
The Social Protection Floor

A joint Crisis Initiative of the UN Chief Executives Board for Co-ordination on the Social Protection Floor

International Labour Office (ILO)¹
World Health Organisation (WHO)

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¹ WHO and ILO are leading the UNCEB crisis initiative On the Social Protection Floor. Collaborating agencies are FAO, IMF, OHCR, UN regional Commissions, UNAIDS, UN_DESA., UNDP, UNESCO, UNFPA, UN_Habitat, UNHCR, UNICEF, UNODC, UNWRA, WFP, WMP, World Bank.

1. Executive summary

This global financial and economic crisis will have dramatic social, health, hunger and education effects unless decisive action is taken. The global crisis threatens to roll back decades of investment in favour of human development and in pursuit of internationally agreed development goals, including the MDGs. In the long term, it could lead to significant challenges to peace and security in various parts of the world. Past economic crises have usually resulted in significant reductions in aid flows and in national budgets to support needed social services, including education and health, and also across the spectrum of public services. The UN system should protect those fundamental elements of societal cohesion – social protection, education, health, the sciences, culture and communication – that make human development possible but which are often the first to be hit in a recession. Countries must provide leadership by ensuring that their crisis responses emphasize the need to invest in social protection, health, education, science, culture and other relevant social sectors. The objective should be to spend in ways that will both kick-start growth and support more inclusive and sustainable development in the longer term - in other words, to invest out of the crisis.

Studies of previous financial and economic crises have shown a variety of effects. Most importantly, these studies show that crises can lead to:

- increases in child labour;
- reductions in domestic social spending on health and education (including decreased funding of educational professions and collapse of higher education institutions);
- reduced aid flows overall, although the impact on the social sectors has been variable. In education, however, it has been estimated that a 1% drop in donor-country GDP has been associated with 1% drop in aid flows;
- decreases in school enrolments in low-income countries. The reduced ability of households to contribute to schooling costs, leads to withdrawal of children from school (in particular girls) and delay of entry of the youngest;
- higher demand for public provision of education and health services due to shifts away from private providers;
- deterioration in health, most frequently, higher child mortality rates and increases in malnutrition;
- increased out of pocket spending on health due to the financial crisis leading to shifts of demand to already under-resourced public sector services and/or causing further impoverishment for those who have to pay for care.

The risks of a short-term vision are real in these sectors. Once undone, progress cannot easily be recovered without considerable re-investment and political re-commitment. Social transfers and social services are a long-term investment. They carry lifetime benefits and high individual and social returns. The crisis offers an opportunity to review social policies and align them along the principles of inclusion, equity and social justice.

In crisis conditions, social security benefits, public health and nutrition programmes, and social services act as social, health and economic stabilizers thereby curtailing the potential social and economic depth of the recession, through avoiding poverty, ensuring continuity in services, and stabilizing aggregate demand. The international community should not just repair the problems identified by the crisis in global financial, monetary and economic

systems, but should be advocating and supporting the development of a *social protection floor* to protect people during the crisis, and thereafter.

A social protection floor could consist of two main elements that help to realize respective human rights:²

- *Essential Services*: ensuring the availability, continuity, and access to public services (such as water and sanitation, health, education and family-focused social work support).
- *Social Transfers*: a basic set of essential social transfers, in cash and in kind, paid to the poor and vulnerable to enhance food security and nutrition, provide a minimum income security and access to essential services, including education and health care.

At country level it might also require development or amendment of the *legislative system* to uphold and protect the rights of those likely to be affected, based on key human rights principles such as non-discrimination, gender equity and people's participation.

The definition transcends the mandate of any individual UN agency so this document seeks to provide the elements for a coherent system-wide approach. Calculations by various UN agencies including ILO, UNAIDS, UNICEF and WHO show that a basic floor of social transfers is globally affordable, even if the funding is not yet available everywhere. It would also have a major impact on poverty, access and use of key services including those for AIDS, tuberculosis and malaria, and on child labour and child trafficking. When properly implemented, already existing cash transfer and basic health systems in many developing countries have positive impacts on poverty, child labour, health and nutrition, education, social status of recipients, economic activity, without having negative effects on adult labour market participation. What is needed now is a UN-led global coalition to safeguard the attainment of the Millennium Development Goals (MDGs), as an important element of social progress. The social protection floor provides a conceptual catalyst to do just that.

2. Crisis management and the social protection floor: Conceptual and policy background

The role of social protection in times of crises

Previous global economic downturns have frequently seen reductions in household incomes, government expenditures, and donor contributions to people in low-income countries. In addition, in many developing countries the reduction of formal employment has left an additional proportion of the population without access to the contributory insurance-based schemes for health and income maintenance protection that frequently exist for the formal sector. The reduction of household incomes has generally been associated with an increased need for social transfers and a greater use of government services, particularly health services, as people switch from the private sector. The public sector then faces the dual problem of increased demand while at the time its ability to spend is falling. Because the poor and other vulnerable groups suffer disproportionately, an increased number of households are pushed into deeper poverty and hunger, children are removed from school and sent to work, risks of trafficking increase, and sexual

² *Human rights relating to health, education, employment, social security, water and sanitation are reflected in the Universal Declaration of Human Rights, paras. 22, 25 and 26, and subsequent legally binding treaties discussed in section 3 below.*

exploitation of women and girls increases which associated increases in the risk of HIV infections. There is a risk that the gains of ensuring access to treatment of millions of people suffering from AIDS could be reversed as could access to other essential health and educational services. The aggregate effect could well be a slowing or reversal in progress towards many of the MDGs.

Generally the impact of recessions has not been gender neutral, with a disproportionate burden placed on women in both developed and developing countries. They are more likely than men to be in vulnerable jobs, to be under-employed or without a job, to lack social protection, to have limited access to health services and control over economic and financial resources, and to have increased responsibilities in all spheres of their life.

In economic crises, the provision of social protection, i.e. social assistance including food assistance and security benefits, paid to unemployed workers and other vulnerable recipients act as social and economic stabilizers, at least in countries where these stabilizers are relatively strong. They not only prevent people from falling further into poverty, ensure access to needed health services and education and reduce the likelihood of social unrest, but also make an important contribution to limiting the fall in aggregate demand, thereby curtailing the potential depth of the recession.³ If designed appropriately they can also contribute to gender equity and harmonious relationships between generations.

The international community has focused heavily on strengthening global financial and monetary systems and the global economy. It must also advocate strongly and support the development of a social protection floor to protect all vulnerable people during the crisis, and thereafter. Potential strategies are to:

- improve social assistance in-kind (such as food) and cash transfer schemes (CTS) and widen eligibility conditions or their scope;⁴
- increase benefit amounts of existing social security schemes or introduce new ones such as employment guarantee schemes;
- create or modify food assistance programmes such as school feeding; and
- strengthen mechanisms for ensuring the availability of, and access to, health and educational services required for all people, including the poor and vulnerable in both rural and urban areas. Of particular importance is to ensure continuity of treatment for people with chronic conditions such as AIDS.

At the same time, active steps need to be taken to ensure that the most vulnerable can access and use needed services without stigma. While cash transfer programmes may embody help to address short-term crisis effects on poverty, health and insecurity, institutionalized systems of social transfers are most valuable as a systemic component of

³ *Aggregate demand is reflected in the sum of expenditures by households, business, government and entities outside the country (e.g. exports). Most countries currently in recession see the stimulation of aggregate demand as being critical to kick-starting growth.*

⁴ *Social transfers include the provision of cash, food or vouchers to needy populations. Cash transfers are cash payments made typically covering unemployment or sickness benefits, or to provide access to goods available on markets. Vouchers provide people with commodities available in selected stores, while food transfers provide people with in-kind food rations, often enriched with micronutrients. All types of transfers could be linked to social services, health clinics or schools, i.e. so-called “conditional transfers”.*

an overall national poverty reduction strategy. The Asian crisis in the 1990s has shown that the build-up of a system of basic social security also enhances the national crisis preparedness for the future. In addressing both the short-term crisis and building a basic social security system, the strategies adopted should ensure the equal right to adequate protection from social risks and contingencies.

In countries that currently lack strong social security and income support programmes, a social protection floor consisting of a basic package of social transfers, combined with actions to guarantee that the poor and vulnerable have access to adequate and affordable sources of nutrition and needed social and health services, is critical to mitigating the poverty and welfare fall-out of the crisis, while at the same time providing a significant stimulus to the economy. Widespread support is gathering for the policy position that countries can grow with equity, i.e. providing some form of social protection from the early stages of their economic development. Indeed, there is now evidence that economic growth that does not include a concept for equity and equality is not sustainable in the long run.⁵

The value of social transfers and expenditures to reduce poverty and ensure access to needed services, as well as the need for social investment and social policies aimed at protecting the most vulnerable, has been recognized at recent international fora and by the constitutions, legal texts and governing bodies of many UN agencies, as well as in the Convention on the Rights of the Child.⁶ They can make a valuable contribution to the attainment of the MDGs.

The concept of a social protection floor

The idea of a socio-economic floor and its relationship to social protection was emphasized by the World Commission on the Social Dimension of Globalization that stated “A certain minimum level of social protection needs to be an accepted and undisputed part of the socio-economic floor of the global economy.”⁷ Since then, the term “social floor” or “social protection floor” has been used to mean a set of basic social rights, services and facilities that the global citizen should enjoy. The term “social floor” can correspond to the existing notion of “core obligations”, to ensure the realization of, at the very least, minimum essential levels of rights embodied in human rights treaties. However, no universally agreed definition exists at this time, but a social protection floor could consist of two main elements that help to realize respective human rights:⁸

⁵ *World Bank, World Development Report: Equity and Development (2006); UNDP, Human Development Report 2005: International Cooperation at a Crossroads: Trade, Aid and Security in an Unequal World; United Nations, Report on the World Social Situation 2005: The Inequality Predicament.*

⁶ *See the following documents. G8 Labour Ministers Conference: Shaping the social dimensions of globalization, Dresden, 6-8 May 2007, Chair’s conclusions. United Nations, Economic and Social Council (E/2006)/L.8, para. 19. ILO Declaration on Social Justice for a Fair Globalization in June 2008. World Health Assembly Resolution 58.33 on universal coverage, and WHO Executive Board resolution EB 124.11 on Primary Health Care, which endorsed universal coverage as one of the core elements.*

⁷ *World Commission on the Social Dimension of Globalization: A fair globalization – Creating opportunities for all”, 2004, p. 110.*

⁸ *See the Universal Declaration of Human Rights, paras. 22, 25 and 26.*

- *Essential services*: geographical and financial access to essential services (such as water and sanitation, adequate nutrition, health and education).
- *Social Transfers*: a basic set of essential social transfers, in cash and in kind, paid to the poor and vulnerable to provide a minimum income security and access to essential health care.

In many cases this would need to be supported by the development or amendment of the *legislative system* to uphold and protect the rights of those likely to be affected.

The systematic relationship between services (the “supply side” of the social protection floor) and means to ensure effective access including transfers (the “demand side of the social protection floor) is described in the following matrix. By working on both demand and supply side measures, the SPF takes a holistic approach to social protection. On the one hand, SPF activities will work on means to ensure the availability of goods and services in the areas of health, water and sanitation and housing, education, food and related information etc. At the same time, the SPF activities will secure rights and transfers that guarantee effective access to these goods and services for all throughout the life cycle: children, active age groups and older persons, paying particular attention to vulnerable groups by considering further key characteristics that cut across all age groups (gender, socio-economic status, ethnicity, disabilities, population exposed and/or highly sensitive to adverse external effects such as natural hazards, intense climate phenomena, etc.). Strategies to provide effective access will require identification of those who currently do not access essential services and the barriers to doing so.

Table 1. The Social Protection Floor: Supply and Demand side means to secure availability of and effective access to an essential level of quality goods and services to all

Means to ensure availability of:	Health services	Water and sanitation Housing	Education	Food	Other social services as defined by national priorities (including life and asset saving information...
Rights and transfers to guarantee access for:					
Children					
People in active age groups with insufficient income from work					
Older persons and people with disabilities (e.g.pensions)					

To remain sustainable, social protection floor entitlements should:

- build on existing social protection measures/schemes/systems;
- avoid creating long-term dependencies (at household and at macro level) and moral hazards;

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- encourage and facilitate market and social inclusion (be demand-driven and user-oriented);
 - be based on a clear definition of rights, that govern the relationship between the citizens and the state, and
 - ensure continued and predictable funding.

This document seeks to provide the elements for a coherent UN approach to a social protection floor taking lessons from the “Delivering as One” approach. That being said, important elements have already been endorsed by the governing bodies of several UN agencies and/or are enshrined in their constitutions. For example the WHO, often in collaboration with other UN agencies such as the ILO and the World Bank, supports countries to develop health financing systems capable of ensuring universal coverage, defined as ensuring that all people can access needed health services while avoiding catastrophic expenditure and impoverishment as a result of seeking care. It is also working with countries to renew and strengthen Primary Health Care, in which universal coverage is one of the key components along with: service delivery reforms to reorganize health services with people at the centre; public policy reforms that integrate health public policies across sectors; and leadership reforms to strengthen the important role government has in ensuring the health system moves in the desired directions.⁹

The World Food Programme is mandated to support economic and social development, concentrating its efforts and resources on the neediest people and countries. UNAIDS is working with partners to ensure universal access to HIV prevention, treatment, care and support as well as social protection mechanisms for patients and their families. UN-HABITAT in collaboration with UNITAR is developing guidelines on access to basic services for all. WMO is promoting the development of Early Warnings Systems relevant for a large range of natural hazards, which occurrence can jeopardize lives and goods, and ruining efforts to improve humankind conditions, especially the ones of the mostly exposed populations who happened to be generally also the victims of lack of social protection. The guidelines are based on the rights-based approach and will promote access to basic services by the poor. It also promotes basic water and sanitation services through pro-poor tariff and community-based financing mechanisms which include subsidies or grants.

ILO is already promoting the social transfer component of the social floor,¹⁰ i.e. a basic set of essential social guarantees realized through transfers in cash and in kind that could ensure:

- universal access to essential health services;
- income (or subsistence) security for all children through child benefits;
- income support combined with employment guarantees through public works programmes for the working-age poor who cannot earn sufficient income on the labour market;¹¹

⁹ *These activities are related to the implementation of resolutions WHA 58.33 and EB 124.11 described in footnote 2.*

¹⁰ *See ILO Declaration on Social Justice for a fair Globalization, Geneva, 2008, section I(ii).*

¹¹ *Including women during the last months of a pregnancy and during the month immediately following delivery.*

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- income security through basic tax-financed pensions for the old, the disabled and those who have lost the main breadwinner in a family.

The ascertainment of such basic guarantees will also ensure the protection of traditionally particularly vulnerable groups, such as migrant workers and people living with HIV/AIDS, and will lead to greater empowerment of women in families, communities and societies.

The term “guarantees” leaves open the question of whether all or some of these transfers are granted on a universal basis to all inhabitants of a country, if they are granted based on compulsory contributory broad based insurance schemes or whether they are granted only in case of need or are tied to a number of behavioural conditions. The decisive point is that all citizens have access to essential health services and means of securing a minimum level of income. Different countries will push forward different combinations of needs based, insurance based and universal non-contributory systems of social protection. Fiscal space, institutional strength and levels of poverty and vulnerability should drive the decision making process regarding how to construct the basic social floor and which benefits to introduce as a matter of priority.¹²

These transfers should be complemented by a number of essential social services, such as health, education, supply of safe water and housing. A number of agencies including UNAIDS, UNICEF, ILO, WHO and UNWRA are also examining the specific risks and vulnerabilities that are faced by women, children and other vulnerable groups and the associated barriers to obtaining services, in order to ensure that approaches to social protection and the provision of services can be structured to have the highest impact on these people, without stigma and discrimination (whether due to AIDS status, ethnicity, etc.).¹³ The key to the “Delivering as One” approach is to develop synergies between all these activities so that the whole is greater than the sum of the parts.

Other UN agencies have stepped up collaboration with governments and national partners to protect vulnerable populations. For instance, the WFP is deploying targeted food assistance measures across the globe in response to assessed deteriorations in food security conditions. These measures include ramped up food assistance to urban areas where food is unaffordable and there is risk of further discontent; extended school feeding to children through school holidays and using schools as platforms to provide take home rations to vulnerable families; provision of supplementary rations of nutritious food to malnourished children and women; and cash and voucher programmes to enable people to access food through the market. WMO, in collaboration with the World Bank, ISDR and the support of political organizations like the European Communities is assisting in the the development of or strengthening of Early Warnings Systems for disasters that may trigger social protections needs.

¹² *In times of crisis and in countries where informal labor relations are extended and expand in economic downturns they should at least consider the following alternatives: create or expand coverage for income support for families with children and for the elderly based on need, vulnerability or universal entitlements; subsidize any existing state health insurance schemes so that people that become unemployed or leave the formal labor market do not lose protection, define a set of basic health care guarantees for the vulnerable that have no insurance based systems and finance it from general taxes, increase service support in the education systems (targeted or universal, especially within preschool, primary and lower high school) with a strong investment in food services and health preventive services.*

¹³ *UNICEF commissioned research: Barriers and Challenges in accessing Social Transfers and the Role of Social Welfare Services in Improving Targeting and Efficiency, by Diwakar Vadapalli, January 2009, pending publication in Vulnerable Children and Youth Studies Journal (on file with Aaron Greenberg agreenberg@unicef.org).*

International experience

Presently 80 per cent of the global population has less than adequate social protection coverage. In some settings, the situation is much worse in respect of cash benefits that provide a minimum of income security than for health or education services. With some exceptions, cash benefit coverage is still largely concentrated on urban-based workers and their families in the formal economy, and even then migrant workers have little access. Most people in the informal economy, where women and smallholder farmers are disproportionately represented, have only rudimentary access – if they have access at all – to basic cash benefits or transfers. Their access to affordable essential social and health services (including safe water supply) is equally deficient. Despite the rapid scale up of anti-retroviral therapy for people with AIDS, global coverage has not yet reached 40 per cent of the need and remains much lower in some countries, for example.¹⁴

However, there are signs of hope. Interest in social protection has grown remarkably in recent years. New systems of basic cash transfers coupled with social welfare services are emerging. While funding, implementation modalities and policy implications vary considerably, all those systems around the world are aimed at reducing the causes of household vulnerabilities, and ensure predictable access to food, health, education and nutrition services.

The ILO is currently finalizing a meta-study analysing about 80 individual studies on the new cash transfer programmes that have sprung up in about 30 developing countries around the world during the last 10 years and are already providing elements of a social transfer floor. Led by flagship programmes, like *Oportunidades* in Mexico, *Bolsa Familia* in Brazil, the child-, old-age and invalidity grant system in South Africa, and the unfolding 100-day employment guarantee scheme in India, about 70 programmes are in operation world wide. They already reach between 150 and 200 million beneficiaries, which is still a small percentage of the global population living in extreme poverty. Some of these schemes are conditional on certain behaviours, such as school attendance, the utilization of preventive health services, or accepting a number of days of public work. Others are provided to entire subgroups of the population (such as the recipients of old-age pensions in Bolivia, Namibia and Nepal). In a number of cases transfers are combined with social services, sometimes including basic social work and child protection support, that aim to lift people out of dependency as soon as possible (such as the programme *Chile Solidario*).¹⁵ In other cases, especially in the poorest countries, a combination of cash and food transfers are often provided as part of school feeding programmes, nutritional interventions, cash transfers for the elderly, and cash and food-for-work schemes. In Ethiopia, the UN World Food Programme (WFP) supports about half of the total beneficiaries under the Productive Safety Net Programme (PSNP), the largest social protection scheme in Africa. Under the PSNP, WFP also provides weather insurance to protect the most vulnerable farmers, optimally based on observations and forecasts issued by the National Meteorological Services of the WMO Members community. In the poorest countries, school feeding programs are emerging as a form of social safety net response to crisis. In 2008, 20 governments looked to school feeding programs as a safety net response to protect the poorest. The UN World Food Programme assisted some 20 million children with school feeding in 70 countries, and the World Bank Group launched a Global Food

¹⁴ See: http://data.unaids.org/pub/GlobalReport/2008/JC1511_GR08_ExecutiveSummary_en.pdf

¹⁵ See the reports of the Independent Expert on human rights and extreme poverty appointed by the Human Rights Council – <http://www2.ohchr.org/English/issues/poverty/expert/index.htm>

Crisis Response Facility which mobilized \$1.2 billion to help countries respond to the food and fuel crises, including by scaling up school feeding programs.¹⁶

The information above, however, illustrates that safety net systems are already in place and easily scalable mainly in middle-income countries and in those that have sufficient institutional capacity. There is a particular concern regarding the absence of readily available safety nets in fragile contexts and countries with weak or emerging institutional capacity. In such environments, food based transfers such as school feeding or mother and child health and nutrition interventions are part of a limited choice of immediately available social protection instruments that can be scaled up to reach the most vulnerable. School feeding provides an implicit or explicit transfer to households of the value of the food provided, at the same time increasing access to education, improving nutrition and contributing to gender equality. Mother and child health and nutrition strategies focus on preventing under-nutrition in the earliest phases of life, starting during pregnancy, coupled with curative approaches to address the immediate nutritional needs of children that are already malnourished. These interventions tackle two of the main concerns during crises while transferring resources to households: reduced household spending on education and increased prevalence of malnutrition.

While virtually all countries have introduced some method of providing access to health services for the poor, health systems in the poorest countries are still heavily underfunded despite the welcome increase in external funding over the last decade. Moreover, out-of-pocket payments (e.g. fees, official and unofficial) that people must make directly to providers when they fall ill comprise a high proportion of total health expenditure in low-income countries – more than 30 per cent in 21 of them and over 50 per cent in seven. Not only do these payments prevent millions of people from seeking needed care, but they result in severe financial hardship and even impoverishment for millions who are forced to do so. Much of the world's 1.4 billion extremely poor, most of whom still live in rural areas, do not have financial (and sometimes physical) access to needed services. The WHO has estimated that around 150 million people suffer financial catastrophe each year, and 100 million are pushed under the poverty line simply because they need to use, and pay for, health services. Without concerted action, these numbers are likely to grow at a time of economic recession and uncertainty.

A strong dynamic has been at work since the UNESCO World Education Forum in Dakar (2000) which led to an increased understanding of importance of education for growth and poverty reduction, increased enrolments in primary education, progress to gender parity in education. Several of the world's poorest countries have made dramatic advances including: establishment of legal frameworks in favour of the right to education; increased spending on basic education; abolition of school fees; building of new schools in underserved areas; more teachers recruited and trained. External aid managed by UNESCO, including the "Education for all – Fast Track Initiative" (EFA-FTI), has supported this progress, and has become more effective and better aligned with national priorities. And yet 776 million adults lack basic literacy skills, two-thirds of whom are women. Seventy-five million children are still out of school with the quality of education remaining poor, resulting in low learning achievements in many developing countries. Teacher shortages remain an issue, as with health workers – an estimated 18 million

¹⁶ *The evidence for the social protection outcome of school feeding as a conditional transfer with benefits in education, nutrition and health is detailed in the recent joint publication of the World Food Programme and the World Bank Group, Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector (reference Donald Bundy, Carmen Burbano, Margaret Grosh, Aulo Gelli, Matthew Jukes and Lesley Drake. 2009. "Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector". Directions in Development, World Bank, Washington DC).*

additional teachers are needed to achieve universal primary education by 2015, while the WHO estimates that 57 countries have a critical shortage of health workers, the total shortage being 4.25 million health workers.¹⁷ There is still a substantial resource gap if the goals of the EFA-FTI, or universal coverage of health services, are to be achieved.¹⁸

Affordability

A number of the UN agencies have estimated the costs of establishing components of a potential social protection floor. For example, the ILO estimates that a set of minimum transfers is not costly in per capita terms, although it is likely to require support from external sources in the poorest settings. An ILO costing study of 12 low-income developing countries shows that the initial gross annual cost of the overall basic social transfer package (excluding access to basic health care that to some extent is financed already) is projected to be in the range of 2.3 to 5.5 per cent of GDP in 2010. Individual elements appear even more affordable. The annual cost of providing universal basic old-age and disability pensions, for example, is estimated in 2010 at between 0.6 and 1.5 per cent of GDP in the countries considered. Although not yet fully costed, linked investments in access to basic social welfare services and social work capacity should also be affordable and help improve access at community level.

These conclusions are consistent with the WHO's work to estimate the costs of scaling up health services linked to AIDS, tuberculosis and malaria, as well as access to maternal and child interventions and water and sanitation, recognizing that service delivery is a key component in the overall scaling up of health systems. UNAIDS has also undertaken a number of studies of resource requirements to ensuring universal access to needed services, the most recent showing a cost of only US\$4.30 per person in 2010 in 132 low and middle-income countries.¹⁹ WFP estimates that it would take US\$ 3 billion a year to ensure that no child goes to school hungry by providing school meals and take-home rations for those who need it. Recent analyses with the World Bank points to the fact that school feeding programs can be designed and implemented in a cost-effective and sustainable way to benefit and protect those most in need of help today and in the future.

The fact that the per capita amounts are relatively small does not mean that the funds are currently available, or could be met solely from domestic resources in low-income countries. In many countries it will require a joint effort with the international community and the recipient countries to raise the funds, but as the increase in fiscal space in many African countries over the last decade shows there is also room in many low-income countries to raise additional domestic resources for health and poverty alleviation, and to ensure the available resources are used equitably and efficiently.

It is important to analyse carefully all the alternatives for financing this basic floor of protection and sustaining it beyond the crises. Different countries face distinct challenges. At least the following checklist should be present to start putting together the fiscal capacity and strategy to construct and sustain the social floor:

¹⁷ *World Health Report 2006: Working Together for Health*, World Health Organization, Geneva.

¹⁸ See: <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,contentMDK:20374062~menuPK:540090~pagePK:148956~piPK:216618~theSitePK:282386,00.html>

¹⁹ See: http://www.data.unaids.org/pub/Report/2009/jc1681_whatcountriesneed_en.pdf

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- a. Tax reforms to increase financial resources, raised and spent progressively.
 - b. Gradual increases in social spending as a proportion of GDP and as a proportion of total government spending.
 - c. Redistribution between social policy areas to refocus expenditure on most urgent needs.
 - d. Ensure revenue collection is progressive, and refocus spending within social sectors and policy areas to make it more progressive and more effective in combating poverty and vulnerability.

Many UN Organizations engage with government and the international community to advocate for appropriate levels of spending on parts of this proposed social protection floor. As one example, UNESCO pursues a strategy to convince governments that spending on education is one of the most effective investments a country can make. It brings positive benefits across the board, from reducing poverty and improving health, to strengthening democracy and driving economic competitiveness. A counter-cyclical injection of resources in education now, as with all aspects of the social protection floor, would not only help spur a recovery but also support more vigorous growth in the future. By targeting education inequalities, increasing improvements in standards and skills, and keeping higher education affordable, governments can lay the basis for a stronger society and more resilient economy. Implementing basic child benefits that facilitate enrolment in schools would be a major contribution to investments in education. Similar cases are being made for all components of the proposed floor.

Impact

Importantly, social protection interventions can foster economic growth in a number of ways. These may include the accumulation and protection of human capital, a core driver of economic growth; stimulating the capacity to innovate; correcting certain market failures; and reducing inequality.²⁰ Therefore, social protection systems not only protect people during times of crises, but represent an investment in future growth.

The impact of the actions suggested here on poverty, food security, access to basic services including health, education and water and sanitation, and the wellbeing of vulnerable groups can be dramatic. A distributional analysis of essential social transfers alone shows that the combination of a modest cash benefit for children and a modest pension, which could be an “entry level” of a social protection floor for poorer countries, could reduce the poverty head count by about 40 per cent – a major contribution to the achievement of the first MDG. The impact will be more pronounced during an economic crisis - and as argued earlier, this type of expenditure can be an important part of an economic stimulus package. The impact of the suggested increases in health spending would be substantial, allowing some of the current shortages of health workers to be alleviated, for example, and continuity of treatment for AIDS and tuberculosis which might be at risk during the economic downturn. The UNAIDS estimated expenditures reported in the last section would prevent 2.3 million new infections in 2009/2010 and avert 1.3 million premature deaths.

A number of studies, including some by ILO, on existing social transfer schemes conclude that these grant systems have positive impacts on poverty, child labour and school

²⁰ *Gentilini, U. (2009) “Social Protection in the ‘Real’ World: Issues, Models and Challenges” Development Policy Review 27(2): pp. 147-166.*

attendance, health and nutrition, social status of recipients (notably women), economic activity and entrepreneurial small-scale investments (notably in agriculture), and do not have a marked negative effect on adult labour market participation of the poor population they serve. They can also reduce the stigma associated with poverty and HIV/AIDS. They thus also strengthen the active response of a society to the effects of crises, including that of the food price crisis.

There is robust evidence that school feeding is relatively easy to scale up during a crisis and can provide a significant in-kind benefit to households, at a minimum equivalent to around 10 per cent of existing household expenditures, and even more in the case of take-home rations. In addition, the programmes increase school attendance, cognition and educational achievement. In many cases the programmes have a strong gender dimension, encouraging female education. They also benefit the poorest and most vulnerable.

3. The instruments

The "Delivering as One" initiative, ensuring cooperation of the relevant Organizations under the umbrella of the UN coherence, can play a crucial role in implementing a social protection floor. The UN family has developed a set of instruments, i.e. legal bases, technical instruments and advisory services to assist countries in setting-up and maintaining essential social protection and social transfer schemes – even under crisis conditions.

(1) *The legal basis*

With the Universal Declaration of Human Rights of 1948 and the core human rights treaties such as the International Covenant on Economic, Social and Cultural Rights, the UN system has a powerful mandate to promote a social protection floor. Human rights underpinning these essential transfers and services are manifested in articles 22, 25, 27 and 29 of the Declaration of Human Rights on the right to social security and the right to an adequate standard of living. These basic rights have been confirmed in various international and regional instruments to which all countries to varying degrees have committed themselves.²¹ With respect to economic and social rights relating to health, food, education, water, sanitation, social security and employment, the International Covenant on Economic, Social and Cultural Rights requires to deliver a “minimum core” set of guarantees and services essential for human survival, with priority attention to those suffering discrimination. Beyond this minimum level, social and economic rights are required to be realized progressively over time, within the maximum extent of all resources available to the state.²² The concept of the “minimum core content” of human rights establishes clear normative foundations for the “social protection floor” concept advocated

²¹ *Prominent among these are the International Covenant on Economic, Social and Cultural Rights (1966), to which 160 countries have committed themselves, and the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination Against Women, with 191 and 185 states parties, respectively. All countries have ratified at least one, and in most cases, several, of the core nine UN human rights treaties. ILO conventions also establish important legal foundations for social protection.*

²² *For a discussion of the nature of states’ obligations under the International Covenant on Economic, Social and Cultural Rights, see General Comment No. 3 (1990), the Nature of States Parties’ Obligations (Article 2(1)), available at: <http://www2.ohchr.org/english/bodies/cescr/comments.htm>, along with explanations of the content of the human rights to health, education, water, adequate food, social security, and the right to work.*

in this paper.²³ These basic rights have been confirmed in various ways in constitutions of many UN organizations including ILO, WHO, UN-HABITAT and UNICEF, while all WHO and UNAIDS advocate strongly for the right to prevention, treatment, care, support and social protection for patients.

(2) Technical tools

Over the last decade the different UN agencies have developed a number of tools that allow countries to assess their most pressing social protection and service delivery needs. Some also evaluate the performance and cost of existing social transfers and service provision systems, the cost of scaling up activities to reach the MDGs (e.g. for health services), and the implications and redistributive impacts of different policy alternatives (e.g. implementation or extension of health insurance). These tools range from the ILO's social budgeting methodology and associated simulation models and data bases – a simplified model costing essential social transfers – to a variety of WHO's tools that evaluate the extent of social health protection, national health accounts and expenditure tracking, and the costs, financial feasibility and sustainability of scaling up health services and of improving social health protection. A joint UN costing-impact tool is also in the final stages of development, involving collaboration between the WHO, World Bank, UNICEF, UNDP, UNFPA, UNAIDS and the Partnership for Newborn, Maternal and Child Health. It builds on earlier tools developed by the different agencies, each of which has had their own costing tools, including the Marginal Budgeting for Bottlenecks (MBB). UNICEF is finalizing a tool for assessing the core capacities of the ministry with primary responsibility for child protection. The Inter-Agency Task Team on children affected by AIDS has developed guidance on child sensitive social protection which includes a wider range of interventions including family support, alternative care and child protection services. The WFP and partners are in the process of developing new tools for implementing cash and food-based social protection instruments and a new approach to a new generation of school feeding programmes that builds on the best practices of 45 years. Those tools include, for example, refined needs assessments, methods for data collection and analysis, targeting mechanisms, market analyses, feasibility studies, contingency planning, and monitoring and evaluation systems. UNESCO has developed systems that can be used to monitor and analyse the impact of the crisis on education at the global, regional and country levels. There is an immediate and urgent need for close and real-time monitoring and analysis of the impact of the crisis on social sectors and of its impact on budget support and ODA to social sectors, including education.

(3) Advisory services

All the specialized UN agencies and Regional Commissions engage in technical and policy support to countries in different aspects of the proposed social protection floor. For example, the ILO routinely provides advisory services to about 30 countries at any point in time, with advice ranging from social, legal, actuarial, financial, economic, and fiscal diagnoses of existing national social security systems to the planning of social security measures to extend coverage. The WHO supports countries on all parts of health system financing with the aim of attaining and maintaining universal coverage – how to raise funds, how to pool them and how to use them efficiently and equitably – involving a mix

²³ *International expert bodies periodically review states' compliance with their obligations under these treaties, including reviewing public expenditure on social services, and the UN system plays a vital role in supporting these national reporting processes. There are independent experts appointed by the UN Human Rights Council who play important roles in social protection too. For example, the Independent Expert on Extreme Poverty and Human Rights presently focuses on the question of human rights and cash transfers.*

of technical support, capacity building and sharing of country experiences. UNICEF advises countries on the implementation of social protection schemes, and improving linkages with social welfare services, including rapidly expanding pilots in low-resource settings. UN-HABITAT advises and supports countries in the Lake Victoria region of East Africa and the Mekong river basin of Asia on strategies and financing mechanisms capable of removing or lowering the financial barrier for the poor to access basic urban services. WMO develops and supports training courses on climate and climate change, raising the awareness of decision-makers, media, and the general population, especially those at risk about hydro-meteorological risks. It also advises on the best use of the widely available scientific information provided by the WMO community to enhance protection of lives and property. Special interventions are promoted to ensure access to basic services by the vulnerable and disadvantaged groups and households. The WFP engages in technical and policy level support and is planning to work with the World Bank to support context specific scale-up in 5-6 countries most affected countries through assessments, programme formulation missions, studies and comprehensive analyses of options for school feeding programmes.

There are also examples that concerted action between different agencies can work very effectively. Recently ILO, WHO, and the World Bank, and the governments of France, Germany and Spain, have agreed to expand the capacity of the international community to provide technical support to countries through the Providing for Health Partnership (P4H), part of the International Health Partnership (IHP+) which engages even more UN Organizations and countries.

The Global Partners Forum (GPF) on children affected by AIDS held in 2008 produced a communiqué with a strong consensus to increase social protection including cash and other social transfers, family support services, early childhood care and alternative care as key mechanisms to support children affected by AIDS.

(4) Monitoring

Each core human rights treaty has a treaty body consisting of independent experts that review States' progress in achieving human rights, including social rights which are supported by OHCHR. These treaty bodies could support countries in achieving a social protection floor in at least two ways: first, by reviewing States progress in introducing and maintaining social protection floors; and second, by contributing to the elaboration of what is contained in the social protection floor. The Committee on Economic, Social and Cultural Rights has already been doing so through the elaboration of what it refers to as the core minimum content of economic, social and cultural rights – a concept which equates areas such as the right of people to different types of services for AIDS, as supported by UNAIDS and WHO.

In addition, there will be a need for monitoring the impact of the crisis on recent gains in household incomes, employment, health, education, general social services, gender equality and protection of the poor and vulnerable. This will enable a rapid response to problems that are identified. Each of the participating UN Organizations has an important role to play in their own areas of expertise.

4. Responding to the crisis: Joint action

Through many years of experience, we now know enough about the various actions that are required to support a proposed social protection floor. Each Organization conducts important activities in different components of this floor. It is now time to come together in an effective coalition and synergize our activities. The first step is a joint advocacy effort to emphasize that the global crisis is not only financial, but that it affects the whole

spectrum of human development and all social sectors, and in particular the well-being most vulnerable groups, including women and children. There is also a need to recall that powerful evidence exists on the benefits of education, income security and access to health services.

The next step is for the participating agencies to assess what activities are currently under way, where they overlap, and where synergies would lead to substantial increased benefits globally.

In a third step the coalition could:

- (1) develop a compendium of (already existing) technical tools of all UN agencies that can be used at a country level to establish the feasibility of national social protection floor concepts that are gender responsive;
- (2) support a national dialogue-based country-by-country assessment of what a national development objective to move towards the implementation of a social protection floor would entail for a particular country, including the impact of the financial crisis on the capacity to finance the floor (from both domestic and external sources);
- (3) develop a strategy for a concerted and complementary support action of all participating agencies), as well as with Regional Commissions, on a country level within a common planning framework (e.g. UNDAF) to ensure that gains from the past are maintained, and how we move forward despite the crisis. This requires avoiding disruptions in delivery of key interventions that have been scaled up recently, including access to care for AIDS;
- (4) assess the role of the financial crisis on health, education, food security and social protection systems, as well as the financing of essential social services and examine responses that enhance the sustainability of strategies to improve access to health care over 2010-2011;
- (5) appoint joint technical task teams for all countries requesting such assistance;
- (6) establish a joint funding mechanism for supporting the start up or scale up of national social floor activities. This will have to be accompanied by special advocacy efforts for increased direct donor financing of basic benefits and services in acute disaster areas.

5. Action taken and planned

Following the principal interagency agreement on the definition of the Social Protection Floor in the concept paper²⁴ the Initiative has so far undertaken the following activities:

- (1) The advocacy activities under the SPF initiative were started by the briefing of various international meetings by ILO, WHO, UNDESA or UNICEF staff members. The SPF was introduced in various outcome documents. The most important meetings were:
 - a. The World Bank South-South Learning Forum on the Food, Fuel and Financial Crisis and the role of Social Protection, Cairo, June 2009.

²⁴ As printed in UN CEB for coordination: Global Financial and Economic Crisis: UN System Joint Crisis Initiatives.

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- b. The International Labour Conference, June 2009.
 - c. The Economic and Social Council, July 2009.
 - d. The UNESCO Forum of Ministers, Quito, August 2009.
 - e. The ILO Tripartite Meeting of Experts on Strategies for the Extension of Social security Coverage, Geneva, September 2009.
 - f. The Social Security Forum 2009 of the Human Rights Council, Geneva, August/September 2009.
- (2) The Global Jobs Pact adopted by the International Labour Conference, the Ministerial Declaration of the Economic and Social Council as well as the ILO Tripartite Expert Meeting endorsed the concept of the Social Protection floor. The Global Jobs Pact explicitly requests countries that do not yet have extensive social security to build *“adequate social protection for all, drawing on a basic social protection floor including: access to health care, income security for the elderly and persons with disabilities, child benefits and income security combined with public employment guarantee schemes for the unemployed and the working poor”* and urges *“the international community to provide development assistance, including budgetary support, to build up a basic social protection floor on a national basis”*.
 - (3) The Initiative seeks to accelerate the dissemination of the concept to national governments through a rapid training programme for national social policy planners in three two-week training courses on the concept of the Social Protection Floor in Turin and Santiago de Chile. Training to be undertaken by the ILO, WHO and UNICEF and other agencies. It is expected that joint One UN capacity building exercises will develop into a core tool of the SPF initiative.
 - (4) Collaborating agencies and a group of supporting donor agencies meet in the ILO Training Centre in Turin in October to develop a blueprint of a manual for joint country activities. The inter-agency meeting was attended by FAO, OHCHR, UNAIDS, UNDESA, UNESCO, UNFPA, UNICEF, WB, WFP, WHO, World Bank and UNDP, HABITAT, IMF, UNCEB (video link) and the following observers: ADB, BMZ, DFID, Finnish Ministry of Foreign Affairs, GTZ, HelpAge, Save the Children. The experts approved in principle a draft *“Manual on the Strategic Framework for joint UN ntry operations”* for national social protection floor initiatives. The manual brings the respective tools and competencies of different agencies together and establishes a comprehensive guideline for UN regional coordinators/country directors and country teams who are expected to take the lead in organizing the UN support for national social protection floor initiatives.
 - (5) The manual will be tested in a number of countries. Candidates should come from the list of countries that have to launch new or new versions of their UNDAFs during 2009. This is to avoid that another new standalone UN coordinating mechanism will have to be created for the SPF initiative.
 - (6) It is expected that a routine pattern of work-sharing between a policy and technical advisory network to be led by the ILO and WHO, and a roll out of country operations in the framework of UNDAFs and national planning frameworks that will have to be coordinated by UN resident representatives/country directors, will develop over the next few months.

6. Summary and conclusion

There is growing international consensus on the importance of essential social transfers and essential social services as core elements of a social protection floor for national development processes. There is also consensus that the current economic crisis should not delay their introduction. Rather, the crisis reinforces the necessity to protect the poor and vulnerable from the crisis through the implementation of a social protection floor. However, this should provide a systemic basis for a systemic build-up of more comprehensive social protection systems as countries develop further and economies recover. The tools for the planning and implementation of such action have been developed. Some countries are already moving forward.

What is needed now is a global coalition under the UN roof under the slogan "Responding as One" to take concrete joint advisory action to accelerate the implementation and the attainment of the MDGs as an important element of social progress. Pooling of donor funds could help to kick start and partly finance national planning projects and possible transitional funding of transfers and services.

The Social Protection Floor Initiative is seeking to lay the foundation for the long term, sustainable recovery of the economy. Stability and social cohesion rely on opportunity and solidarity. To have an education, to be healthy enough and have enough income to take part in cultural life, to express oneself freely and share knowledge and ideas - these are all human rights that should be enjoyed by everyone at all times. This creates stronger, fairer and more cohesive societies, which in turn are the foundations for longer term peace and prosperity.