 of 1999.

Note: Figures do not always include all the countries in a region because of missing information or unreliable data.

## ▶ Estimating global and regional aggregates of social protection indicators: Methodological description

The global and regional estimates presented in this report are based on econometric models designed to impute missing data in countries for which nationally reported data are unavailable. The output of the models is a complete set of single-year estimates for eight social protection indicators for 186 countries. The country-level data (reported and imputed) are then aggregated to produce global and regional estimates of the social protection indicators.

### *Data coverage*

Input data utilized in the model were collected through the ILO Social Security Inquiry (SSI). The number of countries for which data were reported for each variable included in the global and regional estimations is as follows: overall coverage by social protection (at least one contingency), 161 countries; older persons, 174 countries; persons with severe disabilities, 133 countries; mothers with newborns, 149 countries; children, 118 countries; unemployed, 165 countries; vulnerable population, 141 countries; employment injury, 149 countries. Detailed information on the share of the global and regional populations for which data were reported to the ILO through the SSI is provided in table A2.7 for each indicator. The years of the input data range from 2016 to 2020.

### *Description of the econometric model*

Separate models are run for each social protection indicator for which regional and global aggregates are generated. The indicators generally utilize ordinary least squares (OLS) models for estimation using reported coverage for the given social protection scheme, geographical location and GDP per capita as explanatory variables. Additionally, the estimation for aggregate social protection coverage (at least one contingency) uses estimated coverage for older persons as an explanatory variable. This estimation of overall coverage is also used as an explanatory variable for the rest of the indicators.

The dependent variable in each model is the proportion of the population covered under the given social protection scheme in a country (i), and the independent variables are regional groupings, log GDP per capita, and an auxiliary coverage variable to enhance the information set if applicable, as shown in equation (1):

$$\text{Social protection indicator (i)} = \alpha + \beta(\text{Region i}) + \ln(\text{GDP per capita i}) + \mu(\text{Auxiliary Coverage Variable i}) + \varepsilon i \quad (1)$$

The Auxiliary Coverage Variable is the estimated coverage for older persons when the dependent variable is aggregate social protection coverage. Similarly, the Auxiliary Coverage Variable used for the remaining indicators is the estimated overall social protection coverage. No auxiliary variable is used in coverage for older persons as it is the indicator with the highest data availability. The few cases where OLS estimates were out of range (<0% or >100% coverage) were replaced by simple averages across World Bank country income groups.

### ▶ Table A2.5 Regional groupings used in the regressions

| |
|---|
| Arab States |
| Central and Western Asia |
| Eastern Europe |
| Latin America and the Caribbean |
| Northern Africa |
| Northern America |
| Northern, Southern and Western Europe |
| South-Eastern Asia and the Pacific |
| Southern Asia |
| Sub-Saharan Africa |

Note: Regional groupings in the regression are based on the ILO classification of geographical subregions.

As the old-age coverage indicator has significantly greater data coverage than the other indicators, simple regional averages of the reported old-age coverage data were used to impute values in countries without data. In the few cases where the OLS estimates were out of range (<0% or >100% coverage), these were replaced by simple regional averages.

### *Method of producing global and regional aggregates*

The regional and global aggregates are obtained by weighted averages of the underlying country-level estimates (reported or imputed). Country-level estimates were not used in the production of global and regional aggregates of employment injury coverage, which were based solely on reported data. The weights used for each indicator are listed in table A2.6.

Table A2.7 contains figures on data coverage by ILO regional classifications for each indicator based on data reported through the SSI weighted by the variables listed in table A2.6.

### ▶ Table A2.6 Weighting variables for each indicator

| Indicator | Weighting variable | Source of weighting variable |
|---|---|---|
| Overall coverage | Total population | UN, *World Population Prospects,* 2019 revision |
| Older persons | Population aged 65 years and above | UN, *World Population Prospects,* 2019 revision |
| Persons with severe disabilities | Total population | UN, *World Population Prospects,* 2019 revision |
| Mothers with newborns | Female population aged 15–49 years | UN, *World Population Prospects,* 2019 revision |
| Children | Population aged 0–14 years | UN, *World Population Prospects,* 2019 revision |
| Unemployed | Total unemployed | ILO, *Trends Econometric Models,* November 2020 edition |
| Vulnerable population | Total population | UN, *World Population Prospects,* 2019 revision |
| Employment injury | Total employed | UN, *World Population Prospects,* 2019 revision |

### ▶ Table A2.7 Data coverage underlying global and regional aggregates (proportion of regional population for which data are reported)

| Region | Aggregate estimate | Persons with severe disabilities | Vulnerable persons | Older persons | Mothers with newborns | Children | Unemployed | Employment injury |
|---|---|---|---|---|---|---|---|---|
| World | 0.96 | 0.91 | 0.92 | 1.00 | 0.84 | 0.84 | 0.94 | 0.95 |
| Africa | 0.84 | 0.57 | 0.74 | 0.98 | 0.83 | 0.64 | 0.83 | 0.85 |
| Americas | 0.97 | 0.97 | 0.96 | 1.00 | 0.62 | 0.96 | 0.94 | 0.97 |
| Arab States | 0.90 | 0.68 | 0.90 | 1.00 | 0.55 | 0.30 | 0.33 | 0.65 |
| Asia and the Pacific | 0.99 | 0.99 | 0.99 | 0.99 | 0.91 | 0.96 | 0.99 | 0.98 |
| Europe and Central Asia | 0.99 | 0.98 | 0.84 | 1.00 | 0.88 | 0.75 | 1.00 | 0.94 |
| **Broad subregion** | | | | | | | | |
| *Northern Africa* | 0.64 | 0.41 | 0.23 | 1.00 | 1.00 | 0.25 | 0.54 | 0.97 |
| *Sub-Saharan Africa* | 0.88 | 0.60 | 0.86 | 0.98 | 0.79 | 0.70 | 0.93 | 0.83 |
| *Latin America and the Caribbean* | 0.96 | 0.96 | 0.94 | 1.00 | 0.87 | 0.95 | 0.92 | 0.96 |
| *Northern America* | 1.00 | 1.00 | 1.00 | 1.00 | 0.10 | 1.00 | 1.00 | 1.00 |
| *Arab States* | 0.90 | 0.68 | 0.90 | 1.00 | 0.55 | 0.30 | 0.33 | 0.65 |
| *South-Eastern Asia and the Pacific* | 0.99 | 0.97 | 0.99 | 0.99 | 0.92 | 0.92 | 0.99 | 0.98 |
| *Southern Asia* | 1.00 | 1.00 | 1.00 | 1.00 | 0.89 | 1.00 | 1.00 | 1.00 |
| *Northern, Southern and Western Europe* | 0.99 | 0.97 | 0.93 | 1.00 | 0.97 | 0.81 | 1.00 | 0.99 |
| *Eastern Europe* | 1.00 | 1.00 | 0.95 | 1.00 | 1.00 | 0.92 | 1.00 | 0.87 |
| *Central and Western Asia* | 0.97 | 0.97 | 0.47 | 0.98 | 0.50 | 0.50 | 0.99 | 0.94 |

*(continued overleaf)*

## ▶ Table A2.7 (cont'd)

| Region | Aggregate estimate | Persons with severe disabilities | Vulnerable persons | Older persons | Mothers with newborns | Children | Unemployed | Employment injury |
|---|---|---|---|---|---|---|---|---|
| **Detailed subregion** | | | | | | | | |
| *Northern Africa* | 0.64 | 0.41 | 0.23 | 1.00 | 1.00 | 0.25 | 0.54 | 0.97 |
| *Central Africa* | 0.86 | 0.18 | 0.83 | 0.99 | 0.32 | 0.67 | 0.58 | 0.77 |
| *Eastern Africa* | 0.86 | 0.65 | 0.86 | 0.95 | 0.93 | 0.57 | 0.92 | 0.83 |
| *Southern Africa* | 1.00 | 0.92 | 1.00 | 1.00 | 1.00 | 0.98 | 1.00 | 0.86 |
| *Western Africa* | 0.89 | 0.69 | 0.83 | 0.99 | 0.79 | 0.83 | 1.00 | 0.87 |
| *Caribbean* | 1.00 | 0.46 | 0.73 | 1.00 | 0.93 | 0.98 | 1.00 | 0.92 |
| *Central America* | 1.00 | 0.98 | 1.00 | 1.00 | 1.00 | 1.00 | 0.79 | 1.00 |
| *South America* | 0.93 | 1.00 | 0.93 | 1.00 | 0.82 | 0.92 | 0.93 | 0.94 |
| *Northern America* | 1.00 | 1.00 | 1.00 | 1.00 | 0.10 | 1.00 | 1.00 | 1.00 |
| *Arab States* | 0.90 | 0.68 | 0.90 | 1.00 | 0.55 | 0.30 | 0.33 | 0.65 |
| *Eastern Asia* | 0.98 | 0.97 | 0.98 | 0.99 | 0.89 | 0.98 | 0.99 | 0.97 |
| *South-Eastern Asia* | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.85 | 0.99 | 1.00 |
| *Pacific Islands* | 0.98 | 0.75 | 0.76 | 0.99 | 0.76 | 0.63 | 1.00 | 0.99 |
| *Southern Asia* | 1.00 | 1.00 | 1.00 | 1.00 | 0.89 | 1.00 | 1.00 | 1.00 |
| *Northern Europe* | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.97 | 1.00 | 1.00 |
| *Southern Europe* | 0.98 | 0.92 | 0.79 | 1.00 | 0.92 | 0.40 | 1.00 | 0.97 |
| *Western Europe* | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| *Eastern Europe* | 1.00 | 1.00 | 0.95 | 1.00 | 1.00 | 0.92 | 1.00 | 0.87 |
| *Central Asia* | 0.92 | 0.92 | 0.92 | 0.93 | 0.92 | 0.92 | 0.95 | 0.85 |
| *Western Asia* | 1.00 | 1.00 | 0.16 | 1.00 | 0.23 | 0.15 | 1.00 | 1.00 |

## Sources of data

This report is based on the ILO World Social Protection Database,[11] which provides in-depth country-level statistics on various dimensions of social security or social protection systems, including key indicators for policymakers, officials of international organizations and researchers, including the United Nations monitoring of the SDGs.

Most of the data in the ILO World Social Protection Database are collected through the ILO SSI, the ILO's periodic collection of administrative data from national ministries of labour, social security, welfare, social development, finance and other areas. The SSI questionnaires and manual are available online.

For measuring legal coverage, the main source is the ISSA/SSA Social Security Programs Throughout the World, used in combination with labour force data from ILOSTAT.

Other data sources include the following.

- For indicators of effective coverage: existing global social protection statistics, including those of Eurostat, the World Bank pensions and ASPIRE databases, UNICEF, UN Women, HelpAge, OECD and ISSA.
- For indicators of legal coverage: HelpAge International, and the Mutual Information System on Social Protection (MISSOC).
- For coverage in health: WHO Global Health Expenditure Database Data Repository; UN, World Population Prospects, 2019 revision; World Bank, World Development Indicators and Global Consumption Database.
- For indicators on expenditure: the GDP data used are current GDP in US$ according to the World Bank; data on expenditure from the International Monetary Fund (IMF), Eurostat, OECD, UN Economic Commission for Latin America and the Caribbean (ECLAC), Asian Development Bank (ADB), Government Spending Watch (GSW), WHO and national sources such as ministries of finance and/or economics.
- For population and labour market indicators: ILOSTAT; UN, World Population Prospects, 2019 revision. Definitions used for these indicators are available in the Resolution concerning statistics of work, employment and labour underutilization, 19th International Conference of Labour Statisticians (ICLS), October 2013.[12]
- The ILO World Social Protection Database also draws on national official reports and other sources (which usually are largely based on administrative data) and on survey data from a range of sources including national household income and expenditure surveys, labour force surveys, and demographic and health surveys, to the extent that these include variables on social protection.

Where new data from the above-mentioned sources were not available, data from previous editions of the *World Social Protection Report* were used.

[11] The data are disseminated through the ILO World Social Protection Data dashboards (https://www.social-protection.org/gimi/WSPDB.action?id=32) with interactive graphs, maps and tables.

[12] Available at: http://www.ilo.ch/global/statistics-and-databases/meetings-and-events/international-conference-of-labour-statisticians/19/lang--en/index.htm.

# ▶ Annex 3. Minimum requirements in ILO social security standards

ILO social security standards have come to be recognized globally as key references for the design of rights-based, sound and sustainable social protection schemes and systems. They also give meaning and definition to the content of the right to social security as laid down in international human rights instruments (notably the Universal Declaration of Human Rights, 1948, and the International Covenant on Economic, Social and Cultural Rights, 1966), thereby constituting essential tools for the realization of this right and the effective implementation of a rights-based approach to social protection. Guiding ILO policy and technical advice in the field of social protection, ILO social security standards are primarily tools for governments which, in consultation with employers and workers, are seeking to draft and implement social security law, establish administrative and financial governance frameworks, and develop social protection policies. More specifically, these standards serve as key references for:

- the elaboration of national social security extension strategies;
- the development and maintenance of comprehensive national social security systems;
- the design and parametric adjustment of social security schemes;
- the establishment and implementation of effective recourse, enforcement and compliance mechanisms;
- the good governance of social security and improvement of administrative and financial structures;
- the realization of international and regional obligations, and the operationalization of national social protection strategies and action plans; and
- working towards the achievement of the SDGs, particularly Goals 1, 3, 5, 8, 10 and 16.

The ILO's normative social security framework consists of eight up-to-date Conventions and nine Recommendations.[1] The most prominent of these are the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202). Other Conventions and Recommendations set higher standards in respect of the different social security branches, or spell out the social security rights of migrant workers. ILO standards establish qualitative and quantitative benchmarks which together determine the minimum standards of social security protection to be provided by social security schemes in certain life contingencies, with regard to:

- the definition of the contingency (what risk or life circumstance must be covered?);
- the individuals protected (who must be covered?);
- the type and level of benefits (what should be provided?);
- any entitlement conditions, including any qualifying period (what should a person do to get the right to a benefit?); and
- the duration of benefit and any waiting period (how long must the benefit be paid/provided for, and when must it commence?).

In addition, they set out common rules of collective organization, financing and management of social security, as well as principles for the good governance of national systems. These include:

- the general responsibility of the State for the due provision of benefits and proper administration of social security systems;
- solidarity, collective financing and risk-pooling;
- participatory management of social security schemes;
- guarantee of defined benefits;
- adjustment of pensions in payment to maintain the purchasing power of beneficiaries; and
- the right to complain and appeal.

Tables A3.1–9 provide a summary overview of some of the key requirements set out in ILO standards.

[1] Income Security Recommendation, 1944 (No. 67); Medical Care Recommendation, 1944 (No. 69); Social Security (Minimum Standards) Convention, 1952 (No. 102); Equality of Treatment (Social Security) Convention, 1962 (No. 118); Employment Injury Benefits Convention (No. 121) and Recommendation (No. 121), 1964; Invalidity, Old-Age and Survivors' Benefits Convention (No. 128) and Recommendation (No. 131), 1967; Medical Care and Sickness Benefits Convention (No. 130) and Recommendation (No. 134), 1969; Maintenance of Social Security Rights Convention, 1982 (No. 157) and Recommendation, 1983 (No. 167), Employment Promotion and Protection against Unemployment Convention (No. 168) and Recommendation (No. 176), 1988; Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000; and Social Protection Floors Recommendation, 2012 (No. 202). These instruments are reproduced in the compendium *Building social protection systems: International standards and human rights instruments* (ILO 2021c).

## ▶ Table A3.1 Main requirements: International social security standards on health protection

| | Convention No. 102: Minimum standards | Convention No. 130[1] and Recommendation No. 134:[2] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Any ill-health condition, whatever its cause; pregnancy, childbirth and their consequences. | The need for medical care of a curative and preventive nature. | Any condition requiring healthcare, including maternity. |
| **Who should be covered?** | At least:<br>▶ 50% of all employees, and wives and children; *or*<br>▶ categories of the economically active population (forming not less than 20% of all residents, and wives and children); *or*<br>▶ 50% of all residents. | **C.130:** All employees, including apprentices, and their wives and children; *or*<br>▶ categories of the active population forming not less than 75% of the whole active population, and their wives and children; *or*<br>▶ prescribed class(es) of residents forming not less than 75% of all residents.<br>(Persons already receiving certain social security benefits shall also continue to be protected under prescribed conditions.)<br>**R.134:** In addition: persons in casual employment and their families, members of employers' families living in their house and working for them, all economically active persons and their families, all residents. | At least all residents and children, subject to the country's existing international obligations. |
| **What should the benefit be?** | *In case of ill health:* general practitioner care, specialist care at hospitals, essential medications and supplies; hospitalization if necessary.<br>*In case of pregnancy, childbirth and their consequences:* prenatal, childbirth and postnatal care by medical practitioners and qualified midwives; hospitalization if necessary. | **C.130:** The medical care required by the person's condition, with a view to maintaining, restoring or improving health and ability to work and attend to personal needs, including at least: general practitioner care, specialist care at hospitals, allied care and benefits, essential medical supplies, hospitalization if necessary, dental care and medical rehabilitation.<br>**R.134:** Also the supply of medical aids (e.g. eyeglasses) and services for convalescence. | Goods and services constituting at least essential healthcare, including maternity care, meeting accessibility, availability, acceptability and quality criteria; free prenatal and postnatal medical care for the most vulnerable; higher levels of protection should be provided to as many people as possible, as soon as possible. |

[1] Medical Care and Sickness Benefits Convention, 1969 (No. 130).

[2] Medical Care and Sickness Benefits Recommendation, 1969 (No. 134).

▶ **Table A3.1 (cont'd)**

| | Convention No. 102: Minimum standards | Convention No. 130[1] and Recommendation No. 134:[2] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should the benefit duration be?** | As long as ill health, or pregnancy and childbirth and their consequences, persist. May be limited to 26 weeks in each case of sickness. Benefit should not be suspended while beneficiary receives sickness benefits or is treated for a disease recognized as requiring prolonged care. | **C.130:** Throughout the contingency.<br>May be limited to 26 weeks where a beneficiary ceases to belong to the categories of persons protected, unless he/she is already receiving medical care for a disease requiring prolonged care, or as long as he/she is paid a cash sickness benefit.<br>**R.134:** Throughout the contingency. | As long as required by the health status. |
| **What conditions can be prescribed for entitlement to a benefit?** | Qualifying period may be prescribed as necessary to preclude abuse. | **C.130:** Qualifying period shall be such as not to deprive of the right to benefits persons who normally belong to the category.<br>**R.134:** Right to benefit should not be subject to qualifying period. | Persons in need of healthcare should not face hardship and an increased risk of poverty due to financial consequences of accessing essential healthcare.<br>Should be defined at national level and prescribed by law, applying principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people. |

## ▶ Table A3.2 Main requirements: International social security standards on sickness benefits

| | Convention No. 102: Minimum standards | Convention No. 130 and Recommendation No. 134: Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Incapacity to work resulting from illness that results in the suspension of income. | **C.130:** Incapacity to work resulting from sickness and involving suspension of earnings.<br>**R.134:** Also covers periods of absence from work resulting in loss of earnings due to convalescence, curative or preventive medical care, rehabilitation or quarantine, or due to caring for dependants. | At least basic income security for those who are unable to earn a sufficient income due to sickness. |
| **Who should be protected?** | At least:<br>50% of all employees; *or*<br>categories of the economically active population (forming not less than 20% of all residents); *or*<br>all residents with means under a prescribed threshold. | **C.130:** All employees, including apprentices; *or*<br>▶ categories of economically active population (forming not less than 75% of whole economically active population); *or*<br>▶ all residents with means under prescribed threshold.<br>**R.134:** Extension to persons in casual employment, members of employers' families living in their house and working for them, all economically active persons, all residents. | At least all residents of working age, subject to the country's existing international obligations. |
| **What should be the benefit?** | *Periodic payments*: at least 45% of reference wage. | **C.130:** Periodic payments: at least 60% of reference wage; in case of death of the beneficiary, benefit for funeral expenses.<br>**R.134:** Benefit should be 66.66% of reference wage. | Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and enables life in dignity. Levels should be regularly reviewed. |
| **What should the benefit duration be?** | As long as the person remains unable to engage in gainful employment due to illness; possible waiting period of max. three days before benefit is paid; benefit duration may be limited to 26 weeks in each case of sickness. | **C.130:** As long as the person remains unable to engage in gainful employment due to illness; possible waiting period of max. three days before benefit is paid; benefit duration may be limited to 52 weeks in each case of sickness.<br>**R.134:** Benefit should be paid for full duration of sickness or other contingencies covered. | As long as the incapacity to earn a sufficient income due to sickness remains. |
| **What conditions can be prescribed for entitlement to a benefit?** | Qualifying period may be prescribed as necessary to prevent abuse. | **C.130:** Qualifying period may be prescribed as necessary to prevent abuse. | Should be defined at national level, and prescribed by law, applying principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people. |

## ▶ Table A3.3 Main requirements: International social security standards on unemployment protection

| | Convention No. 102: Minimum standards | Convention No. 168[3] and Recommendation No. 176:[4] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Suspension of earnings due to inability to find suitable employment for capable and available person. | **C.168:** Loss of earnings due to inability to find suitable employment for capable and available person actively seeking work. Protection should be extended to loss of earnings due to partial unemployment, suspension or reduction of earnings due to temporary suspension of work, as well as part-time workers seeking full-time work.<br>**R.176:** Provides guidance for assessing suitability of potential employment. | At least basic income security for those who are unable to earn sufficient income in case of unemployment. |
| **Who should be protected?** | At least:<br>▶ 50% of all employees; *or*<br>▶ all residents with means under prescribed threshold. | **C.168:** At least 85% of employees, including public employees and apprentices; all residents with means under prescribed threshold. Coverage should be extended to part-time workers and at least three of the ten listed categories of persons seeking work who have never been, or have ceased to be, recognized as unemployed or covered by unemployment protection schemes.<br>**R.176:** Coverage should be extended progressively to all employees as well as to persons experiencing hardship during waiting period. | At least all residents of working age, subject to the country's existing international obligations. |

[3] Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168).

[4] Employment Promotion and Protection against Unemployment Recommendation, 1988 (No. 176).

▶ **Table A3.3 (cont'd)**

| | Convention No. 102: Minimum standards | Convention No. 168[3] and Recommendation No. 176:[4] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be the benefit?** | Periodic payments; at least 45% of reference wage. | **C.168:** Periodic payments: at least 50% of reference wage; *or* total benefits must guarantee the beneficiary healthy and reasonable living conditions.<br>**R.176:** For partial employment: total benefit and earnings from the part-time work should reach a sum between previous earnings from full-time work and the amount of full unemployment benefit, or be calculated in the light of reduction of hours of work suffered. | Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and enables life in dignity. |
| **What should the benefit duration be?** | *For schemes covering employees:* At least 13 weeks of benefits within a period of 12 months.<br>*For means-tested (non-contributory) schemes:* At least 26 weeks within a period of 12 months. Possible waiting period of max. seven days. | **C.168:** Throughout the unemployment period: possibility to limit initial duration of payment of the benefit to 26 weeks in each case of unemployment or 39 weeks over any period of 24 months; possible waiting period of max. seven days.<br>**R.176:** Benefit duration should be extended until pensionable age for unemployed persons having reached a prescribed age. | As long as the incapacity to earn a sufficient income remains. |
| **What conditions can be prescribed for entitlement to a benefit?** | Qualifying period may be prescribed as necessary to prevent abuse. | **C.168:** Qualifying period may be prescribed as necessary to prevent abuse.<br>**R.176:** Qualifying period should be adapted or waived for new jobseekers. | Should be defined at national level, and prescribed by law, applying principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people. |

## ▶ Table A3.4 Main requirements: International social security standards on income security in old age (old-age pensions)

| | Convention No. 102: Minimum standards | Convention No. 128[5] and Recommendation No. 131:[6] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Survival beyond a prescribed age (65 years or higher according to working ability of elderly persons in country). | **C.128:** Survival beyond a prescribed age (65 years or higher with due regard to demographic, economic and social criteria). Also, the prescribed age should be lower than 65 years for persons with occupations deemed arduous or unhealthy.<br>**R.131:** In addition, the prescribed age should be lowered based on social grounds. | At least basic income security for older persons. |
| **Who should be protected?** | At least:<br>▶ 50% of all employees; *or*<br>▶ categories of economically active population (forming not less than 20% of all residents); *or*<br>▶ all residents with means under prescribed threshold. | **C.128:** All employees, including apprentices; *or*<br>▶ categories of economically active population (forming at least 75% of whole economically active population); *or*<br>▶ all residents; *or*<br>▶ residents with means under prescribed threshold.<br>**R.131:** Coverage should be extended to persons whose employment is of a casual nature; *or* all economically active persons. (Benefits should not be suspended solely for reason of being absent from the territory.) | All residents of a nationally prescribed age, subject to the country's existing international obligations. |

[5] Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (128).

[6] Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967 (131).

▶ **Table A3.4 (cont'd)**

| | Convention No. 102: Minimum standards | Convention No. 128[5] and Recommendation No. 131:[6] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be the benefit?** | *Periodic payments:* at least 40% of reference wage; to be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living. | **C.128:** *Periodic payments:* at least 45% of reference wage; to be adjusted following substantial changes in general level of earnings or in the cost of living.<br>**R.131:** At least 55% of reference wage; minimum amount of old-age benefit should be fixed by legislation to ensure a minimum standard of living; level of benefit should be increased if beneficiary requires constant help.<br>The amount of benefits should be periodically adjusted taking account of changes in the general level of earnings or the cost of living.<br>(Level of benefits should be increased under certain conditions, if the person who has reached pensionable age defers either their retirement or their claim to benefits.)<br>Benefits provided through a contributory scheme should not be suspended solely because the person entitled to the benefits is gainfully occupied. | Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevent or alleviate poverty, vulnerability and social exclusion; and enable life in dignity. Levels should be regularly reviewed. |
| **What should the benefit duration be?** | From the prescribed age to the death of beneficiary. | From the prescribed age to the death of beneficiary. | From the nationally prescribed age to the death of beneficiary. |
| **What conditions can be prescribed for entitlement to a benefit?** | 30 years of contributions or employment (for contributory schemes) or 20 years of residence (for non-contributory schemes); *or*,<br>if all economically active persons (EAPs) are covered, a prescribed qualifying period and meet the required yearly average contributory density throughout the career.<br>Entitlement to a reduced benefit after 15 years of contributions or employment; *or*,<br>if all EAPs are covered, a prescribed qualifying period and meet half the required yearly average contributory density throughout the career. | **C.128:** Same as **C.102.**<br>**R.131:** 20 years of contributions or employment (for contributory schemes) *or* 15 years of residence (for non-contributory schemes).<br>Entitlement to a reduced benefit after 10 years of contribution or employment.<br>Periods of incapacity due to sickness, accident or maternity, and periods of involuntary unemployment, in respect of which benefit was paid, and compulsory military service, should be incorporated in periods of contribution or employment for purposes of calculating fulfilment of qualifying period. | Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of older persons. |

## ▶ Table A3.5 Main requirements: International social security standards on employment injury protection

| | Convention No. 102: Minimum standards | Convention No. 121[7] and Recommendation No. 121:[8] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Ill health and/or incapacity for work due to work-related accident or disease, resulting in suspension of earnings; total loss of earning capacity or partial loss at a prescribed degree, likely to be permanent, or corresponding loss of faculty; loss of support for the family in case of death of breadwinner. | **C.121:** Same as **C.102.** | At least basic income security for those who are unable to earn a sufficient income due to employment injury. |
| **Who should be protected?** | At least 50% of all employees and their wives and children. | **C.121:** All public- and private-sector employees, including members of cooperatives and apprentices; in case of death, spouse, children and other dependants as prescribed.<br>**R.121:** Coverage should be extended progressively to all categories of employees, other categories of workers and other dependent family members (parents, brothers and sisters, and grandchildren). | At least all residents of working age, subject to the country's existing international obligations. |
| **What should the benefit be?** | *Medical care and allied benefits:* General practitioner, specialist, dental and nursing care; hospitalization; medication, rehabilitation, prosthetics, eyeglasses, etc., with a view to maintaining, restoring or improving health and ability to work and attend to personal needs. | **C.121:** *Medical care:* Same as **C.102**; also emergency and follow-up treatment at place of work.<br>*Cash benefits:*<br>Periodic payments: at least 60% of reference wage in cases of incapacity for work or invalidity; at least 50% of reference wage as well as funeral benefits in case of death of breadwinner. Level of benefit should be increased if beneficiary requires constant help. | Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevent or alleviate poverty, vulnerability and social exclusion; and enable life in dignity. Levels should be regularly reviewed. |

[7] Employment Injury Benefits Convention, 1964 (No. 121).

[8] Employment Injury Benefits Recommendation, 1964 (No. 121).

▶ **Table A3.5 (cont'd)**

| | Convention No. 102: Minimum standards | Convention No. 121[7] and Recommendation No. 121:[8] Advanced standards | Recommendation No. 202: Basic protection |
|---|---|---|---|
| | *Cash benefits:* Periodic payments: at least 50% of reference wage in cases of incapacity to work or invalidity; at least 40% of reference wage in cases of death of breadwinner.<br>Long-term benefits to be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living.<br>Lump sum if incapacity is slight and competent authority is satisfied that the sum will be used properly. | *Lump sum:* Same conditions as **C.102** as regards substantial partial loss of earning capacity or corresponding loss of faculty, or with regard to partial loss of earning capacity likely to be permanent which is not substantial but which is in excess of a prescribed degree, with the consent of the injured person and if the competent authority believes that it will be used in a particularly advantageous manner.<br>Long-term benefits to be adjusted following substantial changes in the general level of earnings and/or the cost of living.<br>**R.121:** Same as **C.102**.<br>*Cash benefit:* not less than 66.67% of average earnings of persons protected.<br>Costs of constant help or attendance should be covered when such care is required.<br>Supplementary or special benefits where unemployability or disfigurement are not taken into account in the evaluation of the loss sustained.<br>Lump sum allowed where degree of incapacity is less than 25%; should bear an equitable relationship to periodic payments and not be less than periodic payments for three years. | |
| **What should the benefit duration be?** | As long as the person is in need of healthcare or remains incapacitated.<br>No waiting period except for temporary incapacity to work for a maximum of three days. | **C.121:** As long as the person is in need of healthcare or remains incapacitated.<br>**R.121:** In addition, cash benefits should be paid from first day in each case of suspension of earnings. | As long as the incapacity to earn a sufficient income remains. |
| **What conditions can be prescribed for entitlement to a benefit?** | No qualifying period allowed for benefits to injured persons.<br>For dependants, benefit may be made conditional on spouse being presumed incapable of self-support and children remaining under a prescribed age. | **C.121:** Same as **C.102.**<br>(In the case of occupational diseases, a period of exposure may be prescribed.) | Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of the injured persons. |

## ▶ Table A3.6 Main requirements: International social security standards on family/child benefits

| | ILO Convention No. 102: Minimum standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|
| **What should be covered?** | Responsibility for child maintenance. | At least basic income security for children. |
| **Who should be protected?** | At least:<br>▶ 50% of all employees; *or*<br>▶ categories of economically active population (forming not less than 20% of all residents; *or*<br>▶ all residents with means under prescribed threshold. | All children. |
| **What should the benefit be?** | Periodic payments; *or* provision for food, clothing, housing, holidays or domestic help; *or* combination of both.<br>*Total value of benefits calculated at a global level:*<br>▶ at least 3% of reference wage multiplied by number of children of covered people; *or*<br>▶ at least 1.5% of reference wage multiplied by number of children of all residents. | Benefits in cash or in kind at a level that ensures at least basic income security for children, providing access to nutrition, education, care and other necessary goods and services. |
| **What should the benefit duration be?** | At least from birth to 15 years of age or school-leaving age. | For the duration of childhood. |
| **What conditions can be prescribed for entitlement to a benefit?** | ▶ Three months' contributions or employment (for contributory or employment-based schemes);<br>▶ One year's residence (for non-contributory schemes). | Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of children. |

## ▶ Table A3.7 Main requirements: ILO social security standards on maternity protection

| | ILO Convention No. 102: Minimum standards | ILO Convention No. 183[9] and Recommendation No. 191:[10] Advanced standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Medical care required by pregnancy, childbirth and their consequences; resulting lost wages. | **C.183:** Medical care required by pregnancy, childbirth and their consequences; resulting lost wages.<br>**R.191:** Same as **C.183.** | Essential maternity healthcare.<br>At least basic income security for those who are unable to earn a sufficient income due to maternity. |
| **Who should be protected?** | At least:<br>▶ all women in prescribed classes of employees, which classes constitute not less than 50% of all employees and, for maternity medical benefit, also the wives of men in these classes; *or*<br>▶ all women in categories of the economically active population forming not less than 20% of all residents, including, with regard to maternity medical benefit, the wives of men in these classes); *or*<br>▶ all women with means under a prescribed threshold. | **C.183:** All employed women including those in atypical forms of dependent work.<br>**R.191:** Same as **C.183.** | At least all women who are residents, subject to the country's international obligations. |

[9] Maternity Protection Convention, 2000 (No. 183).

[10] Maternity Protection Recommendation, 2000 (No. 191).

*(continued overleaf)*

▶ **Table A3.7 (cont'd)**

| | ILO Convention No. 102: Minimum standards | ILO Convention No. 183[9] and Recommendation No. 191:[10] Advanced standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should the benefit be?** | *Medical benefits:* At least:<br>▶ prenatal, confinement and postnatal care by qualified practitioners;<br>▶ hospitalization if necessary.<br>With a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs.<br>*Cash benefits:*<br>Periodic payment: at least 45% of the reference wage. | **C.183:** *Medical benefits:* At least prenatal, childbirth and postnatal care; hospitalization if necessary.<br>Daily remunerated breaks or reduced hours for breastfeeding.<br>*Cash benefits:* At least 66.67% of previous earnings; should maintain mother and child in proper conditions of health and a suitable standard of living. Appropriate increases in the levels of cash benefits must be considered periodically.<br>**R.191:** *Medical benefits:* Medical maternity care should also comprise pharmaceutical and medical supplies, medically prescribed tests, and dental and surgical care.<br>*Cash benefits:* Should be raised to the full amount of the woman's previous earnings. | *Medical benefits:* Goods and services constituting essential maternity healthcare, meeting criteria of availability, accessibility, acceptability and quality; free prenatal and postnatal medical care should be considered for the most vulnerable.<br>*Benefits in cash or in kind:* should ensure at least basic income security, so as to secure effective access to necessary goods and services, and be at a level that prevents or alleviates poverty, vulnerability and social exclusion and enables life in dignity. Levels should be regularly reviewed. |
| **What should the benefit duration be?** | *Medical benefits:* Throughout the contingency.<br>*Cash benefits:* At least 12 weeks for cash benefits. | **C.183:** 14 weeks' maternity leave, including six weeks' compulsory leave after childbirth; additional leave before or after maternity leave in cases of illness, complications or risk of complications arising from pregnancy or childbirth.<br>**R.191:** At least 18 weeks' maternity leave. Extension of the maternity leave in the event of multiple births. | As long as the incapacity to earn a sufficient income remains. |
| **What conditions can be prescribed for entitlement to a benefit?** | As considered necessary to preclude abuse. | **C.183:** Conditions must be met by a large majority of women; those who do not meet conditions are entitled to social assistance.<br>**R.191:** Same as **C.183**. | Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of women. |

## ▶ Table A3.8 Main requirements: International social security standards on disability benefits

| | ILO Convention No. 102: Minimum standards | ILO Convention No. 128 and Recommendation No. 131: Advanced standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Inability to engage in any gainful activity, likely to be permanent, or that persists beyond sickness benefit (total invalidity). | **C.128:** Incapacity to engage in any gainful activity, likely to be permanent, or that persists beyond temporary or initial incapacity (total invalidity).<br>**R.131:** Incapacity to engage in an activity involving substantial gain (total or partial invalidity). | At least basic income security for those who are unable to earn a sufficient income due to disability. |
| **Who should be protected?** | At least:<br>▶ 50% of all employees; *or*<br>▶ categories of the economically active population (forming not less than 20% of all residents); *or*<br>▶ all residents with means under prescribed threshold. | **C.128:** All employees, including apprentices; *or*<br>▶ at least 75% of economically active population; *or*<br>▶ all residents, or residents with means under prescribed threshold.<br>**R.131:** Coverage should be extended to persons in casual employment and all economically active persons. Benefits should not be suspended solely for reason of being absent from territory. | At least all residents, subject to the country's existing international obligations. |
| **What should the benefit be?** | *Periodic payment:* at least 40% of reference wage.<br>To be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living. | **C.128:** *Periodic payment:* at least 50% of reference wage; to be adjusted following substantial changes in general level of earnings or of the cost of living.<br>Provision of rehabilitation services as well as measures to further the placement of disabled persons in suitable employment.<br>**R.131:** Periodic payment should be increased to at least 60% of reference wage. Minimum amount of disability benefit should be fixed by legislation to ensure a minimum standard of living.<br>The amount of benefits should be periodically adjusted taking account of changes in the general level of earnings or the cost of living.<br>Reduced benefit for partial invalidity. | Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevent or alleviate poverty, vulnerability and social exclusion; and enable life in dignity. |

*(continued overleaf)*

▶ **Table A3.8 (cont'd)**

| | ILO Convention No. 102: Minimum standards | ILO Convention No. 128 and Recommendation No. 131: Advanced standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should the benefit duration be?** | As long as the person remains unable to engage in gainful employment or until old-age pension is paid. | As long as the person remains incapacitated or until old-age pension is paid. | As long as the inability to earn a sufficient income remains. |
| **What conditions can be prescribed for entitlement to a benefit?** | 15 years of contributions or employment (for contributory schemes) or 10 years of residence (for non-contributory schemes); *or*<br>*if all EAPs covered:* 3 years of contributions and meet the required yearly average contributory density throughout the career.<br><br>Entitlement to a reduced benefit after 5 years of contributions or employment; *or*<br>*if all EAPs covered:* 3 years of contributions and meet half the required yearly average contributory density throughout the career. | **C.128:** Same as **C.102**.<br>**R.131:** Five years of contributions, employment or residence; qualifying period should be removed (or reduced) for young workers or where invalidity is due to an accident.<br>Periods of incapacity due to sickness, accident or maternity, and periods of involuntary unemployment, in respect of which benefit was paid, and compulsory military service, should be incorporated in periods of contribution or employment for purposes of calculating fulfilment of the qualifying period. | Entitlement conditions should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs, social inclusion, and ensuring the rights and dignity of persons with disabilities. |

## ▶ Table A3.9 Main requirements: International social security standards on survivors' benefits

| | ILO Convention No. 102: Minimum standards | ILO Convention No. 128 and Recommendation No. 131: Advanced standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should be covered?** | Widow's or children's loss of support in the event of death of the breadwinner. | **C.128:** Widow's or children's loss of support in case of death of breadwinner.<br>**R.131:** Same as **C.128**. | At least basic income security for those who are unable to earn a sufficient income due to the absence of family support. |
| **Who should be protected?** | Wives and children of breadwinners in categories of employees representing at least 50% of all employees; *or*<br>wives and children of members of categories of economically active population representing at least 20% of all residents; *or*<br>all resident widows and children with means under prescribed threshold. | **C.128:**<br>▶ Widows, children and other dependants of employees or apprentices; *or*<br>▶ widows, children and other dependants forming not less than 75% of economically active population; *or*<br>▶ all widows, children and other dependants who are residents; *or* who are residents and whose means are under prescribed threshold.<br>**R.131:** In addition, coverage should progressively be extended to widows and children and other dependants of persons in casual employment or all economically active persons. Also, an invalid and dependent widower should enjoy same entitlements as a widow. Benefits should not be suspended solely for reason of being absent from territory. | At least all residents and children, subject to the country's existing international obligations. |
| **What should the benefit be?** | *Periodic payment:* at least 40% of reference wage; to be adjusted following substantial changes in general level of earnings which result from substantial changes in the cost of living. | **C.128:** *Periodic payment:* at least 45% of reference wage; benefits to be adjusted following substantial changes in general level of earnings or of the cost of living.<br>**R.131:** Benefits should be increased to at least 55% of reference wage; a minimum survivors' benefit should be fixed to ensure a minimum standard of living.<br>The amount of benefits should be periodically adjusted taking account of changes in the general level of earnings or the cost of living.<br>Allowances or lump-sum benefits for widows who do not fulfil prescribed entitlement conditions, and/or assistance and facilities to obtain suitable employment.<br>Benefits provided through a contributory scheme should not be suspended solely because the person entitled to the benefits is gainfully occupied. | Benefits in cash or in kind should ensure at least basic income security so as to secure effective access to necessary goods and services at a level that prevents or alleviates poverty, vulnerability and social exclusion, and enables life in dignity. Levels should be regularly reviewed. |

*(continued overleaf)*

▶ **Table A3.9 (cont'd)**

| | ILO Convention No. 102: Minimum standards | ILO Convention No. 128 and Recommendation No. 131: Advanced standards | ILO Recommendation No. 202: Basic protection |
|---|---|---|---|
| **What should the benefit duration be?** | Until children reach 15 years of age or school-leaving age.<br>Until widows are remarried. | **C.128 and R.131:** Until children reach 15 years of age or school-leaving age, or higher if apprentice, student or has a chronic illness/disability;<br>For widows, lifelong or until engaged in gainful activity or remarried. | As long as the inability to earn a sufficient income remains. |
| **What conditions can be prescribed for entitlement to a benefit?** | 15 years of contributions or employment (for contributory schemes) or 10 years of residence (for non-contributory schemes); *or*<br>*if all EAPs covered:* 3 years of contributions and meet the required yearly average contributory density throughout the career.<br>Entitlement to a reduced benefit after five years of contributions or employment; *or*<br>*if all EAPs covered:* 3 years of contributions and meet half the required yearly average contributory density throughout the career.<br>For widows, benefits may be conditional on being presumed incapable of self-support. | **C.128:** Same as **C.102**; In addition, possible to require a prescribed age for widow, not higher than that prescribed for old-age benefit. No requirement of age for an invalid widow or a widow caring for a dependent child of deceased. A minimum duration of marriage may be required for a widow who is without child.<br>**R.131:** Five years of contributions, employment or residence. Periods of incapacity due to sickness, accident or maternity and periods of involuntary unemployment, in respect of which benefit was paid and compulsory military service, should be incorporated in periods of contribution or employment for purposes of calculating fulfilment of the qualifying period.<br>Widows' benefits may be conditional on the attainment of a prescribed age. | Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs, social inclusion, and ensuring the rights and dignity of people. |

# Annex 4. Statistical tables

Since the publication of the last edition of the *World Social Protection Report* in 2017, the ILO has developed new tools to compile, process, analyse and disseminate social protection data. This annex lists the statistical tables in the World Social Protection Data Dashboards, which provide users with a multitude of functionalities and research possibilities.

Tables 1–3 are included in this annex for easy reference with data updated until 2020; tables 4–11 are available only online with regular updates. To access the online version of the statistical tables, please visit: https://wspr.social-protection.org.

**Table A4.1** Ratification of international up-to-date social security Conventions

**Table A4.2** Social protection effective coverage (including SDG indicators 1.3.1 and 3.8.1), 2020 or latest available year (percentage of the relevant population group)

**Table A4.3** Public health and social protection expenditure, 2020 or latest available year (percentage of GDP)

**Table A4.4** Social protection legal coverage, by function, 2020 or latest available year (online only) (percentage of the working-age population)

**Table A4.5** Child and family benefits: Key features of main social security programmes (online only)

**Table A4.6** Maternity protection: Key features of main social security programmes (online only)

**Table A4.7** Sickness benefits: Key features of main social security programmes (online only)

**Table A4.8** Employment injury protection: Key features of main social security programmes (online only)

**Table A4.9** Unemployment protection: Key features of main social security programmes (online only)

**Table A4.10** Disability benefits: Key features of main social security programmes (online only)

**Table A4.11** Old-age pensions: Key features of main social security programmes (online only)

## ▶ Table A4.1 Ratification of up-to-date ILO social security Conventions

| Country | Branch | | | | | | | | | Migrant workers[a] C.118[b] C.157 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical care C.102 C.130 *C.118* | Sickness C.102 C.130 *C.118* | Unemployment C.102 C.168 *C.118* | Old age C.102 C.128 *C.118* | Employment injury C.102 C.121 *C.118* | Family C.102 *C.118* | Maternity C.102 C.183 *C.118* | Invalidity C.102 C.128 *C.118* | Survivors C.102 C.128 *C.118* | |
| **AFRICA** | | | | | | | | | | |
| Benin | | | | **C.102 (2019)**[1] | **C.102 (2019)**[1] | **C.102 (2019)**[1] | **C.102 (2019)**[1] C.183 (2012) | **C.102 (2019)**[1] | **C.102 (2019)**[1] | |
| Burkina Faso | | | | | | | C.183 (2013) | | | |
| Cabo Verde | *C.118 (1987)* | **C.102 (2020)**[2] *C.118 (1987)* | | **C.102 (2020)**[2] *C.118 (1987)* | *C.118 (1987)* | **C.102 (2020)**[2] *C.118 (1987)* | *C.118 (1987)* | *C.118 (1987)* | *C.118 (1987)* | *C.118 (1987)* |
| Central African Republic | | | | *C.118 (1964)* | *C.118 (1964)* | *C.118 (1964)* | *C.118 (1964)* | | | *C.118 (1964)* |
| Chad | | | | **C.102 (2015)** | **C.102 (2015)** | **C.102 (2015)** | | **C.102 (2015)** | **C.102 (2015)** | |
| Congo, Democratic Republic of the | | | | **C.102 (1987)** *C.118 (1967)* | C.121 (1967) *C.118 (1967)* | **C.102 (1987)** | | **C.102 (1987)** *C.118 (1967)* | **C.102 (1987)** | *C.118 (1967)* |
| Djibouti | | | | | | | C.183 (2020)[3] | | | |
| Egypt | *C.118 (1993)* | *C.118 (1993)* | *C.118 (1993)* | *C.118 (1993)* | *C.118 (1993)* | | *C.118 (1993)* | *C.118 (1993)* | *C.118 (1993)* | *C.118 (1993)* |
| Guinea | *C.118 (1967)* | *C.118 (1967)* | | *C.118 (1967)* | C.121 (1967) *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | | *C.118 (1967)* | *C.118 (1967)* |
| Kenya | | | | *C.118 (1971)* | | | | *C.118 (1971)* | *C.118 (1971)* | *C.118 (1971)* |
| Libya | **C.102 (1975)** C.130 (1975) *C.118 (1975)* | **C.102 (1975)** C.130 (1975) *C.118 (1975)* | **C.102 (1975)** *C.118 (1975)* | **C.102 (1975)** C.128 (1975) *C.118 (1975)* | **C.102 (1975)** C.121 (1975) *C.118 (1975)* | **C.102 (1975)** *C.118 (1975)* | **C.102 (1975)** *C.118 (1975)* | **C.102 (1975)** C.128 (1975) *C.118 (1975)* | C.102 (1975) *C.128 (1975)* *C.118 (1975)* | *C.118 (1975)* |
| Madagascar | | *C.118 (1964)* | | | *C.118 (1964)* | | *C.118 (1964)* | *C.118 (1964)* | | *C.118 (1964)* |
| Mali | | | | | | | C.183 (2008) | | | |
| Mauritania | | | | **C.102 (1968)** *C.118 (1968)* | **C.102 (1968)** *C.118 (1968)* | **C.102 (1968)** *C.118 (1968)* | | **C.102 (1968)** *C.118 (1968)* | **C.102 (1968)** *C.118 (1968)* | *C.118 (1968)* |
| Mauritius | | | | | | | C.183 (2019)[4] | | | |
| Morocco | **C.102 (2019)**[5] | **C.102 (2019)**[5] | | **C.102 (2019)**[5] | **C.102 (2019)**[5] | **C.102 (2019)**[5] | **C.102 (2019)**[5] C.183 (2011) | **C.102 (2019)**[5] | **C.102 (2019)**[5] | |
| Niger | | | | **C.102 (1966)** | **C.102 (1966)** | **C.102 (1966)** | **C.102 (1966)** C.183 (2019)[6] | | | |
| Rwanda | | | | *C.118 (1989)* | *C.118 (1989)* | | | *C.118 (1989)* | *C.118 (1989)* | *C.118 (1989)* |

▶ **Table A4.1 (cont'd)**

| Country | Branch | | | | | | | | | Migrant workers[a] C.118[b] C.157 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical care C.102 C.130 *C.118* | Sickness C.102 C.130 *C.118* | Unemployment C.102 C.168 *C.118* | Old age C.102 C.128 *C.118* | Employment injury C.102 C.121 *C.118* | Family C.102 *C.118* | Maternity C.102 C.183 *C.118* | Invalidity C.102 C.128 *C.118* | Survivors C.102 C.128 *C.118* | |
| Sao Tome and Principe | | | | | | | C.183 (2017) | | | |
| Senegal | | | | | **C.102 (1962)** C.121 (1966) | **C.102 (1962)** | **C.102 (1962)** C.183 (2017) | | | |
| Togo | | | | **C.102 (2013)** | | **C.102 (2013)** | **C.102 (2013)** | | **C.102 (2013)** | |
| Tunisia | *C.118 (1965)* | *C.118 (1965)* | | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* |
| **AMERICAS** | | | | | | | | | | |
| Argentina | **C.102 (2016)** | | | **C.102 (2016)** | | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | |
| Barbados | | **C.102 (1972)** *C.118 (1974)* | | **C.102 (1972)** C.128 (1972) *C.118 (1974)* | **C.102 (1972)** *C.118 (1974)* | | *C.118 (1974)* | **C.102 (1972)** C.128 (1972) | **C.102 (1972)** *C.118 (1974)* | *C.118 (1974)* |
| Belize | | | | | | | C.183 (2005) | | | |
| Bolivia, Plurinational State of | **C.102 (1977)** C.130 (1977) *C.118 (1977)* | **C.102 (1977)** C.130 (1977) *C.118 (1977)* | | **C.102 (1977)** C.128 (1977) | **C.102 (1977)** C.121 (1977) | **C.102 (1977)** *C.118 (1977)* | **C.102 (1977)** *C.118 (1977)* | **C.102 (1977)** C.128 (1977) | **C.102 (1977)** C.128 (1977) | *C.118 (1977)* |
| Brazil | **C.102 (2009)** *C.118 (1969)* | **C.102 (2009)** *C.118 (1969)* | **C.102 (2009)** C.168 (1993) | **C.102 (2009)** *C.118 (1969)* | **C.102 (2009)** *C.118 (1969)* | **C.102 (2009)** | **C.102 (2009)** *C.118 (1969)* | **C.102 (2009)** *C.118 (1969)* | **C.102 (2009)** *C.118 (1969)* | *C.118 (1969)* |
| Chile | | | | | C.121 (1999) | | | | | |
| Costa Rica | **C.102 (1972)** C.130 (1972) | C.130 (1972) | | **C.102 (1972)** | **C.102 (1972)** | **C.102 (1972)** | **C.102 (1972)** | **C.102 (1972)** | **C.102 (1972)** | |
| Cuba | | | | | | | C.183 (2004) | | | |
| Dominican Republic | **C.102 (2016)** | **C.102 (2016)** | | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** C.183 (2016) | **C.102 (2016)** | **C.102 (2016)** | |
| Ecuador | C.130 (1978) *C.118 (1970)* | **C.102 (1974)** C.130 (1978) *C.118 (1970)* | | **C.102 (1974)** C.128 (1978) | **C.102 (1974)** C.121 (1978) *C.118 (1970)* | | *C.118 (1970)* | **C.102 (1974)** C.128 (1978) *C.118 (1970)* | **C.102 (1974)** C.128 (1978) *C.118 (1970)* | *C.118 (1970)* |
| Guatemala | | | | | | | *C.118 (1963)* | | | *C.118 (1963)* |
| Honduras | **C.102 (2012)** | **C.102 (2012)** | | **C.102 (2012)** | | | **C.102 (2012)** | **C.102 (2012)** | **C.102 (2012)** | |
| Mexico | **C.102 (1961)** *C.118 (1978)* | **C.102 (1961)** *C.118 (1978)* | | **C.102 (1961)** *C.118 (1978)* | **C.102 (1961)** *C.118 (1978)* | | **C.102 (1961)** *C.118 (1978)* | **C.102 (1961)** *C.118 (1978)* | **C.102 (1961)** *C.118 (1978)* | *C.118 (1978)* |

▶ **Table A4.1 (cont'd)**

| Country | Branch | | | | | | | | | Migrant workers[a] C.118[b] C.157 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical care C.102 C.130 *C.118* | Sickness C.102 C.130 *C.118* | Unemployment C.102 C.168 *C.118* | Old age C.102 C.128 *C.118* | Employment injury C.102 C.121 *C.118* | Family C.102 *C.118* | Maternity C.102 C.183 *C.118* | Invalidity C.102 C.128 *C.118* | Survivors C.102 C.128 *C.118* | |
| Peru | **C.102 (1961)** | **C.102 (1961)** | | **C.102 (1961)** | | | **C.102 (1961)** C.183 (2016) | **C.102 (1961)** | | |
| Saint Vincent and the Grenadines | **C.102 (2015)** | **C.102 (2015)** | | **C.102 (2015)** | **C.102 (2015)** | | **C.102 (2015)** | **C.102 (2015)** | **C.102 (2015)** | |
| Suriname | | | | | *C.118 (1976)* | | | | | *C.118 (1976)* |
| Uruguay | **C.102 (2010)** C.130 (1973) *C.118 (1983)* | C.130 (1973) *C.118 (1983)* | **C.102 (2010)** *C.118 (1983)* | C.128 (1973) | C.121 (1973)[7] *C.118 (1983)* | **C.102 (2010)** *C.118 (1983)* | **C.102 (2010)** *C.118 (1983)* | C.128 (1973) | C.128 (1973) | *C.118 (1983)* |
| Venezuela, Bolivarian Republic of | **C.102 (1982)** C.130 (1982) *C.118 (1982)* | **C.102 (1982)** C.130 (1982) *C.118 (1982)* | | **C.102 (1982)** C.128 (1983) *C.118 (1982)* | **C.102 (1982)** C.121 (1982) *C.118 (1982)* | | **C.102 (1982)** *C.118 (1982)* | **C.102 (1982)** C.128 (1983) *C.118 (1982)* | **C.102 (1982)** C.128 (1983) *C.118 (1982)* | *C.118 (1982)* |
| **ARAB STATES** | | | | | | | | | | |
| Iraq | *C.118 (1978)* | *C.118 (1978)* | | *C.118 (1978)* | *C.118 (1978)* | | *C.118 (1978)* | *C.118 (1978)* | *C.118 (1978)* | *C.118 (1978)* |
| Jordan | | | | **C.102 (2014)** | **C.102 (2014)** *C.118 (1963)* | | *C.118 (1963)* | **C.102 (2014)** *C.118 (1963)* | **C.102 (2014)** *C.118 (1963)* | *C.118 (1963)* |
| Syrian Arab Republic | | | | *C.118 (1963)* | *C.118 (1963)* | | | *C.118 (1963)* | *C.118 (1963)* | *C.118 (1963)* |
| **ASIA AND THE PACIFIC** | | | | | | | | | | |
| Azerbaijan | | | | | | | C.183 (2010) | | | |
| Bangladesh | | | | | *C.118 (1972)* | | *C.118 (1972)* | | | *C.118 (1972)* |
| India | *C.118 (1964)* | *C.118 (1964)* | | | | | *C.118 (1964)* | | | *C.118 (1964)* |
| Japan | | **C.102 (1976)** | **C.102 (1976)** | **C.102 (1976)** | **C.102 (1976)** C.121 (1974)[7] | | | | | |
| Kazakhstan | | | | | | | C.183 (2012) | | | |
| Kyrgyzstan | | | | | | | | | | *C.157 (2008)* |
| Pakistan | | | | | *C.118 (1969)* | | *C.118 (1969)* | | | *C.118 (1969)* |
| Philippines | *C.118 (1994)* | *C.118 (1994)* | | *C.118 (1994)* | *C.118 (1994)* | | *C.118 (1994)* | *C.118 (1994)* | *C.118 (1994)* | *C.118 (1994)* *C.157 (1994)* |

## ▶ Table A4.1 (cont'd)

| Country | Branch | | | | | | | | | Migrant workers[a] C.118[b] C.157 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical care C.102 C.130 *C.118* | Sickness C.102 C.130 *C.118* | Unemployment C.102 C.168 *C.118* | Old age C.102 C.128 *C.118* | Employment injury C.102 C.121 *C.118* | Family C.102 *C.118* | Maternity C.102 C.183 *C.118* | Invalidity C.102 C.128 *C.118* | Survivors C.102 C.128 *C.118* | |
| **EUROPE** | | | | | | | | | | |
| Albania | **C.102 (2006)** | **C.102 (2006)** | **C.102 (2006)** C.168 (2006) | **C.102 (2006)** | **C.102 (2006)** | | **C.102 (2006)** C.183 (2004) | **C.102 (2006)** | **C.102 (2006)** | |
| Austria | **C.102 (1969)** | | **C.102 (1978)** | **C.102 (1969)** C.128 (1969) | | **C.102 (1969)** | **C.102 (1969)** C.183 (2004) | | | |
| Belarus | | | | | | | C.183 (2004) | | | |
| Belgium | **C.102 (1959)** C.130 (2017) | **C.102 (1959)** C.130 (2017) | **C.102 (1959)** C.168 (2011) | **C.102 (1959)** C.128 (2017) | **C.102 (1959)** C.121 (1970) | **C.102 (1959)** | **C.102 (1959)** | **C.102 (1959)** C.128 (2017) | **C.102 (1959)** C.128 (2017) | |
| Bosnia and Herzegovina | **C.102 (1993)** | **C.102 (1993)** | **C.102 (1993)** | **C.102 (1993)** | **C.102 (1993)** C.121 (1993) | | **C.102 (1993)** C.183 (2010) | | **C.102 (1993)** | |
| Bulgaria | **C.102 (2008)** | **C.102 (2008)** | **C.102 (2016)**[5] | **C.102 (2008)** | **C.102 (2008)** | **C.102 (2008)** | **C.102 (2008)** C.183 (2001) | | **C.102 (2008)** | |
| Croatia | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** C.121 (1991) | | **C.102 (1991)** | | **C.102 (1991)** | |
| Cyprus | | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** C.121 (1966) | | C.183 (2005) | **C.102 (1991)** | **C.102 (1991)** C.128 (1969) | |
| Czechia | **C.102 (1993)** C.130 (1993) | **C.102 (1993)** C.130 (1993) | | **C.102 (1993)** C.128 (1993) | | **C.102 (1993)** | **C.102 (1993)** | **C.102 (1993)** | **C.102 (1993)** | |
| Denmark | **C.102 (1955)** C.130 (1978) *C.118 (1969)* | C.130 (1978) *C.118 (1969)* | **C.102 (1955)** *C.118 (1969)* | **C.102 (1955)** | **C.102 (1955)** *C.118 (1969)* | | | **C.102 (1955)** | | *C.118 (1969)* |
| Finland | C.130 (1974) *C.118 (1969)* | C.130 (1974) *C.118 (1969)* | C.168 (1990) | C.128 (1976) | C.121 (1968)[7] *C.118 (1969)* | | | C.128 (1976) | C.128 (1976) | *C.118 (1969)* |
| France | **C.102 (1974)** *C.118 (1974)* | *C.118 (1974)* | **C.102 (1974)** | **C.102 (1974)** | **C.102 (1974)** *C.118 (1974)* | **C.102 (1974)** *C.118 (1974)* | **C.102 (1974)** *C.118 (1974)* | **C.102 (1974)** *C.118 (1974)* | *C.118 (1974)* | *C.118 (1974)* |
| Germany | **C.102 (1958)** C.130 (1974) *C.118 (1971)* | **C.102 (1958)** C.130 (1974) *C.118 (1971)* | **C.102 (1958)** *C.118 (1971)* | **C.102 (1958)** C.128 (1971) | **C.102 (1958)** C.121 (1972) *C.118 (1971)* | **C.102 (1958)** | **C.102 (1958)** *C.118 (1971)* | **C.102 (1958)** C.128 (1971) | **C.102 (1958)** C.128 (1971) | *C.118 (1971)* |
| Greece | **C.102 (1955)** | **C.102 (1955)** | **C.102 (1955)** | **C.102 (1955)** | **C.102 (1955)** | | **C.102 (1955)** | **C.102 (1955)** | **C.102 (1955)** | |
| Hungary | | | | | | | C.183 (2003) | | | |
| Iceland | | | | **C.102 (1961)** | | **C.102 (1961)** | | **C.102 (1961)** | | |

▶ **Table A4.1 (cont'd)**

| Country | Branch | | | | | | | | | Migrant workers[a] C.118[b] C.157 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical care C.102 C.130 *C.118* | Sickness C.102 C.130 *C.118* | Unemployment C.102 C.168 *C.118* | Old age C.102 C.128 *C.118* | Employment injury C.102 C.121 *C.118* | Family C.102 *C.118* | Maternity C.102 C.183 *C.118* | Invalidity C.102 C.128 *C.118* | Survivors C.102 C.128 *C.118* | |
| Ireland | | **C.102 (1968)** | **C.102 (1968)** | | C.121 (1969) | | | | **C.102 (1968)** | |
| | *C.118 (1964)* | *C.118 (1964)* | *C.118 (1964)* | | *C.118 (1964)* | *C.118 (1964)* | | | | *C.118 (1964)* |
| Israel | | | | **C.102 (1955)** | **C.102 (1955)** | | | | **C.102 (1955)** | |
| | | | | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* | *C.118 (1965)* | | *C.118 (1965)* | *C.118 (1965)* |
| Italy | | | | **C.102 (1956)** | | **C.102 (1956)** | **C.102 (1956)** C.183 (2001) | | | |
| | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* | *C.118 (1967)* |
| Latvia | | | | | | | C.183 (2009) | | | |
| Lithuania | | | | | | | C.183 (2003) | | | |
| Luxembourg | **C.102 (1964)** C.130 (1980) | **C.102 (1964)** C.130 (1980) | **C.102 (1964)** | **C.102 (1964)** | **C.102 (1964)** C.121 (1972) | **C.102 (1964)** | **C.102 (1964)** C.183 (2008) | **C.102 (1964)** | **C.102 (1964)** | |
| Moldova, Republic of | | | | | | | C.183 (2006) | | | |
| Montenegro | **C.102 (2006)** | **C.102 (2006)** | **C.102 (2006)** | **C.102 (2006)** | **C.102 (2006)** C.121 (2006) | | **C.102 (2006)** C.183 (2012) | | **C.102 (2006)** | |
| Netherlands | **C.102 (1962)** C.130 (2006) | **C.102 (1962)** C.130 (2006) | **C.102 (1962)** | **C.102 (1962)** C.128 (1969) | **C.102 (1962)** C.121 (1966)[7] | **C.102 (1962)** | **C.102 (1962)** C.183 (2009) | **C.102 (1962)** C.128 (1969) | **C.102 (1962)** C.128 (1969) | |
| North Macedonia | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** | **C.102 (1991)** C.121 (1991) | | **C.102 (1991)** C.183 (2012) | | **C.102 (1991)** | |
| Norway | **C.102 (1954)** C.130 (1972) | **C.102 (1954)** C.130 (1972) | **C.102 (1954)** C.168 (1990) | **C.102 (1954)** C.128 (1968) | **C.102 (1954)** | **C.102 (1954)** *C.118 (1963)* | C.183 (2015) | C.128 (1968) | C.128 (1968) *C.118 (1963)* | *C.118 (1963)* |
| Poland | **C.102 (2003)** | | | **C.102 (2003)** | | **C.102 (2003)** | **C.102 (2003)** | | **C.102 (2003)** | |
| Portugal | **C.102 (1994)** | **C.102 (1994)** | **C.102 (1994)** | **C.102 (1994)** | **C.102 (1994)** | **C.102 (1994)** | **C.102 (1994)** C.183 (2012) | **C.102 (1994)** | **C.102 (1994)** | |
| Romania | **C.102 (2009)** | **C.102 (2009)** | C.168 (1992) | **C.102 (2009)** | | **C.102 (2009)** | **C.102 (2009)** C.183 (2002) | | | |
| Russian Federation | **C.102 (2019)**[8] | **C.102 (2019)**[8] | | **C.102 (2019)**[8] | **C.102 (2019)**[8] | | **C.102 (2019)**[8] | **C.102 (2019)**[8] | **C.102 (2019)**[8] | |
| San Marino | | | | | | | C.183 (2019)[9] | | | |

## ▶ Table A4.1 (cont'd)

| Country | Branch | | | | | | | | | Migrant workers[a] C.118[b] C.157 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical care C.102 C.130 *C.118* | Sickness C.102 C.130 *C.118* | Unemployment C.102 C.168 *C.118* | Old age C.102 C.128 *C.118* | Employment injury C.102 C.121 *C.118* | Family C.102 *C.118* | Maternity C.102 C.183 *C.118* | Invalidity C.102 C.128 *C.118* | Survivors C.102 C.128 *C.118* | |
| Serbia | **C.102 (2000)** | **C.102 (2000)** | **C.102 (2000)** | **C.102 (2000)** | **C.102 (2000)** C.121 (2000) | | **C.102 (2000)** C.183 (2010) | | **C.102 (2000)** | |
| Slovakia | **C.102 (1993)** C.130 (1993) | **C.102 (1993)** C.130 (1993) | | **C.102 (1993)** C.128 (1993) | | **C.102 (1993)** | **C.102 (1993)** C.183 (2000) | **C.102 (1993)** | **C.102 (1993)** | |
| Slovenia | **C.102 (1992)** | **C.102 (1992)** | **C.102 (1992)** | **C.102 (1992)** | **C.102 (1992)** C.121 (1992) | | **C.102 (1992)** C.183 (2010) | | **C.102 (1992)** | |
| Spain | **C.102 (1988)** | **C.102 (1988)** | **C.102 (1988)** | | **C.102 (1988)** | | | | | *C.157 (1985)* |
| Sweden | **C.102 (1953)** C.130 (1970) *C.118 (1963)* | **C.102 (1953)** C.130 (1970) *C.118 (1963)* | **C.102 (1953)** C.168 (1990) *C.118 (1963)* | C.128 (1968) | **C.102 (1953)** C.121 (1969) *C.118 (1963)* | **C.102 (1953)** | **C.102 (1953)** *C.118 (1963)* | C.128 (1968) | C.128 (1968) | *C.157 (1984)* *C.118 (1963)* |
| Switzerland | | | C.168 (1990) | **C.102 (1977)** C.128 (1977) | **C.102 (1977)** | **C.102 (1977)** | C.183 (2014) | **C.102 (1977)** C.128 (1977) | **C.102 (1977)** C.128 (1977) | |
| Turkey | **C.102 (1975)** *C.118 (1974)* | **C.102 (1975)** *C.118 (1974)* | | **C.102 (1975)** *C.118 (1974)* | **C.102 (1975)** *C.118 (1974)* | | **C.102 (1975)** *C.118 (1974)* | **C.102 (1975)** *C.118 (1974)* | **C.102 (1975)** *C.118 (1974)* | *C.118 (1974)* |
| Ukraine | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | **C.102 (2016)** | |
| United Kingdom | **C.102 (1954)** | **C.102 (1954)** | **C.102 (1954)** | **C.102 (1954)** | | **C.102 (1954)** | | | **C.102 (1954)** | |

Notes:

[a] While all international social security standards apply to migrant workers unless otherwise stated, C.118 and C.157 are of particular relevance to migrant workers.

[b] Parts of C.118 apply for selected branches (see other columns).

[1] Benin: C.102 entered into force on 14 June 2020.

[2] Cabo Verde: C.102 entered into force on 10 January 2021.

[3] Djibouti: C.183 will enter into force on 25 September 2021.

[4] Mauritius: C.183 entered into force on 13 June 2020.

[5] Morocco: C.102 entered into force on 14 June 2020.

[6] Niger: C.183 entered into force on 10 June 2020.

[7] Finland, Japan, Netherlands, Uruguay: Accepted the text of the List of Occupational Diseases (Schedule I) amended by the ILC at its 66th Session (1980).

[8] Russian Federation: C.102 entered into force on 26 February 2020.

[9] San Marino: C.183 entered into force on 19 June 2020.

## ▶ Table A4.2 Social protection effective coverage (including SDG indicators 1.3.1 and 3.8.1), 2020 or latest available year (percentage of the relevant population group)

| Region/ Income level | People protected by social protection systems including floors | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | SDG 3.8.1 – Universal health coverage[10] |
| **Africa** | 17.4 | 12.6 | 14.9 | 9.3 | 5.3 | 27.1 | 18.4 | 9.3 | 8.5 | 47.9 |
| Northern Africa | 33.8 | 24.7* | 46.5 | 20.9 | 6.7 | 43.8 | 37.5 | 19.1* | 17.4 | 65.8 |
| Sub-Saharan Africa | 13.7 | 10.5 | 7.5 | 6.7 | 4.9 | 19.8 | 14.8 | 7.1 | 6.1 | 43.8 |
| **Americas** | 64.3 | 57.4 | 51.9 | 71.8 | 16.4 | 88.1 | 57.4 | 36.7 | 41.1 | 78.7 |
| Latin America and the Caribbean | 56.3 | 41.5 | 30.5 | 57.7 | 12.5 | 75.4 | 40.8 | 36.0 | 30.1 | 75.4 |
| Northern America | 78.5 | 94.6 | 95.9* | 96.7 | 29.5 | 100.0 | 83.1 | 38.0 | 59.2 | 84.5 |
| **Arab States** | 40.0 | 15.4* | 12.2 | 7.2 | 8.7* | 24.0 | 63.5 | 32.2 | 15.0 | 63.5 |
| **Asia and the Pacific** | 44.1 | 18.0 | 45.9 | 21.6 | 14.0 | 73.5 | 24.8 | 25.3 | 32.9 | 65.4 |
| South-Eastern Asia and the Pacific | 61.5 | 14.8 | 56.6 | 33.7 | 24.2 | 88.3 | 34.9 | 34.1 | 47.5 | 75.0 |
| Southern Asia | 22.8 | 20.9 | 33.6 | 6.8 | 0.6 | 39.2 | 6.7 | 14.4 | 13.3 | 53.7 |
| **Europe and Central Asia** | 83.9 | 82.3 | 83.6 | 86.0 | 51.3 | 96.7 | 75.5 | 64.4 | 49.0 | 77.2 |
| Central and Western Asia | 66.9 | 47.9 | 54.7 | 40.4 | 14.7 | 97.2 | 57.4 | 42.8 | 37.2 | 73.1 |
| Eastern Europe | 84.6 | 96.7 | 81.4 | 100.0 | 67.1 | 95.2 | 80.0 | 61.2 | 50.7 | 73.2 |
| Northern, Southern and Western Europe | 90.4 | 96.2 | 99.4 | 95.6 | 61.2 | 97.4 | 78.8 | 75.1 | 51.2 | 81.6 |
| **World** | 46.9 | 26.4 | 44.9 | 33.5 | 18.6 | 77.5 | 35.4 | 28.9 | 32.5 | 65.6 |
| Low income | 13.4 | 8.5 | 10.5 | 8.6 | 0.8 | 23.2 | 10.2 | 7.8 | 6.6 | 45.1 |
| Lower-middle income | 24.9 | 20.9 | 33.3 | 11.3 | 5.5 | 38.6 | 14.4 | 15.2 | 27.1 | 55.2 |
| Upper-middle income | 64.0 | 22.6 | 52.5 | 40.5 | 17.5 | 91.3 | 36.3 | 34.4 | 70.9 | 76.7 |
| High income | 85.4 | 86.8 | 86.0 | 85.6 | 52.2 | 97.5 | 81.2 | 62.8 | 89.8 | 81.5 |
| **Africa** | | | | | | | | | | |
| **Northern Africa** | | | | | | | | | | |
| Algeria | ... | ... | 11.2 | 3.6 | 8.8 | 63.6 | 53.8 | ... | 16.9 | 78.0 |
| Egypt | 34.7 | 14.0 | ... | 37.0 | 0.1 | 57.6 | 36.0 | 19.9 | 21.8 | 68.0 |
| Libya | 46.2 | ... | ... | 74.4 | ... | 70.2 | ... | 5.3 | 9.7 | 64.0 |
| Morocco | 20.5 | 13.4 | ... | 6.8 | ... | 23.4 | 39.0 | ... | 17.2 | 7.0 |
| Sudan | 9.3 | 8.1 | 4.2 | 0.7 | 0.0 | 9.4 | 3.0 | 7.5 | 1.9 | 44.0 |
| Tunisia | 50.2 | 28.6 | 25.3 | 5.0 | 3.0 | 85.4 | 28.9 | 21.3 | 34.6 | 7.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | SDG 3.8.1 – Universal health coverage[10] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | |
| **Sub-Saharan Africa** | | | | | | | | | | |
| Angola | 10.5 | ... | ... | ... | 0.0 | 14.5 | ... | 5.1 | 9.7 | 4.0 |
| Benin | 7.8 | 11.6 | 41.0 | ... | 0.0 | 11.0 | 4.0 | ... | 4.8 | 4.0 |
| Botswana | 14.7 | 4.2 | 24.0 | ... | 0.0 | 100.0 | ... | 8.2 | 1.7 | 61.0 |
| Burkina Faso | 9.9 | 14.4 | 0.4 | 0.3 | 0.0 | 6.0 | 8.2 | 3.6 | 5.6 | 4.0 |
| Burundi | ... | ... | ... | ... | 0.0 | 4.0 | 3.5 | ... | 5.0 | 42.0 |
| Cabo Verde | 39.2 | 37.9 | 19.3 | 30.1 | 3.0 | 84.8 | 50.0 | 19.8 | 26.7 | 69.0 |
| Cameroon | 7.1 | 2.2 | 8.9 | 3.3 | 0.0 | 18.9 | 6.9 | 1.0 | 8.4 | 46.0 |
| Central African Republic | 3.5 | 4.9 | 0.1 | 0.3 | ... | 4.7 | ... | ... | 1.9 | 33.0 |
| Chad | ... | ... | ... | ... | 0.0 | 1.0 | 4.7 | ... | 1.4 | 28.0 |
| Comoros | ... | ... | ... | ... | ... | ... | ... | ... | ... | 52.0 |
| Congo | ... | ... | ... | ... | 0.0 | 22.1 | 14.2 | ... | 6.3 | 39.0 |
| Congo, Democratic Republic of the | 14.1 | 1.3 | ... | ... | ... | 15.0 | 26.2 | 5.6 | 8.9 | 41.0 |
| Côte d'Ivoire | ... | 7.1 | ... | ... | 0.0 | 7.7 | 14.7 | ... | 5.1 | 47.0 |
| Djibouti | 12.3 | 3.5 | 4.8 | ... | 0.0 | 14.2 | 15.1 | 4.6 | 6.3 | 47.0 |
| Equatorial Guinea | ... | ... | ... | ... | 0.0 | ... | 14.5 | ... | ... | 45.0 |
| Eritrea | ... | 0.1 | ... | ... | ... | ... | ... | ... | ... | 38.0 |
| Ethiopia | 7.4 | 4.5 | ... | 1.3 | 0.0 | 3.9 | 7.8 | 3.2 | 6.2 | 39.0 |
| Eswatini | 32.0 | ... | 13.8 | ... | 0.0 | 100.0 | ... | 20.2 | 2.4 | 63.0 |
| Gabon | ... | 37.0 | ... | ... | 0.0 | 38.8 | 45.0 | ... | 1.0 | 49.0 |
| Gambia | 6.1 | ... | ... | ... | 0.0 | 17.0 | 23.4 | 0.5 | 7.4 | 44.0 |
| Ghana | 25.3 | 25.9 | 41.7 | 0.2 | 0.0 | 18.0 | ... | 5.1 | 8.5 | 47.0 |
| Guinea | ... | ... | ... | ... | 0.0 | 2.0 | 14.5 | ... | 9.5 | 37.0 |
| Guinea-Bissau | 0.9 | ... | ... | 0.2 | 0.0 | 0.2 | ... | ... | 1.4 | 4.0 |
| Kenya | 10.1 | 3.6 | 30.2 | 0.2 | 0.0 | 13.2 | 9.3 | 2.5 | 8.9 | 55.0 |
| Lesotho | 9.2 | 10.4 | ... | ... | 0.0 | 94.0 | ... | 7.8 | 2.6 | 48.0 |
| Liberia | 6.2 | 5.8 | ... | ... | 0.0 | 3.4 | 7.5 | 2.7 | 5.7 | 39.0 |
| Madagascar | ... | ... | ... | ... | 0.0 | 4.6 | 9.3 | ... | 5.3 | 28.0 |
| Malawi | 21.3 | 9.8 | ... | ... | 0.0 | 2.3 | 6.9 | 19.6 | 3.3 | 46.0 |
| Mali | 9.3 | 5.4 | ... | 0.6 | 0.0 | 7.3 | 5.3 | 5.8 | 5.6 | 38.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | People protected by social protection systems including floors | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | SDG 3.8.1 – Universal health coverage[10] |
| Mauritania | 6.6 | 5.1 | 0.2 | 0.7 | 0.0 | 16.2 | 6.5 | 4.9 | 4.6 | 41.0 |
| Mauritius | ... | ... | ... | ... | 1.2 | 100.0 | 68.2 | ... | 35.5 | 63.0 |
| Mozambique | 13.4 | 0.3 | 0.3 | 2.6 | 0.0 | 52.5 | 6.2 | 10.1 | 4.9 | 46.0 |
| Namibia | 24.2 | 22.8 | 24.8 | 58.0 | 0.0 | 100.0 | ... | 18.9 | 6.2 | 62.0 |
| Niger | 20.6 | 4.2 | ... | ... | 0.0 | 5.8 | 6.9 | 16.4 | 1.9 | 37.0 |
| Nigeria | 11.0 | 12.0 | 0.1 | 0.1 | 7.0 | 11.0 | 32.8 | 1.8 | 4.8 | 42.0 |
| Rwanda | 8.9 | 5.2 | 1.3 | 1.1 | 0.0 | 3.1 | 8.5 | 4.1 | 7.8 | 57.0 |
| Sao Tome and Principe | 11.5 | ... | 2.0 | 1.6 | 0.0 | 71.5 | 20.9 | ... | 12.6 | 55.0 |
| Senegal | 20.0 | 1.0 | 3.0 | ... | 0.0 | 29.9 | 10.0 | 17.0 | 5.8 | 45.0 |
| Seychelles | ... | ... | ... | ... | 18.0 | 100.0 | 69.1 | ... | ... | 71.0 |
| Sierra Leone | 4.4 | 0.8 | ... | ... | 0.0 | 7.0 | ... | 1.4 | 4.6 | 39.0 |
| Somalia | ... | ... | ... | ... | ... | ... | ... | ... | ... | 25.0 |
| South Africa | 49.3 | 76.6 | 7.6 | 66.5 | 11.9 | 81.4 | 19.2 | 32.4 | 3.4 | 69.0 |
| South Sudan | 16.4 | 17.7 | ... | ... | 0.0 | 0.0 | ... | 16.4 | ... | 31.0 |
| Tanzania, United Republic of | 14.0 | ... | 0.4 | 0.6 | 8.6 | 5.5 | 8.8 | 3.0 | 3.3 | 43.0 |
| Togo | 23.2 | 49.0 | ... | ... | 0.7 | 19.0 | 8.3 | ... | 2.9 | 43.0 |
| Uganda | 2.8 | ... | 5.3 | ... | 0.0 | 11.2 | ... | 1.2 | 3.2 | 45.0 |
| Zambia | 24.6 | ... | 4.1 | ... | 0.0 | 7.8 | ... | 19.8 | 1.4 | 53.0 |
| Zimbabwe | 16.3 | 6.7 | ... | 1.3 | 0.0 | 22.0 | 12.4 | 5.8 | 15.7 | 54.0 |
| **Americas** | | | | | | | | | | |
| **Latin America and the Caribbean** | | | | | | | | | | |
| Anguilla | 57.7 | 2.0 | 73.3 | 25.6 | 0.0 | 44.3 | ... | 5.6 | ... | ... |
| Antigua and Barbuda | ... | ... | 37.0 | 7.9 | 0.0 | 75.8 | ... | 3.9 | ... | 73.0 |
| Argentina | 63.8 | 79.6 | 31.7 | 100.0 | 10.8 | 89.8 | 47.4 | 32.8 | 28.8 | 76.0 |
| Aruba | 87.0 | ... | 82.5 | ... | 15.7 | 97.5 | 69.8 | 15.5 | 1.0 | ... |
| Bahamas | 49.1 | ... | 46.5 | 51.0 | 26.9 | 89.6 | 67.4 | 2.1 | 5.3 | 75.0 |
| Barbados | 55.3 | ... | ... | 45.7 | 88.0 | 63.5 | 65.0 | 9.6 | 48.2 | 77.0 |
| Belize | 37.9 | 3.0 | 19.9 | 9.7 | 0.0 | 49.9 | 71.4 | 4.6 | 46.4 | 64.0 |
| Bermuda | 80.6 | 4.4 | ... | 38.2 | 0.0 | 100.0 | ... | 28.0 | 64.9 | ... |
| Bolivia, Plurinational State of | 46.6 | 66.2 | 59.3 | 10.3 | 0.0 | 100.0 | 24.6 | 37.2 | 17.6 | 68.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | SDG 3.8.1 – Universal health coverage[10] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | |
| Brazil | 69.9 | 67.7 | 47.8 | 100.0 | 17.6 | 91.5 | 48.7 | 45.9 | 39.5 | 79.0 |
| British Virgin Islands | ... | ... | ... | ... | 0.0 | ... | 100.0 | ... | 1.0 | ... |
| Cayman Islands | ... | ... | ... | ... | 0.0 | ... | ... | ... | ... | ... |
| Chile | 70.2 | 68.5 | 46.6 | 99.4 | 27.0 | 71.5 | 68.7 | 38.1 | 39.9 | 7.0 |
| Colombia | 52.5 | 36.0 | ... | 8.6 | 4.6 | 50.6 | 37.7 | 33.9 | 27.6 | 76.0 |
| Costa Rica | 58.0 | 38.8 | 23.4 | 79.6 | ... | 56.2 | 58.1 | 30.1 | 41.6 | 77.0 |
| Cuba | 48.7 | 0.2 | 42.7 | ... | 0.0 | 2.7 | 100.0 | ... | 38.6 | 83.0 |
| Curaçao | ... | ... | ... | ... | 0.0 | 100.0 | ... | ... | ... | ... |
| Dominica | 46.8 | ... | 38.6 | 9.7 | 0.0 | 60.3 | 68.3 | 28.2 | 82.8 | ... |
| Dominican Republic | 53.6 | 62.1 | 17.4 | 10.4 | 0.0 | 11.3 | 45.2 | 41.5 | 26.7 | 74.0 |
| Ecuador | 34.8 | 8.6 | 6.8 | 37.3 | 4.7 | 60.6 | 43.1 | 10.7 | 32.5 | 77.0 |
| El Salvador | 22.0 | 8.5 | 11.0 | 2.8 | 0.0 | 20.1 | 30.7 | 7.6 | 15.7 | 76.0 |
| Grenada | 66.1 | ... | 85.3 | ... | 0.0 | 47.8 | 92.4 | 20.0 | 66.9 | 72.0 |
| Guadeloupe | 82.2 | 100.0 | ... | 100.0 | 79.1 | 72.7 | 36.6 | 26.7 | ... | ... |
| Guatemala | 14.5 | 2.6 | 18.1 | 2.2 | 0.0 | 16.7 | 18.6 | 6.8 | 1.6 | 55.0 |
| French Guiana | 56.6 | 96.8 | ... | 30.1 | ... | 46.7 | ... | 49.4 | ... | ... |
| Guyana | 100.0 | ... | 30.1 | 38.4 | 0.0 | 100.0 | 100.0 | 100.0 | 56.2 | 72.0 |
| Haiti | 5.8 | 4.1 | ... | ... | 0.0 | 0.4 | 2.1 | 3.2 | 4.0 | 49.0 |
| Honduras | 26.6 | 19.4 | ... | 3.5 | ... | 10.7 | 15.5 | 18.2 | 11.3 | 65.0 |
| Jamaica | 30.8 | 27.0 | 7.0 | 31.1 | 0.0 | 40.3 | ... | 14.3 | 2.8 | 65.0 |
| Martinique | 69.3 | 100.0 | ... | 83.1 | 88.6 | 64.1 | 59.0 | 34.5 | ... | ... |
| Mexico | 62.4 | 23.4 | 10.4 | 40.4 | 6.0 | 100.0 | 35.4 | 48.0 | 25.0 | 76.0 |
| Nicaragua | 14.5 | 3.1 | 17.8 | 19.4 | 0.0 | 28.6 | 22.8 | 2.3 | 16.5 | 73.0 |
| Panama | 49.7 | 21.5 | 19.2 | ... | ... | 29.3 | 60.2 | 21.5 | 4.1 | 79.0 |
| Paraguay | 31.4 | 18.6 | 8.2 | 16.2 | 0.0 | 64.6 | 22.4 | 17.6 | 21.4 | 69.0 |
| Peru | 29.3 | 16.1 | 8.8 | 7.3 | ... | 35.7 | 7.4 | 15.1 | 2.3 | 77.0 |
| Puerto Rico | 63.2 | 2.2 | ... | 100.0 | 6.2 | 100.0 | 100.0 | 4.6 | 39.3 | ... |
| Saint Kitts and Nevis | 72.4 | ... | 78.0 | 35.2 | 0.0 | 62.3 | ... | 22.3 | 1.0 | ... |
| Saint Lucia | 35.4 | ... | 39.4 | 13.2 | 0.0 | 32.5 | 53.6 | 2.5 | 36.9 | 68.0 |
| Saint Vincent and the Grenadines | 41.6 | ... | 28.6 | 5.4 | 0.0 | 42.0 | ... | 7.0 | 4.6 | 71.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | SDG 3.8.1 – Universal health coverage[10] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | |
| Sint Maarten (Dutch part) | ... | ... | ... | ... | 0.0 | ... | ... | ... | ... | ... |
| St. Martin (French part) | 68.8 | 100.0 | ... | ... | ... | 60.8 | ... | 61.0 | ... | ... |
| Suriname | 33.5 | 57.9 | 0.0 | ... | 0.0 | 100.0 | ... | 29.6 | 7.6 | 71.0 |
| Trinidad and Tobago | 55.2 | 14.6 | 40.4 | 68.1 | 0.0 | 91.1 | 67.8 | 24.0 | 4.7 | 74.0 |
| Turks and Caicos Islands | 52.1 | ... | 57.5 | 9.1 | 0.0 | 68.4 | ... | 1.8 | ... | ... |
| United States Virgin Islands | 72.1 | 1.9 | ... | 44.4 | 3.2 | 100.0 | 68.6 | 1.8 | 52.6 | ... |
| Uruguay | 93.8 | 65.6 | 100.0 | 100.0 | 31.6 | 100.0 | 71.4 | 84.3 | 44.5 | 8.0 |
| Venezuela, Bolivarian Republic of | ... | ... | ... | 28.3 | ... | 59.4 | ... | ... | 2.2 | 74.0 |
| **Northern America** | | | | | | | | | | |
| Canada | 99.8 | 39.7 | 100.0 | 68.0 | 37.8 | 100.0 | 69.1 | 99.0 | 35.2 | 89.0 |
| Saint Pierre and Miquelon | 100.0 | 100.0 | 100.0 | 77.3 | 41.5 | 100.0 | 100.0 | 100.0 | ... | ... |
| United States | 76.1 | 100.0 | ... | 100.0 | 27.9 | 100.0 | 84.8 | 31.0 | 62.5 | 84.0 |
| **Arab States** | | | | | | | | | | |
| Bahrain | 62.4 | 3.8 | ... | 28.6 | 46.6 | 75.1 | 61.7 | 36.9 | 55.8 | 77.0 |
| Iraq | 40.5 | ... | ... | 9.3 | 0.0 | 33.1 | ... | 26.9 | 14.3 | 61.0 |
| Jordan | 27.8 | 8.8 | 4.8 | 20.0 | 5.3 | 60.0 | 57.5 | 9.7 | 23.6 | 76.0 |
| Kuwait | 17.7 | 0.4 | ... | 8.4 | 4.4 | 27.6 | 95.1 | 2.6 | 2.3 | 76.0 |
| Lebanon | 13.9 | 32.7 | 0.0 | ... | 0.0 | 9.8 | 47.8 | 1.7 | 4.6 | 73.0 |
| Occupied Palestinian Territory | 16.6 | 12.1 | ... | 30.6 | 0.0 | 65.7 | ... | 13.2 | 28.8 | ... |
| Oman | 16.3 | 0.2 | ... | 16.0 | ... | 46.9 | 9.5 | 1.7 | 34.0 | 69.0 |
| Qatar | 7.0 | 0.5 | ... | 6.4 | 1.0 | 19.4 | ... | 0.6 | 16.8 | 68.0 |
| Saudi Arabia | 77.8 | 6.0 | ... | 9.4 | 6.4 | 33.2 | 74.7 | 49.8 | 18.6 | 74.0 |
| Syrian Arab Republic | ... | ... | ... | ... | ... | 17.0 | 47.8 | ... | 7.5 | 6.0 |
| United Arab Emirates | 3.5 | 0.2 | ... | 1.8 | 0.3 | 22.6 | 1.4 | 1.2 | 18.6 | 76.0 |
| Yemen | 2.8 | 0.0 | ... | 0.1 | 0.0 | 7.4 | 9.9 | 0.0 | 2.8 | 42.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | SDG 3.8.1 – Universal health coverage[10] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | |
| **Asia and the Pacific** | | | | | | | | | | |
| **South-Eastern Asia and the Pacific** | | | | | | | | | | |
| Australia | 100.0 | 100.0 | 100.0 | 100.0 | 52.7 | 100.0 | 72.0 | 100.0 | ... | 87.0 |
| Brunei Darussalam | 34.1 | ... | 62.9 | 100.0 | 0.0 | 100.0 | 91.2 | 14.7 | 27.0 | 81.0 |
| Cambodia | 6.2 | 4.5 | ... | 70.1 | 0.0 | 0.1 | 17.2 | 4.3 | 2.4 | 6.0 |
| China | 70.8 | 3.0 | 69.0 | 32.6 | 24.1 | 100.0 | 31.8 | 33.2 | 58.5 | 79.0 |
| Fiji | 58.9 | 2.6 | 24.5 | 20.1 | 0.0 | 92.1 | 55.7 | 28.2 | 40.0 | 64.0 |
| Cook Islands | 86.3 | 100.0 | ... | ... | ... | 100.0 | ... | 85.8 | ... | ... |
| Hong Kong, China | 59.7 | ... | ... | 68.6 | 8.2 | 73.2 | 83.2 | 28.3 | 5.4 | ... |
| Indonesia | 27.8 | 25.6 | 28.4 | 2.5 | 0.0 | 14.8 | 22.5 | 16.5 | 16.2 | 57.0 |
| Japan | 98.0 | 85.4 | ... | 56.1 | 69.3 | 100.0 | 83.6 | 100.0 | 61.7 | 83.0 |
| Kiribati | 21.0 | 1.3 | ... | ... | 0.0 | 93.8 | ... | 5.1 | 41.8 | 41.0 |
| Korea, Democratic People's Republic of | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Korea, Republic of | 77.3 | 40.0 | ... | 24.8 | 45.4 | 100.0 | 85.2 | 48.9 | 49.0 | 86.0 |
| Lao People's Democratic Republic | 12.1 | ... | 12.7 | 0.3 | 7.6 | 6.3 | 8.0 | 7.7 | 6.2 | 51.0 |
| Macau, China | 79.9 | ... | ... | 100.0 | 4.4 | 44.4 | ... | 12.7 | 66.4 | ... |
| Malaysia | 27.3 | 2.8 | 46.5 | 30.5 | 3.0 | 18.6 | 49.8 | 2.1 | 31.3 | 73.0 |
| Marshall Islands | 25.2 | ... | ... | ... | 0.0 | 62.7 | ... | 1.7 | 33.2 | ... |
| Micronesia, Federated States of | 19.4 | 6.8 | ... | ... | 0.0 | 100.0 | ... | 2.2 | 45.4 | 47.0 |
| Mongolia | 100.0 | 85.0 | 100.0 | 100.0 | 28.8 | 100.0 | 76.0 | 88.5 | 42.7 | 62.0 |
| Myanmar | 6.3 | 2.1 | 1.6 | 10.6 | 0.0 | 14.9 | 8.5 | 1.1 | 5.2 | 61.0 |
| Nauru | 45.4 | ... | ... | 84.6 | 2.8 | 95.7 | ... | 45.4 | ... | ... |
| New Caledonia | ... | ... | ... | ... | 28.4 | ... | ... | ... | ... | ... |
| New Zealand | 100.0 | 67.1 | 100.0 | 82.0 | 44.9 | 100.0 | 100.0 | 100.0 | ... | 87.0 |
| Palau | 35.8 | ... | ... | ... | 0.0 | 100.0 | ... | 17.8 | 1.0 | ... |
| Papua New Guinea | 9.6 | ... | ... | ... | 0.0 | 22.3 | 20.5 | ... | 14.6 | 4.0 |
| Philippines | 36.7 | 31.1 | 12.4 | 3.3 | 0.0 | 20.5 | 27.8 | 22.4 | 22.2 | 61.0 |
| Samoa | 21.1 | ... | 28.5 | ... | 0.0 | 91.4 | 53.5 | 5.3 | 29.9 | 58.0 |
| Singapore | 100.0 | ... | 89.3 | 57.7 | 0.0 | 33.1 | 86.0 | 100.0 | 4.9 | 86.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | SDG 3.8.1 – Universal health coverage[10] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | |
| Solomon Islands | ... | ... | 23.8 | ... | 0.0 | ... | 33.3 | ... | ... | 47.0 |
| Taiwan, China | 76.7 | 16.4 | 14.0 | ... | 11.1 | 87.6 | ... | 19.9 | 58.9 | ... |
| Thailand | 68.0 | 21.0 | 40.0 | 92.0 | 61.0 | 89.1 | 31.0 | 54.3 | 28.3 | 8.0 |
| Timor-Leste | 30.6 | 38.2 | ... | 21.6 | 0.0 | 100.0 | 31.3 | 26.5 | 8.9 | 52.0 |
| Tonga | 22.2 | 3.3 | 26.3 | 20.2 | 0.0 | 90.0 | ... | 6.2 | 26.5 | 58.0 |
| Tuvalu | ... | ... | ... | ... | 0.0 | 15.0 | ... | ... | ... | ... |
| Vanuatu | 57.4 | ... | ... | ... | 0.0 | ... | 28.1 | 53.3 | ... | 48.0 |
| Viet Nam | 38.8 | ... | 44.0 | 83.5 | 66.6 | 40.9 | 26.2 | 24.6 | 2.3 | 75.0 |
| **Southern Asia** | | | | | | | | | | |
| Afghanistan | 7.5 | 0.4 | 1.7 | 13.6 | 1.7 | 24.7 | 4.2 | 5.9 | 1.8 | 37.0 |
| Bangladesh | 28.4 | 29.4 | 20.9 | 18.3 | 0.0 | 39.0 | 12.5 | 14.9 | 0.5 | 48.0 |
| Bhutan | 8.8 | 13.5 | 10.4 | ... | 0.0 | ... | 28.4 | 5.0 | 10.0 | 62.0 |
| India | 24.4 | 24.1 | 41.5 | 5.6 | 0.0 | 42.5 | 3.7 | 16.4 | 15.5 | 55.0 |
| Iran, Islamic Republic of | 27.8 | 16.4 | 13.1 | 9.3 | 6.7 | 21.3 | 45.8 | 9.3 | 22.4 | 72.0 |
| Maldives | 21.2 | 8.2 | 26.2 | 42.7 | 0.0 | 100.0 | ... | 8.1 | 19.6 | 62.0 |
| Nepal | 17.0 | 22.9 | 9.8 | 13.7 | 0.0 | 84.2 | 4.5 | 14.8 | 3.7 | 48.0 |
| Pakistan | 9.2 | 5.4 | ... | 1.7 | 0.0 | 5.8 | 2.7 | 5.0 | 5.7 | 45.0 |
| Sri Lanka | 36.4 | 32.0 | 29.4 | 18.0 | 0.0 | 35.7 | 58.0 | 16.0 | 24.7 | 66.0 |
| **Europe and Central Asia** | | | | | | | | | | |
| **Central and Western Asia** | | | | | | | | | | |
| Armenia | 54.4 | 30.2 | 61.6 | 100.0 | 0.0 | 65.2 | 53.2 | 19.6 | 24.6 | 69.0 |
| Azerbaijan | 39.0 | 16.9 | 16.0 | 100.0 | 19.1 | 72.8 | 32.1 | 13.4 | 2.8 | 65.0 |
| Cyprus | 61.2 | 60.3 | 100.0 | 22.6 | 17.8 | 97.8 | 68.2 | 24.1 | 5.5 | 78.0 |
| Georgia | 97.1 | 48.1 | 26.0 | 100.0 | 0.0 | 90.9 | 48.9 | 92.9 | 3.2 | 66.0 |
| Israel | 54.9 | ... | 100.0 | 89.2 | 42.0 | 100.0 | 74.1 | ... | 64.4 | 82.0 |
| Kazakhstan | 100.0 | 57.4 | 44.2 | 100.0 | 8.9 | 99.6 | 75.4 | 74.2 | 68.8 | 76.0 |
| Kyrgyzstan | 41.7 | 16.9 | 23.8 | 65.1 | 2.7 | 100.0 | 64.6 | 14.1 | 36.2 | 7.0 |
| Tajikistan | 26.6 | 14.0 | 66.5 | 49.0 | 20.8 | 93.7 | ... | 7.5 | 21.3 | 68.0 |
| Turkey | 79.8 | ... | ... | 5.6 | 18.3 | 100.0 | 60.3 | ... | 32.3 | 74.0 |
| Turkmenistan | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7.0 |
| Uzbekistan | 42.7 | 29.2 | 16.0 | 39.7 | 0.8 | 100.0 | 44.1 | 15.6 | ... | 73.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | SDG 3.8.1 – Universal health coverage[10] |
| **Eastern Europe** | | | | | | | | | | |
| Belarus | 36.0 | ... | 100.0 | 100.0 | 44.6 | 100.0 | 70.9 | ... | 42.7 | 76.0 |
| Bulgaria | 88.3 | 48.6 | 100.0 | 100.0 | 35.4 | 94.0 | 86.8 | 28.8 | 46.8 | 66.0 |
| Czechia | 88.8 | 10.8 | 100.0 | 100.0 | 45.7 | 91.3 | 66.2 | 32.0 | 5.6 | 76.0 |
| Hungary | 86.2 | 100.0 | 100.0 | 100.0 | 26.3 | 90.5 | 78.3 | 56.0 | 54.1 | 74.0 |
| Poland | 84.9 | 100.0 | 100.0 | 100.0 | 16.5 | 83.6 | 100.0 | 52.0 | 5.5 | 75.0 |
| Republic of Moldova | 42.0 | ... | 100.0 | 100.0 | 10.5 | 75.2 | 71.6 | ... | 3.2 | 69.0 |
| Romania | 95.0 | 100.0 | 100.0 | 100.0 | 15.8 | 93.5 | 63.1 | 82.6 | 34.2 | 74.0 |
| Russian Federation | 90.1 | 100.0 | 63.0 | 100.0 | 82.7 | 100.0 | 79.1 | 76.0 | 61.6 | 74.0 |
| Slovakia | 92.1 | 100.0 | 100.0 | 100.0 | 13.0 | 90.6 | 66.4 | 70.0 | 56.8 | 77.0 |
| Ukraine | 73.0 | 100.0 | 100.0 | 100.0 | 84.1 | 96.0 | ... | 39.0 | 25.5 | 68.0 |
| **Northern, Southern and Western Europe** | | | | | | | | | | |
| Albania | ... | ... | ... | ... | 6.9 | 77.0 | 34.0 | ... | 24.1 | 59.0 |
| Andorra | ... | ... | ... | ... | 11.1 | ... | ... | ... | ... | ... |
| Austria | 98.6 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 77.4 | 93.0 | 53.7 | 79.0 |
| Belgium | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 63.1 | 100.0 | 49.3 | 84.0 |
| Bosnia and Herzegovina | 40.0 | ... | 100.0 | 100.0 | 5.3 | 69.5 | ... | ... | 2.7 | 61.0 |
| Croatia | 56.0 | 47.0 | 100.0 | 100.0 | 22.4 | 89.8 | 68.0 | ... | 4.3 | 71.0 |
| Denmark | 89.5 | 100.0 | 100.0 | 100.0 | 93.7 | 100.0 | 88.0 | 63.7 | 62.2 | 81.0 |
| Estonia | 98.4 | 100.0 | 100.0 | 100.0 | 47.5 | 100.0 | 76.8 | 91.7 | 47.5 | 75.0 |
| Finland | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 66.5 | 100.0 | 53.0 | 78.0 |
| France | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 74.1 | 100.0 | 45.3 | 78.0 |
| Germany | 99.5 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 96.0 | 53.2 | 83.0 |
| Greece | 64.0 | ... | 100.0 | 100.0 | 26.4 | 95.8 | 46.9 | ... | 49.2 | 75.0 |
| Guernsey | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Iceland | 81.0 | 63.4 | 100.0 | 100.0 | 100.0 | 71.4 | 95.1 | ... | 75.3 | 84.0 |
| Ireland | 90.1 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 71.8 | 73.8 | 62.7 | 76.0 |
| Isle of Man | ... | ... | ... | ... | 80.0 | ... | ... | ... | ... | ... |
| Italy | 82.0 | ... | 100.0 | 91.4 | 48.2 | 94.4 | 72.2 | 42.6 | 48.7 | 82.0 |
| Jersey | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Latvia | 96.5 | 100.0 | 100.0 | 100.0 | 40.0 | 92.0 | 69.2 | 85.0 | 61.4 | 71.0 |

## ▶ Table A4.2 (cont'd)

| Region/ Income level | SDG indicator 1.3.1 – Population covered by at least one social protection benefit (excluding health)[1] | People protected by social protection systems including floors | | | | | | | | SDG 3.8.1 – Universal health coverage[10] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Children[2] | Mothers with newborns[3] | Persons with severe disabilities[4] | Unemployed[5] | Older persons[6] | Workers in case of work injury[7] | Vulnerable persons covered by social assistance[8] | Labour force covered by pension scheme (active contributors)[9] | |
| Liechtenstein | ... | 100.0 | 100.0 | 100.0 | 67.2 | 100.0 | ... | ... | ... | ... |
| Lithuania | 92.7 | 100.0 | 100.0 | 100.0 | 37.7 | 97.1 | 64.7 | 51.3 | 59.0 | 73.0 |
| Luxembourg | 96.0 | 100.0 | 100.0 | 100.0 | 49.8 | 100.0 | 77.1 | ... | 59.3 | 83.0 |
| Malta | ... | ... | 100.0 | 59.8 | 49.7 | 100.0 | 73.5 | ... | 56.5 | 82.0 |
| Monaco | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Montenegro | 41.0 | ... | 100.0 | 100.0 | 29.3 | 90.6 | ... | ... | 43.8 | 68.0 |
| Netherlands | 97.5 | 100.0 | 100.0 | 100.0 | 74.8 | 100.0 | 97.6 | 90.3 | 63.6 | 86.0 |
| North Macedonia | 39.0 | ... | 100.0 | 100.0 | 17.5 | 68.6 | ... | ... | 44.7 | 72.0 |
| Norway | 95.8 | 100.0 | 100.0 | 100.0 | 58.2 | 100.0 | 89.6 | 83.1 | 63.8 | 87.0 |
| Portugal | 90.2 | 93.1 | 100.0 | 89.0 | 40.2 | 90.4 | 77.3 | 59.3 | 53.8 | 82.0 |
| San Marino | ... | ... | 100.0 | ... | ... | ... | 96.9 | ... | ... | ... |
| Serbia | 39.0 | ... | ... | ... | 6.6 | 63.5 | 66.2 | ... | 29.9 | 65.0 |
| Slovenia | 100.0 | 79.4 | 96.0 | 100.0 | 29.7 | 100.0 | 80.5 | 100.0 | 54.5 | 79.0 |
| Spain | 80.9 | 100.0 | 100.0 | 77.3 | 44.2 | 98.2 | 76.2 | 45.0 | 46.9 | 83.0 |
| Sweden | 100.0 | 100.0 | 100.0 | 100.0 | 60.2 | 100.0 | 84.8 | 100.0 | 64.6 | 86.0 |
| Switzerland | 92.7 | 100.0 | 100.0 | 96.9 | 62.0 | 100.0 | 66.7 | 70.2 | 68.3 | 83.0 |
| United Kingdom | 93.5 | 100.0 | 100.0 | 100.0 | 56.4 | 100.0 | 68.0 | 76.6 | 55.7 | 87.0 |

## ▶ Table A4.2 (cont'd)

### Sources

*Main source*

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### Notes

... Data not available.

* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

[1] Proportion of the population covered by at least one social protection cash benefit: ratio of the population receiving cash benefits, excluding healthcare and sickness benefits, under at least one of the contingencies/social protection functions (contributory or non-contributory benefit) or actively contributing to at least one social security scheme to the total population.

[2] Proportion of children covered by social protection benefits: ratio of children/households receiving child or family cash benefits to the total number of children/households with children.

[3] Proportion of women giving birth covered by maternity benefits: ratio of women receiving cash maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates published in the UN's World Population Prospects or on the number of live births corrected for the share of twin and triplet births).

[4] Proportion of persons with disabilities receiving benefits: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the WHO) and each country's population.

[5] Proportion of unemployed receiving benefits: ratio of recipients of unemployment cash benefits to the number of unemployed persons.

[6] Proportion of workers covered in case of employment injury: ratio of workers protected by injury insurance to total employment or the labour force.

[7] Proportion of older persons receiving a pension: ratio of persons above statutory retirement age receiving an old-age pension (including contributory and non-contributory) to persons above statutory retirement age.

[8] Proportion of vulnerable persons receiving benefits: ratio of social assistance cash benefits recipients to the total number of vulnerable persons. The latter are calculated by subtracting from total population all people of working age who are contributing to a social insurance scheme or receiving contributory benefits, and all persons above retirement age receiving contributory benefits.

[9] Proportion of the labour force actively contributing to a pension scheme: ratio of workers protected by pension scheme (active contributors) to the total labour force.

[10] Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).

Global and regional aggregates are weighted by relevant population groups. Estimates are not strictly comparable to 2016 regional estimates due to methodological enhancements, extended data availability and country revisions.

For detailed definition of the indicators, please see Annex 2, available at: https://wspr.social-protection.org.

## ▶ Table A4.3 Public health and social protection expenditure, 2020 or latest available year (percentage of GDP)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | |
| **Africa** | 3.8 | 0.4 | 1.1 | 2.2 | 2.0 |
| Northern Africa | 7.7 | 0.2 | 1.3 | 5.6 | 2.4 |
| Sub-Saharan Africa | 2.1 | 0.4 | 1.0 | 0.9 | 1.8 |
| **Americas** | 16.6 | 0.7 | 2.6 | 6.6 | 7.6 |
| Latin America and the Caribbean | 10.1 | 0.5 | 2.0 | 5.9 | 3.9 |
| Northern America | 18.1 | 0.8 | 2.7 | 6.8 | 8.5 |
| **Arab States** | 4.6 | 0.1 | 1.4 | 3.8 | 3.2 |
| **Asia and the Pacific** | 7.5 | 1.1 | 1.7 | 5.1 | 4.0 |
| South-Eastern Asia and the Pacific | 8.2 | 1.4 | 1.9 | 5.7 | 4.4 |
| Southern Asia | 2.6 | 0.1 | 0.4 | 1.3 | 1.4 |
| **Europe and Central Asia** | 17.4 | 1.5 | 7.7 | 10.7 | 6.7 |
| Central and Western Asia | 9.5 | 0.8 | 2.9 | 6.0 | 3.2 |
| Eastern Europe | 13.8 | 1.2 | 4.3 | 9.7 | 3.9 |
| Northern, Southern and Western Europe | 18.7 | 1.6 | 8.7 | 11.3 | 7.5 |
| **World** | 12.9 | 1.1 | 3.6 | 7.0 | 5.8 |
| Low-income | 1.1 | 0.1 | 0.7 | 0.8 | 1.0 |
| Lower-middle-income | 2.5 | 0.2 | 0.8 | 1.4 | 1.3 |
| Upper-middle-income | 8.0 | 0.5 | 1.6 | 5.3 | 3.2 |
| High-income | 16.4 | 1.2 | 4.8 | 8.5 | 7.6 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| **Africa** | | | | | | | |
| **Northern Africa** | | | | | | | |
| Algeria | 8.9 | 0.2 | 0.8 | 7.9 | General government | ILO/National | 4.1 |
| Egypt | 9.5 | ... | 2.2 | 5.4 | General government | IMF | 1.4 |
| Libya | 4.4 | ... | ... | ... | General government | ILO | ... |
| Morocco | 4.5 | 0.1 | 0.1 | 2.7 | General government | ILO | 2.1 |
| Sudan | 0.7 | 0.0 | 0.7 | ... | General government | ILO/National | 1.0 |
| Tunisia | 7.5 | ... | 0.6 | 6.9 | Central government[b] | ILO/National | 4.2 |
| **Sub-Saharan Africa** | | | | | | | |
| Angola | 2.1 | 0.1 | 0.4 | 1.6 | Budgetary central government | IMF | 1.1 |
| Benin | 1.3 | ... | ... | 0.4 | General government | UNICEF/WB | 0.5 |
| Botswana | 1.9 | ... | 0.9 | 1.0 | Budgetary central government | IMF | 4.5 |
| Burkina Faso | 0.1 | 0.0 | 0.1 | 0.0 | Budgetary central government | IMF | 2.4 |
| Burundi | 2.6 | 0.1 | 2.2 | 0.8 | General government | UNICEF | 1.9 |
| Cabo Verde | 6.4 | 0.0 | 5.5 | 3.6 | Central government[c] | IMF | 3.2 |
| Cameroon | 0.8 | ... | 0.0 | 0.8 | General government | ILO/National/WB | 0.2 |
| Central African Republic | 2.8 | ... | 2.8 | ... | General government | ILO/National | 0.7 |
| Chad | 0.6 | 0.0 | 0.6 | ... | General government | ILO/WB | 0.7 |
| Comoros | ... | ... | ... | ... | ... | ... | 0.4 |
| Congo | 1.4 | ... | 0.1 | ... | General government | GSWPlanned | 0.8 |
| Congo, Democratic Republic of the | 1.8 | ... | 0.7 | ... | General government | GSW | 0.5 |
| Côte d'Ivoire | 1.2 | ... | 0.1 | 1.1 | General government | ILO/National/WB | 1.2 |
| Djibouti | 2.0 | ... | 0.2 | ... | General government | ILO/WB | 1.2 |
| Equatorial Guinea | ... | ... | ... | ... | ... | ... | 0.6 |
| Eritrea | ... | ... | ... | ... | ... | ... | 0.6 |
| Eswatini | 1.0 | 0.3 | 0.1 | 0.8 | General government | GSW | 2.1 |
| Ethiopia | 0.7 | ... | 0.7 | 0.0 | Budgetary central government | IMF | 0.8 |
| Gabon | ... | ... | ... | ... | ... | ... | 1.6 |
| Gambia | 0.9 | ... | 0.9 | 0.4 | General government | WB | 0.9 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| Ghana | 1.7 | 0.4 | 0.4 | 0.8 | General government | ILO/WB | 1.4 |
| Guinea | 0.5 | ... | 0.4 | ... | General government | ILO | 0.6 |
| Guinea-Bissau | ... | ... | ... | ... | ... | ... | 0.6 |
| Kenya | 1.0 | 0.0 | 0.3 | 1.5 | Budgetary central government | IMF | 2.2 |
| Lesotho | 5.5 | 0.9 | 1.7 | 2.9 | General government | UNICEF | 5.4 |
| Liberia | 0.4 | 0.1 | 0.1 | 0.2 | General government | ILO/National/WB | 1.7 |
| Madagascar | 1.0 | 0.2 | 1.0 | 1.4 | Budgetary central government | IMF | 1.7 |
| Malawi | 1.6 | 0.0 | 0.3 | 1.2 | General government | GSWPlanned | 2.7 |
| Mali | 2.2 | 0.1 | 0.6 | 1.6 | General government | ILO/WB | 1.1 |
| Mauritania | 3.6 | 0.2 | 2.4 | 1.0 | General government | ILO/National/WB | 1.6 |
| Mauritius | 6.8 | 0.6 | 1.4 | 4.9 | General government | IMF | 2.5 |
| Mozambique | 0.8 | 0.0 | 0.8 | 0.0 | Budgetary central government | IMF | 1.7 |
| Namibia | 3.8 | 0.7 | 1.9 | 3.1 | Budgetary central government | ILO/National | 3.7 |
| Niger | 1.4 | 0.0 | 0.6 | 0.7 | General government | ILO/WB | 2.4 |
| Nigeria | 0.7 | 0.0 | 0.7 | 0.0 | General government | ILO/National/WB | 0.6 |
| Rwanda | 1.8 | ... | 1.5 | 0.3 | General government | UNICEF | 2.4 |
| Sao Tome and Principe | 0.7 | 0.6 | 0.2 | 0.0 | General government | ILO/National | 2.8 |
| Senegal | 3.3 | 0.0 | 1.2 | 2.1 | General government | WB | 0.9 |
| Seychelles | 6.4 | 0.2 | 6.1 | 0.0 | General government | IMF | 3.8 |
| Sierra Leone | 0.7 | 0.1 | 0.0 | 0.0 | General government | GSWPlanned | 1.6 |
| Somalia | 0.0 | ... | 0.0 | 0.0 | Budgetary central government | IMF | ... |
| South Africa | 5.5 | 1.5 | 2.5 | 1.5 | General government | IMF | 4.5 |
| South Sudan | ... | ... | ... | ... | ... | ... | 0.7 |
| Tanzania, United Republic of | 1.7 | 0.0 | 0.4 | 1.3 | General government | ILO/National | 1.6 |
| Togo | 0.1 | 0.0 | 0.0 | 1.4 | General government | GSWPlanned | 1.1 |
| Uganda | 0.7 | 0.0 | 0.6 | 0.0 | Budgetary central government | IMF | 1.0 |
| Zambia | 0.8 | 0.0 | 0.3 | 0.4 | General government | National | 1.9 |
| Zimbabwe | 2.9 | 0.1 | 0.1 | 2.7 | General government | ILO/National/WB | 1.3 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| **Americas** | | | | | | | |
| **Latin America and the Caribbean** | | | | | | | |
| Anguilla | ... | ... | ... | ... | ... | ... | ... |
| Antigua and Barbuda | 3.4 | ... | 0.4 | 3.1 | General government | ILO/National | 2.9 |
| Argentina | 10.9 | 1.6 | 0.5 | 8.9 | Central government[b] | IMF | 5.9 |
| Aruba | ... | ... | ... | ... | ... | ... | ... |
| Bahamas | 1.9 | ... | 0.4 | 1.5 | General government | ILO/National | 3.1 |
| Barbados | 4.1 | ... | 2.5 | 2.0 | Budgetary central government | ECLAC | 2.9 |
| Belize | 2.1 | 0.0 | 0.5 | 1.3 | General government | GSW | 3.9 |
| Bermuda | ... | ... | ... | ... | ... | ... | ... |
| Bolivia, Plurinational State of | 4.5 | 0.2 | 0.2 | 3.0 | Central government | ECLAC | 4.5 |
| Brazil | 15.7 | 0.5 | 4.0 | 9.7 | General government | ECLAC | 4.0 |
| British Virgin Islands | ... | ... | ... | ... | ... | ... | ... |
| Cayman Islands | ... | ... | ... | ... | ... | ... | ... |
| Chile | 6.8 | 1.8 | 2.2 | 2.8 | General government | OECD | 4.6 |
| Colombia | 9.0 | 0.2 | 0.2 | 3.1 | General government | ECLAC | 5.5 |
| Costa Rica | 7.3 | 2.6 | 0.1 | 4.7 | Non-Financial Public Sector | ECLAC | 5.5 |
| Cuba | 6.4 | ... | ... | ... | General government | ECLAC | 9.9 |
| Curaçao | ... | ... | ... | ... | ... | ... | ... |
| Dominica | 9.4 | 0.5 | 5.8 | 3.1 | General government | ILO/National | 4.3 |
| Dominican Republic | 1.5 | 0.0 | 0.8 | 0.7 | Central government | ECLAC | 2.5 |
| Ecuador | 5.2 | 0.2 | 0.5 | 4.5 | General government | ILO/National | 4.2 |
| El Salvador | 5.4 | 0.1 | 2.9 | 1.3 | Non-Financial Public Sector | ECLAC | 4.5 |
| Grenada | 3.8 | ... | 1.7 | 2.0 | General government | ILO/National | 1.7 |
| Guadeloupe | ... | ... | ... | ... | ... | ... | ... |
| Guatemala | 1.3 | 0.1 | 0.2 | 1.0 | Central government | ECLAC | 2.1 |
| French Guiana | ... | ... | ... | ... | ... | ... | ... |
| Guyana | 2.3 | ... | 0.2 | 3.9 | Central government[b] | ECLAC | 3.7 |
| Haiti | 1.0 | 0.1 | 0.1 | ... | General government | GSWPlanned | 0.9 |
| Honduras | 0.4 | ... | 0.3 | 0.2 | Central government | ECLAC | 2.8 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| Jamaica | 0.7 | ... | 0.4 | ... | Central government | ECLAC | 3.9 |
| Martinique | ... | ... | ... | ... | ... | ... | ... |
| Mexico | 7.5 | 0.1 | 1.0 | 3.6 | General government | OECD | 2.7 |
| Nicaragua | 0.4 | ... | 2.5 | 4.0 | Central government | ECLAC | 5.1 |
| Panama | 1.3 | 0.0 | 1.0 | 0.4 | Central government | ECLAC | 4.6 |
| Paraguay | 6.2 | 0.0 | 0.2 | 1.5 | General government | ECLAC | 2.9 |
| Peru | 2.7 | ... | 0.2 | 0.1 | General government | ECLAC | 3.3 |
| Puerto Rico | ... | ... | ... | ... | ... | ... | ... |
| Saint Kitts and Nevis | 2.9 | ... | 0.7 | 2.2 | General government | ILO/National/ ECLAC | 2.5 |
| Saint Lucia | 2.9 | 0.4 | 1.1 | 1.5 | General government | ILO/National/ UNICEF | 2.1 |
| Saint Vincent and the Grenadines | 4.4 | ... | ... | 0.1 | General government | ILO | 3.1 |
| Sint Maarten (Dutch part) | ... | ... | ... | ... | ... | ... | ... |
| St. Martin (French part) | ... | ... | ... | ... | ... | ... | ... |
| Suriname | 1.6 | ... | ... | 1.6 | General government | National | 5.3 |
| Trinidad and Tobago | 5.4 | ... | 0.9 | ... | Central government[b] | ECLAC | 3.4 |
| Turks and Caicos Islands | ... | ... | ... | ... | ... | ... | ... |
| United States Virgin Islands | ... | ... | ... | ... | ... | ... | ... |
| Uruguay | 8.8 | 0.3 | 1.2 | 7.3 | General government | ILO/National/ ECLAC | 6.7 |
| Venezuela, Bolivarian Republic of | 8.7 | ... | ... | 0.0 | General government | ILO | 1.7 |
| **Northern America** | | | | | | | |
| Canada | 8.3 | 2.3 | 4.5 | 2.9 | General government | National | 7.9 |
| Saint Pierre and Miquelon | ... | ... | ... | ... | ... | ... | ... |
| United States | 18.9 | 0.6 | 2.6 | 7.1 | General government | OECD | 8.5 |
| **Arab States** | | | | | | | |
| Bahrain | 6.3 | ... | 1.1 | 5.2 | General government | ILO/National | 2.4 |
| Iraq | 7.6 | ... | 2.0 | 5.6 | General government | ILO/National | 2.0 |
| Jordan | 9.0 | 0.1 | 1.2 | 7.6 | Budgetary central government | IMF | 3.8 |
| Kuwait | 7.0 | 0.0 | 0.6 | 6.3 | Central government[c] | IMF | 4.4 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| Lebanon | 6.2 | 0.8 | 0.2 | 5.2 | Budgetary central government | IMF | 4.2 |
| Occupied Palestinian Territory | 3.3 | 0.0 | 0.6 | 2.3 | Budgetary central government | IMF | ... |
| Oman | 2.2 | 0.0 | 0.2 | 2.0 | Budgetary central government | IMF | 3.6 |
| Qatar | 0.9 | ... | 0.1 | 0.8 | General government | ILO/National | 1.9 |
| Saudi Arabia | 5.3 | 0.0 | 2.0 | 3.3 | General government | ILO/National | 4.0 |
| Syrian Arab Republic | 0.4 | ... | ... | ... | General government | ILO/IMF | ... |
| United Arab Emirates | 2.2 | ... | 1.2 | ... | General government | IMF | 2.2 |
| Yemen | 0.7 | ... | 0.0 | 0.7 | General government | IMF | ... |
| **Asia and the Pacific** | | | | | | | |
| **South-Eastern Asia and the Pacific** | | | | | | | |
| Australia | 9.4 | 2.2 | 5.8 | 3.8 | General government | IMF | 6.4 |
| Brunei Darussalam | 0.2 | ... | ... | 0.4 | General government | ILO/ADB | 2.3 |
| Cambodia | 0.9 | 0.2 | 0.6 | 0.3 | General government | GSWPlanned | 1.3 |
| China | 7.2 | ... | 1.2 | 5.0 | General government | IMF | 3.0 |
| Fiji | 2.5 | 0.1 | 0.5 | 1.9 | General government | ILO/National | 2.3 |
| Cook Islands | 4.2 | 0.6 | 0.4 | 3.1 | General government | ADB | 2.4 |
| Hong Kong, China | 2.8 | 0.2 | 2.3 | 0.3 | General government | IMF | ... |
| Indonesia | 1.3 | 0.4 | 1.3 | 0.9 | General government | IMF | 1.4 |
| Japan | 16.1 | 1.9 | 2.9 | 12.4 | General government | IMF | 9.2 |
| Kiribati | 10.8 | ... | 5.0 | 5.7 | General government | ADB | 9.3 |
| Korea, Democratic People's Republic of | ... | ... | ... | ... | ... | ... | ... |
| Korea, Republic of | 6.3 | 1.2 | 2.0 | 3.1 | General government | OECD | 4.4 |
| Lao People's Democratic Republic | 0.7 | ... | 0.0 | 0.5 | General government | National | 0.9 |
| Macau, China | 4.1 | 0.0 | 0.1 | 0.8 | General government | IMF | ... |
| Malaysia | 4.2 | ... | 0.6 | 5.0 | General government | ADB | 1.9 |
| Marshall Islands | 3.4 | 0.9 | 4.4 | 7.2 | Budgetary central government | IMF | 7.6 |
| Micronesia, Federated States of | 0.4 | 1.0 | 0.4 | 5.7 | Budgetary central government | IMF | 3.3 |
| Mongolia | 15.9 | 1.1 | 10.7 | 10.9 | General government | IMF | 2.2 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| Myanmar | 0.8 | 0.0 | 0.0 | 0.0 | General government | IMF | 0.7 |
| Nauru | 4.5 | ... | 3.0 | 1.5 | General government | ADB | 7.9 |
| New Caledonia | ... | ... | ... | ... | ... | ... | ... |
| New Zealand | 11.5 | 2.5 | 4.2 | 4.8 | General government | OECD | 6.9 |
| Palau | 1.0 | 0.7 | 1.1 | 6.7 | Budgetary central government | IMF | 6.4 |
| Papua New Guinea | 0.1 | ... | 0.1 | 1.0 | General government | GSW | 1.7 |
| Philippines | 2.6 | 0.1 | 1.8 | 0.8 | Budgetary central government | IMF | 1.4 |
| Samoa | 1.2 | ... | ... | 3.1 | Budgetary central government | IMF | 3.8 |
| Singapore | 1.0 | 0.4 | 1.3 | 3.8 | General government | IMF | 2.2 |
| Solomon Islands | 0.7 | 0.2 | 0.5 | ... | Budgetary central government | IMF | 3.5 |
| Taiwan, China | 4.4 | ... | 3.2 | 1.2 | Local governments | ILO/National | ... |
| Thailand | 3.0 | 0.0 | 1.5 | 1.5 | General government | IMF | 2.9 |
| Timor-Leste | 8.0 | 0.8 | 10.8 | 2.3 | General government | ADB | 2.6 |
| Tonga | 1.1 | ... | ... | 1.1 | General government | ADB | 3.2 |
| Tuvalu | ... | ... | ... | ... | ... | ... | 15.2 |
| Vanuatu | 1.7 | ... | 0.8 | 0.8 | General government | ADB | 2.1 |
| Viet Nam | 4.3 | ... | 0.1 | 4.2 | General government | ADB | 2.7 |
| **Southern Asia** | | | | | | | |
| Afghanistan | 1.8 | 0.1 | 1.3 | 1.5 | General government | IMF | 0.5 |
| Bangladesh | 0.7 | 0.1 | 1.1 | 0.8 | Budgetary central government | IMF | 0.4 |
| Bhutan | 1.0 | 0.2 | 0.0 | 0.8 | Budgetary central government | ILO/ADB/WB | 2.4 |
| India | 1.4 | 0.1 | 0.3 | 0.3 | General government | IMF | 1.0 |
| Iran, Islamic Republic of | 10.1 | ... | ... | 6.1 | General government | ILO/IMF | 4.0 |
| Maldives | 2.9 | 0.1 | 0.4 | 2.4 | General government | ADB | 6.6 |
| Nepal | 2.1 | ... | 2.1 | ... | General government | National | 1.5 |
| Pakistan | 1.9 | ... | 0.4 | 1.5 | Budgetary central government | IMF | 1.1 |
| Sri Lanka | 3.2 | 0.1 | 0.4 | 2.7 | General government | ADB | 1.5 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| **Europe and Central Asia** | | | | | | | |
| **Central and Western Asia** | | | | | | | |
| Armenia | 6.8 | 1.0 | 0.7 | 5.2 | Budgetary central government | IMF | 1.2 |
| Azerbaijan | 6.0 | 0.2 | 1.3 | 4.4 | General government | IMF | 0.9 |
| Cyprus | 12.7 | 2.9 | 2.3 | 7.6 | General government | IMF | 2.9 |
| Georgia | 7.1 | 1.7 | 1.1 | 4.2 | General government | IMF | 2.8 |
| Israel | 11.4 | 2.3 | 3.7 | 5.4 | General government | OECD | 4.9 |
| Kazakhstan | 5.1 | 0.6 | 1.0 | 3.5 | General government | IMF | 1.8 |
| Kyrgyzstan | 10.3 | 1.2 | 0.7 | 8.3 | General government | IMF | 2.8 |
| Tajikistan | 4.0 | ... | 0.6 | 3.4 | General government | ADB | 2.0 |
| Turkey | 9.9 | 0.1 | 3.4 | 6.8 | General government | IMF | 3.2 |
| Turkmenistan | ... | ... | ... | ... | ... | ... | 1.2 |
| Uzbekistan | 7.8 | 0.8 | 0.6 | 8.3 | General government | IMF | 2.0 |
| **Eastern Europe** | | | | | | | |
| Belarus | 13.3 | 0.3 | 12.6 | 0.7 | General government | IMF | 4.0 |
| Bulgaria | 12.2 | 2.3 | 0.8 | 9.0 | General government | IMF | 4.2 |
| Czechia | 12.0 | 1.1 | 5.2 | 7.9 | General government | IMF | 6.3 |
| Hungary | 13.5 | 1.7 | 6.9 | 7.7 | General government | IMF | 4.6 |
| Poland | 16.2 | 2.6 | 5.7 | 10.8 | General government | IMF | 4.5 |
| Republic of Moldova | 11.0 | 1.1 | 2.7 | 7.2 | General government | IMF | 3.7 |
| Romania | 11.7 | 1.2 | 1.7 | 8.8 | General government | IMF | 4.4 |
| Russian Federation | 13.4 | 0.7 | 3.5 | 10.3 | Central government[b] | IMF | 3.2 |
| Slovakia | 14.3 | 1.0 | 6.8 | 8.4 | General government | IMF | 5.3 |
| Ukraine | 16.2 | 1.2 | 4.1 | 10.9 | General government | IMF | 3.7 |
| **Northern, Southern and Western Europe** | | | | | | | |
| Albania | 9.2 | 1.3 | 0.2 | 7.6 | General government | IMF | 2.8 |
| Andorra | 1.1 | ... | ... | ... | General government | National | 4.6 |
| Austria | 20.1 | 2.1 | 7.2 | 13.7 | General government | IMF | 7.5 |
| Belgium | 19.7 | 2.2 | 10.0 | 11.1 | General government | IMF | 7.8 |
| Bosnia and Herzegovina | ... | ... | ... | ... | ... | ... | 6.2 |
| Croatia | 14.7 | 1.9 | 3.4 | 9.4 | General government | IMF | 5.7 |
| Denmark | 22.2 | 4.4 | 15.9 | 8.3 | General government | IMF | 8.4 |

## ▶ Table A4.3 (cont'd)

| Country/territory | Total expenditure on social protection (excluding health)[a] | Expenditure on social protection systems including floors, by broad age group | | | | | Domestic general government health expenditure (GGHE-D), WHO |
|---|---|---|---|---|---|---|---|
| | | Children | Working-age population | Old age | Sector | Source | |
| Estonia | 13.0 | 2.7 | 6.1 | 6.7 | General government | IMF | 4.9 |
| Finland | 24.4 | 3.0 | 11.6 | 14.4 | General government | IMF | 7.1 |
| France | 23.9 | 2.2 | 9.6 | 14.8 | General government | IMF | 8.3 |
| Germany | 19.4 | 1.7 | 9.1 | 11.3 | General government | IMF | 8.9 |
| Greece | 19.0 | 0.8 | 5.1 | 15.2 | General government | IMF | 4.0 |
| Guernsey | ... | ... | ... | ... | ... | ... | ... |
| Iceland | 9.9 | 2.1 | 7.6 | 3.1 | General government | IMF | 7.0 |
| Ireland | 9.0 | 1.3 | 5.9 | 3.8 | General government | IMF | 5.1 |
| Isle of Man | ... | ... | ... | ... | ... | ... | ... |
| Italy | 20.9 | 1.0 | 6.2 | 16.0 | General government | IMF | 6.4 |
| Jersey | ... | ... | ... | ... | ... | ... | ... |
| Latvia | 11.5 | 1.2 | 5.6 | 6.9 | General government | IMF | 3.7 |
| Liechtenstein | ... | ... | ... | ... | ... | ... | ... |
| Lithuania | 12.1 | 1.5 | 6.4 | 6.5 | General government | IMF | 4.3 |
| Luxembourg | 18.3 | 3.6 | 8.1 | 9.7 | General government | IMF | 4.5 |
| Malta | 11.0 | 0.9 | 2.1 | 8.0 | General government | IMF | 5.7 |
| Monaco | ... | ... | ... | ... | ... | ... | 1.4 |
| Montenegro | ... | ... | ... | ... | ... | ... | 5.1 |
| Netherlands | 15.5 | 1.4 | 11.8 | 6.5 | General government | IMF | 6.5 |
| North Macedonia | 11.2 | 1.3 | 0.5 | 9.4 | General government | ILO/National/WB | 3.8 |
| Norway | 19.1 | 3.4 | 13.3 | 7.3 | General government | IMF | 8.6 |
| Portugal | 17.1 | 1.0 | 5.2 | 13.2 | General government | IMF | 5.8 |
| San Marino | 16.8 | ... | ... | ... | General government | ILO/IMF | 6.0 |
| Serbia | 16.1 | ... | ... | 9.9 | General government | ILO | 5.1 |
| Slovenia | 16.7 | 1.8 | 5.8 | 11.2 | General government | IMF | 6.0 |
| Spain | 16.8 | 0.8 | 7.4 | 11.5 | General government | IMF | 6.3 |
| Sweden | 19.5 | 2.5 | 11.7 | 10.7 | General government | IMF | 9.3 |
| Switzerland | 12.8 | 0.4 | 8.1 | 7.0 | General government | IMF | 3.7 |
| United Kingdom | 15.1 | 1.3 | 7.5 | 8.4 | General government | IMF | 7.9 |

## ▶ Table A4.3 (cont'd)

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**Notes**

... Data not available.

[a] Total social protection expenditure (excluding health) does not always correspond to the sum of expenditures by age group, depending on data availability, source and year, and on inclusion of non-age-group-specific expenditures.

[b] Including social security funds.

[c] Excluding social security funds.

Global and regional aggregates are weighted by GDP. Estimates are not strictly comparable to 2016 regional estimates due to methodological enhancements, extended data availability and country revisions.

For detailed definition of the indicators, please see Annex 2, available at: https://wspr.social-protection.org.

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*Note: This report follows the Chicago referencing style in respect of works published by the same author in the same year, whereby the entries are listed in alphabetical order of title.*


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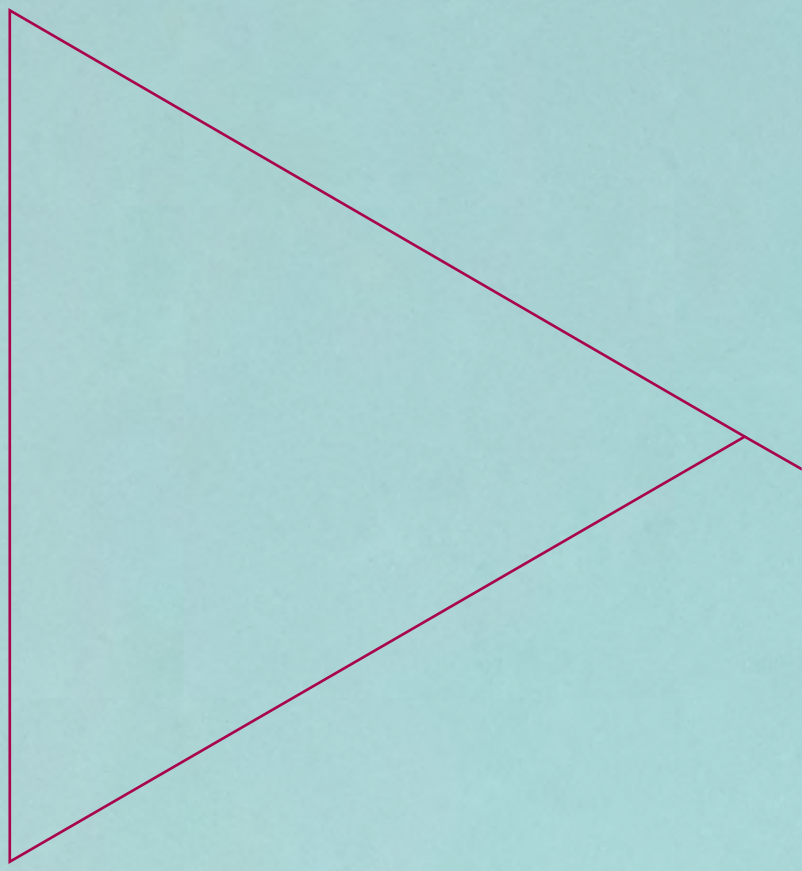
**World Social Protection Report 2020–22**

## Social protection at the crossroads – in pursuit of a better future

This ILO flagship report provides a global overview of recent developments in social protection systems, including social protection floors, and covers the impact of the COVID-19 pandemic. Based on new data, it offers a broad range of global, regional and country data on social protection coverage, benefits and public expenditures.

Following a life-cycle approach, the report analyses progress with regard to universal social protection coverage, with a particular focus on achieving the globally agreed 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). The report includes access to comprehensive statistical tables containing the latest social protection data, including detailed country data on SDG indicator 1.3.1.



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