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PROMOTING INCLUSION THROUGH SOCIAL PROTECTION

Report on the World Social Situation 2018

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Department of Economic and Social Affairs

Promoting Inclusion through Social Protection

Report on the World Social Situation 2018

United Nations
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Department of Economic and Social Affairs

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Preface

The 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) represent our shared vision of humanity. We can only achieve the SDGs by ensuring that people and our planet are at the centre of our development efforts, leaving no one behind.

All nations—developed and developing, large and small—face complex challenges. Humankind has achieved unprecedented social and economic progress in recent decades, but progress has been uneven. In a world of unprecedented wealth, extreme poverty persists. High and rising inequality continues to afflict many countries. People across the world confront the daily realities of unemployment and social exclusion. Differences in ethnicity, race, age, gender, disability and economic and migrant status continue to be used to exclude and marginalize.

Social protection is a key policy tool to promote far-reaching improvements in human well-being. It has served as a powerful lever to reduce poverty and inequality. It has furthered inclusive economic growth. It has shielded individuals and families in times of crisis and has helped improve children's health and education. Together with access to quality services, universal access to social protection has proven necessary to break the intergenerational cycle of poverty and promote inclusion.

The international community's consensus on the importance of social protection has been reinforced with the adoption of the 2030 Agenda for Sustainable Development. Despite rapid progress in extending social protection in many countries, however, access to social protection is not yet a reality for a majority of the world's population. Even in countries with comprehensive social protection systems in place, poverty persists, particularly among children, youth, older persons, persons with disabilities, migrants, ethnic minorities and indigenous peoples. It is clear that countries need to do more to realize the right to social security for all people.

The *Report on the World Social Situation 2018* shows the potential of social protection systems to promote inclusive development that leaves no one behind—to prevent poverty, reduce inequality and promote social inclusion. The report highlights that some groups of the population are unduly deprived of social protection in many countries and examines the barriers that these groups face. The report also illustrates how social protection programmes can be designed and implemented so as to be inclusive of disadvantaged groups. Understanding gaps in coverage and barriers to access is crucial to making social protection effective for all people. As the report indicates, every country can provide some form of social protection to its citizens. Expanding access to it is often a matter of design rather than affordability.

I hope this report will serve as an important tool for countries and communities in their push towards universal social protection and as they move forward to achieve the SDGs.

Liu Zhenmin
Under-Secretary-General for Economic and Social Affairs

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The present issue of the report was prepared by a team managed by Wenyan Yang in the Division of Social Policy and Development (DSPD). The report's core team, led by Marta Roig, also included Maren Jiménez and Jonathan Perry. Catalina Gómez, of UNICEF, prepared chapter II of the report. Valuable inputs were provided by other colleagues as well, including Julia Ferré, Julie Pewitt, Laura Planas and Robert Venne. Julie Pewitt also provided crucial assistance through the report's preparation process. Editorial and design input were provided by Lois Jensen, Damien Simonis and the Graphic Design Unit of the Department of Public Information (DPI).

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Explanatory notes

The following symbols have been used in tables throughout the report:

A hyphen (-) between years, for example, 1990-1991, signifies the full period involved, including the beginning and end years;

A full stop (.) is used to indicate decimals;

A dollar sign ($) indicates United States dollars, unless otherwise stated.

Details and percentages in tables do not necessarily add to totals, because of rounding.

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The following abbreviations have been used:

ADB	Asian Development Bank
AIDS	acquired immunodeficiency syndrome
ASPIRE	Atlas of Social Protection Indicators of Resilience and Equity
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
G-20	Group of Twenty
GCC	Gulf Cooperation Council
GDP	gross domestic product
GNI	gross national income
GNP	gross national product
HIV	human immunodeficiency virus
ICT	information and communications technology
IADB	Inter-American Development Bank
ILO	International Labour Organization
IOM	International Organization for Migration
OECD	Organization for Economic Cooperation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSCE	Organization for Security and Cooperation in Europe
PPP	purchasing power parity
STI	sexually transmitted infection
SASSA	South African Social Security Agency

SWIID	Standardized world income inequality database
SDGs	Sustainable Development Goals
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNU-WIDER	United Nations University World Institute for Development Economics Research
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

For analytical purposes, countries are classified as belonging to either of two categories: more developed or less developed. The *less developed regions* (also referred to as *developing countries* in the *Report*) include all countries in Africa, Asia (excluding Japan), and Latin America and the Caribbean, as well as Oceania, excluding Australia and New Zealand. The *more developed regions* (also referred to as *developed countries* in the *Report*) comprise Europe and Northern America, plus Australia, Japan and New Zealand.

The group of *least developed countries* comprises 49 countries: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia. These countries are also included in the less developed regions.

This report uses the following country groupings or sub groupings:

Sub-Saharan Africa, which comprises the following countries: Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, 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, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

North Africa, which comprises the following countries and areas: Algeria, Egypt, Libya, Morocco, Sudan, Tunisia and Western Sahara.

Central Asia, which comprises the following countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

Eastern Asia, which comprises the following countries and areas: China, Hong Kong Special Administrative Region, China, Macao Special Administrative Region, China, Democratic People's Republic of Korea, Japan, Mongolia and Republic of Korea.

South-Eastern Asia, which comprises the following countries: Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste and Viet Nam.

Southern Asia, which comprises the following countries: Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan and Sri Lanka.

Western Asia, which comprises the following countries and areas: Armenia, Azerbaijan, Bahrain, Cyprus, Georgia, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, Turkey, United Arab Emirates and Yemen.

Eastern Europe, which comprises the following countries and areas: Belarus, Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia and Ukraine.

Northern Europe, which comprises the following countries and areas: Åland Islands, Channel Islands, Denmark, Estonia, Faeroe Islands, Finland, Guernsey, Iceland, Ireland, Isle of Man, Jersey, Latvia, Lithuania, Norway, Sark, Svalbard and Jan Mayen Islands, Sweden and United Kingdom of Great Britain and Northern Ireland.

Southern Europe, which comprises the following countries and areas: Albania, Andorra, Bosnia and Herzegovina, Croatia, Gibraltar, Greece, Holy See, Italy, Malta, Montenegro, Portugal, San Marino, Serbia, Slovenia, Spain and the former Yugoslav Republic of Macedonia.

Northern America, which comprises the following countries and areas: Bermuda, Canada, Greenland, Saint Pierre and Miquelon and United States.

In addition, the following World Bank regional groupings are also used:

South Asia, which comprises the following countries and areas: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

For the current 2018 fiscal year, low-income economies are defined as those with a GNI per capita, calculated using the World Bank Atlas method, of $1,005 or less in 2016; lower middle-income economies are those with a GNI per capita between $1,006 and $3,955; upper middle-income economies are those with a GNI per capita between $3,956 and $12,235; high-income economies are those with a GNI per capita of $12,236 or more.

Low-income economies: Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, United Republic of Tanzania, Togo, Uganda and Zimbabwe.

Lower-middle-income economies: 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, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Mauritania, Micronesia (Federated States of), Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, Republic of Moldova, Sao Tome and Principe, Solomon Islands, Sri Lanka, State of Palestine, Sudan, Syrian Arab Republic, Tajikistan, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Yemen and Zambia.

Upper-middle-income economies: Albania, Algeria, American Samoa, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Croatia, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Grenada, Guyana, Iran (Islamic Republic of), Iraq, Jamaica, Kazakhstan, Lebanon, Libya, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Nauru, Panama, Paraguay, Peru, Romania, Russian Federation, Saint. Lucia, Saint. Vincent and the Grenadines, Samoa, Serbia, South Africa, Suriname, Thailand, The former Yugoslav Republic of Macedonia, Tonga, Turkey, Turkmenistan, Tuvalu and Venezuela (Bolivarian Republic of).

High-income economies: Andorra, Antigua and Barbuda, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Curaçao, Cyprus, Czechia, Denmark, Estonia, Faroe Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Guam, Hong Kong, SAR of China, Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macao, SAR of China, Malta, Monaco, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Palau, Poland, Portugal, Puerto Rico, Qatar, Republic of Korea, San Marino, Saudi Arabia, Seychelles, Singapore, Sint Maarten (Dutch part), Slovakia , Slovenia, Spain, Saint. Kitts and Nevis, Sweden, Switzerland, Taiwan, Province of China, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and United States Virgin Islands.

Executive summary

Universal social protection is a potent development policy tool that can alleviate poverty, inequality and social exclusion. In fact, few countries have been able to reduce poverty and improve living conditions on a broad scale without comprehensive social protection systems in place.[1]

The 2030 Agenda for Sustainable Development underscores the importance of social protection for the attainment of the Sustainable Development Goals (SDGs). Target 1.3 addresses the role of social protection in ending poverty in all its forms. Specifically, it seeks the implementation of "nationally appropriate social protection measures and systems for all, including floors".[2] By 2030, the goal is no less than "substantial coverage of the poor and the vulnerable".

Countries around the world have made noteworthy progress in building and strengthening social protection systems. Still, only 29 per cent of the global population enjoy comprehensive coverage. Even in countries where universal coverage is guaranteed by law, not all segments of the population are reached. Gaps in access and insufficient benefits challenge the effectiveness of social protection to reduce inequality and leave no one behind. Understanding the barriers that diverse groups face in accessing social protection is necessary if substantial coverage is to be ensured for all nations, peoples and segments of society.

This report examines the contribution of social protection to social inclusion, focusing on seven, often disadvantaged, groups: children, youth, older persons, persons with disabilities, international migrants, ethnic and racial minorities, and indigenous peoples.

The report aims to answer three main questions: Who enjoys social protection coverage—and who does not? What are the barriers to effective coverage? And how can social protection programmes be designed and implemented to be sensitive to the needs of disadvantaged groups?

1 In this report, social protection systems are defined as all public measures providing benefits to guarantee income security and access to essential health care, such as unemployment insurance, disability benefits, old-age pensions, cash and in-kind transfers, and other contributory and tax-financed schemes.

2 Social protection floors are nationally defined sets of basic social protection guarantees that should ensure, at a minimum, that all in need have access to essential health care and to basic income security over the life cycle.

Social protection: a lever to reduce poverty and inequality

The number of people living in extreme poverty—767 million in 2013—would be between 136 million and 165 million higher without social protection transfers (Fiszbein, Kanbur and Yemtsov, 2014). Insofar as social protection helps men and women manage trade-offs between immediate needs and future livelihoods, it supports capital accumulation and investment. When promoting children's access to health care and school enrolment and attendance, social protection programmes can also help break the vicious cycle of intergenerational poverty.

Social protection not only alleviates poverty. It also promotes the well-being of societies at large. Evidence from across the globe shows that social protection transfers can stimulate demand and boost consumption, thereby promoting economic growth. During economic downturns, for instance, spending on social protection can revive economies and stimulate employment.

Social protection also reduces income inequality. Tax-financed social assistance programmes alone have brought the Gini coefficient (used to measure income inequality) down by more than 10 per cent in countries including Mauritius and Mongolia.[3] Contributory social insurance programmes have an even greater equalizing effect in middle- and high-income countries, where coverage is more widespread. In countries of Central Asia and Eastern Europe, for instance, the Gini coefficient is almost 16 per cent lower than it would be in the absence of social insurance schemes.

[3] Based on data from the World Bank's Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE). Available from http://datatopics.worlbank.org/aspire (accessed in October 2017).

In developing countries, cash and in-kind transfers have helped increase school enrolment and attendance. They have also improved the health and nutritional status of people in beneficiary households. Health care and other programmes that reduce income insecurity among adults, including unemployment protection, disability benefits and social pensions, have a strong intergenerational impact. Chapter IV discusses the effects of old-age pensions on children's well-being.

The report calls for more research on the long-term impacts of social protection schemes, including on the dynamics of poverty. Research suggests that temporary cash transfers alone are insufficient to help people permanently escape poverty. It also shows that the positive effects of social protection on poverty can easily be undone by regressive tax systems.

Nearly everyone is at risk of falling into poverty at some point in their lives. The report argues for social protection systems that protect all members of society throughout the life cycle—and that address the risk of poverty, rather than poverty itself. It also makes the case for broad policy efforts, beyond social protection, to promote income redistribution and tackle the root causes of poverty.

Easing the social exclusion of disadvantaged groups

The impacts of social protection on poverty and inequality are well documented. However, less research has been carried out on its effects on disadvantaged or otherwise vulnerable social groups, some of whom clearly enjoy better coverage than others. Arguably, the most notable advance in recent decades has been the extension of old-age pensions. Close to 68 per cent of older persons received a pension in 2016 (United Nations, 2017a). At the same time, only 28 per cent of persons with severe disabilities received disability benefits, only 35 per cent of children enjoyed social protection, and just 22 per cent of unemployed workers received unemployment benefits (United Nations, 2017a).

Whether social protection addresses the needs of these groups depends on coverage but also on the adequacy of transfers. In some cases, the benefits received may be insufficient to guarantee income security and to close the income gaps among groups. Chapters II to VII highlight some of the disadvantages faced by each group, including gaps in coverage and lessons learned in addressing them.

Childhood: when social protection is most crucial

Early childhood is a pivotal period of accelerated physical, cognitive and psychological development. Experiences during this time can have life-long effects. Yet nearly 1 in 5 children in developing countries were living in extreme poverty in 2016—compared to about 1 in 10 adults (World Bank and UNICEF, 2016).

Available data show that most countries provide periodic cash benefits to children and families. Coverage of such benefits is universal in most developed countries but low in many developing countries, where the needs are greatest. In the last two decades, tax-financed social assistance has helped extend the reach of programmes to children and families in less developed countries. Some of these programmes, including Argentina's Universal Child Allowance, Mongolia's Child Money Programme and South Africa's Child Support Grant, have achieved high coverage. More typically, such programmes reach only a small proportion of the intended population and expand at a slow pace.

On average, Governments currently invest only 1.1 per cent of their gross domestic product (GDP) in child and family benefits (excluding spending on health). The proportion of GDP benefiting children and families varies widely, ranging from 0.2 per cent in Southern Asia to 2.3 per cent in Western Europe (ILO, 2017a). If child benefits are to have a meaningful impact on the well-being of children—and help close the poverty gap between children and adults—Governments will need to invest additional resources in them.

From youth to adulthood: turning risks into opportunities

The transition to adulthood can be a time of enormous opportunities—but also risks. Globally, the youth unemployment rate is twice as high as the total unemployment rate (ILO, 2017b). Even if they do find a job, young people are overrepresented in so-called vulnerable employment, often in the informal sector. In addition, a growing number of young people are neither in the education system nor employed or in training.

Creating a social and economic environment that enables young people to thrive in adulthood—including pathways to decent work—is central to promoting their inclusion. But when opportunities for work are lacking, social protection can play a vital role in addressing exclusionary risks.

Although few social protection schemes formally exclude youth, most of the programmes available to young people require contributory payments. Because of their age and their high participation in informal employment, young people have shorter formal work histories than adults. They have paid less into contributory schemes and therefore tend to benefit less from them than adults. When it comes to unemployment protection, only 20 out of 201 countries provide unemployment benefits for first-time job seekers (ILO, 2014a).

Young people in need can access tax-financed schemes, where available, including unemployment assistance and minimum income benefits or health care. However, cash benefits for children and families often elude them, either because of their age (benefits are typically cut off after age 18) or because they no longer live with their parents.

Failing to invest in youth—by, for instance, limiting access to unemployment insurance for first-time job seekers or providing health care to workers in formal employment only—can have long-term costs, including squandered human capital and social unrest. Excluded young people miss out on opportunities for training and skills development. Furthermore, young parents who live in poverty cannot afford to invest in the health and education of their children, perpetuating the cycle of intergenerational poverty.

Old age: responding to a rapidly ageing population

The number of persons aged 60 and over is projected to double from 2015 to 2050.[4] As the share of older persons continues to grow in countries around the world, the need to guarantee their income security will become increasingly urgent. In countries with comprehensive social protection systems, older persons can rely on pensions to partly meet their needs. In many developing countries, however, a high proportion of older persons receive no public support whatsoever and face high economic and social insecurity.

[4] 2017 *Revision of World Population Prospects*. Data available from https://esa.un.org/unpd/wpp (accessed on 28 June 2017).

Old-age pensions account for more than half of all public spending on social protection (excluding health expenditure). While 68 per cent of the world's older population received a pension in 2016, significant regional and gender disparities were found. Only 26 per cent of people above retirement age received a pension in Central and Southern Asia, and 23 per cent in sub-Saharan Africa (United Nations, 2017a). Moreover, the rate of pension coverage is still lower for women than men in all regions, despite the fact that women tend to live longer.

Countries that rely exclusively on contributory pension schemes to provide old-age income security largely fail to achieve universal coverage. But while coverage is still insufficient overall, rapid progress has been made in the last two decades. Over 90 per cent of populations above the statutory retirement age received pensions in 53 countries in 2016, versus 34 countries in 2000 (ILO, 2017a). Effective coverage has increased in almost all developing countries. Many of them are now reaching more people through tax-funded (social) pensions. However, when targeted to older persons living in poverty, pension systems typically leave a significant coverage gap: a "missing middle" of older persons who are not living in poverty but who may nevertheless be vulnerable to it.

Meeting the needs of a rapidly expanding older population will be critical to achieving the SDGs. As the share of older persons grows, Governments will need to find the right balance between expanding coverage while providing adequate benefits and ensuring the long-term sustainability of pension schemes. While very generous pensions may not be sustainable, inadequate pensions jeopardize the well-being of older persons and their participation in social life. They may also erode trust in the State and result in less willingness to pay the taxes and contributions that are necessary to ensure income security in old age. The commitment to leave no one behind and promote inclusive societies calls for safeguarding or even strengthening the poverty-reducing role of pensions, even where reforms to cut overall pension costs are deemed necessary.

Persons with disabilities: breaking down barriers

An estimated 15 per cent of the world's population experience moderate or severe disability—that is, severe or extreme impairments, limitations in functioning and restrictions in participation (WHO and World Bank, 2011). Persons with disabilities routinely face accessibility and attitudinal barriers that hinder their participation in social, economic and political life. They have less access to education, poorer health and lower participation in the formal labour market than people without disabilities and, as a result, are at considerable risk of poverty.

Almost all countries offer some form of social protection to persons with disabilities. However, more than half of these are contributory social insurance schemes, which leave behind children as well as persons with disabilities who are not working in the formal labour market. Significant gaps in coverage are found even in high-income countries: in member countries of the Organization for Economic Cooperation and Development (OECD), for example, over 20 per cent of persons with disabilities were not receiving any public benefits in the late 2000s, nor were they employed (OECD, 2010a). In recent years, many OECD countries have taken steps to reform social protection for persons with disabilities, tightening conditions for eligibility and receipt of benefits and leveraging sanctions when these are not met. As a result, the number of persons with disabilities receiving public benefits in these countries has declined.

Although several developing countries have made great strides in improving coverage of persons with disabilities, benefits are often inadequate. Data for 29 developing countries indicate that the amounts received through tax-financed disability schemes are often less than 15 per cent of per capita GDP.[5] Disability benefits range from 51 per cent of per capita GDP in Uzbekistan and 35 per cent in Brazil to less than 5 per cent in China and India. Significant variations are also found in richer countries: means-tested disability benefits in Singapore range from 3 per cent to 5 per cent of per capita GDP, while those in the Republic of Korea range from 2 per cent to 7 per cent, depending on the severity of the disability and the beneficiary's level of income.[6] While disability benefits can help households meet their basic needs, they fall short of covering the costs of disability-related expenses. Nor are they sufficient to replace wages, even though the inability to work is often set as a condition for payment.

Social protection schemes are just one of the policy tools needed to support persons with disabilities and their families, and they must be carefully designed, lest they undermine economic participation. For example, when eligibility for benefits is conditional on a person's inability to work, it perpetuates dependency and reinforces negative stereotypes. An inclusive approach to social protection empowers its recipients and ensures a basic income for all individuals, regardless of circumstances.

International migrants: carrying their own weight

Although international migration is not a new phenomenon, a growing number of people choose or are forced to migrate. In 2015, there were an estimated 244 million international migrants around the globe (United Nations, 2015a). Migrants can face daunting challenges while in transit and in their country of destination. But on balance, international migration has been a positive phenomenon, transforming millions of lives and even whole societies for the better. And despite popular perceptions, migrants generally pay more in taxes and contributions than they take from social protection programmes in their countries of destination. Over the long term, they are unlikely to constitute a disproportionate fiscal burden for receiving countries.

That said, international migrants face substantial risk of exclusion from social protection programmes due to ineligibility or inadequate coverage. Migrants admitted under long-term residence and work permits (one year or longer) generally have legal access to social protection on the same terms as nationals, but only after having resided or worked in the country for a certain period of time.[7]

Governments struggle to reduce what they perceive as incentives for irregular migration, while respecting the human rights of all migrants. In practice, equal treatment in access to social protection is rare. Migrants in an irregular situation are often able to access emergency health care, either by law or de facto, and accident compensation benefits. Access to tax-financed social assistance programmes, however, is seldom granted.

Migrants often have social protection entitlements from their home countries, which they can lose if the benefits are not portable across borders. Adequate "port-

5 Development Pathways. Disability Benefits Scheme Database. Available from developmentpathways.co.uk/resources/disability-benefits-scheme-database (accessed on 2 June 2017).

6 Ibid.

7 In countries that grant permanent residence—such as Australia, Canada, New Zealand and the United States—immigrants have nearly full legal access to social protection two to five years after obtaining permanent residence status.

ability" means that benefits accrued in one country must be payable in another. It also means that benefits must be determined on the basis of an individual's full contribution in all countries where he or she has paid into the system.

Most negotiated bilateral and multilateral agreements that ensure the portability of entitlements cover long-term contributory benefits, mainly old-age pensions. Health care benefits are less often within the purview of these agreements, even when contributory. Tax-financed payments are rarely portable.

In 2000, only about 23 per cent of all international migrants worldwide were legally covered by adequate and portable social protection programmes in their countries of destination (Avato, Koettl and Sabates-Wheeler, 2009). The disconnect between law and practice, particularly when it comes to migrants, should also be noted. Due to the multiple administrative and social barriers migrants face, effective coverage of migrants is likely to lag far behind that required by law, as described in chapter VI.

Ethnic minorities and indigenous peoples: marginalization is the norm

Indigenous peoples and members of ethnic or racial minorities are generally at higher risk of poverty than the rest of the population. They also face substantial disadvantages in access to health care, education and employment. Members of these groups often live in rural and remote areas that lack adequate infrastructure and services. In cities, living in areas of concentrated poverty contributes to their marginalization.

Due to labour market disadvantages, members of ethnic minorities tend to be inadequately covered by contributory schemes. In response, many countries have increased tax-financed social protection in recent years, to the benefit of minorities. For example, a significant proportion of indigenous peoples receive conditional cash transfers, primarily in Latin America. These have had some positive effects on school enrolment and even on the educational attainment of indigenous and minority children. But the long-term impact is questionable, since the services rendered are often of poor quality. Data on health impacts are also mixed. Evidence presented in chapter VII suggests that these schemes have had a negligible effect on income inequality, at least so far. In many cases, the size of transfers is too small to make a significant difference.

Whether social protection programmes benefit indigenous peoples and ethnic minorities depends on how well they address the needs of these groups and the challenges they face. These include geographic isolation, inadequate infrastructure, lack of information in local languages and discrimination. Intercultural dialogue and the participation of indigenous peoples and ethnic minorities in the design and implementation of social protection measures can help overcome these barriers.

Explaining gaps in social protection

Gaps in social protection are but one symptom of disadvantage and exclusion. The prejudicial treatment of people based on their background or identity prevents some groups from accessing a broad range of public goods and services.

For example, members of disadvantaged groups typically have limited influence on decision-making in their communities. That is, they may not be allowed to participate in committees responsible for selecting beneficiaries of social protection. They may not have the political connections needed to push back against exclusionary policy design and underinvestment in social protection programmes. And they may lack information about such programmes, including on their criteria or application processes, due to illiteracy or poor communication channels. These disadvantages affect all the social groups examined in this report, as well as those for whom there are less data—such as homeless persons and those internally displaced. Women are disproportionately affected in all categories.

Social and economic disadvantages alone can also limit social protection, even in countries where laws no longer discriminate against certain groups. In labour markets of developed and developing countries alike, indigenous peoples, members of ethnic or racial minorities, migrants, persons with disabilities and youth receive lower wages than the rest of the population on average, as do women. They are overrepresented in the informal sector, where social protection is largely absent. In addition, spatial disadvantages, such as geographic isolation, hinder access to social protection among some groups, including indigenous peoples and members of ethnic minorities.

None of these barriers are insurmountable. The design and implementation of policies can either keep social protection out of reach for some or, alternatively, give those left behind the opportunity to benefit from them. Whether or not they result in greater social inclusion depends on the specific measures in place and the way in which they are implemented.

Inclusive social protection: policy implications

Availability, accessibility and adequacy are the prerequisites to leaving no one behind, as elaborated below.

Availability

Inclusion requires that social protection systems meet the needs of a diverse population at all stages of the life cycle. Contributory schemes rely on the payment of contributions, which may not be affordable to all. Inclusive social protection systems must therefore guarantee access to a minimum set of tax-financed alternatives. The right to social protection for all cannot be realized if it fails to reach those who need it most.

In recent years, many low-income countries have rapidly expanded access to social protection, mainly through tax-financed programmes. Some of these are grounded in solid legal frameworks. Others are implemented in the form of small-scale, often temporary, assistance that can help address short-term needs but leaves participants vulnerable to future shocks. Embedding social protection programmes in strong legal and institutional frameworks helps secure political and fiscal support.

Access

All persons should be covered by social protection systems without discrimination.[8] Universal programmes—available to all without conditions—are most likely to ensure inclusion and non-discrimination.

8 See E/C.12/GC/19, para. 23.

Even in a policy framework grounded in universalism, however, certain segments of the population face greater challenges than others in overcoming poverty and social exclusion. Special measures may be necessary, even temporarily, to help these groups. Promoting the inclusion of some groups, such as persons with disabilities, may require sustained special efforts. In other cases, the goal of special or targeted measures should be to bring everyone to the same starting line—leaving no one behind.

Targeting is widely used to reach those individuals and groups most in need. Over the last several decades, universal programmes have at times been replaced by targeted schemes, which are perceived to allocate resources more efficiently. However, sound targeting typically requires advanced administrative capacities. Means testing, in particular, can involve methodologically complex surveys and high administrative costs. Targeting should therefore not be approached as a cost-saving measure. Moreover, inaccurate targeting can result in significant undercoverage—or "errors of exclusion". In general, special or targeted measures must be approached as a complement to—rather than a substitute for—universal schemes.

Conditional cash transfers are aimed at encouraging human capital formation while promoting income security. However, their effectiveness depends on implementation. Some programmes use non-compliance with conditions simply to impose penalties on beneficiaries or exclude them from the programme. Punitive measures do little to promote the inclusion of those furthest behind.

Across all social protection schemes, lack of beneficiary involvement in design or delivery tends to limit effectiveness. Participation and consultation are important to ensure that barriers to access are identified and addressed. Several chapters in the report highlight examples of social protection schemes refined through consultation between Governments and potential beneficiaries. Beneficiary feedback, including robust grievance mechanisms, is also crucial to ensure that the rights of potential beneficiaries are respected. Making social protection programmes more inclusive requires transparent official avenues for people to challenge their exclusion or denounce discrimination and corruption. Supportive institutional environments are crucial in this regard.

Finally, accessible information and public communication campaigns tailored to the needs of potential beneficiaries are key to reaching those most in need.

Adequacy

Social protection transfers are often inadequate or insufficient in amount or duration to guarantee income security and health for all. Tax-financed schemes, in particular, tend to be lacking. If social protection systems are to make a meaningful impact on inclusion, many countries will need to increase investments in social protection and sustain such investments through economic cycles.

While fiscal space for social spending has increased in the last 10 years in most developing countries, more can be done to mobilize domestic resources and optimize public spending. About 100 countries out of 125 with data have gaps in their social protection floors that could be closed by spending less than 6 per cent of their GDP (Bierbaum and others, 2016, annex). However, 12 countries would need to spend over 10 per cent of GDP to close these gaps. These countries will need substantial help from the international community to set up social protection floors or expand social protection systems (Bierbaum and others, 2016, annex).

Introduction

Against a backdrop of sharp inequalities and persisting exclusion, inclusiveness has emerged as a major aspiration of the 2030 Agenda for Sustainable Development. This is reflected in its central pledges: that no one will be left behind, that all goals and targets will be met for all nations, peoples and segments of society, and that every endeavour will be made to reach those left the furthest behind first.[9] There is a growing recognition that, virtually everywhere, some individuals and groups confront barriers that prevent them from participating in the social, economic and political life of their communities on equal terms with others. Because of their age, gender, race, ethnicity, disability or migrant status, some people lack opportunities, resources and a voice, and are routinely denied respect for their rights. To varying degrees, development is leaving them behind.

[9] General Assembly resolution 70/1, para. 4.

Social protection is a key policy tool for addressing poverty, inequality and social exclusion. No country has been able to reduce poverty and improve living conditions on a broad scale without putting comprehensive social protection systems in place. The 2030 Agenda underscores the importance of social protection for the eradication of poverty and the achievement of other goals. Target 1.3 of the Sustainable Development Goals (SDGs) is to implement nationally appropriate social protection systems and measures for all, including floors, and to achieve substantial coverage of the poor and the vulnerable by 2030. Similarly, the Addis Ababa Action Agenda of the Third International Conference on Financing for Development includes a commitment to provide fiscally sustainable and nationally appropriate social protection systems and measures for all. It calls for a focus on those furthest below the poverty line and the vulnerable, persons with disabilities, indigenous persons, children, youth and older persons.[10]

[10] General Assembly resolution 69/313, para. 12.

The world is far from reaching those goals. Even where universal coverage is guaranteed by law, not all segments of the population are reached effectively. Gaps in access to social protection and insufficient benefits challenge its effectiveness as a means for reducing inequality and tackling exclusion. Understanding the barriers that people face in accessing social protection is necessary if SDG target 1.3 is to be met.

While there are many positive trends in the promotion of social inclusion, the *Report on the World Social Situation 2016* showed that gaps in access to education, health care, employment, income and other resources among different population groups are not closing fast enough (United Nations, 2016a). The report also noted that deprivations reinforce one another. Unequal access to health, education and social protection systems feeds a vicious cycle of disadvantage and exclusion.

The 2018 issue of the report builds on those findings. Taking access to social protection as a critical marker of opportunity, the report examines the extent to which social groups that are generally disadvantaged are effectively covered by social protection systems. The analysis focuses on seven groups: children, youth, older persons, persons with disabilities, international migrants, indigenous peoples and ethnic and racial minorities.[11] The focus on these groups aligns the report with the 2030 Agenda: in aspiring to promote the social, economic and political inclusion of all members of

[11] While individuals in each of those groups have shared attributes and may face common challenges, it is important to recognize that the groups are not homogeneous. The report considers how gender, economic status and place of residence intersect with other group attributes and affect access to social protection.

society, SDG target 10.2 emphasizes that all should be included irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. Each of the groups studied in this report is at high risk of poverty and exclusion and faces specific barriers to the enjoyment of their rights. Lack of social protection is one more symptom of their exclusion.

Several recent global and regional reports have examined the provision of social protection throughout the life cycle.[12] They show that the social protection coverage of children, older persons and persons of working age, including persons with disabilities, is still far from universal. Country-specific evidence on the effective coverage of the other groups discussed in the report—namely young people, international migrants, ethnic minorities and indigenous peoples—suggests that there is a gap between their eligibility for social protection programmes and the extent to which they are in fact covered. In addition, the type and level of benefits they receive are at times insufficient to guarantee income security.

[12] See, for instance, ILO (2014a), ILO (2017a), ESCAP (2015a) and Cecchini and others (2015).

However, there have been few attempts to bring this fragmented evidence together to assess the challenges ahead in achieving universal social protection coverage. This report sets out to do just that. Specifically, it seeks to address three main questions: Who enjoys social protection coverage—and who does not? What are the barriers to the effective coverage of the social groups selected? How can social protection programmes be designed and implemented so as to be sensitive to the needs of disadvantaged groups?

Emphasizing the importance of universal social protection, the report examines elements of successful programmes and the interplay between different social protection measures. Many measures, particularly targeted measures, have been criticized for not including some population groups. The report discusses the role of universal and targeted measures in promoting inclusion.

The report consists of eight chapters. Chapter I provides an overview of social protection trends and summarizes evidence regarding the impact of social protection and that of fiscal policy on poverty, inequality and other dimensions of social development. The chapter shows that, overall, social protection programmes do help to reduce poverty and income inequality. They can have a positive effect on the accumulation of human capital and promote inclusive economic growth. Universal access to social protection has proven vital in shielding individuals and groups, including those left furthest behind, from major risks and shocks throughout the life cycle. However, the impact depends greatly on the specific measures in place. Because of the way in which they are designed and implemented, many such measures exclude some potential beneficiaries.

While the effects of social protection on poverty and income inequality have been well documented, comparative analysis of the effect of social protection on different social groups is largely lacking. The data presented in the report indicate that some groups are better covered than others by social protection. But whether social protection is helping to reduce inequalities between social groups—or, conversely, whether it is leaving some people behind—remains largely an unanswered question.

Chapters II to VII are devoted to each of the seven social groups selected as case studies. The situation of indigenous peoples and that of ethnic minorities are addressed together in chapter VII, given that, in terms of access to social protection, the two groups share common plights. These chapters follow the same structure: they give an account of the main challenges and disadvantages faced by each group, examine gaps in social protection coverage and discuss best practices for reaching members of these groups, promoting their well-being and empowering them to fulfil their potential.

Chapter VIII summarizes the policy implications of the report's findings. A common conclusion through all chapters is that social protection must ensure the well-being of all individuals—addressing the risks of poverty and exclusion rather than merely their symptoms—throughout the life cycle. Doing so requires making a minimum level of tax-funded social protection, or a basic social protection floor, unconditionally available to everyone. Without basic entitlements to social protection, those who are most disadvantaged and vulnerable will be left behind.

Universal access to social protection, together with access to social services, is necessary to break the intergenerational cycle of poverty and promote inclusion. The findings presented in this report make the case for broad policy efforts to promote redistribution and address the conditions that cause and perpetuate poverty. A comprehensive analysis of policy measures other than social protection is, however, beyond the scope of this volume.

Chapter I
Social protection and social progress

Key messages

- Evidence from across the world shows the potential of social protection systems to prevent poverty, reduce inequality and improve levels of health and education.
- Even in countries where social protection is guaranteed by law, not all segments of the population are reached effectively. Discrimination, socioeconomic disadvantage and the way in which policies are designed and implemented play a role in keeping social protection out of the reach of some individuals and groups.
- Lack of universal, tax-financed social protection measures, inaccurate targeting, complex registration systems and insufficient information increase the risk of exclusion from social protection for those most in need.
- Understanding the barriers that potential beneficiaries face in obtaining access to social protection is necessary if SDG target 1.3 is to be met for all nations, peoples and segments of society.
- Promoting social inclusion requires social protection policies that address the causes of poverty and exclusion, rather than merely their symptoms, throughout the life cycle.
- Social protection is just one, albeit important, element of fiscal policy. The impact of fiscal policy on poverty, inequality and exclusion depends on how the burden of taxation and public spending are distributed. Governments must ensure that fiscal policy improves the situation of people who are disadvantaged, instead of making it worse.

A. Social protection systems in context

Comprehensive social protection systems are common in more developed regions. An increasing number of countries in less developed regions are also expanding their social protection programmes or putting new ones in place, with support from the international community. This section presents social protection in the framework of the international development agenda and provides a brief overview of recent trends in social protection coverage.

1. Concepts and definitions

In this report, social protection is defined as all measures providing benefits in cash or in kind to guarantee income security and access to health care. Comprehensive social protection systems secure protection from, among other things, lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment, old age or death of a family member, and general poverty and social exclusion; they also ensure access to basic health care, and provide family support, particularly for children and adult dependants (ILO, 2014a). For the purposes of this report, “social protection” is an alternative term for “social security”. Other definitions of social protection, beyond the scope of this report, include access to key services, such as education, social work and social care, as well as other measures, including labour market polices (ADB, 2001; World Bank, 2012; UNDP, 2016a).

Public social protection schemes are usually funded through the payment of contributions by individuals and/or employers (contributory schemes) or through taxes (tax-financed schemes).[13] The most common contributory programmes are social insurance schemes, including unemployment and health insurance schemes. Contributory schemes may be fully funded by contributions made by beneficiaries and employers, but many are partly financed through taxes, either in the form of subsidies or to make up for scheme shortfalls. Public support allows for a more equitable distribution of benefits, particularly for individuals with low incomes and short or interrupted work careers.

Tax-financed (or non-contributory) programmes include many forms of social assistance. Some offer universal coverage, as with social pension schemes under which eligibility is determined solely by citizenship or residence status, or, in some cases, by non-receipt of any other type of social insurance or pension. Other schemes are means tested. Entitlement to means-tested schemes is granted only to those with income or wealth below a prescribed threshold, as with minimum-income benefits, or to those meeting other criteria defined in proxy means tests.

Some tax-financed schemes require the participant to meet specific conditions to receive the benefit. Unemployment assistance, for instance, is often contingent on beneficiaries enrolling in vocational training programmes designed to help them to find work. Conditional cash transfer programmes include conditions designed to encourage certain practices in beneficiary households, such as ensuring that children complete a course of vaccinations or enrol in school.

Although tax-financed programmes are also referred to as non-contributory schemes, taxes are one form of contribution by members of society to public well-being. Individuals who meet the requirements of each programme are entitled to benefit from them. Rather than being beneficiaries of charity, people have the right to social protection and may lodge claims to access it under international law, as is set out below.

2. Social protection and the international development framework

The human right to social security is set forth in the Universal Declaration on Human Rights and various human rights instruments, while International Labour Organization (ILO) conventions and recommendations define the normative framework and set standards for the establishment and development of social protection systems.[14] The ILO Social Security (Minimum Standards) Convention, 1952 (No. 102), was the first international instrument to establish minimum standards applicable to all countries, regardless of their degree of economic development, for the following social security benefits: sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors, as well as medical care.

In 1995, at the World Summit for Social Development, Governments agreed that social protection systems should be anchored in law and, as appropriate, strengthened and expanded "in order to protect from poverty people who cannot find work; people who cannot work due to sickness, disability, old age or maternity, or to their caring for children and sick or older relatives; families that have lost a breadwinner through death or marital breakup; and people who have lost their livelihoods due to natural disasters or civil violence, wars or forced displacement".[15] In 1994, Governments had agreed in the Programme of Action of the International Conference on Population and Development to "establish social security measures that addressed the social, cultural and economic factors behind the increasing costs of child-rearing".[16] In the Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women in 1995, world leaders agreed to create or review social security systems "with

13 In less developed regions they may also be (at least partly) financed by external development assistance.

14 See the Universal Declaration of Human Rights (arts. 22 and 25), International Covenant on Economic, Social and Cultural Rights (arts. 9 and 11), the Convention on the Elimination of all Forms of Discrimination against Women (arts. 11 and 14), the Convention on the Rights of the Child (arts. 26 and 27), the Convention on the Rights of Persons with Disabilities (art. 28) and various ILO instruments. ILO has produced a compendium of social security standards and human rights instruments (ILO, 2017c).

15 *Report of the World Summit for Social Development* (United Nations, Sales No. E.96.IV.8), chap. I, resolution I, annex I, para. 38.

16 *Report of the International Conference on Population and Development* (United Nations, Sales No. 95.XIII.18), chap. I, resolution I, annex, paras. 5.2 and 5.9.

a view to placing individual women and men on an equal footing, at every stage of their lives".[17] The World Summit for Social Development was, however, the only occasion on which the need to enhance social protection following the established minimum standards was addressed at a major United Nations summit.

The notion of social protection as a policy instrument for eradicating poverty and promoting development gained momentum in the 2000s. In 2001, participants at the eighty-ninth session of the International Labour Conference reaffirmed the commitment of ILO to the Declaration of Philadelphia (1944) and its obligation to extend "social security measures to provide a basic income to all in need of such protection and comprehensive medical care" (ILO, 2001). They also stressed the role of social security as a fundamental means of fostering cohesion in society and thereby helping to ensure social peace and inclusion. Two years later, the World Bank also made the case for social protection as a key instrument for development, given its capacity to reduce vulnerability and smooth out patterns of consumption, and noted that "there is a major mobility in and out of poverty, and thus concentrating on the (ex-post) poor instead of the (ex-ante) vulnerable may be less effective" (World Bank, 2003, p. 1).

In 2009, the United Nations System Chief Executives Board for Coordination launched its Social Protection Floor initiative as one of its nine system-wide joint crisis initiatives aimed at alleviating the impact of the 2008 financial crisis. In the initiative, it was noted that alleviating the social impacts of the crisis was but one of the objectives of the social protection floor. The role of a social protection floor should be to provide a rights-based, systemic "insurance" against poverty for all people at all times. Member States endorsed the initiative at the United Nations Conference on Sustainable Development (Rio+20) in 2012 and underscored the importance of social protection in General Assembly resolution 66/288. Subsequently, ILO adopted the Social Protection Floors Recommendation, 2012 (No. 202), reflecting a consensus among Governments, employers and workers on the extension of social protection (box I.1).

[17] *Report of the Fourth World Conference on Women* (United Nations, Sales No. 96.IV.13), chap. I, resolution I, annex II, paras. 58(o) and 106(d).

Box I.1.
Social protection floors

The ILO Social Protection Floors Recommendation, 2012 (No. 202), has received broad approval at the global and regional levels, having been endorsed by the United Nations, the Group of Twenty (G-20), the Association of Southeast Asian Nations and the European Union. The structure of social protection systems will vary from country to country, but the ILO recommendation provides broad guidance on how to lay the foundations of a comprehensive system. A basic social protection floor should ensure that all in need, whether children, people of working age or older persons, have access to basic health care and income security throughout the life cycle.

The United Nations, through various agencies, supports Member States in establishing and promoting nationally defined social protection floors as part of their broader social protection systems. For example, Cabo Verde and Mozambique have developed such floors with the support of United Nations country teams. In June 2015, the World Bank Group and ILO launched the joint Universal Social Protection Initiative, calling the attention of world leaders to the importance of universal social protection policies and their financing. The United Nations Office for South-South Cooperation and ILO have facilitated peer-to-peer learning in this area and major events, such as the China high-level event on achieving the SDGs in relation to social protection, which was held in Beijing in September 2016. In addition, bilateral cooperation initiatives on the issue have emerged.

The international consensus on the importance of social protection as a key policy tool for promoting far-reaching improvements in human well-being was reinforced by the adoption of the 2030 Agenda. In particular, under SDG 1 ("End poverty in all its forms everywhere"), Governments have committed to implementing social protection systems and measures for all, including floors, with a focus on achieving substantial coverage for the poor and vulnerable (target 1.3). Success should be measured, according to associated indicator 1.3.1, by progress in increasing the proportion of the population covered by social protection floors/systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable. Directly related goals include SDG 3 on health and achieving universal health coverage (target 3.8), SDG 5 on gender equality, including valuing unpaid care and domestic work (target 5.4), SDG 8 on decent work for all and sustainable economic growth and SDG 10 on reducing inequalities.

The Addis Ababa Action Agenda envisages a new social compact to end poverty in all its forms everywhere, whereby States commit themselves to providing "fiscally sustainable and nationally appropriate social protection systems and measures for all, including floors, with a focus on those furthest below the poverty line and the vulnerable, persons with disabilities, indigenous persons, children, youth and older persons".[18] This commitment signifies a renewed willingness on the part of countries to place social protection at the heart of their public budgeting in order to combat poverty, with an overarching concern for equity.

18 General Assembly resolution 69/313, para. 12.

3. Trends in social protection coverage

Great strides were made in the twentieth century in terms of social protection around the world. By 1930, countries such as Australia, Denmark, Germany, Ireland, Norway, Sweden and the United Kingdom were devoting more than 2 per cent of gross national product (GNP) to employment injury protection, public pensions and poor relief programmes (Lindert, 2004). Social protection systems expanded rapidly in what are now high-income countries starting in 1945 and, subsequently, in others that are now classified as middle-income, namely in Central Asia and Eastern Europe, Latin America and the Caribbean and in Southern Africa (ILO, 2014a). Currently, legal entitlements for every citizen are established in all relevant areas of social protection in most countries in Europe, Northern America and Latin America.

There has been significant progress in Africa and Asia, particularly since the early 2000s. In many countries, however, legal coverage is limited to a few areas and only a minority of the population has access to social protection schemes anchored in national legislation. Often, only public sector workers or those in other types of formal employment are covered by contributory schemes, while tax-based schemes are fragmented and available only to a small percentage of the population.[19]

19 For a detailed description of trends in social protection by country and region, as well as by specific type of social protection, see ILO (2017a). Information may also be gleaned from international databases, such as ILO Social Security Inquiry (SSI) (www.ilo.org/dyn/ilossi/ssimain.home), the SDG Indicators Global Database (https://unstats.un.org/sdgs/indicators/database) and the World Bank Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE) database (http://datatopics.worldbank.org/aspire/home).

Countries have tended to broaden their social protection systems sequentially, depending on national circumstances and development priorities. Most began with stand-alone schemes to address employment injury, then introduced old-age pensions, disability and survivors' benefits, followed by sickness, health and maternity coverage. Benefits for children and families, and unemployment benefits, typically came later. As systems have become more comprehensive, countries have moved to strengthen the links between different programmes (ILO, 2017a).

The expansion of comprehensive social protection systems has not, however, been a steady process. During the 1980s and 1990s, multilateral financial institutions and donors promoted targeted, often temporary, social assistance schemes as a more cost-effective way than universal schemes to alleviate extreme poverty in lower-income countries. Increasingly, targeted schemes substituted, rather than complemented, universal measures. In some Latin American countries, for instance, universal schemes were dismantled in favour of narrower means-tested approaches (ECLAC, 2015). In 2014, ILO found that 122 countries had reduced public expenditure on social protection as a percentage of gross domestic product (GDP) since 2010. Those cuts came in the aftermath of the 2008 crisis, when the income security of much of the population of those countries was at great risk (ILO, 2014a).

Many developing countries have, however, attempted to expand access to social protection. Even in regions where comprehensive legal coverage is less widespread, such as Southern Asia and sub-Saharan Africa, some countries have grounded their efforts in the right to social security. In India, the National Food Security Act of 2013 entitles approximately two thirds of the population to highly subsidized food grains, and the Mahatma Gandhi National Rural Employment Guarantee Act of 2005 guarantees 100 days of wage employment per year to every household whose adult members apply for unskilled manual work. In South Africa, the right of all to social security, including appropriate social assistance, is guaranteed under the Constitution (chap. 2, art. 27).

The extension of legal provisions does not, however, guarantee effective coverage, which may be hampered by inadequate implementation and enforcement of the law or by the lack of institutional capacity to design and deliver transfers. Legal coverage measures entitlement as stipulated under the law, while effective coverage measures how legal provisions are implemented.[20]

Despite improvements over the past decades, it is estimated that only 45 per cent of the world's population is effectively covered by at least one social protection scheme (ILO, 2017a). The remaining 55 per cent of the population—around 4.1 billion people—are not covered at all (ibid.). These averages mask large regional differences. Almost 90 per cent of the population is covered by at least one benefit in Europe, a little more than 60 per cent is covered in Latin America and the Caribbean and less than 15 per cent is covered in sub-Saharan Africa.[21]

Moreover, only 29 per cent of the global population enjoy comprehensive coverage, including disability, employment injury, maternity and unemployment benefits, old-age pensions and child or family benefits (ibid.). Nonetheless, there has been a steady increase in coverage in recent years, particularly with regard to pensions (see chapter IV). Countries such as Brazil, Cabo Verde, China, Ghana, India, Mexico, Mozambique, South Africa and Thailand have made significant efforts to extend social protection.

B. The impact of social protection on well-being

1. Reducing income poverty and inequality

In general, countries that have reduced poverty and improved living conditions on a broad scale have developed comprehensive social protection systems covering a majority of the population. On average, public social protection expenditure accounted for 27 per cent of GDP in Western Europe and 19 per cent in Northern America in 2015 (ibid.).

Social protection not only benefits people living in poverty, but promotes the well-being of societies at large. While the impact of social protection programmes varies according to their design, the level of implementation and the adequacy of transfers, evidence from around the world shows their potential not only to prevent poverty,

[20] Effective coverage is different from programme take-up, which refers to the number or proportion of people who claim a benefit. Even in the case of universal programmes (such as child benefits), the aim may not be 100 per cent take-up. People may not participate because they are sufficiently well-off and the benefit would have a negligible impact. Effective coverage estimates include all individuals for whom benefits are guaranteed.

[21] Regional and country-level data can be accessed through the SDG Indicators Global Database (Available from https://unstats.un.org/sdgs/indicators/database, accessed 7 December 2017). See also ILO (2017a).

but also to reduce inequality and stimulate economic growth. Income insecurity prevents households from making productive investments and may lead them to forgo necessary health care and withdraw children from school. By helping people living in poverty to address trade-offs between meeting their immediate needs and securing future livelihoods, social protection measures can encourage the accumulation of productive assets and investment in physical and human capital, ease access to credit and help households to manage risk. Transfers can also stimulate demand and boost consumption. During economic downturns, when private spending is constrained, increased public spending in social protection is vital to revive economies and stimulate employment. Thus, if properly designed and implemented, social protection programmes promote inclusive and equitable economic growth and can address some of the root causes of poverty and inequality.

Fiszbein, Kanbur and Yemtsov (2014) calculated that the number of people living in extreme poverty—estimated at 767 million in 2013—would have been up to 165 million higher without the transfers households received from social protection programmes.[22] Among the regions covered in their study, the impact of social protection on poverty is greatest in the richer countries with economies in transition—in Eastern Europe and Central Asia—and smallest in sub-Saharan African countries for which data are available, where social protection transfers move less than 1 per cent of the population out of poverty. Although some countries of sub-Saharan Africa have significantly stepped up efforts to expand access in recent years, social protection programmes are still piecemeal and often do not provide adequate benefits (ILO, 2014a). Moreover, poverty in sub-Saharan Africa is, on average, deeper than in other regions, and the amount of income needed to lift people to the poverty line is therefore greater.

Additionally, a study of 33 Asian countries finds that the impact of social protection on poverty—using the $1.25-a-day and $2.50-a-day poverty lines—is significant even after controlling for the effect of such variables as GDP, GDP growth and population age structure (Wagle, 2017). It finds that poverty reduction is faster in countries that spend more on social protection, at similar income and income growth levels, and regardless of population age structure.

Overall, almost half of the poverty gap in developing countries is eliminated through social protection, according to Fiszbein, Kanbur and Yemstov (2014). However, most transfers are not meant to close the poverty gap: only 8 per cent of all transfers contribute to reducing it. Immediate poverty reduction is certainly not the only goal of social protection programmes—many measures are in fact designed to prevent people from falling into poverty. Nevertheless, achieving substantial coverage of the poor and the vulnerable calls for more progressive social spending and a stronger focus on ending poverty.

While informative, the above-mentioned estimates only quantify the impact of social protection transfers on the prevalence of extreme poverty at one point in time. Poverty, however, does not affect only a fixed group of individuals; everyone is at risk of experiencing it at some point. Many people escape poverty only to fall back into it, or fall into poverty for the first time because of an economic shock, natural disaster or health problem.

Evidence regarding the impact of social protection on the dynamics of poverty is largely limited to assessments of social assistance schemes that aim to graduate beneficiaries out of receiving support once they reach a certain level of assets, income, age or time in the programme. Research indicates that temporary cash transfers alone are insufficient to ensure that beneficiaries remain out of poverty.[23] In the United Kingdom, according to Cappellari and Jenkins (2008), 32 per cent of beneficiaries of social

22 The estimates are based on data from the World Bank ASPIRE database (http://datatopics.worldbank.org/aspire/home), which contained data for 59 countries, mostly in the developing world, at the time of the study. Countries in the more developed regions other than countries with economies in transition (in Eastern and Southern Europe) are not included in the database. To obtain their estimates, the authors extrapolated data from the 59 countries to the total population in developing regions. The estimates use a $1.25-a-day poverty line and take into consideration the impact only of cash transfers on current well-being; they do not include the impact of insurance on protection against future shocks or income from productive investment or employment generated through social protection. The total poverty headcount for 2013 comes from United Nations (2017a).

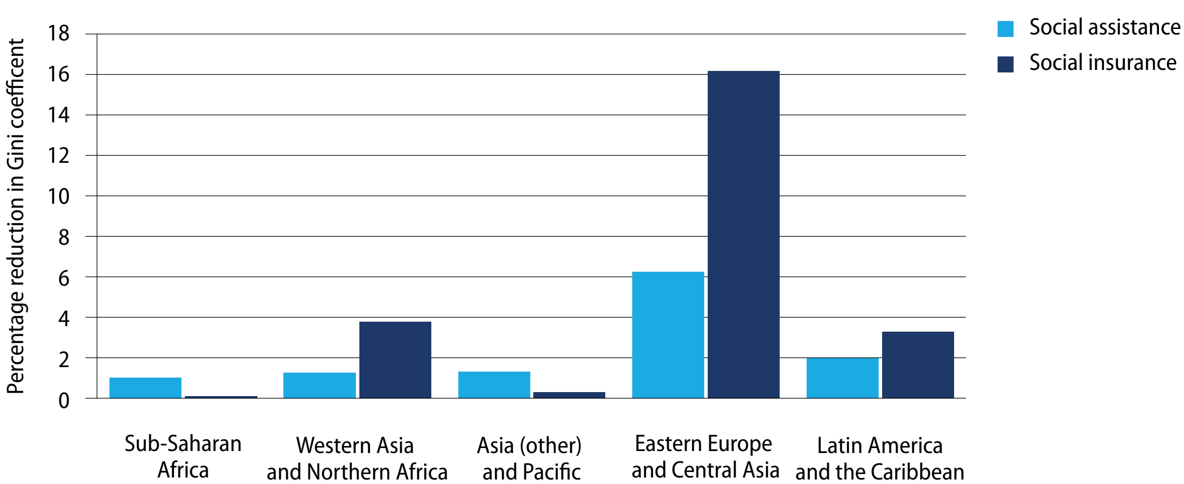
23 See Browne (2013), Devereux and Sabates-Wheeler (2015) and Bastagli and others (2016).

assistance programmes who exited poverty became beneficiaries at least once again between 1991 and 2005. Villa and Niño-Zarazúa (2014) estimate that, in Mexico, only 29 per cent and 27 per cent of beneficiary households in urban and rural areas, respectively, graduated from the Oportunidades programme between 2002 and the period from 2009 to 2012—that is, they were no longer receiving transfers from 2009 to 2012.

The above-mentioned findings underscore that social protection programmes should ensure the well-being of all throughout the life cycle by addressing the risk of poverty, rather than poverty itself. They also make the case for broad policy action to tackle the conditions that cause and perpetuate poverty, rather than merely its symptoms (see chapter VIII).

Social protection also affects income inequality as measured by the Gini coefficient. Among the regions shown in figure I.1, the combination of social insurance and tax-financed social assistance programmes available has the greatest equalizing effect in countries of Eastern Europe and Central Asia. In countries where informal employment is widespread and overall institutional capacity is weak, namely in parts of Asia and sub-Saharan Africa, tax-financed social assistance programmes have the most marked impact on inequality. Social insurance schemes play a greater equalizing role in middle- and high-income countries.

Figure I.1.
Impact of social insurance and social assistance programmes on the Gini coefficient in selected regions



Source: World Bank, The Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE) database, table 5. Available from http://datatopics.worldbank.org/aspire (accessed 14 November 2017).
Note: The figure shows weighted regional averages of the Gini inequality coefficient reduction owing to social protection programmes as a percentage of the pre-transfer Gini coefficient. The estimates are based on data from the most recent household surveys (ranging from 2000 to 2014) in 107 countries (see annex 1 for data by country). The extent to which information on specific social protection transfers and programmes is captured in household surveys varies from one country to another. The nature of those programmes and transfers also varies significantly. Under social assistance programmes, ASPIRE includes data on conditional and other cash transfers, social pensions, food and other in-kind transfers, school feeding programmes, fee waivers and targeted subsidies, public works programmes and what the database generally designates as "other social assistance" (ranging from scholarships to country-specific cash transfer programmes for children). That is broadly in line with what is termed tax-financed programmes in this report, with the important difference that ASPIRE does not provide data on public health expenditure.

However, the situation varies considerably by country. Social protection transfers lead to a dramatic decline in income inequality in developing countries such as Mauritius, Mongolia and South Africa (annex 1), where public expenditure on social protection, including health, is relatively high. Spending amounted to about 10 per cent of GDP in Mauritius and South Africa—two of the countries with the highest such spending in sub-Saharan Africa—and 14 per cent in Mongolia in 2014-2015 (ILO, 2017a).

2. Improving other dimensions of well-being

Social protection programmes also have a positive impact on non-monetary dimensions of poverty, namely access to education and health. Research on cash and in-kind transfers in developing countries shows that, in the short-term, those measures have helped to increase school enrolment and attendance and to improve the health and, to a certain extent, nutritional status of people in beneficiary households (ILO, 2010; Bastagli and others, 2016). The impact is often greater where levels of health and education are lowest at baseline—in rural areas and especially among girls (Attanasio and others, 2005; Agüero, Carter and Woolard, 2007; ILO, 2010). In Colombia, for instance, the introduction of the Familias en Acción programme resulted in a 10 per cent improvement in school attendance among children aged from 12 to 17 in rural areas and a 5 per cent increase among those in urban areas (Attanasio and others, 2005). Of 15 studies on the impact of social protection programmes on boys and girls, 12 reported a statistically significant impact for girls on at least one measure of school attendance (Bastagli and others, 2016).

Positive results are achieved both through schemes that make transfers conditional on school attendance and medical check-ups as well as through those to which people are entitled without conditions (Baird and others, 2013; ILO, 2010). As measured by levels of stunting, for instance, both types of scheme have similar effects on child nutrition (Manley, Gitter and Slavchevska, 2012).

While the immediate impact of such schemes is well documented, their long-term effects are less obvious. There is little evidence, for instance, that cash and in-kind transfers result in improved knowledge, better test scores or, eventually, better employment opportunities (Araujo, Bosch and Schady, 2016; Filmer and Schady, 2014; Baez and Camacho, 2011; Schurmann, 2009). In Malawi, the positive effects of a temporary cash transfer scheme on levels of teen pregnancy, child marriage and human immunodeficiency virus (HIV) prevalence disappeared two years after the beneficiaries stopped receiving the transfer (Baird, McIntosh and Özler, 2016). A conditional cash-transfer scheme in the same country resulted in some sustained improvement in educational attainment but not in HIV prevalence or employment.

Nevertheless, the short-term gains observed in educational attainment and in health, even if not sustained beyond the duration of the programme, can have an impact on the well-being of beneficiaries, especially if good-quality services and labour market opportunities are made available. Aizer and others (2016) found that, in the United States, children who benefitted from the Mother's Pension programme—a temporary cash-transfer scheme available between 1911 and 1935—were 50 per cent less likely to be underweight, had more years of education, higher earnings as adults and lived one year longer, on average, than children of families with comparable characteristics who did not benefit from the programme.[24] There is evidence to suggest that, by keeping young people in school longer, for instance, social protection programmes have helped to reduce the risk of HIV infection and the likelihood of early pregnancy among young women in countries such as Kenya and South Africa (Handa and others, 2015; Cluver and others, 2016; Pereira and Peterman, 2015). Attah and oth-

[24] For a summary of the long-term impact of various temporary cash-transfer schemes on beneficiaries in the United States see also Butcher (2017).

ers (2016) also find evidence of a virtuous cycle between access to social protection, school attendance and increased self-esteem among beneficiaries.

It is, however, important to note that the cash and in-kind transfer schemes on which recent impact evaluations are based constitute but one component of social protection systems. Many of the schemes assessed are small-scale, time-bound projects that arguably have less impact than nationwide, universal programmes. Although the effects of larger programmes on human capital have not been assessed as systematically, it can be assumed that they also have a positive effect, insofar as they reduce people's vulnerability to poverty. Health-care coverage, in particular, is directly linked to human capital formation. Measures that reduce the income insecurity of adults, including unemployment protection, disability benefits and social pensions, also enhance children's opportunities. The effect of old-age pensions on children are discussed in chapter II.

Regarding impacts on labour market participation and employment, the prospect that social protection may discourage labour supply among people of working age has informed social policy reforms in developed countries in the past decades. The proliferation of active labour market programmes, for instance, has been driven, at least in part, by concerns that the availability of unemployment benefits can discourage people of working age from looking for work—even though such programmes also aim to facilitate the transition into new jobs and to upgrade skills. Conversely, it is argued that, by protecting incomes, spending and consumption, social protection can provide an economic stimulus and therefore promote labour demand. Cash transfers can also contribute to enhancing children's future productive capacity and their employment prospects by improving educational attainment and skills development.

Whether social protection promotes or discourages employment is hard to assess empirically, as it is difficult to isolate the impact of social protection measures from that of other economic and social factors affecting employment. A literature review by Bastagli and others (2016) found that cash transfers had not had a significant impact on adult employment in more than half of the 74 studies reviewed. In studies that do report a significant effect, the majority find an increase in adult labour market participation and a decline in the prevalence of child labour. Other studies suggest that cash transfers lead to better employment opportunities for members of poor households because they free up time and allow for greater investment in job searching, particularly among women (Mathers and Slater, 2014; Samson and others, 2004; Burns, Keswell and Liebbrandt, 2005; UNDP, 2013; ILO, 2010). When they contribute to improvements in the productive capacity of beneficiaries, by allowing them to save and make productive investments, for instance, cash transfers also have a positive impact on earnings (Alderman and Yemtsov, 2013). Means-tested schemes can, however, create disincentives to work, for instance in cases where a rise in the beneficiary's income leads to a cut in benefits.

Recent studies have stressed the impact of social protection on broad social trends, including its potential to strengthen social cohesion (OECD, 2012; ILO 2010 and 2014a). Legal guarantees of social protection for all members of society promote a sense of belonging and social justice (Lindert, 2004). In South Africa, inclusion of the right to social security in the Constitution of 1996—itself an expression of the political commitment to greater equity—contributed to strengthening social cohesion (Devereux, 2011).

However, systems consisting mainly of means-tested social assistance and social insurance programmes covering only workers in formal employment leave much of the population in developing countries—the so-called missing middle—without coverage and thereby pose a threat to democracy and social cohesion (de Laiglesia, 2011; OECD, 2012). The missing middle includes a large segment of workers in informal employment who, although they may be living above the extreme poverty line, are highly vulnerable to poverty and exclusion.

Social protection schemes can also affect social cohesion in the community through their influence on relationships and trust. Beneficiaries of such schemes may interact more frequently, namely during travel to pay points or attendance at required meetings (in the case of conditional cash transfers), providing opportunities to meet people and exchange information (Pavanello and others, 2016). Poorly targeted schemes with unclear selection criteria, however, can generate conflict and threaten cohesion if community members perceive the allocation of resources to be unfair. There is ample evidence of inaccurate selection processes causing frustration and even triggering protests and violence (Adato, 2000; Pavanello and others, 2016; Widjaja, 2009; Kidd, Gelders and Bailey-Athias, 2017).

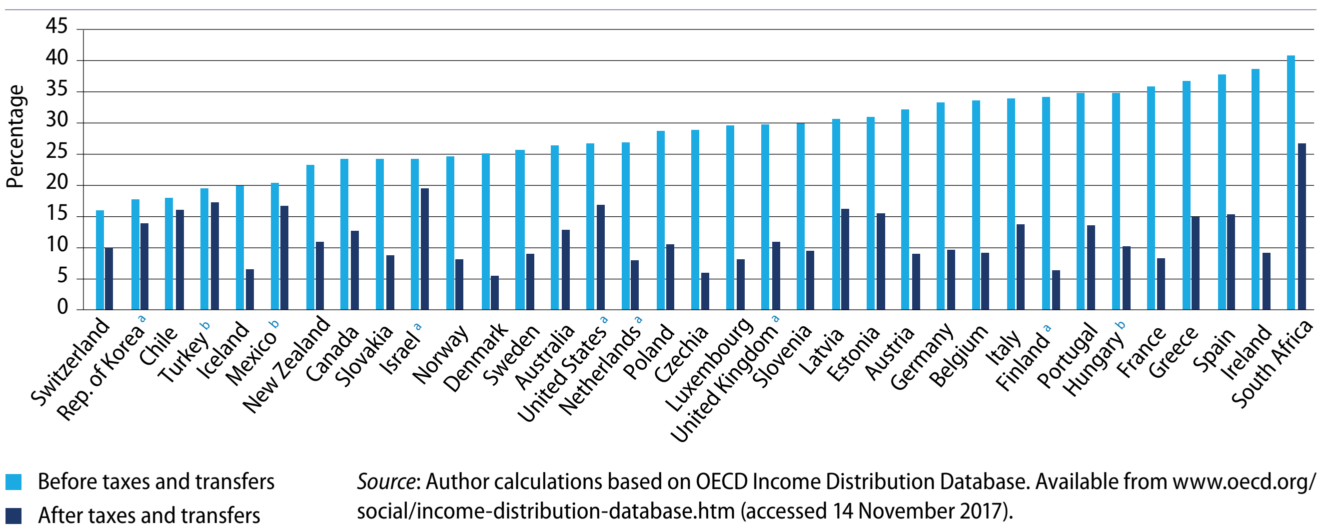
3. Beyond social protection: the impact of fiscal policy

Social protection programmes represent just one, albeit essential, element, of fiscal policy. How policy affects poverty, inequality and other development objectives depends on the way in which the burden of taxation and public spending is distributed. Specifically, the extent of redistribution depends on how progressive the tax system is (direct income and property taxes are usually progressive, while indirect taxes such as sales or value-added taxes are regressive) and on the degree to which people living in poverty benefit from social protection transfers and public services. The positive effects of social protection programmes on poverty reduction can be undone by a regressive tax system.

Fiscal policy has a significant redistributive impact in developed regions, with transfers having a larger equalizing effect than taxes (EUROMOD, 2017; United Nations, 2013a; OECD, 2011 and 2015a; Wang and Caminada, 2011).[25] The combined effect of taxes and transfers, however, differs by country. In Finland, 34 per cent of the population would have been in relative poverty in 2015 in the absence of direct taxes and transfers. In fact, only 6.3 per cent of the population were in poverty that year, a difference of more than 27 percentage points. In the United States, by contrast, fiscal policy reduced relative poverty by less than 10 percentage points (from 26.7 to 16.8 per cent) in the same year (see figure I.2).

[25] The studies cited use the difference between the Gini values of market and disposable income as a measure of the overall redistributive impact of taxes and transfers at one point in time. The calculations do not take into account the impact of indirect taxes and indirect subsidies (such as food and energy subsidies), since they are not discounted from disposable income.

Figure I.2.
Proportion of the population living in relative poverty before and after taxes and transfers in 2014, selected countries

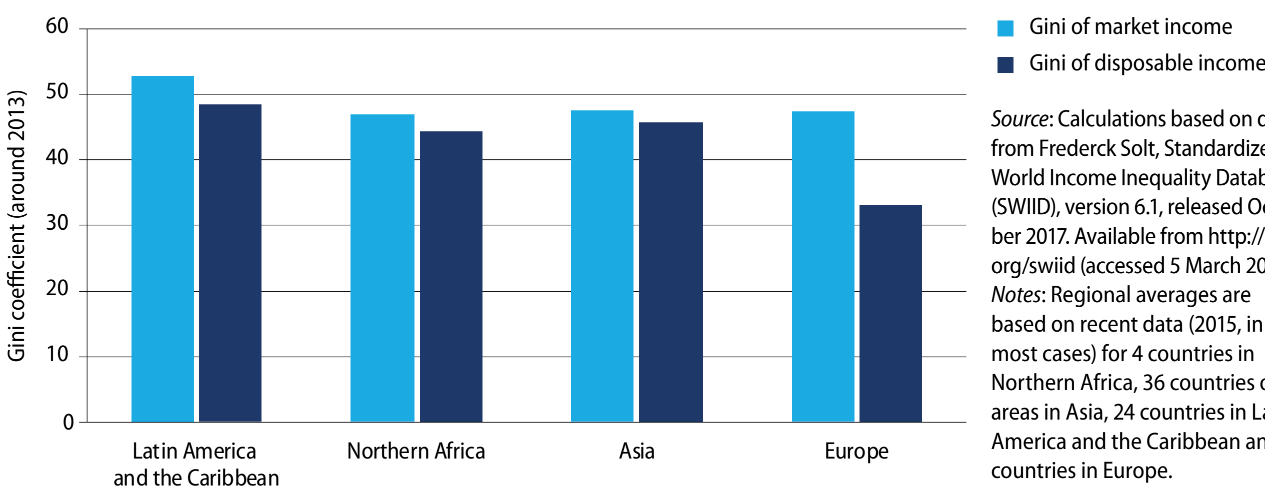


Source: Author calculations based on OECD Income Distribution Database. Available from www.oecd.org/social/income-distribution-database.htm (accessed 14 November 2017).
Note: Relative poverty is defined as 50 per cent of the median household income.
[a] Estimates are for 2015.
[b] Relative poverty post-taxes and before transfers.

Findings for developing regions are more mixed. A comparison of income inequality before and after taxes and transfers, proxied by the Gini coefficients of market and disposable incomes, indicates that, in general, fiscal policy has a moderate impact on inequality (see figure I.3). On average, the extent of redistribution is significantly smaller in the less developed regions than in Europe. The amount of public spending is greater in Europe than in developing countries. In general, personal income taxes represent a smaller proportion of total tax revenue in developing than in developed countries for a variety of reasons.[26] Direct taxation requires more advanced administrative capacities than indirect taxation. Given the extent of informal employment in many developing countries, the tax base for income taxes is small. There are differences in terms of compliance and in the efficiency of tax collection. However, the picture varies greatly from one country to another. Among the Latin American countries included in the average shown in figure I.3, for instance, the difference in the Gini coefficient of market and disposable incomes is almost 10 points in Brazil but just above 2 points in Mexico.

[26] See International Centre for Tax and Development (ICTD) and United Nations University World Institute for Development Economics Research (UNU-Wider) Government Revenue Dataset (www.wider.unu.edu/project/government-revenue-dataset, accessed 14 November 2017) and Ortiz-Ospina and Roser (2017).

Figure I.3.
Gini coefficients for market and disposable incomes by region



Source: Calculations based on data from Frederck Solt, Standardized World Income Inequality Database (SWIID), version 6.1, released October 2017. Available from http://fsolt.org/swiid (accessed 5 March 2018).
Notes: Regional averages are based on recent data (2015, in most cases) for 4 countries in Northern Africa, 36 countries or areas in Asia, 24 countries in Latin America and the Caribbean and 38 countries in Europe.
Market and disposable incomes are used as proxies of income before and after taxes and transfers, respectively.

Beyond the aggregate impacts described, more analytical fiscal incidence studies show what sectors of the population are positively (and negatively) affected by fiscal policies and how different taxes and transfers affect various groups. In a study of 28 low- and middle-income countries, Lustig (2017a) finds that, although fiscal systems were equalizing in all 28 countries around 2010, the extreme poverty headcount was higher after taxes and transfers in five of them: Ethiopia, Ghana, Guatemala, Nicaragua and the United Republic of Tanzania. The study confirms that indirect taxes, in particular high consumption taxes on basic goods, are the main cause of fiscally-induced impoverishment. In contrast, public spending on pre-school and primary school education appears to benefit people living in poverty the most. Yet, as the author notes, this could also be a reflection of middle- and high-income groups opting for private education.

Although direct taxes and transfers are generally progressive, their effect is limited in many developing countries. In Viet Nam, for instance, personal income tax and public transfers have little impact on inequality (OECD, 2014a). There and in many other countries, the revenues collected from income taxes are low, owing to tax relief measures and non-compliance. Public transfers are therefore small. Similarly, in Cambodia, the relatively low coverage and value of social protection transfers renders them insufficient to offset the negative impact of taxation on poverty and inequality (OECD, 2017a).

The above-mentioned findings have implications for resource mobilization efforts. The types of resources mobilized to fund social protection and other public goods and services, how they are collected and allocated, who pays, and how taxes and transfers interact are all key to the social fairness of the fiscal system. The Addis Ababa Action Agenda includes a commitment to enhance "revenue administration through modernized, progressive tax systems, improved tax policy and more efficient tax collection" in an effort to raise additional domestic public resources.[27] Attention must be paid also to the redistributive role of taxation and the combined effect of all fiscal tools, beyond social protection. Alternatives for financing social protection systems are discussed in chapter VIII.

[27] General Assembly resolution 69/313, para. 22.

C. Social protection and inclusion

Social inclusion and exclusion encompass a broad set of concerns. People may be excluded from many domains of life—social, economic, political, civil or spatial—and the relative importance of each domain depends on the country and local contexts. Exclusion is also a personal experience, and the views of those affected by it or at risk of being left behind cannot be disregarded. Measuring social inclusion, exclusion and the impact of policy on either is therefore a challenging task.

The *Report on the World Social Situation 2016* took a relative approach to social exclusion: rather than defining a threshold below which individuals or groups could be considered excluded, it took disparities across social groups in a number of indicators as symptoms or outcomes of exclusion. Under this approach, social protection is promoting inclusion if it is helping to reduce inequalities across social groups.

While there is ample evidence of the effects of social protection on well-being, including on the reduction of poverty and income inequality, less is known about its impact on inequalities across social groups. The next chapters summarize some of that evidence.

As far as social protection coverage is concerned, recent data indicate that some social groups are better covered than others. The most notable advance in recent decades has been the extension of old-age pensions (see chapter IV). Worldwide, 68 per cent of older persons received a pension in 2015 (ILO, 2017a). At the same time, only 28 per cent of persons with severe disabilities received disability benefits, 35 per cent of children received child or family benefits and 22 per cent of unemployed workers received unemployment benefits. As the following chapters show, there has been progress in closing some coverage gaps. For example, Governments in many developing countries have made efforts to reach indigenous peoples and ethnic minorities through tax-funded schemes (see chapter VII). However, levels of effective coverage continue to differ significantly between social groups and between countries.

The first part of this section examines some of the drivers of exclusion from social protection. In particular, it considers how gender, labour market situation and place of residence affect access. The second part discusses the role of policy formulation and delivery in promoting inclusion or, conversely, keeping social protection schemes beyond the reach of some.

1. What drives exclusion from social protection?

Even in countries where social protection is guaranteed by law, not all segments of the population are reached effectively. Gaps in coverage, insufficient benefits and barriers to access that affect some social groups more than others render social protection less effective in reducing inequalities and leaving no one behind.

On the one hand, gaps in access are but one outcome of the forces that drive disadvantage and exclusion. The prejudicial treatment of people on the basis of their characteristics or identity results in unequal power relations, which in turn operate in the formulation of social policies and the delivery of public services. These unequal relations are then reflected in, for instance, the quality of services that different population groups receive.

There has been progress in reaching some traditionally disadvantaged social groups, as described in the following chapters. Many laws that formally restricted access to social protection and public services to certain population groups have been repealed (United Nations, 2016a). Nevertheless, discrimination continues to reinforce some of the barriers they face, including a lack of information on entitlements or the political voice or representation necessary to claim such entitlements (Hossain, 2011).

On the other hand, socioeconomic disadvantages also play a role in hindering social protection coverage, even in countries where formal barriers to access are no longer imposed and efforts have been made to counter discrimination. In the labour market, members of indigenous communities and ethnic minorities, migrants, persons with disabilities and young people are less likely than others to secure a decent job, for instance, and, when they do, they often earn lower wages, as do women (United Nations, 2016a; ILO, 2017b). Indigenous people and members of other ethnic minorities often live in rural areas and in remote locations where access to public services and infrastructure is limited.

Lastly, policy design and implementation play an important role in keeping social protection out of the reach of some—or, alternatively, in giving those left behind opportunities to participate. The impact of social protection on poverty and inequality is, as discussed above, generally greater in countries that invest more in it. However, its availability does not in itself guarantee that the needs of disadvantaged groups are addressed. The impact of social protection on social exclusion depends on the specific measures in place and on their implementation.

a. Gender dimensions

Women face more barriers than men to the enjoyment of their rights, including the right to social security. The economic, political and educational disadvantages that women face impinge on the entitlements available to them and on their effective coverage. The design of social protection programmes can itself hinder women's access to them or aggravate the barriers they face.

Persistent inequalities between men and women in the labour market affect gender disparities in social protection coverage. Labour force participation is lower among women than men in most countries. Women are also overrepresented in informal employment and work more often than men under non-standard (temporary or part-time) contracts (ILO, 2016a; Tessier and others, 2013). When in full-time work, women earn, on average, between 10 and 30 per cent less than men (United Nations, 2015b). Women also continue to bear more responsibility than men for unpaid care work and therefore have less time to engage in formal employment and education, participate in political activities or, simply, leisure. On average, women devote three hours more per day than men to unpaid work in developing countries and two hours more in developed countries (ibid.). When both paid and unpaid work are taken into account, women work longer hours than men, particularly in developing countries. The overall result of these inequalities is a gender gap in contributory social protection coverage, including contributory old-age pensions.

Gender inequalities in political participation can also affect women's access to social protection schemes. Without the perspective and input of women, programmes can fail to consider their needs and priorities. That is especially so in the case of poverty-targeted and conditional schemes. When women are excluded from decision-making processes that determine eligibility criteria, for instance, targeted programmes are more likely to be unresponsive to unequal intra-household dynamics (UNDP, 2017). Similarly, gender gaps in education and literacy can influence take-up: less educated women may be unaware of programmes for which they are eligible or may have difficulty understanding the complex administrative procedures for gaining access to them.

The design and implementation of social protection programmes can also affect women's inclusion. Programmes that target households, rather than individuals or women directly, do not consider unequal intra-household power dynamics that affect women's access to and control over resources. When gender gaps in consumption are overlooked, programmes fail to take into account women living in poverty who reside in non-poor households (United Nations, 2015b). Furthermore, when designed without due consideration of sociocultural contexts, some social protection programmes can deter women from seeking access to benefits. Social norms that restrict women's mobility outside the home, for instance, can hinder the delivery of payments to them (Ulrichs, 2016). A lack of child-care services can prevent women from participating in public employment programmes (Holmes and Jones, 2010).

Social protection systems need not only to be mindful of sociocultural contexts and how they affect women's access but must equally refrain from exacerbating gender inequalities. A case in point are the conditions attached to some cash-transfer programmes aimed at children and families, the design of which often relies on the role of the mother as the main caregiver. Thus, women are traditionally considered responsible for health-care visits, attending meetings and other mandatory conditions, at the expense of activities such as remunerated work (ibid.). Those formal responsibilities reinforce traditional divisions of labour within households and communities and constrain women's access to employment-based social protection schemes.

b. Informal employment and social protection

Workers in informal employment, among whom young people, persons with disabilities, migrants, women and other disadvantaged groups are overrepresented, are insufficiently covered by social protection, or not covered at all. In fact, lack of social protection coverage is often used as a criterion for identifying informal employment (Gatti and others, 2014). Employment-based contributory schemes, in particular, cover mainly workers in formal employment and therefore leave a significant proportion of the labour force unprotected.

There are few comparable estimates of informality, although the evidence indicates that it remains most pervasive in less developed regions. One series of comparable estimates puts the share of informal employment outside agriculture at 82 per cent of total employment in South Asia, 65 per cent in East Asia (excluding China) and South-East Asia, 51 per cent in Latin America and the Caribbean and 66 per cent in sub-Saharan Africa (ILO, 2013 and 2014b).[28] Despite the common traits that define it, the informal economy encompasses a broad range of activities and workers. Most workers whose jobs are not subject to national labour legislation, taxation or social protection are employed in the informal economy, but some are employed in formal enterprises. Some are employers themselves, while others are self-employed or work as unpaid family workers. Many work without a contract: in Latin America, for instance, 68 per cent of workers in the informal economy and 26 per cent of workers in the formal sector worked without a written contract in 2005 (ILO, 2011).

[28] Data for sub-Saharan Africa are available only for a limited number of countries. For data and metadata on women and men in the informal economy, see also the ILO labour statistics database Ilostat (www.ilo.org/ilostat). It is worth noting the presence of informality in developed countries as well: in 2013, the informal economy accounted for an estimated 18.8 per cent of GDP in the European Union (Schneider, 2015).

In recent decades, economic growth has failed to create the number of decent jobs necessary to absorb a growing labour force. Informality remains high and has even grown in contexts of poor governance. Weak or ill-conceived legal and institutional frameworks lead to a lack of trust in institutions and administrative procedures, a disengagement from public mandates and a proliferation of informal employment. In addition to trapping workers in a cycle of low productivity and exploitation, the informal economy results in lost tax revenue and limits the fiscal space available to Governments to expand or improve social protection schemes.

SDG target 8.3 includes an international commitment to promote "decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services". Governments have also committed to protecting workers' rights and promoting safe and secure working environments for all workers. The ILO Social Protection Floors Recommendation, 2012 (No. 202), states that social security extension strategies should apply to persons in the formal and informal economy and support the growth of formal employment and the reduction of informality (para. 15). Additionally, the ILO Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), affirms that, through the transition to the formal economy, countries should progressively extend the coverage of social insurance to workers in the informal economy (paras. 18-21 and 25). It is increasingly recognized that, in addition to reducing the vulnerability and promoting the income security of workers in the informal economy, social protection can help to unleash their productive potential and transition to the formal economy.

In recent years, Governments in many countries have tried to expand the coverage of existing contributory social insurance schemes by adapting contributions and administrative procedures to the situation of workers in informal employment or by subsidizing contributions. Others have put new schemes in place. In Uruguay, for instance, tax authorities and the social security administration have created a simplified collection scheme for small contributions—the "monotax"—to promote coverage among workers and companies that are not otherwise covered by the social security system (ILO, 2014a). Other countries have designed micro-insurance schemes specifically for workers in the informal economy (Samson and Kenny, 2016).

A shortcoming of programmes aimed exclusively at the informal economy is that, if their benefits are not fully portable, workers transitioning to formal jobs may lose accumulated benefits as a result of their change in status. The availability of different schemes for workers in the formal and informal economies can also reinforce divisions in the labour market and in society at large. Schemes involving voluntary affiliation have also spread, and some benefit workers in non-standard forms of employment. However, their uptake in the informal economy is quite low, mainly owing to a lack of information but also because the low and unreliable incomes typical of the informal economy make the regular payment of contributions by workers and employers difficult (Handayani, 2016; ILO, 2015a).

In many developing countries, the expansion of tax-financed schemes—particularly old-age pensions—has also helped to extend coverage to some workers in informal employment and lift them out of extreme poverty (Kidd and Damerau, 2016). In Latin America and the Caribbean, for instance, at least 18 countries introduced reforms to increase pension coverage through non-contributory schemes from 2000 to 2013 (ILO, 2015a). Low levels of funding, however, mean that tax-financed schemes alone are often not sufficient to provide income security to their beneficiaries in many developing countries. Benefits are often below the poverty line. When means tested, the schemes fail to cover informal workers who do not live in poverty—part of the so-called missing middle. The structure of social pension systems and their advantages and limitations are discussed in greater detail in chapter IV.

Overall, coverage of workers in the informal economy is limited, and social insurance schemes remain beyond the reach of most workers. Where tax-based schemes reach some (usually those living in extreme poverty), their impact is limited by low transfer values.

c. Spatial disadvantage

In general, income insecurity is greater in rural than in urban areas, as employment is typically casual or seasonal, salaries are low and livelihoods are exposed to environmental hazards. At the same time, rural populations have, on average, less access than their urban counterparts to good-quality education, health care and other basic services, such as safe drinking water, basic sanitation, transportation and communications infrastructure.

When it comes to social protection, the rural disadvantage is less consistent. The proportion of persons covered by social protection is higher among the poorest urban population quintile than among the rural poor in some regions (sub-Saharan Africa, Northern Africa and Western Asia), but the reverse is true in others (Asia and Latin America) (table I.1). Many countries, including Brazil, China and India, have indeed made efforts to reach rural populations, mainly through tax-financed social assistance programmes.[29]

Despite these regional differences, the impact of social protection programmes on the poverty headcount and the poverty gap—the extent to which individuals fall below the poverty line—is consistently greater in urban than in rural areas (table I.1), partly because the average social protection transfer per capita tends to be larger in urban areas. While coverage by tax-financed social assistance schemes is higher in rural areas in most developing countries for which data are available, coverage by social insurance schemes (including contributory pensions and unemployment insurance) is often higher in urban areas.[30] In general, transfers from social insurance schemes are larger than those from tax-financed social assistance schemes.

Most evidence regarding spatial disparities is highly aggregated and generally compares only major subnational regions, or urban with rural areas. However, the economic, social and physical landscape of urban and rural areas is heterogeneous. Reaching populations in remote areas is particularly challenging. High administrative and transaction costs, inadequate banking facilities and a lack of awareness limit programme uptake in distant or isolated rural regions (see chapter VII).

Table I.1.
Coverage and poverty impact of social protection programmes[a]

	Coverage, poorest population quintile, percentage		Poverty headcount reduction, percentage		Poverty gap eduction, percentage	
	Urban areas	Rural areas	Urban areas	Rural areas	Urban areas	Rural areas
Sub-Saharan Africa	24.5	20.0	14.2	2.8	24.6	5.4
Western Asia and North Africa	61.4	58.9	36.0	20.1	53.1	33.7
Asia (other) and the Pacific	34.3	42.8	19.3	11.4	34.0	14.9
Central Asia and Eastern Europe	80.8	81.0	58.0	43.4	76.5	65.4
Latin America and the Caribbean	62.1	68.5	29.1	14.5	43.7	24.1

Source: Author calculations based on data from the World Bank ASPIRE database (see figure I.1).
Notes: In the ASPIRE database, social protection systems include social insurance, social assistance and labour market programmes. Reductions in the poverty headcount and in the poverty gap are calculated as percentages of the pre-transfer poverty headcount and gap, respectively.
Weighted regional averages are based on data for 36 countries in sub-Saharan Africa, 7 countries in Western Asia and North Africa, 23 countries in Central Asia and Eastern Europe, 16 other countries in Asia and the Pacific and 20 countries in Latin America and the Caribbean.
[a] Latest year available, if 2000 or later. Data apply to a year within the period 2001-2005 in 13 countries, 2006-2010 in 45 countries and 2011-2014 in 64 countries.

[29] In addition to its well-established social pension and other tax-based schemes directed at rural areas, Brazil has a large rural social insurance programme. Subsidized by the State, it paid 7.9 million pensions in 2009 (UNDP, 2011). China has made significant efforts to close the country's wide urban-rural gap, including through a rural social health insurance scheme, established in 2003, and a rural old-age pension scheme, launched in 2009 (ILO, 2014a). In India, the Mahatma Gandhi National Rural Employment Guarantee Scheme—one of the largest integrated employment and social protection schemes in the world—reached close to 50 million rural households in 2012. The national budget allocation for the scheme was equivalent to 0.3 per cent of national GDP in 2012-2013 (ILO, 2014a).

[30] Social insurance coverage is higher in urban than in rural areas in 80 per cent of countries included in the World Bank ASPIRE database (http://datatopics.worldbank.org/aspire).

Similar obstacles also affect urban residents living in poverty, despite their closer proximity to basic services. Widespread informal employment limits access to social insurance. Gentilini (2015) contends also that, in developing countries, many social assistance programmes are conceived for rural populations and fail to take into account specific aspects of urban poverty—including high mobility, the higher cost of living, more fragmented social networks and informal support mechanisms, and the high prevalence of violence and crime. Active beneficiary selection (targeting) can be costly if target populations are highly mobile and dispersed across a city. Proxy means testing, for instance, is often based on housing characteristics that can change often among the poor in urban settings. These challenges underscore the extent to which the design and implementation of social protection policy can contribute to inclusion or, conversely, reinforce exclusion.

2. The role of policy in promoting inclusion

The way in which social protection programmes are designed is strongly influenced by politics or, more broadly, power relations in society. On the one hand, Governments may use such programmes to build alliances with powerful groups of society, including workers in the formal economy, public sector employees, the military, the police and the business community. On the other hand, political commitment to address poverty and social exclusion often results in measures that target those in need as a seemingly more efficient way to allocate resources.

Under perfect selection schemes and with a fixed budget, targeting would indeed bring efficiency gains. In reality, however, social spending is not fixed. Targeting schemes at people living in poverty can erode political support for redistribution and result in low funding. As Gelbach and Pritchett (2002) illustrate, targeting is often followed by a reduction in benefits. Lindert (2004) argues that, historically, where democracies were strengthened and people were given the right to vote, the middle classes came to oppose tax spending on programmes for people living in poverty. Instead, they supported comprehensive social insurance, social pensions and public social services that, in principle, addressed the needs of most members of society.[31] Korpi and Palme (1998) labelled this trend "the paradox of redistribution", noting that the more countries targeted redistribution, the less likely they were to reduce poverty and inequality. Lack of political support—resulting from a perception of targeted measures as "hand-outs"—can affect the quality of programmes and services directed towards people living in poverty and other disadvantaged groups with limited political representation.

[31] Desai and Kharas (2017) also find that the impact of social spending on poverty diminishes as the middle class expands.

An additional budgetary consideration is that well-targeted schemes often require advanced administrative capacity that many low-income countries do not have. Means testing benefits requires methodologically complex surveys and has high administrative costs, although there are exceptions (box I.2). Without the requisite administrative capacity, inaccurate targeting results in significant under-coverage or "errors of exclusion" from targeted programmes (Brown, Ravallion and van de Walle, 2016). In general, people living in extreme poverty—among whom persons with disabilities and members of ethnic minorities and other disadvantaged groups are overrepresented—are at high risk of under-coverage from means-tested schemes (Kidd, 2014).

Since measuring income and consumption accurately is challenging and costly, Governments in developing countries use indicators highly correlated with income—such as housing conditions or ownership of various assets—as proxies to identify persons in poverty and improve coverage. Evidence suggests that schemes based on such proxy means tests do slightly better at covering the target population than traditional means-tested schemes, although exclusion errors remain considerable. Brown, Ravallion and van de Walle (2016) note that, on average, simpler categorical-targeting methods (aimed at specific groups of the population) or geographical targeting are more effective at bringing poverty down than schemes based on proxy means testing.

Box I.2.
The Child Support Grant selection process in South Africa

Recognizing that a high proportion of families with children live on low incomes, South Africa uses a simple means test to exclude only the most affluent families from its Child Support Grant. The grant is available to all single-carer families earning less than $3,900 per year and married carers earning less than $7,800 per year (Kidd and Wapling, forthcoming). Around 88 per cent of children in two-parent households and 94 per cent in single-carer households are eligible (ibid.). Applicants need only sign an affidavit declaring their income. The State does not verify the information.

It is estimated that almost 82 per cent of single carers living below the threshold are correctly selected and just over 18 per cent are wrongly excluded—a significantly low exclusion rate. Inclusion errors among the top 10 per cent of the wealthiest primary caregivers are below 20 per cent (ibid.). Although some people may be discouraged from applying by the means test, evidence suggests that other factors play a larger role in the exclusion errors, such as parents of newborns not applying until months after their children's birth or carers with a disability having difficulty in applying.

Exclusion errors may affect some sectors of the population more than others. Namely, older persons tend to have assets that proxy means tests correlate with wealth, even though such assets may have depreciated in value and reflect past income rather than current wealth. In such cases, proxy means tests incorporate an inherent bias against older persons. Similarly, measures of household income or consumption ignore intra-household inequalities—the fact that resources are often not shared equally between men and women, or between younger and older household members. They often overlook household size and composition as well. The presence of persons with disabilities, for instance, raises household costs and requires higher income to maintain equivalent standards of living.

Overall, it has not been demonstrated that targeted measures are more cost-effective at reducing poverty than universal ones.[32] For instance, Dietrich and others (2017) find that, in Uganda, the universal Senior Citizen's Grant has greater net positive effects on family members of older persons who benefit from it—namely on children's health and education—than the targeted Vulnerable Families Grant. In other words, the benefits are greater relative to the cost of the scheme, partly because of the much higher administrative costs associated with the Vulnerable Families Grant.

[32] See also Ravallion (2007), Coady, Grosh and Hoddinott (2004) and Murgai and Ravallion (2005).

A final consideration regarding policy design is that claiming social protection benefits can generate stigma, even while improving the material well-being of recipients. Reliance on means-tested social assistance schemes is found to be more stigmatizing than participation in contributory or universal, tax-funded schemes across countries and cultures (Hernanz, Malherbet and Pellizari, 2004; Baumberg, 2016; Li and Walker, 2017a and 2017b). In the United Kingdom, almost one third of individuals eligible for means-tested benefits did not claim them in the period between 2009 and 2010. One in four respondents to a survey on the reasons for low take-up of benefits mentioned shame or other stigma-related reasons (Finn and Goodship, 2014; Baumberg, 2016). The survey found that the reception of means-tested benefits was more stigmatizing than unemployment insurance or tax credits. In rural China, many people cite shame linked to poverty as a reason for not claiming benefits to which they are entitled under the Dibao scheme, the world's largest social assistance programme. In contrast, many people not living in poverty claim benefits because local leaders feel entitled to reward family and friends (Li and Walker, 2017a). In the United States, beneficiaries of the Supplemental Nutrition Assistance Program (food stamps) declare being ashamed to use the stamps at grocery stores (Fuller-Thomson, 2008; Rogers-Dillon, 1995).

Registration procedures and the way in which payments are delivered also affect access. In general, the risk of under-coverage is greater where potential beneficiaries must meet demanding requirements for information and supporting documentation in order to register. Complex registration systems affect members of disadvantaged groups disproportionately, as the following chapters illustrate. Even the need to provide proof of legal identity constitutes a barrier to access for international migrants, members of some ethnic minorities and homeless persons, among other groups.

Distance to registration sites and to payment locations can also constitute a barrier, particularly for persons with disabilities, as can long lines and inadequate infrastructure. In the case of schemes based on census registration, under-enumeration in remote and insecure areas and infrequent registration are major obstacles to access. Given that many people move in and out of poverty repeatedly over their lifetimes, infrequent surveying is likely to result in significant targeting errors. For those who register and qualify, benefits may be too low or paid irregularly. The adequacy of benefits is discussed in more detail in the course of this report.

Unawareness of the existence of social protection programmes or of eligibility criteria are major obstacles—and symptoms of social exclusion (Hossain, 2011; South African Social Security Agency and UNICEF, 2016; Kidd, 2014). Potential beneficiaries may not understand the application process, what compliance entails or how to obtain benefits. In an example of how social exclusion and exclusion from social protection reinforce each other, Hossain (2011) found lack of information to be the primary cause of the exclusion from social protection of members of the Adivasi ethnic minority living in poverty in Bangladesh. Public information was rarely disseminated in Adivasi communities. Where it was disseminated, the high rate of illiteracy among Adivasis prevented them from accessing it. Moreover, the non-Adivasi population was reluctant to share information with them. Tailoring public information campaigns to the needs of potential applicants is, therefore, particularly important.

Conclusions

A growing number of countries, including in less developed regions, have social protection programmes in place to address development challenges. Solid evidence on the positive effects of social protection, combined with political support and financial capacity in developing countries, have led to its expansion. With the adoption of the 2030 Agenda, countries have committed themselves to working towards the realisation of the human right to social security. The challenge is to put this commitment into practice.

The evidence presented in this chapter and throughout the report indicates that the impact of social protection policies and programmes varies depending on their design and how they are implemented. Most schemes improve the material well-being of disadvantaged groups and many can help to break the intergenerational cycle of poverty. Some schemes, however, can reinforce feelings of inferiority among those who benefit from them. The limited evidence available indicates that some social groups are better covered by social protection than others. The following chapters examine the distinct barriers that each disadvantaged group faces and the drivers of their exclusion from social protection.

Chapter II
Childhood: when social protection is most crucial[33]

[33] This chapter was prepared by the United Nations Children's Fund (UNICEF).

Key messages

- Early childhood is a key stage of a person's physical and cognitive development. To be most effective, social protection and other measures to promote children's development must reach them during their first 1,000 days.
- Social protection is essential for breaking the vicious cycle of poverty and exclusion and promoting long-term prosperity. Child and family benefits, together with other social protection programmes, enable households to keep children in school and ensure that they have adequate nutrition and access to health care, even in times of crisis.
- Expenditure on child and family benefits is low, at just 1.1 per cent of GDP worldwide. Countries need to invest more in social protection in order to reach all children and families that require support. To better address the multiple needs of children, countries must also leverage the links between social protection and social services.

Introduction

Children under 15 years of age account for about one quarter of the world's population, although their share varies considerably by region. Latin America and the Caribbean (26 per cent) and Asia (25 per cent) reflect the global average, but in Africa, children represent 41 per cent of the population. In total, the three regions are home to 1.7 billion children under 15 years of age, roughly 90 per cent of the world's total (United Nations, 2017b).

The development cycle of a child, particularly early childhood, is crucial for an individual's transition into adulthood and integration in society. Children who are nurtured in early life are more likely to grow healthy and develop good thinking, language, emotional and social skills (UNICEF, 2014a).

The Convention on the Rights of the Child highlights the right of every child to "benefit from social security, including social insurance". Social protection can play a key role in addressing risks and vulnerabilities that children face and prevent them from falling into poverty.

This chapter highlights the importance of childhood as a pivotal stage in the life cycle and discusses how age-specific risks and vulnerabilities can result in lifelong disadvantages. The chapter presents social protection programmes that support children and their families and discusses key challenges for achieving greater coverage and impact.

A. Risks and disadvantages faced by children

The first three years in a child's life constitute a pivotal period during which the foundations of good health, growth and neurological development are established. It is a decisive period for the development of a child's psychological resilience and lifelong capacity to learn and adapt to change.

In their early years, children are especially vulnerable to infections. Moreover, some of the nutritional deficiencies faced by young children, if not tackled early, may result in stunting and in slow physical and cognitive development, leading in all likelihood to a reduced capacity to work and greater susceptibility to disease in adulthood (Anderson and Hague, 2007). Approximately 155 million children under the age of 5 suffer from stunting, 56 per cent of them in Asia and 38 per cent in Africa (UNICEF, WHO and World Bank, 2017).

Inadequate care and stimulation in early childhood result in poor cognitive development, thereby increasing the probability of learning disabilities, poor school performance and comparatively low grade attainment (UNICEF 2012a; 2014a). Poverty and conflict can delay the enrolment of children in school and lead to grade repetition, reduced performance and dropping out. A lack of schooling significantly reduces a child's future chances of engaging in further study, work or productive activities.

Around the world, more than 120 million children (61 million of primary school age and 60 million of lower secondary school age) are out of school. The highest rates of exclusion from education are in sub-Saharan Africa, where more than one fifth of children between the ages of 6 and 11 years and a third between the ages of 12 and 14 are out of school (UNESCO, 2016a). Girls face additional challenges in North Africa and Western Asia, where only 85 girls for every 100 boys of lower-secondary-school age attend school.

Children and families with children are at greater risk of poverty than other population groups. In 2013, around 385 million children and adolescents under 18 years of age worldwide were members of households living on less than $1.90 a day (UNICEF and World Bank, 2016). At 19.5 per cent of the total number of children and adolescents, they were more than twice as likely as adults (9.2 per cent) to live in poverty (ibid.). For children aged 9 years and under, from 10 to 14 years and from 15 to 17 years, the estimated poverty headcount ratio was around 21 per cent, 19 per cent and 15 per cent, respectively.

Families living in poverty lack the means to protect their children from or to counter the impact of the risks and vulnerabilities they face. Moreover, children who fall into poverty may experience poverty throughout their lifetimes. The odds are stacked against children from the poorest and most disadvantaged households. Regionally, children born in sub-Saharan Africa are 12 times more likely than children in high-income countries to die before their fifth birthdays (UNICEF, 2016). A child born in Sierra Leone is about 30 times more likely to die before the age of 5 than one born in the United Kingdom. In many countries, children from ethnic minorities and indigenous communities are at a greater disadvantage than those from the dominant group. For example, in the Plurinational State of Bolivia, the infant mortality rate among indigenous populations is close to 75 per 1,000, compared with 50 per 1,000 for their non-indigenous counterparts (ibid.).

The vulnerabilities of children are often compounded by those faced by their parents and caregivers. Children from families living in poverty face the risk of child labour, jeopardizing their chances of receiving an education or engaging in other activities that are pivotal for their development. Worldwide, 152 million children aged from 5 to 17 years are engaged in child labour, including 73 million in hazardous work (ILO, 2017d).

B. Ensuring social protection reaches children: gaps and challenges

Social protection is essential for realizing children's rights, ensuring their well-being and helping them to develop their full potential. Households that enjoy income security can keep their children in school and ensure that they have adequate nutrition and access to health care, even in times of crisis.

Child and family benefits are the main form of social protection directed at children. They may be contributory, tax-financed or a combination of the two. In some countries, employment-related child or family schemes, usually financed by contributions and organized through social insurance programmes, cover mostly employees in the formal economy (ILO, 2017a). Employment-related schemes may offer generous benefits but usually fail to cover the most vulnerable and disadvantaged children, including those whose parents are unemployed or working in informal employment. Tax-financed schemes, in contrast, are available to children regardless of their parents' employment status. They may be universal or means-tested, targeting low-income families and children. The benefits provided by tax-financed schemes alone, however, are sometimes insufficient to provide income security in developing countries.

Cash-transfer programmes are the most common type of tax-financed child and family benefits scheme. Access to some is made conditional on households meeting certain requirements, such as enrolment of children in school or regular visits to health clinics. Conditional programmes have faced criticism for penalizing the most vulnerable children, whose caregivers are often less likely to comply with conditions owing to distance, disability, discrimination or language barriers. A lack of appropriate services may also hinder compliance.

School feeding programmes are another type of tax-financed scheme. They are particularly relevant for large families and those living in poverty who spend a large portion of household income on food, especially in times of crisis (Banerjee and Duflo, 2007; WFP, 2013). Policies to enhance access to other public services, such as health insurance, school fee abolition programmes and child care and social welfare, while beyond the scope of this report, also help to support the well-being of children and families (UNICEF, 2012a).

Other social protection schemes, such as old-age pensions and unemployment or maternity benefits, can provide indirect support to children in recipient households. Old-age pensions are particularly important in countries with large numbers of skipped-generation households (ibid.).

Currently, 117 countries out of 186 for which data are available provide children and families with some form of periodic cash benefit anchored in national legislation (ILO, 2017a). Recent data on SDG indicator 1.3.1 (which monitors the proportion of children and population groups covered by social protection) shows that only 35 per cent of children and households are effectively covered through child and family benefits worldwide (ibid.). Coverage is highest in Europe (93 per cent), where most countries offer universal, tax-financed benefits.[34] These benefits are often supplemented with means-tested cash-transfer programmes for the most disadvantaged families. In Austria, France and Germany, for instance, additional income-tested benefits are paid to low-income households and families with young children or unemployed parents (OECD, 2013a; European Union, 2014). Among Organization for Economic Cooperation and Development (OECD) countries, cash benefits for a one-child family are most generous in Hungary, Ireland and Luxembourg, where cash transfers for such a family can exceed 5 per cent of the average wage (OECD, 2013a).

[34] The SDG Indicators Global Database (https://unstats.un.org/sdgs/indicators/database) also contains regional and country-level data on the proportion of children covered by social protection.

In less developed regions, effective coverage ranges from 64 per cent in Latin America and the Caribbean to 28 per cent in Asia and the Pacific and 16 per cent in Africa.[35] The most common form of child and family benefits in those regions are cash-transfer schemes targeting low-income families with children. In Brazil, the Bolsa Família programme provides benefits to 12 million low-income families (Campello and Neri, 2014). Under the Child Support Grant in South Africa, a simple means test is used to determine eligibility for monthly payments to the child's primary caregiver. The Grant initially covered children up to the age of 7 years, but the South African Government has gradually expanded coverage to children and adolescents of up to 18 years of age. It has also increased its value over the years. The programme now reaches more than 8.5 million children, or 82.5 per cent of those eligible (Department of Social Development, South African Social Security Agency and UNICEF, 2016). In Argentina, 3.9 million children and adolescents benefit from a universal child allowance (box II.1).

[35] Author calculations based on data from ILO (2017a).

Box II.1.

Universal child allowance in Argentina: the road to real universality

In 2009, the Government of Argentina launched its Asignación Universal por Hijo cash-transfer scheme, which targets children whose parents work in the informal sector or are unemployed. Parents of children under the age of 18 receive a monthly payment of $69 per child ($225 in the case of a child with a disability) (Global Partnership for Universal Social Protection, 2016). One fifth of that amount is accumulated and paid once a year following certification of the child's attendance at school and medical check-ups. Coverage has been expanded over the past few years to include pregnant women and people in other work categories.

In 2016, the Government announced the extension of the scheme to include 1.6 million children and adolescents (12.6 per cent of the country's total). Although eligible, they had hitherto been excluded because of access and procedural barriers, including a lack of public awareness of the scheme or how to apply, and difficulties with regard to fulfilling conditions (ibid.). The Ministry of Social Development and the National Social Security Agency have also begun to step up efforts to identify excluded children, particularly through local initiatives, including household surveys and geo-referencing survey data to identify excluded children, as well as field campaigns to enrol excluded children on the spot.

Other countries have also gradually expanded child benefits in recent years. In Mongolia, the Child Money Programme covers close to all young people under the age of 18 years (ILO, 2017a). In Kenya, the Cash Transfer for Orphans and Vulnerable Children, which started in 2004 as a pilot scheme covering 500 households, has become one of the country's flagship social protection programmes, covering 350,000 households and 970,000 children.[36] In Thailand, more than 150,000 children under the age of 3 years are covered by the Child Support Grant, which was launched in 2015. The value of benefits was increased in 2016 and further extensions of the scheme are expected (ibid.).

[36] Data from the Government of Kenya, MIS Single Registry, National Social Protection Secretariat.

Even as countries expand social protection, coverage for children may still fall short of what is needed. Targeting methodologies, if defined narrowly, may result in the exclusion of potential beneficiaries. Identification and registration processes can prevent households from accessing child benefits. In South Africa, 11.5 per cent of caregivers could not access the Child Support Grant in 2013 because they did not have the right documentation (Kidd, 2014). Most children without a birth certificate were excluded, as were orphans unable to obtain identity documents (ibid.).

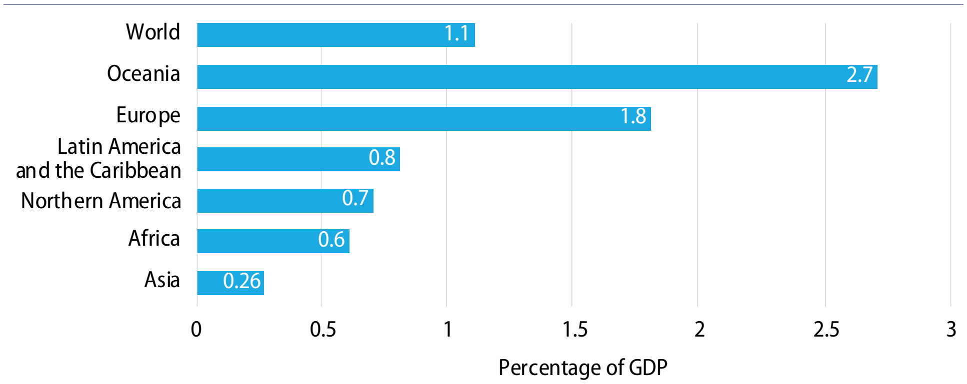
The conditions attached to some cash-transfer programmes can limit coverage. Nearly 20 per cent of families that entered Mexico's Oportunidades programme in 1998 had dropped out by 2004, often due to its punitive approach to non-compliance with conditions (ibid.). In some countries, a softer approach to conditions is adopted. In Brazil, the conditions attached to the Bolsa Família programme are treated as a way of encouraging beneficiaries to exercise their right to free education and health care, rather than as a way of punishing them for non-compliance. Where households fail to meet the conditions, officials see the issue as an indication of possible obstacles to service access rather than an unwillingness to comply. As a result, they try to ensure that such households do not lose benefits (Campello and Neri, 2014). However, even softer conditions can become a barrier for vulnerable households. In South Africa, a misconception among caregivers that school enrolment was a strict eligibility requirement for receipt of benefits, rather than just being encouraged, has led to the exclusion of a number of out-of-school children from the Child Support Grant (South African Social Security Agency and UNICEF, 2013).

Regarding school feeding coverage, almost every country out of a study sample of 169 countries had some form of school feeding programme in 2012, with at least 368 million children fed daily at school (WFP, 2013). The largest schemes were in India (114 million recipient children), Brazil (47 million), the United States (45 million) and China (26 million). At least 43 countries have programmes of more than one million recipient children. The region with the largest number of beneficiaries was Southern Asia, followed by Latin America and the Caribbean. The main challenge for school feeding programmes in low-income countries is ensuring adequate scale and institutionalization where resources and capacities are limited (ibid.).

Subsidized insurance and vouchers are used to extend health-care coverage to children in developing countries. There are, however, no global data on the real extent of coverage, and the effectiveness of such schemes varies depending on the type of coverage offered and quality of services provided. It is crucial that children and their families be covered in a manner that allows them access to adequate prenatal and preventive health care and related services, such as growth monitoring and immunization.

Overall, countries have made significant efforts to expand social protection programmes for children, many of which started as small-scale or temporary schemes, over the past two decades. Efforts have also been made to anchor schemes in national legislation and sustain the positive impact on children over the long term. That said, just 1.1 per cent of GDP is spent on social protection for children, translating into low benefits per child, especially in countries with young populations (see figure II.1).

Figure II.1.
Regional social protection expenditure on children as a percentage of GDP



Source: Author calculations based on data from ILO (2017a).

C. Expanding access to social protection for children

1. The impact of social protection on children's well-being

The depth and quality of evidence on the impact of social protection on children's well-being varies from one region to another. Most of the evidence refers to cash-transfer programmes, driven by rigorous quantitative impact evaluations in Latin America and, more recently, in sub-Saharan Africa (Sabates-Wheeler and Yablonski, forthcoming).

A recent synthesis evaluation by UNICEF (2015a) found that households receiving cash transfers show a high propensity to invest in food, particularly in proteins, fruit, vegetables and fats that benefit children and their families. Beyond the general impact on health and education described in chapter I, cash-transfer programmes, together with other forms of benefits and services, have been a key tool for meeting the special needs of children with disabilities, orphans and other disadvantaged children (UNICEF, 2015b; ILO, 2014a). In South Africa, receipt of the Child Support Grant was associated with improvements in selected indicators of well-being (box II.2). Cash transfers are also associated with a decrease in child labour. According to Bastagli and others (2016), studies in Latin American countries link transfers with a significant reduction in the prevalence of child labour and, in particular, in the number of hours worked by children. In contrast, similar studies focusing on sub-Saharan Africa do not reveal a statistically significant impact. Most research emphasizes the importance of complementing cash-transfer programmes with good-quality public services, including health and child care, in order to maximise and sustain the positive impact of transfers on the well-being of children.

Box II.2.

The impact of the Child Support Grant in South Africa

The Child Support Grant has contributed to improved outcomes for children in such critical areas as schooling and health in South Africa and is now a central pillar of the country's social protection system. Receipt of benefits under the Grant in the first two years of life increases the likelihood of a child's growth being monitored by medical professionals by 8 per cent. It has also had a major positive impact on height-for-age scores of children whose mothers have eight or more years of schooling. Children enrolled in the Grant at birth complete more grades of schooling than children enrolled at 6 years of age and have significantly higher arithmetic test scores. Early Grant enrolment has also improved girls' grade attainment. The results of an assessment of the impact of the Grant have been used to advocate the expansion of coverage to all children and pregnant women. The assessment has also strengthened Government support for more rigorous monitoring and evaluation of other social programmes (Davis and others, 2016).

School feeding enhances the diet and increases the energy and kilocalories available to a child. It targets micronutrient deficiencies that are common among school-age children in developing countries, and which increase susceptibility to infection, leading to absenteeism and impairing learning capacity and cognition. The Midday Meals Scheme in India, the largest school meals programme in the world, has had a significant impact on the height, weight and health of children, in particular among families suffering as a result of drought and related crop loss (Singh, Park and Dercon, 2013). In Uganda, in-school meals and take-home rations have helped to reduce the prevalence of anaemia among adolescent girls by 20 per cent (Adelman and others, 2015). Moreover, a review of 216 education programmes in 52 low- and middle-income countries has found that school meal programmes have a positive effect on school participation (enrolment, attendance and completion) and learning (scores on cognitive, language and mathematics tests). The scale of the impact varies significantly. The effects of school feeding programmes have been found to be most marked in areas with high food insecurity and low school participation rates (Snilstveit and others, 2016). Impacts also vary depending on the way in which programmes are designed, including the feeding modality: in-school meals, fortified biscuits, take-home rations or some combination of these (Bundy and others, 2008).

Evidence tends to confirm the positive impact on household expenditure of social protection instruments that remove financial barriers to health-care access for children, in particular through tax-financed health care, health insurance subsidies and vouchers focused on children. More research, however, is required regarding child-specific outcomes (Sabates-Wheeler and Yablonski, forthcoming).

Social protection schemes that are not child-focused can also benefit children. Many older persons, for instance, use their pension income to care for their younger children and grandchildren. In Brazil and South Africa, more than 80 per cent of pensioners share their pensions with others, mainly children (Barrientos and Lloyd-Sherlock, 2011). Evidence indicates that receipt of an old-age pension is associated with reductions in child poverty and increased investments in children (Stewart and Yermo, 2009; UNICEF, 2012a). In Georgia, for example, the presence of pensioners in the household is associated with an increased probability of that household escaping or avoiding a fall into poverty (Kidd and Gelders, 2015). Children living with pensioners who receive the Senior Citizen Grant in Uganda are less likely to be underweight than those who do not, suggesting that some of the pension income is invested in improving their diet (Dietrich and others, 2017). Vulnerable households with children should not, however, have to rely on pensions for income security, as that may undermine the well-being of older persons.

Other social protection programmes that provide income security during times of crisis are crucial for children, particularly when the loss of household income—such as through maternity—directly affects the ability of a caregiver to provide for a child's needs. One study of 141 countries found that an increase of 10 full-time-equivalent weeks of paid maternity leave was associated with 10 per cent lower rates of neonatal and infant mortality and a 9 per cent lower rate of mortality in children under 5 years of age (Heymann, Raub and Earle, 2011).

2. Children and social protection: lessons learned

It is vital that social protection programmes reach children at as early an age as possible. They should target pregnant women and children during their first 1,000 days of life. Programme design is also of key importance. Targeted schemes can lead to the exclusion of potential beneficiaries, but those that are administratively easy to implement and designed to exclude only the wealthiest groups are more likely to promote inclusion. It is equally important to ensure that the level of benefits is sufficient to meet children's needs.

Similarly, cash-transfer programmes where conditionality penalizes the most vulnerable families are unlikely to promote inclusion of disadvantaged children. The concept of co-responsibility applied in various Latin American countries emphasizes the obligations not only of programme participants, but also of Governments and service providers. Conditions in those programmes can therefore act as a mechanism for flagging where families need additional support rather than as a means of enforcement or to penalize non-compliance.

Cash transfers can be complemented by improved access to health care and the provision, for instance, of nutritional supplements, guidance to parents on breastfeeding and information on other parenting practices. Several countries have combined cash-transfer programmes with complementary services designed to maximise the impact of programmes for children. In Chile, the Chile Solidario cash-transfer programme targeting people in the most extreme poverty is complemented by the Chile Crece Contigo scheme, which provides additional health, education and social services to vulnerable children and families.[37] Ghana has linked all 220,000 beneficiary households of its Livelihood Empowerment Against Poverty cash-transfer programme with the National Health Insurance Scheme Exceptions, which provide access to free health insurance (ILO, 2015b; Roelen and others, 2017). The Government of Ghana has started to use the operational structure of its cash-transfer programme to deliver other complementary services, including preventive health care and nutrition, growth monitoring and immunization for beneficiaries who are pregnant or care for children under the age of 2 years—part of an effort to reduce malnutrition and stunting.

[37] See www.crececontigo.gob.cl/acerca-de-chcc.

Regarding school feeding programmes, it is recommended that school meals be served to all children in the school in order to avoid the stigma that might arise if only some children are fed, as well as logistical challenges. Where such programmes are relatively small, geographic targeting can be powerful and result in most of the benefits going to children living in poverty (Bundy and others, 2008). Complementing school feeding programmes with initiatives such as deworming, micronutrient fortification and supplementation to ensure positive long-term education outcomes is also recommended (UNICEF, 2012a).

Coordination of individual programmes can reduce fragmentation and duplication of efforts and enhance the impact of social protection. In Brazil, for instance, beneficiaries of the Bolsa Família scheme receive additional services through the Brasil Carinhoso scheme, a comprehensive support package that offers child day care, vitamin supplements and free medication for children. Brazil also has put in place a network of social assistance services to inform families about and assist them with gaining access to other benefits, thereby helping to reduce process and information barriers (Campello and Neri, 2014).

Conclusions

Social protection systems can address the mutually reinforcing vulnerabilities that children face. There is ample evidence that, if properly designed, implemented and funded, social protection can help to reduce poverty and contribute to improvements in health and education that are fundamental for children's development, a smooth transition into adulthood and their becoming active and productive members of society.

In order to better address the multiple needs of children, it is essential that countries, beyond strengthening individual schemes, work to enhance their complementarity and coordination between them. Guaranteeing social protection coverage for children in national legislation can contribute to improved coordination and reduce fragmentation. In order to reach all children and families that need support, countries should gradually invest more in social protection and make a priority of tackling the root causes of poverty and exclusion in a multifaceted way, which in turn will lead to more sustainable outcomes.

Chapter III
From youth to adulthood: risks and opportunities

Key messages

- The specific needs of young people are rarely the focus of social protection systems, even though failing to invest in youth can have long-term implications for society.
- A lack of formal work history, resulting from their age and high degree of participation in the informal sector, significantly hinders the access of young people to social protection.
- Restricting access to health care coverage to workers in formal employment can have long-term costs, as it keeps health care beyond the reach of many young people.
- Social protection programmes work best for young people when they are linked to other social policies that promote participation in the labour market and build skills that are in demand.
- Improving the access of young people to social protection will require more and better data on programme coverage and impact.

Introduction

The overall proportion of young people is at an all-time high globally. In 2015, young people aged from 15 to 24 years accounted for 1.2 billion, or 16 per cent, of the world's population.[38] That figure will decline to 15 per cent in 2030 and to 14 per cent by 2050. However, trends differ greatly by region. In sub-Saharan Africa, young people make up 20 per cent of the population, and their number is projected to continue growing over the coming decades. In contrast, youth constitute 11 per cent of the population in Europe, and their number is declining.

[38] Data from 2017 Revision of World Population Prospects. Available from https://esa.un.org/unpd/wpp (accessed 18 July 2017).

Young people can be a force for development if provided with the opportunities they need to thrive. When a population experiences a sustained decline in fertility rates, there is a period when the share of the population of working age grows larger. The relative abundance of persons of working age can lead to high savings, increased output per capita and rapid economic growth. The capacity of a country to benefit from the so-called demographic dividend, however, depends on the opportunities provided to and investments made in young people poised to enter the labour force, as their productivity and entrepreneurship will drive future economic growth. If they do not find work and are left behind by development processes, large populations of disaffected young people may pose significant challenges to stability and prosperity for all, rather than allowing countries to reap the demographic dividend.

As young people move from school to work, become politically engaged and start families, they find themselves presented with opportunities but also facing significant obstacles and risks. A lack of jobs, income insecurity, adolescent pregnancy, restricted options for participation in political life and exposure to violence and crime can lead to disadvantage and exclusion and damage young people's long-term prospects. Many of the challenges young people face have roots in disadvantage and underinvestment in early childhood (see chapter II).

Creating a social and economic environment that allows young people to thrive in adulthood is crucial to promoting their inclusion. Policy efforts naturally focus on ensuring access to good-quality education and skills training that can open the way to good jobs. When decent work is lacking or other age-based disadvantages limit opportunities, social protection has an important role to play in countering the risk of exclusion. Unfortunately, many young people, especially in low-income countries, are not covered by any form of social protection.

This chapter describes how the challenges young people face result in disadvantage and exclusion. It provides examples of countries where social protection systems are working to address the specific needs of young people and promote their inclusion, bearing in mind that there is no one-size-fits-all approach. Although they have limited resources, some low-income countries have found innovative solutions to improve young people's prospects.

A. Risks and disadvantages faced by young people

1. In the labour market

The successful transition from education to decent work is critical for social inclusion. For many young people, however, it remains elusive. Encouragingly, young people are spending more years in education than ever. The global youth literacy rate was 91 per cent in 2015, up from 83 percent in 1995 (UNDP, 2016b). The mean number of years of schooling rose in 88 out of 98 countries for which data are available from 2000 to 2016.[39]

Nevertheless, 142 million young people (37 per cent) of upper secondary school age worldwide are not in school, even though secondary education is becoming increasingly important for the acquisition of the skills and knowledge necessary to function productively in today's economy and participate fully in society (UNESCO, 2016b). In addition, education systems are struggling to transmit the skillsets needed in a changing world of work.[40] Some young people fail to attain even baseline proficiency in reading and mathematics. In Organization of Economic Cooperation and Development (OECD) countries, 24 per cent of boys and 16 per cent of girls do not have baseline proficiency in reading at the age of 15 years (OECD, 2016a). Many of the countries struggling most to educate their young people are those with rapidly growing young populations.

Youth unemployment has been a persistent challenge over the past decades. With a global youth unemployment rate of 13.1 per cent in 2017, young people are three times more likely than adults to be unemployed (ILO, 2017e). In addition, many countries are witnessing an increase in the number of discouraged young workers, who are not counted among the unemployed because they are not actively seeking work. ILO estimates that 21.8 per cent of young people in countries with available data are not in employment, education or training (ibid.). More than three in four (77 per cent) of them are women (almost 90 per cent in Southern Asia), which partly reflects gender differences with regard to time spent in unpaid caregiving and household work (ibid.).

Even when they do find jobs, young people are less likely than adults to find decent jobs. They are overrepresented in vulnerable employment, often in the informal sector. Around the world, 77 per cent of young workers (97 per cent in developing

[39] Author calculations based on data from the United Nations Educational, Scientific and Cultural Organization Institute for Statistics database. Available from http://data.uis.unesco.org (accessed 4 December 2017).

[40] A/72/292.

countries) are in informal employment (ILO, 2017e). Even in developed countries, it is estimated that close to 20 per cent of young workers are in the informal sector (ibid.).

In the formal sector, too, young people work in less-than-ideal conditions. In 2015, 40 per cent of young people in the European Union were employed under temporary contracts, compared with 11 per cent of adults, and about 30 per cent were employed part-time, compared with 12 per cent of adults.[41] A trend towards low-paid or unpaid internships has further delayed the entry of young people into the labour market. Many young people do one or more unpaid internships, mostly without any social protection or insurance benefits. Non-standard contracts do not necessarily constitute a deficit of decent work, but it has been found that more than one third of young employees in the European Union work under temporary contracts because they cannot find more secure, long-term jobs (ILO, 2016b).

[41] Eurostat, Labour Market and Labour Force Survey Statistics. Available from http://ec.europa.eu/eurostat/statistics-explained/index.php/Labour_market_and_Labour_force_survey_(LFS)_statistics (accessed 10 April 2017).

In many countries, labour market regulations establish a sharp distinction between open-ended work contracts and temporary and other non-standard contracts, which involve much lower hiring and firing costs. Workers under non-standard contracts, among whom young people are overrepresented, tend to bear the brunt of job losses during recessions. A similar segmentation exists in countries where a strongly protected group of workers in the formal sector coexists with a large informal economy. The surge in youth unemployment that followed the financial crisis of 2008 was a strong reminder that young people's jobs are less secure and often the first lost during economic downturns.

Early labour market experiences are strong predictors of future earning potential. The trend towards increasing unemployment and discouragement among young people, in a context of sizeable decent work deficits, has an adverse impact on them in the long term. ILO has warned of the emergence of a lost generation of young people who have abandoned any hope of working for a decent living.

A lack of decent work opportunities leads to poverty. In OECD countries, some 14 per cent of young people live in poverty, compared with 10 per cent of adults (OECD, 2016b). Young people also experience higher-than-average levels of working poverty, with 64.1 per cent of young workers worldwide living on less than $4 a day, compared with 55.1 per cent of adults (ILO, 2015c). Youth poverty is often passed from one cohort to the next, as young parents who are poor cannot afford to invest in the health and education of their children, leading to a vicious cycle of intergenerational poverty.

Aside from financial hardship, unemployment and underemployment also adversely affect the social networks and civic engagement of young people, as well as their trust in other people and institutions (United Nations, 2016a). Among those who do have work, poor employment conditions and a lack of avenues for advancement can damage long-term career prospects. The resulting stress or discouragement can lead some to drop out of the labour market altogether. Youth unemployment and underemployment also have a high cost for society, in terms of lost human and productive potential and decreased revenues. They also undermine trust in the political and economic system and social cohesion and stability.

2. In the household and community

Young people make important decisions about leaving home and school, accessing skills training or further education, becoming sexually active, getting married and starting a family. The circumstances under which these choices are made can pose challenges. Finding stable housing can require significant up-front resources at a time when young people face insecurity in the labour market (European Youth Forum, 2016). Formal financial institutions are often unwilling to offer services, such as loans and mortgages, to young people, hindering their entry into the housing market. According to the World Bank, only 5 per cent of young people had borrowed from a financial institution globally, compared with 12 per cent of older adults in 2014.[42]

Many young people engage in sexual activity without access to sexual and reproductive health services. Age-specific societal norms or legal restrictions can hamper their access to such services. Lack of sexual and reproductive health services results in unwanted pregnancies and the contraction of sexually transmitted infections (STIs). Early child-bearing increases the risks of maternal mortality and other health problems and harms long-term education and economic prospects.

Young people can also be vulnerable to violence and crime. They are often targeted by political movements that channel their desire for change and the lack of other options for civic engagement into civil disobedience and violence. In countries in conflict and those with high rates of crime and violence, exclusion from political channels of representation can lead young people to join gangs and armed movements. Being a member of a gang can bring respect and a sense of inclusion, in particular in the absence of decent jobs or access to good-quality education (Hardgrove and others, 2014). The consequences of violence and crime can be devastating. In 2010, four out of five homicide victims in Europe were young males (UNICEF, 2012b). Violence was the second most frequent cause of death among adolescent girls (aged from 10 to 19 years) globally in 2012, behind infectious and parasitic diseases (UNICEF, 2014b). Widespread violence and conflict also harm young people by destroying services such as schools and hospitals.

B. Gaps in social protection coverage for young people

In the absence of decent jobs and other opportunities, social protection has a role to play in ensuring that the risks young people face do not result in poverty and social exclusion.

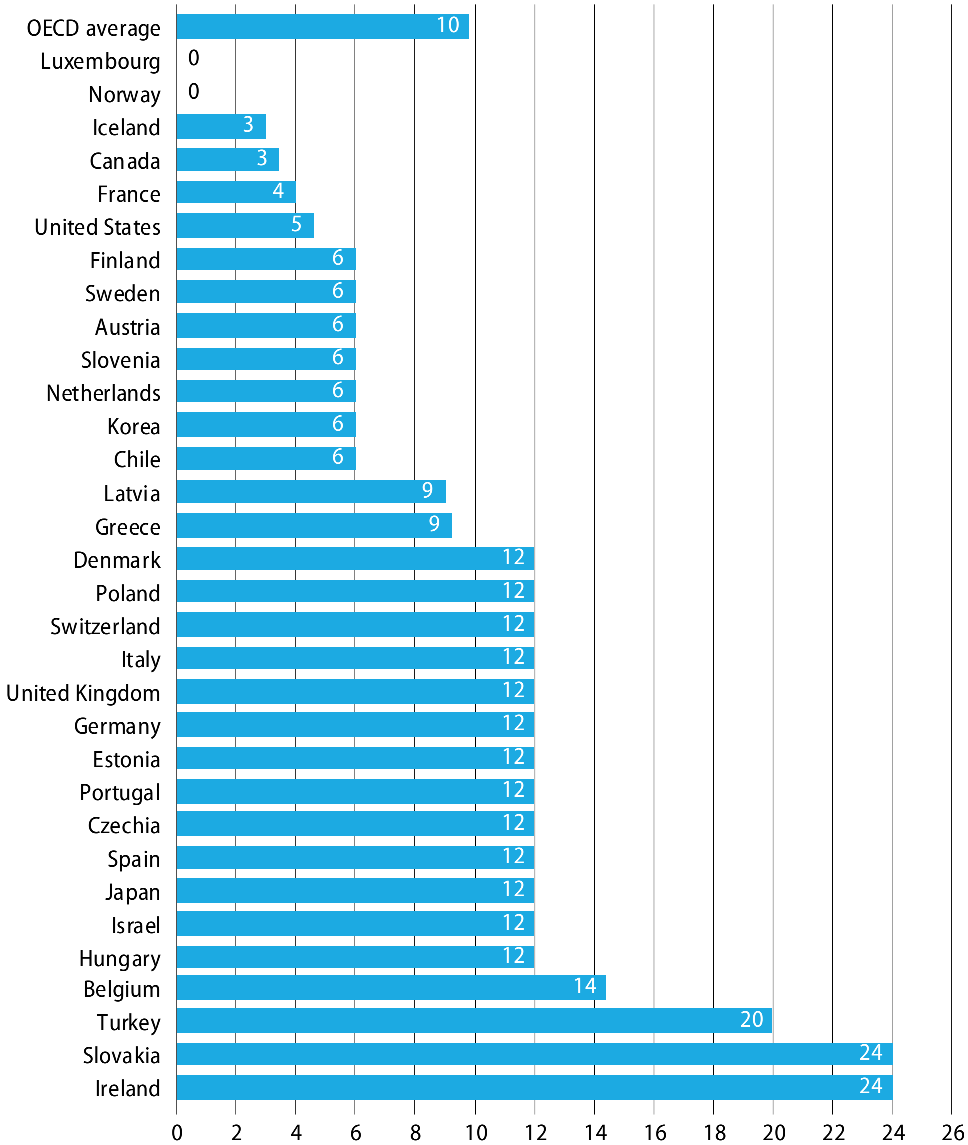
Although few social protection schemes formally exclude young people, the socioeconomic disadvantages they experience hinder coverage. Many schemes available to young people, including insurance-based unemployment benefits and health insurance, are contributory. Because of their age and tendency to work in the informal economy, young people tend to have paid less into such schemes. In addition, young independent adults of working age often find themselves outside the targeting criteria applied in tax-financed programmes.

1. Contributory social protection coverage

Unemployment protection plays a key role in providing income security to workers and their families and in preventing impoverishment. Yet only 20 countries provided unemployment benefits for first-time jobseekers worldwide as of 2013 (ILO, 2014a). In 82 of the 98 countries that provide unemployment protection, periodic cash benefits are provided through contributory social insurance schemes (ILO, 2017a), for which young people may not meet the minimum contributory periods. In most European countries, for instance, eligibility for unemployment benefits depends on the payment of insurance contributions for minimum periods ranging from 4 to 24 months (see figure III.1).

[42] World Bank, Global Findex database. Available from http://datatopics.worldbank.org/financialinclusion (accessed January 2017).

Figure III.1.
OECD Unemployment insurance minimum contribution period (in months)



Source: OECD, 2016b.

First-time jobseekers are, for the most part, young people who are not covered. Yet young people are also more likely to be unemployed than adults and, therefore, are most in need of unemployment benefits. Even when young workers do have coverage, the level of benefits may be low or they may be covered for shorter periods than older recipients because they have not paid contributions for as long. Young people in the informal sector are unable to satisfy scheme conditions and, therefore, are left without access. Reflecting their higher rate of participation in the informal economy, young women pay systematically less than their male counterparts in contributions to social protection schemes, leading to gender gaps in coverage (ILO, 2017e). ILO (2017a) estimates that only 22 per cent of unemployed workers worldwide receive unemployment benefits. They usually come in the form of periodic payments under mandatory social insurance (unemployment insurance), and are often combined with skills upgrading or other measures to facilitate the individual's quick return to work. The global average, however, masks large regional differences, with more than 40 per cent in Europe and Central Asia receiving benefits, compared with less than 15 per cent in Latin America and the Caribbean and 6 per cent in Africa (ibid.). Young workers are likely to make up a disproportionately large share of those excluded. Among countries of the OECD for which data are available, only around 30 per cent of all unemployed people aged from 15 to 29 years receive unemployment benefits, compared with 40 per cent of those over the age of 30 (OECD, 2016b).

The labour market disadvantages facing young people also affect their coverage by other social protection schemes, such as health insurance. In Latin America and the Caribbean, only 55 per cent of young people in formal employment were effectively covered under a health-care scheme in 2013, compared with 71 per cent of wage-earners aged 25 years and over (ECLAC, 2015). Tax-financed health care is necessary to ensure access, particularly for people working outside the formal economy or with short working histories.[43] However, most countries lack comprehensive, tax-financed health-care systems (ILO, 2014a).

[43] Alternatively, some countries offer subsidized health insurance (as in Ghana and Thailand) or mandatory mutual funds (as in Rwanda).

Access to sexual and reproductive health care is particularly important for young people. In many countries, however, access to such services is affected by laws regarding the age of consent for sexual relations and judgmental and discriminatory attitudes towards young people by health-care workers (UNESCO, 2013). Adolescent girls, for instance, are often less protected against unplanned pregnancy than older women. The World Health Organization (WHO) has found that, in 49 low- and middle-income countries, only 42 per cent of women aged from 15 to 19 years have their demand for family planning satisfied with modern and traditional contraceptives, compared with 66 per cent of women aged from 20 to 49 years (WHO, 2015a). Shah and Ahman (2012) found that 41 per cent of the total 21.2 million unsafe abortions in developing regions in 2008 were among young women aged from 15 to 24 years.

Under some insurance-based health-care systems, young people may retain coverage under the health insurance policies of their parents up to a certain age. In the United States, for instance, young persons can often stay on their parents' plan until they turn 26, even if they are married or living outside the parental home. That can help to reduce coverage gaps for young people, albeit only if their parents themselves have comprehensive coverage.

The inability of young people who are unemployed or working in the informal sector to pay contributions over protracted periods can result in significant gaps in access to contributory pensions in old age. In Latin America and the Caribbean for instance, only 39 per cent of young wage-earners were affiliated to a pension scheme in 2013, compared with an average of 61 per cent for workers aged from 25 to 64 years (ECLAC, 2015). There is evidence that pensions can indirectly benefit young people and other members of a household supported by the income of an older person (ILO, 2014a; Ardington and others, 2016). However, those indirect mechanisms cannot be relied upon to address the needs of young people fully and can increase the risks and insecurity for older persons themselves (see chapter IV).

2. Tax-financed social protection coverage

In principle, young people may have access to tax-financed schemes such as unemployment assistance, minimum-income benefits, housing-related benefits (rent allowances), or public health care, where available. Public employment programmes and vocational skills training are also popular forms of tax-financed social protection designed to facilitate the participation of young people in the labour market.[44] Young

[44] Such programmes are sometimes financed (at least in part) through social insurance contributions.

people in households living in poverty may also be covered by cash transfers provided to the household. At times, however, young people do not meet targeting criteria: they may be too old for child benefits and too young to be eligible for other programmes.

Most high-income and some middle-income countries offer tax-financed minimum-income benefits designed to guarantee a minimum decent living standard for people on low or no income. For instance, 25 of the 35 OECD countries provide social assistance and 23 offer housing benefits (OECD, 2016b). Those schemes often have basic eligibility criteria—such as citizenship or income level—but they do not carry conditions related to age or previous employment. Although generally provided to individuals, they are often means tested at the household level. The income of a young person's parents and spouse or partner is therefore taken into account to determine the level of benefit.[45]

[45] In some countries, such as Sweden, young people are considered a separate household for the purposes of social assistance eligibility, even if they live with their parents.

Unfortunately, the net income provided by the combination of social assistance and housing benefits is systematically lower for 20-year-olds (31 per cent of median household income for a single person) than for the average recipient (35 per cent) (ibid.). That gap is particularly pronounced in France (15 per cent and 40 per cent, respectively), the Netherlands (21 per cent and 67 per cent) and Luxembourg (4 per cent and 47 per cent) (ibid.). Tax-financed unemployment assistance, generally more generous than minimum-income benefits, is available in only 7 of 35 OECD countries (ibid.).

Universal access to health care, where available, is a vital component of social protection coverage for young people. Most high-income countries provide tax-financed health-care coverage for a core set of services,[46] funded primarily by a combination of tax revenue and social insurance schemes. In some cases, the coverage is supplemented by private insurance for a wider range of services. Some countries in developing regions, such as China, Colombia, Rwanda and Thailand, are strengthening tax-financed or mixed health-care systems and have reached relatively high levels of coverage (ILO, 2017a). In low-income countries, however, tax-financed universal health coverage is much less common, leaving many people, particularly the young, without access to comprehensive health care (WHO, 2015a).

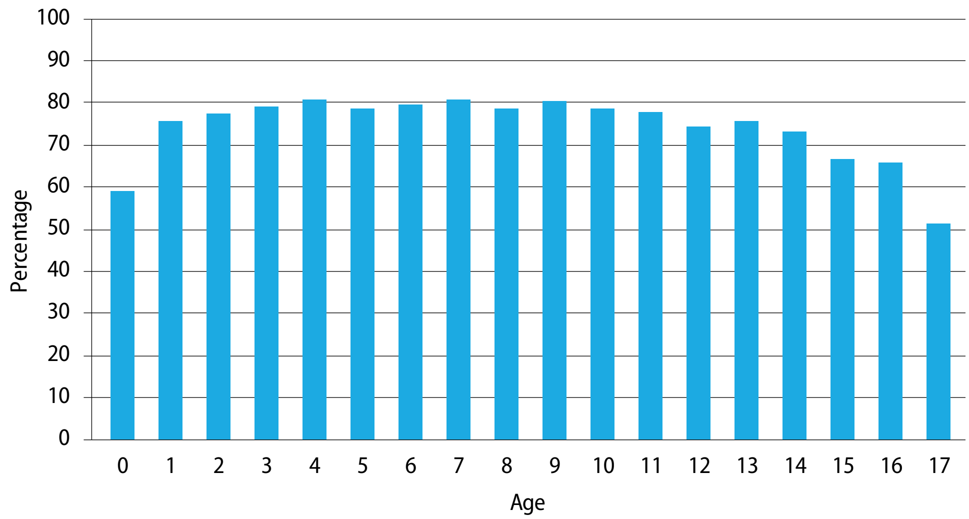
[46] Public health-care coverage usually includes consultations with doctors and specialists, tests and examinations, and surgical and therapeutic procedures. Generally, dental care and pharmaceutical drugs are partially covered, although in some OECD countries they are paid for separately (OECD, 2015b).

In some countries, young people living in poor households may be covered as indirect beneficiaries of cash-transfer programmes, as discussed in chapter II. Yet many young people in lower-income countries have no access to tax-financed social protection schemes, which tend to focus more on other age groups (ECLAC, 2014). Programme design can also exclude young people. Child and family benefit schemes, for instance, often cover only children under 15 years of age.[47] Several countries in Latin America and the Caribbean, including Argentina, Colombia, Jamaica and Mexico, are attempting to address the issue by complementing traditional family-based transfer schemes with ones targeting young people (see section C below).

[47] A study of the Juntos programme in Peru found evidence that some families with many children try to retain benefits by creating new households headed by young family members who have become too old to be eligible as children (Aste and Roopnaraine, 2014).

Other tax-financed programmes have minimum age limits or features that impose one de facto, leaving adolescents who may be living independently unable to access them. In South Africa, the need for an identity card, which can only be obtained from the age of 16, to apply for benefits under the Child Support Grant excludes some potential young beneficiaries (Kidd, 2014). In addition, some Grant staff believe that teenage mothers should not be eligible for the benefit. Some caregivers also withdraw in the mistaken belief that adolescents are no longer entitled to it if they start working (Department of Social Development, South African Social Security Agency and UNICEF, 2012). As a result, effective Grant coverage is low among young people aged from 15 to 17 years (see figure III.2).

Figure III.2.
Percentage of eligible children and young people who receive benefits under the Child Support Grant, South Africa, 2015



Source: Author calculations based on the General Household Survey of 2015 in South Africa (Statistics South Africa, 2015).

In addition to direct income support, Governments offer public employment programmes or entrepreneurship promotion with cash or in-kind transfers as forms of tax-financed social protection for young people of working age.[48] The Mahatma Gandhi National Rural Employment Guarantee Scheme in India, for instance, guarantees up to 100 days of unskilled work per rural household per year on public works projects. It extends the legal entitlement for paid work to all young people in rural areas, reaching an estimated 50 million households, or 30 per cent of all rural households across the country (ILO, 2014a). Such programmes, aside from being the only source of income for some, can also serve as stepping stones to formal employment. In some cases, however, young members of the household are sent off to work while the payment is made to the head of the household. Globally, there are no data on the number of young people covered under such schemes, which range from small-scale efforts to ambitious nationwide programmes.

[48] Most such active labour market policy measures are beyond the scope of this report.

C. Expanding access to social protection for young people

Social protection can play a key role in facilitating the inclusion of young people, improving their material and psychological well-being, providing income security, promoting access to education and health and smoothing the transition from education to work.

This section looks at countries that have extended coverage of general contributory and tax-financed schemes to young people and removed barriers that previously hindered access. It also emphasizes the need to embed such schemes within economic and social policies aimed at supporting the broader inclusion of young people in society. More research is needed, however, to understand more fully the impact of social protection on them.

1. Providing income security and combating youth unemployment

In the absence of opportunities for decent work, social protection that at least partially compensates unemployed young people for lost income and that addresses the needs of workers under non-standard contracts or in the informal sector, has the potential to play a major role in promoting the inclusion of youth. However, as shown in section B, coverage by such measures is often lower for young people than for other age groups, owing to their labour market situation, minimum contribution periods and age-related eligibility requirements.

Extending unemployment benefits to first-time job seekers can help improve the income security of young people and, in recent years, several high-income countries have extended access to existing unemployment benefits or established new schemes. In Austria, Portugal and Slovenia, for instance, the minimum contribution periods for eligibility to unemployment benefits have been shortened in order to broaden the provision of income security support to more young people (European Union, 2015). In New Zealand, Jobseeker Support is available for all citizens or permanent residents over the age of 18 years, regardless of employment record. People aged 16 and 17 years in that country can obtain assistance under the Youth Payment scheme if they do not live with their parents or guardians and are not financially supported by anyone. The Youth Parent Payment offers support to people between the ages of 16 and 19 years with dependent children. Although designed primarily to help beneficiaries to stay in education, there is evidence that those schemes have encouraged a move off benefits and into the labour market (McLeod, Dixon and Crichton, 2016).

In countries that offer them, voluntary unemployment insurance schemes may benefit young people disproportionately, given their high rate of participation in the informal economy and in jobs under non-standard contracts. The uptake of such schemes, however, is low, and young people who lack the means to contribute remain excluded. Moreover, such schemes are not available to people outside the labour market, including those doing unpaid domestic work. That leaves many young people, especially women, underserved.

In OECD countries, only 40 per cent of beneficiaries under the age of 30 years receive transfers that are high enough to keep them out of poverty, compared with 49 per cent of working-age adults over the age of 30.[49] This gap has been exacerbated by cuts in public spending on social protection in many OECD countries since the financial crisis of 2008 (OECD, 2016b). Eligibility requirements for unemployment benefits have been tightened in Belgium, Czechia, Denmark, Estonia, Greece and Hungary. In France, the minimum contribution period for unemployment benefits has been increased (ILO, 2017a). A consequence of limited or no access to benefits has been prolonged dependency on parental and/or wider family support (European Union, 2015).

Public employment programmes and cash transfers to support entrepreneurship appear to have a modest positive effect on labour market outcomes for young people (Betcherman and others, 2007; Kluve and others, 2016). Evidence from Colombia, the Dominican Republic and Panama shows that such programmes tend to be more successful when implemented in periods of economic expansion, when employment opportunities grow (Marcus, Mdee and Page, 2016). However, as has emerged in Kenya, Tanzania and Uganda, entrepreneurship training and similar schemes as a form of social protection and approach to poverty eradication may place unfair burdens and unachievable expectations on young participants if insufficient attention is paid to the regulatory and economic environments (Wiger and others, 2015).

2. Addressing other dimensions of youth exclusion

The evidence of the positive impact of social protection on enrolment in secondary education and on the health of young people, particularly in terms of the lessened risk of HIV infection and improvements in sexual and reproductive health, is considerable, as summarized in chapter I.[50] Greater material well-being can also bring with it

[49] A combination of family allowances, disability benefits, unemployment benefits and other forms of social assistance but excluding public pensions.

[50] See, for instance, Bastagli and others, 2016; Attanasio, Fitzsimons and Gómez, 2005; Parker, 2003; and Mendizábal and Escobar, 2013.

increased self-esteem and social acceptance (Attah and others, 2016; Adato, Devereux and Sabates-Wheeler, 2016). The psychosocial impact of social protection has not been widely researched but could be especially significant for young people.

Social protection, while necessary, is alone insufficient for achieving the social inclusion of young people. Policies designed to improve the availability and quality of education and health services, for instance, are crucial for sustained human development. Without access to affordable and good-quality health care, for instance, it is unlikely that small-scale and narrowly focused cash-transfer programmes will be enough to ensure that health risks faced by young people do not result in disease and exclusion.

In high-income countries, well-tailored measures designed to help young people stay in school, as well as the continued expansion of free education and housing support services, have shown potential as tools for the social inclusion of young people (European Union, 2015; OECD, 2015c). Young people have also benefited from social protection closely linked to supportive sexual and reproductive health policies, including access to sex education, contraception and maternity care (ECLAC, 2015). Social protection is most effective in tackling the multiple disadvantages faced by particularly vulnerable young people, such as the homeless and those in public care, when implemented in tandem with social services.

Evidence is sparse as to which programmes contribute most to the social inclusion of young people and why. Available age-disaggregated data on social protection coverage focus on children and older persons, with young people often included among working adults. Data for specific groups, such as indigenous youth or young refugees, are even scarcer (United Nations, 2016b).

Conclusions

Young people face risks and disadvantages that can lead to their social exclusion. Improving access to good-quality education and skills training, promoting the creation of decent jobs and smoothing the transition from school to work are all key to facilitating their inclusion.

When pathways to decent work are lacking, social protection can be an important tool for turning the risks young people face into opportunities. Lowering age limits and other age-specific barriers for access to social protection programmes and shortening minimum contribution periods for social insurance schemes are two ways of making social protection more accessible to young people in need of assistance. In addition, the benefits paid should be sufficient to provide income security.

It is important to embed social protection schemes in supportive economic and social policies. Such schemes work best for young people when they are linked to policies that facilitate participation in the labour market and the acquisition of skills that are in demand. Similarly, policies promoting access to good-quality education will only contribute to inclusion if the young people who benefit from them subsequently find opportunities for decent work. Without additional efforts to reach young people, the impact of social protection programmes is likely to remain limited to modest, mostly short-term, improvements in specific indicators.

There is a critical need for better data on and evaluation of the programmes that work for young people. Existing evidence indicates that a shift in the approach to social protection may be required. Young people are generally considered less in need of social protection than other social groups. Some Governments fear creating work disincentives for young people at a time when their participation in the labour market is crucial for future prosperity. However, the basic human right to social security applies to all, regardless of age, and carries corresponding obligations, underlined in the Universal Declaration of Human Rights. Social protection coverage for young people should be anchored in national legislation.

Failing to invest in young people has long-term implications for a society. Prolonged periods of unemployment and poverty can weaken young people's skills and motivation, affect their physical and mental well-being and lead to their marginalization and exclusion. It also affects economic growth and can threaten social stability and cohesion. Countries with young populations may miss the window of opportunity brought about by the demographic dividend as a result. In rich countries, the viability of existing social protection systems will depend increasingly on the full labour market participation of healthy young adults in a context of ageing populations.

Chapter IV

Old age: responding to a rapidly ageing population

Key messages

- While 68 per cent of the world's older population receive a pension, there are significant regional disparities in terms of coverage. More than 95 per cent of people above retirement age receive a pension in Europe, compared with only 26 per cent in Central and Southern Asia and 23 per cent in sub-Saharan Africa. The coverage of contributory pension schemes is particularly low in these and other developing regions.
- Tax-financed pensions are provided in only 114 out of 192 countries for which data are available. Given current levels of funding, these pensions are often insufficient to provide their beneficiaries with income security.
- Pension coverage is still lower among older women than among older men, both because women generally live longer than men and because of the lifelong disadvantages women experience, including in the labour market.
- The proportion of older persons in the world population is expected to increase from 12 per cent in 2015 to 21 per cent by 2050. As the population grows older, all countries will need to find a balance between ensuring the adequacy of pension benefits and the long-term sustainability of pension systems. The commitment to leave no one behind means safeguarding or strengthening the poverty-reducing role of social pensions, even under reforms to cut overall pension costs.
- Extending the coverage of tax-financed pensions and supporting pension entitlements for low-income earners, workers in informal employment and workers with interrupted careers can contribute greatly to cushioning the impact of pension reforms among persons most in need.

Introduction

The well-being of older persons (aged 60 or over) will feature prominently in the policy agendas of Governments around the world in the coming decades. The ageing of the world's population is one of the most significant demographic trends in recent decades. Resulting from a combination of falling fertility rates and rising life expectancy, it is altering the demographic profile of virtually all countries.

Globally, the number of older people is projected to double from 2015 to 2050, reaching nearly 2.1 billion in 2050.[51] Europe and Northern America have the highest percentage of older persons at present, but countries in Latin America and the Caribbean and Asia will witness the fastest growth of the older population in the coming decades. In Africa, the number of people aged 60 or over is expected to increase from 64 million in 2015 to 226 million in 2050.[52] The number of persons aged 80 or over is growing faster still and is expected to more than triple from 2015 to 2050. Women tend to live longer than men and are therefore overrepresented in the older population in general, and among those aged 80 or over in particular.

51 Data from *World Population Prospects 2017 Revision*. Available from https://esa.un.org/unpd/wpp/publications/Files/WPP2017_KeyFindings.pdf (accessed 19 July 2017).

52 Ibid.

Meeting the needs of the growing number of older persons will be critical to achieving the SDGs. For developing countries, where population ageing is occurring at a much faster pace than it did in developed countries, doing so will pose significant challenges. Social protection programmes will need to expand quickly, and health-care systems will have to adapt to the needs of an ageing population. As this chapter shows, older persons are often net providers of income and care to their families. With adequate old-age support from social protection systems, population ageing can become a vehicle for growth and prosperity.

A. Risks and disadvantages faced by older persons

1. Economic disadvantages

As people become older, physiological changes make them increasingly vulnerable to chronic and other illnesses and age-related disabilities. More than 46 per cent of older persons worldwide live with a disability (WHO, 2012). Disability and ill health do not systematically lead to retirement from the labour force. Some people continue working and earning a living to an advanced age. Nevertheless, the capacity to work declines with age. The challenges brought about by disability and ill health are often compounded by discrimination against older persons in the labour force.

The income security of older persons is at risk when they stop working, in particular if they do not have a pension. Estimates of income poverty among older persons vary significantly from one country to another and depending on the data used. In Latin America, data from household surveys show that older persons are on average better off, economically, than the total population in countries such as Argentina and Brazil, but worse off in Colombia and Costa Rica (Cotlear, 2010). In OECD countries, an average of 12.6 per cent of older persons live in relative poverty, compared with 11.4 per cent of the total population (OECD, 2015d).[53] People over 75 years of age are more exposed to the risk of poverty: 14.7 per cent of them live in poverty, compared with 11.2 per cent of those aged from 66 to 75 (ibid.). Poverty in old age has, however, declined faster than total poverty in OECD countries since the 1980s, albeit with marked variations from country to country.

[53] Defined by the OECD as half the median equivalent household income in the country.

Many older persons, even in affluent households, have no independent sources of income and may be poorer than other household members. Some studies have indeed found that expenditure allocations within households are often lower among older members (United Nations, 2016a; Barrientos and Sherlock, 2002). Standard poverty headcount measures, which obtain per capita household income by dividing total household income by the number of persons in the household, do not reveal such intra-household inequalities. It is assumed, often incorrectly, that income is distributed evenly among household members.

Available data indicate that older women tend to be less affluent than older men. In OECD countries, poverty rates are close to 8 per cent among older men and about 12 per cent among older women (OECD, 2015d). Women not only live longer than men, they also experience discrimination and greater income insecurity throughout their lives, as discussed in chapter I. Given the disadvantages they face, women are often unable to accrue contributory pension rights on an equal footing with men. They are therefore less likely to secure an income during old age. Even when women have access to pensions, their income tends to be lower than that of their male counterparts (European Commission, 2015a). In some countries, those vulnerabilities are compounded by discriminatory practices against female widows. In approximately one fifth of countries for which data are available, for instance, widows do not have the same inheritance rights as widowers (World Bank, 2015).

2. Older persons in their families and communities

In the absence of adequate social protection systems, co-residence with family members has traditionally functioned as a safety net for older persons, operating as a flow of support from younger to older generations (Handayani and Babajanian, eds., 2012). Intergenerational living arrangements can benefit younger generations as well (see chapter II).

Living arrangements vary greatly across regions and countries. Intergenerational households are more prevalent in developing countries. It is estimated that, in 2010, more than 50 per cent of older persons in Asia, Africa and Latin America and the Caribbean were living with their children, while only 20 per cent did so in Europe and Northern America (United Nations, 2017c). Worldwide, co-residence dropped from 65 per cent of older persons in 1990 to 53 per cent in 2010 (ibid.). In countries that lack comprehensive social protection systems, the decline in co-residence can increase the economic vulnerability of older persons.

An exception to this trend is the rise of "skipped-generation" households in some countries, where older persons live with children, usually their grandchildren. Largely owing to the HIV and AIDS pandemic, more than 60 per cent of orphans in Namibia, South Africa and Zimbabwe and 50 per cent in Botswana, Malawi, the United Republic of Tanzania and Thailand were living with their grandparents in the mid-2000s (United Nations, 2007). In countries with high levels of labour migration, older persons and grandchildren often remain in the place of origin while the children's parents migrate to urban areas or to other countries.

When it comes to participation in social life, older persons frequently face social isolation and loneliness when communities fail to integrate them and respond to their specific needs. Living independently, even when preferred by the individual, can diminish social interaction and compel older persons to rely exclusively on social networks outside the household. Since older persons are more prone to suffer from health complications and related disabilities, persons whose family and social networks are not sufficiently strong may face loneliness.

Exiting the labour market can also jeopardize the social inclusion of older persons, radically transforming their status in society and profoundly altering their social networks. The workplace often opens essential networks, and alternative institutional or social support structures are not always in place. In low-income countries in particular, older persons who are not actively contributing economically to their family or to society may be perceived as a burden.

Deteriorating health, exiting the labour market and evolving trends in living arrangements are risk factors that can threaten the well-being of older persons. Whether they lead to social exclusion depends on the situation of each person—including characteristics such as gender and place of residence—as well as on the social protection programmes in place.

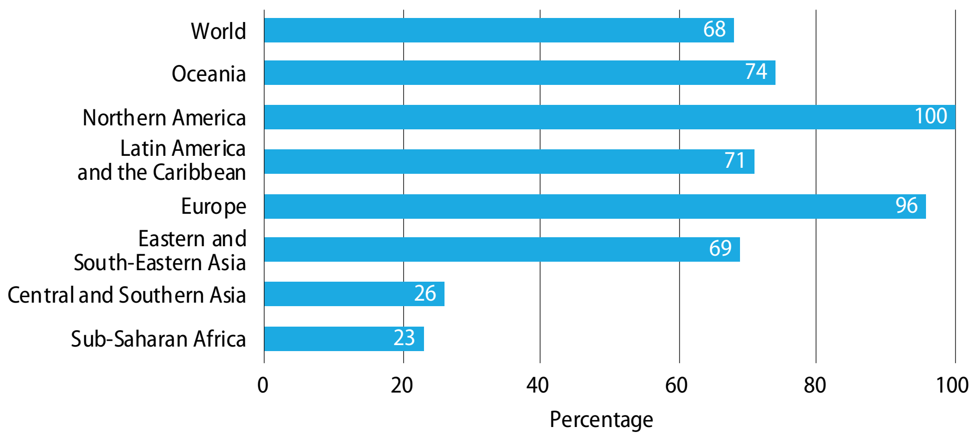
B. Gaps in social protection coverage for older persons

1. Gaps in pension coverage

SDG indicator 1.3.1 monitors the proportion of the older population covered by social protection floors or systems. A majority of older persons—68 per cent of persons above retirement age—received a pension in 2016 (ILO, 2017a). However, critical gaps remain (see figure IV.1). While more than 95 per cent of people above retirement age received a pension in developed regions, only 26 per cent in Central and Southern Asia and 23 per cent in sub-Saharan Africa did. There are considerable differences between countries, including within regions: estimated pension coverage was below 10 per cent in Guatemala but close to 70 per cent in Costa Rica, for instance, in 2016.[54] The right to income security in old age for all is still unfulfilled.

[54] SDG Indicators Global Database. Available from https://unstats.un.org/sdgs/indicators/database (accessed 29 November 2017).

Figure IV.1.
Proportion of the population above retirement age receiving a pension in 2016



Source: SDG Indicator Global Database. Available from https://unstats.un.org/sdgs/indicators/database (accessed 29 November 2017).
Note: Data are for latest year available, which is 2015 or 2014 for about 20 per cent of countries with data.

There has been considerable progress in ensuring that older persons receive a pension. While only 34 countries covered more than 90 per cent of the population above the statutory pensionable age in 2000, 53 countries did in 2016 (ILO, 2017a). Furthermore, the number of countries where pension coverage reaches less than 20 per cent of older persons declined from 73 to 51 over the same period. Effective coverage increased in almost all developing countries. Some have even achieved universal coverage of older persons. At the same time, coverage declined in a few countries—including Albania, Azerbaijan, Croatia, Greece and Turkey—from 2000 to 2016, partly as a result of the financial crisis of 2008 (ibid.).

Pensions and other non-health benefits for older persons accounted for more than half of total public non-health social protection expenditure, or 6.9 per cent of GDP, worldwide around 2015.[55] Social protection expenditure for older persons is highest in Northern, Southern and Western Europe, at 10.7 per cent of GDP, and lowest in South-Eastern Asia, at 1.4 of GDP (ibid.).

[55] Or the latest year for which data are available.

Despite their longer life expectancy, the proportion of older women who receive any type of pension was, on average, 11 percentage points lower than that of men in the period 2008-2013 (ILO, 2016a). Approximately 65 per cent of older persons without a pension are women (ibid.). In the European Union, the average pension for women was between 4 per cent and 46 per cent lower than for men in 2012 (European Commission, 2015b).

Box IV.1.

The makeup of old-age pension systems

Old-age pensions are periodic payments[a] provided to people above a specific age. Broadly, there are three types of pensions:

1. Tax-financed pensions: often called social or non-contributory pensions, they are financed from general government revenues and aim to provide a minimum income in old age. Tax-financed pensions can be universal (directed at all citizens above a specific age), pension-tested (available to older persons who do not receive a contributory pension or whose contributory pension benefits are below a certain threshold) or means-tested (for older people whose income is below a certain threshold).

2. Mandatory contributory pensions: these schemes are available to workers, generally in formal employment, and are meant to partly or fully replace labour earnings received prior to retirement. Contributory pensions are financed by deductions from employees' salaries and complemented by contributions from employers. Contributory schemes can either be financed on a pay-as-you-go basis (contributions from the working population financing pensions of current retirees) or by individual savings accounts (involving investments and deferred payment arrangements).

3. Voluntary or private contributory pensions: offered to the working population and elective by design, voluntary or private contributory pensions can take many forms. Some are funded exclusively through individual savings, while others are funded by both employees and employers.

Countries usually adopt different combinations of the above to build their pension systems. In other words, pension systems usually have several tiers, as described above: tier 1 (tax-financed pensions); tier 2 (mandatory contributory pensions); and tier 3 (private or voluntary contributory pensions). Tax-financed and mandatory contributory pensions are typically provided through the State. Voluntary or private contributory pensions are generally operated by the private sector and Governments play only a regulatory role.

[a] Some contributory systems are designed to provide a portion of the benefit as a lump sum.

In 2016, 186 out of 192 countries provided old-age pensions through at least one scheme and, often, through a combination of contributory and tax-based schemes. Contributory schemes (including mandatory and voluntary contributory pensions) were anchored in the national legislation of 174 countries. Of the 186 countries with pensions, 72 had only contributory schemes, and the remaining 102 countries offered a mix of contributory and tax-financed pensions. Only 12 provide tax-financed pensions exclusively. Of the 114 countries worldwide that offer tax-financed pensions, 66 provide means-tested, tax-financed pensions, while the rest offer pension-tested (24 countries) or universal, tax-financed pensions (24 countries) (ILO, 2017a).

Close to 100 per cent of workers in Northern America and 87 per cent of workers in Northern, Southern and Western Europe were contributing to a pension insurance scheme in 2016 and can therefore expect to receive a contributory pension upon retirement (ILO, 2017a). In contrast, only 9 per cent of workers in sub-Saharan Africa and about 14 per cent in Southern Asia were paying in to such schemes. Access to contributory pensions is closely linked to formal employment. In developing countries, high levels of informal employment, together with inadequate enforcement of laws and evasion of contributions, result in low coverage.

In Asia, where the percentage of the labour force covered by mandatory contributory pension systems ranged from close to 100 per cent in Japan to less than 5 per cent in Bangladesh, Cambodia and Nepal in 2016, contributory pensions are generally limited to civil servants, the military and the police (ILO, 2017a; Park and Estrada, 2013;

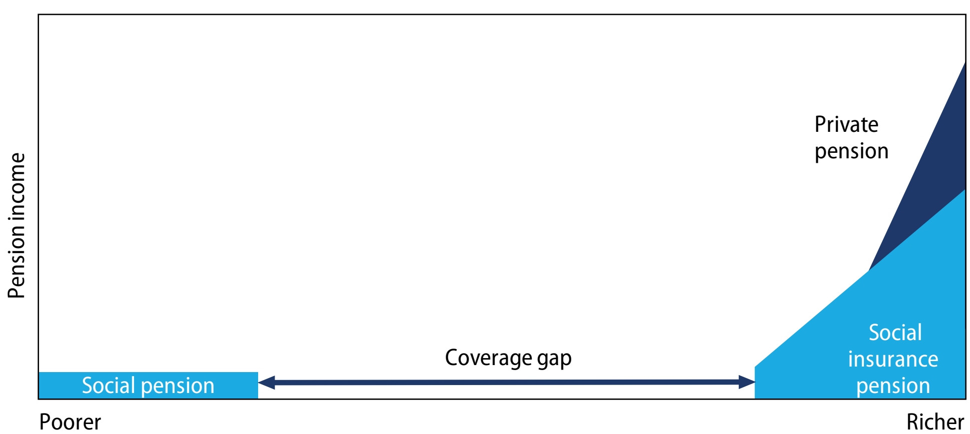
Handayani and Babajanian, eds., 2012). In sub-Saharan Africa, all countries have contributory schemes for civil servants.

Some developing countries, however, have managed to cover a majority of the population through contributory schemes. In Brazil, for instance, 61 per cent of persons above statutory retirement age (65 and 60 years of age for men and women, respectively, in urban areas, and 60 and 55 for men and women in rural areas) are legally covered by mandatory contributory pensions, and 39 per cent are covered by voluntary contributory pensions (ILO, 2017a). This total includes more than 8 million recipients of the rural pension—which is partially contributory but significantly subsidized by the State (UNDP and ILO, 2011). These contributory pensions are complemented by a civil service pension and a means-tested social pension (Barbieri, 2010; Kidd and Huda, 2013).

Given the observed coverage gaps in contributory pensions, many countries have established tax-financed pensions, usually as part of a multi-tiered system. Most tax-financed pensions are means-tested and thereby restricted to older people with low income, often those living in poverty. Means-tested, tax-financed pensions are rarely sufficient to fill the coverage gap.

In general, only wealthier older persons—often those who worked in the formal sector—are covered by contributory schemes, and older persons living in poverty are covered by means-tested, tax-financed schemes (see figure IV.2). This leaves other older persons in the so-called missing middle without a minimum income guarantee, especially in countries with significant informal employment. Older persons living just above the poverty line, when not covered, are compelled to continue working in old age or become dependent on their family's financial support. In the Philippines, for instance, means-tested, tax-financed pensions are estimated to effectively cover 33 per cent of the population over the age of 60, while less than 30 per cent of older persons receive a contributory pension, leaving almost 40 per cent without a pension (Knox-Vydmanov, Horn and Sevilla, 2017).

Figure IV.2.
Model pension income of older adults under poverty-targeted social pension and contributory pension schemes



Source: Kidd (2015).

[56] Author calculations based on the India Human Development Survey 2011-2012 (see www.icpsr.umich.edu/icpsrweb/DSDR/studies/36151) lead to the same result and indicate that 76 per cent of older persons below the poverty line are excluded from the old-age pension.

In addition, errors of exclusion are often high in means-tested social pensions, particularly in low- and middle-income countries. In India, for instance, it is estimated that only around 20 per cent of older persons received a social pension in 2012 (Bhattacharya and others, 2015).[56] India's old-age pension is, in principle, offered to all older persons aged 60 or over living in households in possession of a Below Poverty

Line card. Below Poverty Line lists rely on socioeconomic censuses that are conducted sporadically and suffer from exclusion and inclusion errors (Alkire and Seth, 2013; Panagariya and Mukim, 2014). While some Indian states have eased eligibility criteria in recent years—by using self-declared income as the main criterion for payment—coverage is still low (Bhattacharya and others, 2015). In general, applicants must still navigate complex administrative processes and incur costs to make claims.

In many countries, eligibility for means-tested schemes is assessed based on the income of the applicant. However, in some countries, such as India, the Philippines and Zambia, older persons are assessed against household income. This method is likely to exclude many vulnerable older persons, given that resources are not shared equally among household members. In addition, older persons may be encouraged to leave intergenerational households so that they can qualify for the pension. In some countries, such as Kenya and Zambia, only one person in a household can receive a pension. Other older persons in the household are denied access, which is likely to affect women more often than men. Some countries, such as New Zealand, compromise by reducing the value of each individual benefit if both persons in a married couple receive pensions.

Targeting pensions at those living in poverty can also generate perverse incentives. People of working age may avoid making contributions to social insurance schemes if they believe that they will be excluded from the national tax-financed pension on the basis of a means test. Similarly, people may be encouraged to take their savings out of contributory pensions as lump sums prior to retirement so that they can qualify for the means-tested pension, as has happened in Australia and South Africa (Sass, 2004; Samson and others, 2007). Pensioners may also be unwilling to engage in work if they fear losing their pension owing to the means test.

Universal tax-financed pensions provide an alternative solution to ensure that all older persons have at least a basic level of income security in old age, as part of a nationally defined social protection floor. However, universal pensions can still fail to guarantee effective coverage for all. In Georgia, around 4 per cent of applicants for the social (universal) pension have reported problems in obtaining access to the scheme, mainly owing to the distance they had to travel or because their disabilities prevented them from reaching the registration point (USAID and UNICEF, 2011). In the Plurinational State of Bolivia, access to the social pension is lowest among older persons in the lowest income decile (Palacios and Knox-Vydmanov, 2014; Kidd, 2017).

Beyond pension coverage, the social protection of older persons should include access to health care. However, the health-care needs of older persons are often neglected. Those needs increase with age, but the use of health-care services does not rise correspondingly, particularly in middle- and low-income countries. In low-income countries, for instance, out-patient health services are used by less than 30 per cent of people aged 70 or over but by more than 35 per cent of persons under 70 (WHO, 2015b). In-patient services are used by less than 5 per cent of the population in all age groups.

Lack of health insurance and the subsequent costs of health care are the main barrier to access (WHO, 2015b). In OECD countries, the cost of home or institutional care for severe needs is estimated to be equal to or greater than the median disposable income of older persons above the age of 65 (Muir, 2017). Therefore, access by older persons to health care, including long-term care, is hindered by high—often impoverishing—out-of-pocket payments.

Additionally, only 6 per cent of the global population lives in countries that provide universal long-term health-care coverage based on national legislation (Scheil-

Adlung, 2015). Belgium, Denmark, Germany and Japan are among the few countries that do so (Scheil-Adlung, 2015; ILO, 2017). Globally, public expenditure on long-term health care was below 1 per cent of GDP in the period 2006-2010 (Scheil-Adlung, 2015). Even OECD countries spent less than 1.5 per cent of GDP on long-term care in 2016 (Muir, 2017). Shortages of long-term care workers contribute to making high-quality services unavailable for many older persons. The global short-fall in formal long-term care workers has been estimated at 13.6 million (Scheil-Adlung, 2015).

2. The adequacy of pensions

Whether a pension provides income security depends on the benefits received, their duration and under what conditions they are provided. Analyses of the adequacy of contributory pension values generally focus on income or earnings replacement rates and cost-of-living adjustments. In OECD countries, the net replacement rate from tiers 1 and 2 (tax-financed and mandatory private pension schemes) was 63 per cent on average in 2014.[57] That is, pensioners in OECD countries receive about two thirds of their pre-retirement earnings as their monthly pension, on average (OECD, 2015d).

The average net replacement rate was similar in countries of Latin America and the Caribbean, at 66 per cent in 2010, although pension coverage is lower in that region than in OECD countries (OECD, IADB and World Bank, 2014). Replacement rates for the average salary vary considerably between countries: they were below 35 per cent in the Dominican Republic, Haiti, Mexico and Suriname but above 90 per cent in Argentina, Ecuador and Paraguay (ibid.). Estimated net replacement rates were lower in South Africa (12 per cent) and Indonesia (14 per cent).[58]

More disaggregated data show that, generally, the replacement rate is higher for low-wage workers (75 per cent in 2014) than for high-wage workers (58 per cent in the same year) across OECD countries (OECD, 2015d). That is due to the progressive nature of contributory pension and tax systems and to the existence of tax measures supportive of pension income (OECD, 2015d; European Commission, 2015a). Nonetheless, the retirement income of low-wage workers with a short working career is below the poverty threshold in many European Union countries, despite provisions that guarantee a minimum income (European Commission, 2015c). Some countries do better than others at protecting low-wage earners after retirement: net replacement rates were close to 100 per cent for low-wage workers in Denmark, Luxembourg and the Netherlands, but just below 50 per cent in Japan and the United Kingdom in 2014 (OECD, 2015d).

Regular adjustments of retirement incomes from contributory pensions to the cost of living—or wage indexation—also determine the capacity of pensions to provide income security. When pensions are not adequately adjusted to the cost of living, even pensioners who start off with an adequate pension may face economic challenges as they grow older, owing to inflation. In general, developed countries have progressively switched to less frequent or generous indexation of pensions, mostly to improve the financial sustainability of pension systems.

Given the current levels of investment, tax-financed pensions are often insufficient to provide income security to their beneficiaries. ILO (2015a) estimates, for instance, that in the period 2010-2014, beneficiaries received less than $1.25 a day (in terms of purchasing power parity, or PPP) from tax-financed pensions in more than one quarter of developing countries for which data are available. In general, transfers from such pensions are significantly lower than those from contributory schemes, as they have typically been conceived as basic-income transfers meant to prevent poverty and complement, rather than replace, contributory pensions (Kidd, 2015). However,

57 The net replacement rate is defined as the individual net pension entitlement divided by net pre-retirement earnings, taking account of personal income taxes and social security contributions paid by workers and pensioners. It is usually measured as a percentage of pre-retirement earnings (OECD, 2015d).

58 See OECD Net Pension Replacement Rates (https://data.oecd.org/pension/net-pension-replacement-rates.htm, accessed in November 2017). Comparable net replacement rates are unavailable for countries in other regions.

their value varies considerably from one country to another. In the Latin American countries shown in table IV.1, monthly benefits in terms of PPP ranged from $45 in Colombia in 2003 to $641 in Venezuela in the period 2011-2012 (5 per cent and 48.4 per cent of per capita GDP, respectively). In sub-Saharan Africa, where 13 countries provide a tax-financed pension, benefit levels range from 4 per cent of GDP per capita in Botswana to 39 per cent in Lesotho (Dorfman, 2015).

Table IV.1.
Tax-financed old-age pensions in Latin America

Country	Programme, year introduced	Targeting	Monthly benefit in PPP	Age of eligibility	% GDP per capita
Bolivia (Plurinational State of)	Renta Dignidad or Renta Universal de Vejez (1997)	Universal	$80	60	15.0
Brazil	Benefício da Prestação Continuada de Assistência Social (1996)	Means tested	$340	65	33.3
Brazil	Previdência Rural (1963)	Tested on eligibility for pension and individual having worked in agricultural or subsistence production.	$340	55 (women) 60 (men)	33.3
Colombia	Colombia Mayor (2003)	Means tested and regional	$45	54 (women) 59 (men)	5.0
Costa Rica	Régimen No Contributivo (1974)	Means tested	$186	65	14.5
Ecuador	Pensión para Adultos Mayores (2003)	Means tested	$64	65	7.4
El Salvador	Pensión Básica Universal (2009)	Means tested and regional	$102	70	15.1
Mexico	Pensión para Adultos Mayores (2007)	Pension tested	$71	65	4.7
Panama	120 a los 65 (2009)	Pension tested	$207	65	12.2
Paraguay	Pensión Alimentaria para las Personas Adultas Mayores (2009)	Means tested	$189	65	26.2
Peru	Pensión 65 (2011)	Means tested	$81	65	8.2
Uruguay	Programa de Pensiones No Contributivas (1919)	Means tested	$382	70	21.1
Venezuela (Bolivarian Republic of)	Gran Misión Amor Mayor (2011-2012)	Means tested	$641	55 (women) 60 (men)	48.4

Source: HelpAge International Social Pensions Database. Available from: www.pension-watch.net/about-social-pensions/about-social-pensions/social-pensions-database.

Despite low levels of investment, tax-financed pensions fulfil an important role in promoting inclusion. Evidence from several country studies indicates that tax-financed pensions can have a considerable impact on poverty alleviation among older persons, as described in section C, below.[59]

C. Expanding access to social protection for older persons

Despite persistent challenges, many countries in more and less developed regions have social protection systems that adequately respond to the needs of older persons. This section considers some of the effects of old-age pensions on the well-being of older persons and their families and discusses their sustainability.

59 See Schwarzer and Querino (2002) for Brazil, Olivera and Zuluaga (2013) for Colombia and Peru and Barrientos (2005) for South Africa and Brazil.

1. The positive impact of old-age pensions

Pensions protect older persons and their families from poverty and improve their material well-being (OECD, 2015d; ILO, 2014a). The transfer value of tax-financed pensions varies substantially by scheme, but their impact on poverty reduction is significant. In Brazil, for example, old-age poverty has almost been eradicated as a result of social insurance and a high-value, tax-financed pension (Kidd and Huda, 2013). Surveys conducted in the country in 2002 and 2008 show that the increase in transfer values of tax-financed pensions, in particular, allowed a significant percentage of households to move out of poverty during that period (Barrientos and Lloyd-Sherlock, 2011).

At the household level, pensions allow for improved health and food security among older persons and their families. There is substantial evidence of old-age pensions being invested in children's schooling, health and nutrition (see chapter II). In China, for instance, the county-by-county roll-out of the tax-financed rural pension in 2009 increased expenditure on food in beneficiary households by 10 per cent and reduced the disability rate and the likelihood of being underweight among eligible persons in the following four years (Huang and Zhang, 2016). There is also evidence of older persons investing pensions in income-generating activities, mostly in the farming sector, and of old-age pensions allowing households to overcome credit constraints (HelpAge International, Regional Hunger and Vulnerability Programme and UNICEF, 2010; Barrientos and Lloyd-Sherlock, 2011; Ardington, Case and Hosegood, 2009).

At the local and national levels, pensions inject cash into the economy and therefore generate demand, support entrepreneurs and stimulate economic growth. In the United States, pension benefit spending generated an estimated $1.2 trillion in economic output in 2014—that is, each dollar paid in pension benefits generated $2.21 in economic output—and supported an estimated 7 million jobs (Brown, 2016). Pension assets have been found to improve the functioning of financial markets, ease investment and increase growth across this and other OECD countries (Bijlsma, van Ewijk and Haaijen, 2014). Similar multiplier effects are reported on the local and national economies of developing countries, even though the potential impact of pensions on inclusive economic growth is reduced by the absence of financial services in many rural and remote areas (Kidd and Tran, 2017).

2. Good practices in expanding pension coverage

Given the size of the informal sector in most developing countries, as well as growing job instability and the spread of poorly paid, precarious work around the world, it is unlikely that contributory pensions will help to guarantee income security for all older persons. A combination of contributory and tax-financed old-age pensions helps to improve coverage.

The expansion of tax-financed or social pensions has been particularly dramatic in countries of Latin America since the early 2000s (OECD, IADB and World Bank, 2014; Rofman, Apella and Vezza, 2013). This expansion has enabled workers in the informal economy to receive a minimum income in old age and benefited women in particular. In the Plurinational State of Bolivia, for instance, the universal social pension scheme Renta Dignidad reached more than 90 per cent of older persons in 2012, while only about 15 per cent received contributory pensions (Mendizábal and Escobar, 2013). About 55 per cent of Renta Dignidad recipients were female (ibid.).

Universal, tax-financed pensions are now available in most developed countries and in many developing countries. Lesotho, for instance, made its tax-financed old-age pension available to all residents above the age of 70 in 2004. Previously, only war veterans and civil servants, accounting for less than 3 per cent of the population, had been entitled to receive a pension. Coverage is now estimated to be close to 100 per cent of older persons (ILO, 2016c). Georgia converted its contributory social insurance system into a universal, tax-financed pension in 2006 and increased spending on social protection—with up to 4.1 per cent of GDP spent on pensions alone (Nutsubidze and Nutsubidze, 2015). That change was accompanied by a decline in poverty for persons aged 60 or over from 22.4 per cent in 2006 to 15.1 per cent in 2013 (ibid.).

Some countries use pension testing to select beneficiaries of tax-financed pensions. A pension test is a means test that assesses only income from (other) pensions, rather than income or assets from all sources. Their design is therefore simpler than that of means-tested pensions. Pension-tested schemes are common in developed and developing countries. Sweden, for instance, introduced pension testing in 1999, replacing a universal, tax-financed pension (Hagen, 2013). In contrast, Chile introduced it in 2008 to replace its means-tested, tax-financed pension (Barr and Diamond, 2008). In some countries, such as Lesotho, Nepal and Thailand, the entire tax-financed pension is withdrawn if the older person is in receipt of another social insurance or civil service pension (Kidd, 2015). Nepal provides coverage through a combination of a pension-tested, tax-financed pension and a civil service pension. Coverage of the tax-financed Old Age Allowance, which was introduced in 1994, has expanded gradually to reach around 80 per cent of the eligible population (HelpAge International, 2017). In 2008, the minimum age of eligibility was reduced from 75 to 70. The value of the Allowance has also increased rapidly in recent years (Knox-Vydmanov, 2017).

Several countries have taken steps to improve the reach of contributory schemes. Some have subsidized contributions or encouraged savings by directing employers or the Government to match individual contributions. Innovations in payment technologies have brought down the cost of managing small contributions and made their payment more convenient. In Mexico, for instance, voluntary contributions into the contributory pension system can be paid conveniently at local stores (HelpAge International and Centre for Financial Inclusion, 2015). Some countries have established voluntary contributory old-age pension schemes for different categories of workers, mostly in the informal sector. Their reach is often limited, although there are exceptions (box IV.2).

Box IV.2.

Increasing the coverage of contributory pensions in a developing country: the Mbao pension fund in Kenya

The Mbao pension plan was established in Kenya in 2009 as a voluntary private pension fund for the informal sector. Since its inception, the fund has experienced rapid growth. Although small in terms of assets, in 2014 it accounted for 46 per cent of total membership of individual pension plans in Kenya (66,228 members) (OECD, 2017b). Eligibility to join the plan was later extended to any Kenyan national aged 18 years and over. The fund operates on mobile money platform technology that is quite simple to use for making transactions. It is also flexible, allowing for irregular and fluctuating contributions. Members may contribute daily, weekly, fortnightly, monthly, quarterly, seasonally or yearly.

3. The sustainability of old-age pensions

Population ageing is inevitably putting financial pressure on pension systems. In OECD countries, the number of expected years in retirement increased from an average of 11 for men and 15 for women in 1970 to 18 and 22 years, respectively, in 2014 (OECD, 2015d). Public expenditure grew from an average of 6.2 per cent of GDP in

1990 to 7.9 per cent in 2011 and is projected to grow to 10 per cent of GDP in 2050 (ibid.). The continued increase in expenditure is driven mainly by projected improvements in coverage in OECD countries where pension coverage is currently lowest, namely the Republic of Korea and Turkey.

In recent decades, many developed and some developing countries have reformed pension systems in order to strengthen their long-term sustainability. Some countries have raised the statutory pensionable age and cut early-retirement provisions; others have reduced benefits for future retirees—mostly through changes in benefit indexation—or increased contribution rates. Many countries are increasingly relying on defined-contribution pension plans, in which benefits depend on the level of savings accumulated by the pensioner, while reliance on defined-benefit plans that provide minimum-income guarantees has been declining (OECD, 2016c). The fiscal consolidation efforts that followed the financial crisis of 2008 accelerated drastic cost-saving measures in pension systems.

The combination of these reforms is expected to result in lower benefits. In countries of the European Union, the gross replacement rates of public pensions are projected to decline from an average of 47.5 per cent in 2013 to 35.3 per cent in 2060 (European Commission, 2015c).[60] Expected changes in replacement rates vary significantly by country: they are projected to fall by more than 20 percentage points in Poland and Spain but expected to increase slightly (by less than 2 percentage points) in Bulgaria and Czechia, where replacement rates are currently low (ibid.). These reforms may therefore result in more income insecurity among older persons. In the absence of adequate indexation, retirees may also grow poorer as they get older and the real value of their pension declines.

60 The gross replacement rate is calculated by the European Commission as the average first pension over the average wage at retirement.

While the main task confronting developed countries is to ensure that pension benefits are adequate, most developing countries face the double challenge of increasing coverage while maintaining or increasing the adequacy of benefits. Many developing countries are aiming to make contributory pensions accessible to individuals who are not yet covered but have sufficient contributory capacity to participate, as section B describes. Some countries are also expanding the reach of social pensions, although benefits are still insufficient to provide income security in many of them. Some have been able to put in place or expand pension systems even at low levels of income. With political will, they have created the necessary fiscal space to do so.

As the world population grows older, all countries will need to find a balance between ensuring the adequacy of benefits and the long-term sustainability of pension systems. Very generous pensions may not be sustainable. Benefit costs and means of financing must be regularly monitored to ensure that pensionable age and benefits are adjusted as life expectancy increases. At the same time, insufficient coverage and inadequate benefits will jeopardize the well-being of older persons. They may even undermine the future capacity of the State to support pension systems: if pensions are perceived to be ineffective and unfair, citizens may not be willing to contribute to pension schemes during their working lives.

The commitments to leave no one behind and promote inclusive societies require safeguarding or strengthening the poverty-reducing role of social pensions, even under cost-cutting reforms. Some of the potentially negative effects of these reforms on disadvantaged older persons can be offset, for instance, by extending the coverage of tax-financed (social) pensions. Measures to support pension entitlements for low earners, workers with interrupted careers and workers in informal employment would also help considerably to cushion the impact of reforms among persons most in need. In addition to promoting formal employment, much can be done to integrate workers in informal employment into contributory systems and ensure that they can build future pension entitlements. There may also be scope for a more preferential and progressive tax treatment of pensions.

Some countries are already implementing reforms aimed at improving the poverty-reducing role of pensions, even while trying to contain overall pension costs. In April 2017, Japan reduced the qualifying period for the national pension from a minimum of 25 to 10 years of paying contributions—a change that benefitted workers with short and interrupted careers—despite being the country with the world's oldest population (OECD, 2015e).[61] In 2016, the United Kingdom introduced changes in its public pension scheme designed to improve the adequacy of pensions for low-income earners. The two-tier benefit structure (a flat-rate basic pension and an earnings-related additional pension) was merged into a flat-rate basic pension that will deliver an enhanced minimum pension benefit (ILO, 2017a). In 2014, the Republic of Korea increased the minimum pension to nearly twice the previous amount (ibid.). The pension system in the Netherlands, notable for its focus on cooperation and solidarity, continues to be praised for its sustainability and adequacy despite the strains of an ageing population (box IV.3).

[61] See also www.nenkin.go.jp/international/english/nationalpension/nationalpension.html and Kittaka (2017).

Box IV.3.
Pensions in the Netherlands: adequacy, fairness and sustainability

The Dutch pension system is one of the best performing in the world and is ranked highly in terms of adequacy, sustainability and integrity (Mercer, 2017). The first of its three pillars is a flat-rate, universal, tax-financed pension based on the minimum wage, paid to all residents and meant to provide a minimum income—70 per cent of the minimum wage for a single person and 50 per cent per person for households with more than one person (Pew Charitable Trusts, 2017). The second pillar—supplementary, occupational pensions—is connected to a worker's employment and collectively owned by current and retired employees. The third is a private individual pension provided by an insurance company or bank.

Second pillar pensions are essentially collective or cooperative structures owned by their members—active employees and retirees in each sector—and are operated independently of employers or the Government, although they are regulated by the latter. Employee contributions are uniform across sectors. They cover approximately 90 per cent of residents and are basically mandatory for Dutch employees. The risk-sharing and solidarity features inherent in a cooperative structure have so far worked well in ensuring fund solvency and the system's fairness, although the sustainability of such pensions depends on the continued willingness of younger workers to pay for the pensions of their older counterparts.

The system has come under strain in recent years as a result of population ageing, the 2008 financial crisis and concerns among young people about their own retirement security. Some issues are related to recent reforms enacted to preserve the pension system's sustainability, including a rise in the retirement age from 65 to 66 in 2018 and to 67 in 2021. Moreover, young workers are more likely than their older counterparts to change employment or move between regular employment and self-employment, which can have an impact on their pension contributions.

The above concerns notwithstanding, the minimum pension in the Netherlands is the world's second highest after that of France (Mercer, 2017). The net replacement rate of mandatory pensions for low-wage earners (50 per cent of the average salary or less) is 105 per cent, the second highest in OECD countries—after Denmark, at 110 per cent—and far higher than the OECD average of 73 per cent (OECD, 2017c).

Efforts to improve the fairness of pension systems are not limited to developed countries. Between 2000 and 2013, at least 18 countries in Latin America undertook inclusive reforms meant to increase coverage of older persons in need (Rofman, Appella and Vezza, 2013). Chile, for instance, adopted a new social pension in 2008 (ILO, 2017a). Costa Rica expanded coverage of its tax-financed pension in 2000 to ensure better coverage of older persons living in poverty and established mandatory pensions for independent workers (Rofman, Appella and Vezza, 2013).

In reviewing measures to improve the coverage and efficiency of pension systems, Governments must also take into consideration that low investment in the well-being of older persons reinforces a vicious cycle of poverty and lack of trust. Pensions benefit not only those who receive them but also their families and communities.

Conclusions

As the share of older persons in the population continues to rise around the world, meeting their needs will be an increasingly pressing challenge. Social protection, in particular old-age pensions and access to health services, has a key role to play in addressing the disadvantages that older persons face and in promoting their participation and inclusion in society.

Countries have taken different approaches to improving the income security and overall well-being of older persons, but all need some combination of contributory schemes and adequate tax-financed pensions. In developing countries, where gaps in access are greater, remarkable progress has been achieved in recent decades, mainly thanks to the introduction or extension of tax-financed pensions. Coverage alone, however, is not enough. In many countries, pension benefits are still inadequate. Pension coverage does not systematically keep people out of poverty.

Meeting the needs of a growing number of older persons will be critical to achieving the SDGs. Governments will need to find the right balance between providing adequate benefits and ensuring the long-term sustainability of pension schemes. Very generous pensions may not be sustainable, but insufficiently funded or otherwise inadequate pension systems will jeopardize the well-being of older persons and hamper their participation in social life. They may also undermine trust in Governments and the willingness of citizens to contribute to pension schemes during their working lives, thus further curtailing the capacity of social protection schemes to ensure income security in old age.

Chapter V

Persons with disabilities: breaking down barriers

Key messages

- Almost all countries offer disability-specific schemes anchored in national legislation. However, many are solely contributory schemes that exclude both many persons with disabilities in the informal sector or outside the labour market and children with disabilities.
- The overall coverage of disability benefits is very low in developing countries, but several middle-income countries have successfully put in place broad-based disability schemes with high levels of coverage.
- A key barrier to accessing disability benefits is the assessment process: potential beneficiaries are often assessed on purely medical grounds, and inability to work is often used as the threshold to qualify for benefits. Little consideration is given to the social factors that may disadvantage persons with disabilities beyond their impairment.
- While existing disability benefits can help individuals and households to meet their basic needs, they are far from covering the economic cost of disability-related expenses and remaining out of the labour force.
- There is little data on the access of persons with disabilities to disability-specific and mainstream social protection schemes.

Introduction

It is estimated that around 15 per cent of the global population—one billion people—live with disabilities. Around 80 per cent of them live in developing countries (WHO and World Bank, 2011). Worldwide, a significant percentage are older persons. More than half of all persons with disabilities in Australia, China, the Republic of Korea and Viet Nam, for instance, are aged 60 or over, and nearly two thirds of those in Japan are aged 65 or over (ESCAP, 2015b). Around 5 per cent of all children worldwide (95 million children) live with a disability, with about 0.7 per cent (13 million) experiencing severe disability (WHO and World Bank, 2011). Women are more likely to be living with a disability than men, mainly because they tend to live longer (Mitra, Posarac and Vick, 2013).

Estimates of the prevalence of disability should, however, be interpreted with caution. Definitions of what constitutes a disability and the threshold above which a person is considered to live with a disability vary significantly between countries. Differences in the questions asked as well as in measurement hinder country comparisons. Measures of disability vary also depending on the source of data, data-collection methods and the aspects of disability examined—impairments, activity limitations, participation restrictions, related health conditions and environmental factors. There has been considerable progress in improving the availability and comparability of disability data, but many countries will require support to enhance national capacity to generate high-quality data. Addressing those needs is critical, as the success of the 2030 Agenda depends on the inclusion of persons with disabilities in the monitoring and implementation of the SDGs.

Box V.1.
The Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities, which entered into force in May 2008, was the first international treaty to detail the rights of persons with disabilities and set out a code of implementation. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity (art. 1). States that become parties to the Convention commit themselves to developing and carrying out policies, laws and administrative measures to secure the rights recognized under the Convention and to abolishing laws, regulations, customs and practices that constitute discrimination. As of 5 December 2017, the Convention counted 175 States parties.

The Convention highlights that persons with disabilities have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. By recognizing disability as a result of the interaction between an inaccessible environment and a person, the Convention marks a major shift away from a charity and medical model to one whereby persons with disabilities are rights-holders and decision makers with largely untapped potential to contribute to society. The Convention moves beyond the question of access to the physical environment to broader issues of equality and the elimination of legal and social barriers to participation, social opportunities, health, education, employment and personal development.

This chapter describes how the barriers that persons with disabilities face in society also limit their access to social protection, and assesses the extent to which existing social protection measures—primarily disability benefits—reach them. It summarizes the evidence available on the impact of social protection programmes on the well-being of persons with disabilities, illustrating how they often fall short of meeting their needs and those of their families. Designing and delivering disability-sensitive social protection in a way that ensures economic security and promotes the inclusion of persons with disabilities remains a challenge in many countries.

A. Risks and disadvantages faced by persons with disabilities and their families

1. Poverty and disadvantage

There is broad evidence that persons with disabilities are more likely to live in poverty than those without (Banks and Polack, 2014; WHO and World Bank, 2011). A disability affects not only the person who suffers from it but has an impact on all members of a household. According to Mitra, Posarac and Vick (2013), households where a member has a disability were significantly more likely to be classified as living in poverty in most of the developing countries studied (11 out of 15 countries) in the period from 2002 to 2004.

Poverty and disability reinforce one another. Poor health and nutrition, poor living conditions, poor access to health services, environmental risks and injuries among persons living in poverty can lead to disability. Equally, the onset of disability can have an adverse effect on education, employment and earnings, increase living costs and result in higher rates of poverty (Groce and others, 2011; Mitra, Posarac and Vick, 2013; WHO and World Bank, 2011; Yeo and Moore, 2003).

Without accounting for disability-related costs, however, conventional poverty measures probably underestimate the number of persons with disabilities living in poverty. Extra financial costs due to a disability include those related to contracting and purchasing support services, assistive devices, residential modifications and specialized health care. In China, for example, it is estimated that disability-related costs represent between 8 per cent and 43 per cent of the income of adults with disabilities, and between 18 per cent and 31 per cent of the income of families with children with disabilities (Loyalka and others, 2014).

High levels of poverty go hand-in-hand with lower levels of education, poorer health and worse employment prospects. Persons with disabilities are less likely to be employed full-time and more likely to be unemployed (United Nations, 2016a and 2015c; ILO, 2014a). The most recent available census data averaged over 27 developing and developed countries indicates that the labour force participation rate of persons with disabilities is about 20 percentage points lower than that of persons without (United Nations, 2016a). Similarly, the average unemployment rate for persons with disabilities in OECD countries was 56 per cent in the period from 2000 to 2010, compared with 25 per cent for persons without disabilities (OECD, 2010a).

A study of the economic losses associated with the gap between the potential and actual productivity of persons with disabilities—diminished by such factors as lack of adequate transport or physical accessibility, as well as lower levels of education—puts such losses at between 3 per cent and 7 per cent of GDP in 10 low- and middle-income countries (Buckup, 2009). Further losses are incurred by family members with caretaking responsibilities, particularly in countries lacking comprehensive social protection systems. In Bangladesh, for instance, one study found that not only did 87 per cent of individuals who suffered an impairment withdraw from the labour market within one year, but also that 90 per cent of their spouses had to forgo employment to provide care (Chowdhury and Foley, 2006).

The greater likelihood of living in poverty and lower levels of employment among persons with disabilities is explained in part by lower levels of education (Filmer, 2008; Groce and Bakshi, 2009; World Bank and WHO, 2011). Data collected from 1992 to 2004 for 13 developing countries show that children with disabilities were significantly less likely to have begun or been enrolled in school than those without disabilities, even in similarly poor households (Filmer, 2008). The higher cost of sending children with disabilities to school than those without disabilities is an important barrier that is compounded by other factors.

In general, persons with disabilities suffer from poorer health and have less access to health services than persons without disabilities. They are at higher risk of developing secondary health conditions and even of premature death after the initial onset of impairment (WHO and World Bank, 2011). Some studies indicate that persons with mental and intellectual disabilities are at greater risk of developing chronic health conditions, such as high blood pressure, cardiovascular disease and diabetes, than persons without disabilities (ibid.). Additionally, a significant percentage of persons with disabilities cannot afford health care: 53 per cent of men and 52 per cent of women with disabilities indicated that they cannot afford health care worldwide, compared with 34 per cent of men and 32 per cent of women without disabilities, according to the 2002-2004 World Health Survey (ibid.). Forgoing medical care can exacerbate impairments and thus deepen exclusion.

2. Accessibility and attitudinal barriers to participation for persons with disabilities

Persons with disabilities face physical and social barriers that hinder their access to services or employment and prevent them from enjoying their rights. The design and construction of indoor and outdoor facilities can prevent them from going to school and hospitals, shopping, gaining access to police services and finding or keeping a job. Footpaths, parks and public transportation may also be inaccessible, preventing some persons with disabilities from enjoying the most basic elements of participation in social life.[62]

Persons with disabilities also face communication barriers—that is, physical and virtual challenges in accessing and sharing information. Assistive technology enables people to live healthy, productive and independent lives, but is far from available to all. It is estimated, for example, that 360 million people, globally, have moderate to profound hearing loss, yet hearing aid production meets less than 10 per cent of the need (WHO, 2016). Digital technologies can also break down traditional barriers to communication and information. However, evidence suggests that the level of use of information and communications technology (ICT) by persons with disabilities is significantly lower than among persons without a disability (WHO and World Bank, 2011). In some cases, they may be unable to obtain access even to basic products and services, such as telephones, television and the Internet.

Stigma and discrimination touch nearly all aspects of the lives of persons with disabilities. They are present at the interpersonal and institutional levels, through laws and customs that systematically marginalize such persons and can prevent them from obtaining employment, accessing services and making friends. Expectations for academic and career success by persons with disabilities are often unfairly lowered. Parents may keep children with disabilities out of school for fear of abuse (Banks and Polack, 2014). If they attend school, children with disabilities are also subject to negative attitudes and bullying (UNESCO, 2017).

The relationship between disadvantage and disability often becomes a vicious cycle. Social protection has an important role to play in breaking that cycle and promoting the inclusion of persons with disabilities by improving economic security and providing them with the means to access services and devices needed to create an enabling environment. As the next section illustrates, while the vast majority of countries have some social protection scheme in place for persons with disabilities, the same accessibility and attitudinal barriers that drive their disadvantage limit their social protection coverage.

B. Gaps in social protection coverage for persons with disabilities

States parties to the Convention on the Rights of the Persons with Disabilities recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability (art. 28). The United Nations Special Rapporteur on the rights of persons with disabilities has also stressed that social protection is fundamental for achieving the social inclusion and active participation of persons with disability, and in promoting their active citizenship.[63] Indeed, social protection can ensure the economic security of persons with disabilities and their families and contribute to creating an enabling environment for their inclusion. For example, by providing cash benefits to help to meet the needs of persons with dis-

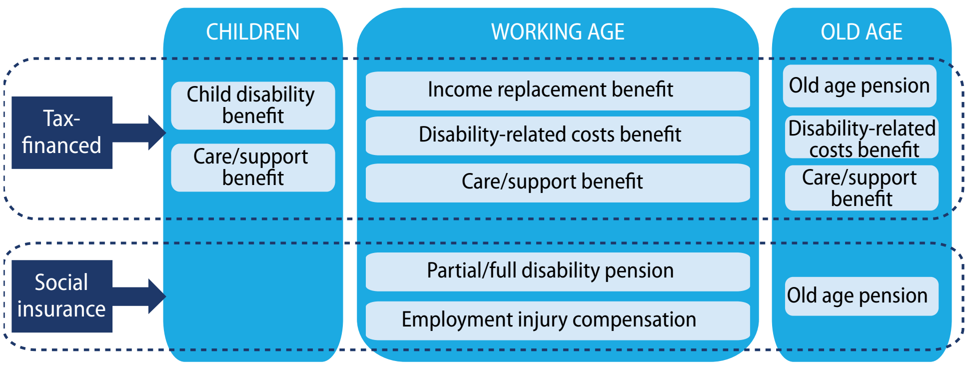
[62] The rate of disability is high among older persons and many of the accessibility barriers listed in this section are particularly relevant to social protection issues regarding older persons (see also chapter IV).

[63] A/70/297, para. 2.

abilities, such as assistive devices, accessible transportation or support services, social protection can act as an enabler for their education and employment. Improved access to employment opportunities can, in turn, facilitate the access of persons with disabilities to work-based social protection schemes.

Approaches to providing disability-specific social protection benefits vary by country and by age group. Figure V.1 shows the type of cash benefits that countries with comprehensive social protection systems typically offer to persons with disabilities throughout the life cycle. That typology includes old-age pensions (either contributory or tax-financed) as a form of disability benefit, on the grounds that one of the main reasons for an old-age pension is to offer income replacement to those who can no longer work owing to disability or for other reasons.

Figure V.1.
Comprehensive disability-specific benefits throughout the life cycle



It also includes employment injury schemes that provide benefits in the case of work-related accidents and occupational disease that result in temporary or permanent disability. Only 33.4 per cent of the global workforce is legally covered for employment injury, and in most countries for which data are available, the effective coverage rate is lower than the legal coverage rate (ILO, 2014a and 2017a). The administration of employment injury protection schemes is generally separate from that of old-age, disability and survivor benefits and therefore not discussed in detail in this chapter.

For working-age persons with disabilities, there are three different types of disability-specific benefits. The first is a disability pension offered to those who are unable to work. In effect, this is a form of income-replacement scheme. The second type of benefit compensates persons with disabilities for the additional costs that they face. They are offered to persons with disabilities regardless of whether or not they are employed, but can play a critical role in helping them to get work, since they may cover the cost, for instance, of accessible transportation and assistive devices. Lastly, a caretaker's benefit supports family members who must give up work to care for a person with a disability.

Few countries provide all those benefits, but some have complex systems that offer them and additional benefits, such as in-kind transfers or subsidies, including free public transportation, free access to public services, free or subsidized food, and free or subsidized assistive devices, among other benefits.[64]

1. Gaps in disability benefit coverage

Disability benefits for the working-age population, together with old-age pensions, survivor benefits and health insurance, have been part of modern social protection sys-

[64] See, for example, ESCWA (2017) for the case of Arab countries.

tems since their inception. In 1932, 20 countries had some sort of contributory social insurance covering disability and 4—Australia, Canada, Denmark and Uruguay—had tax-financed, means-tested programmes (Liu, 2001, table 2). More than 80 years later, the social protection systems of most countries make provision for working-age persons with disabilities.

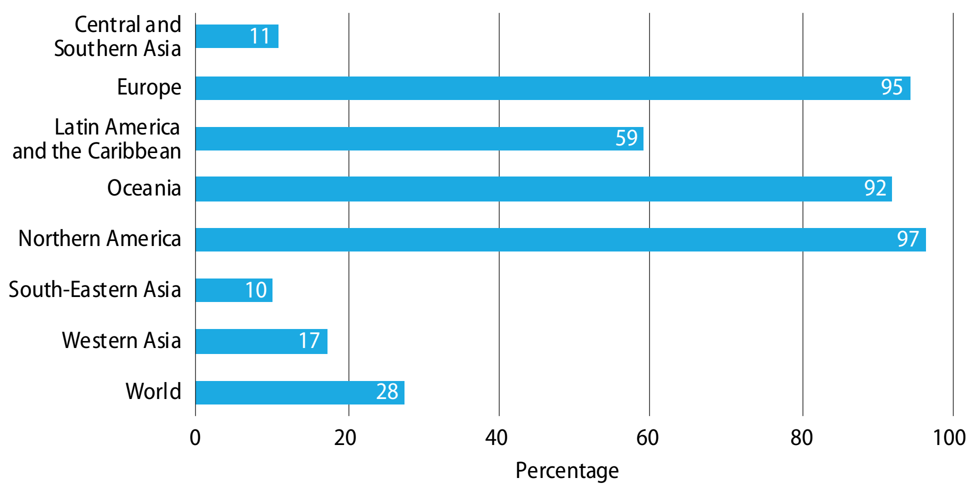
Most countries (170 out of 186 for which information is available) offer disability-specific schemes with periodic cash benefits that are anchored in national legislation. In 103 of them, only contributory schemes are available to persons with disabilities, while 67 provide only tax-financed schemes or combine contributory and tax-financed schemes (ILO, 2017a). Contributory social insurance schemes mainly cover workers in the formal economy. Tax-financed schemes, where available, provide at least a minimum level of income security for those who have not met the minimum requirements for contributory benefits.

Beyond legal coverage, SDG indicator 1.3.1 measures effective coverage—that is, the proportion of the population with severe disabilities collecting social protection benefits for disability.[65] Only 28 per cent of persons with severe disabilities receive disability benefits but coverage varies significantly by country and region. Benefits reach more than 90 per cent of persons with severe disabilities in developed regions but only 10 and 11 per cent in South-Eastern Asia and in Central and Southern Asia, respectively (see figure V.2).[66]

[65] Coverage estimates rely, in the absence of a universal definition of severe disability, on that adopted by the World Health Organization (WHO and WB, 2011). Disability caused by conditions such as quadriplegia, severe depression and blindness qualifies as severe.

[66] At the time of writing, data on disability benefit coverage was only available for a few African countries: Algeria, Burkina Faso, Cabo Verde, Cameroon, Kenya, Mali, Mozambique, Nigeria, South Africa and Tunisia.

Figure V.2.
Percentage of persons with severe disabilities receiving disability benefits by region, 2016



Source: SDG Indicators Global Database Available from https://unstats.un.org/sdgs/indicators/database (see figure IV.1).

Among OECD countries, disability benefits are mainly provided through contributory schemes managed by national Governments. As of 2015, 20 OECD countries provided contributory disability benefits only, 13 countries offered a mix of contributory and tax-financed disability benefits and two countries—Spain and New Zealand—had only tax-financed disability benefits in place.

The percentage of the working-age population (15 to 64 years of age) receiving public disability benefits in OECD countries ranged from 13.8 per cent in Norway (about 474,00 persons of working age) to less than 1 per cent in Mexico, the Republic of Korea and Turkey (representing 20,000, 193,000 and 128,000 persons, respectively) in 2014.[67] Additional data indicate that the proportion of persons with disabilities not receiving any public benefit and not in employment was higher than 20 per cent in Canada, Greece and Spain in 2005, but significantly lower in most, and close to zero in Finland, Iceland,

[67] OECD Social Benefit Recipients Database. Available from www.oecd.org/social/recipients.htm (accessed 21 November 2017).

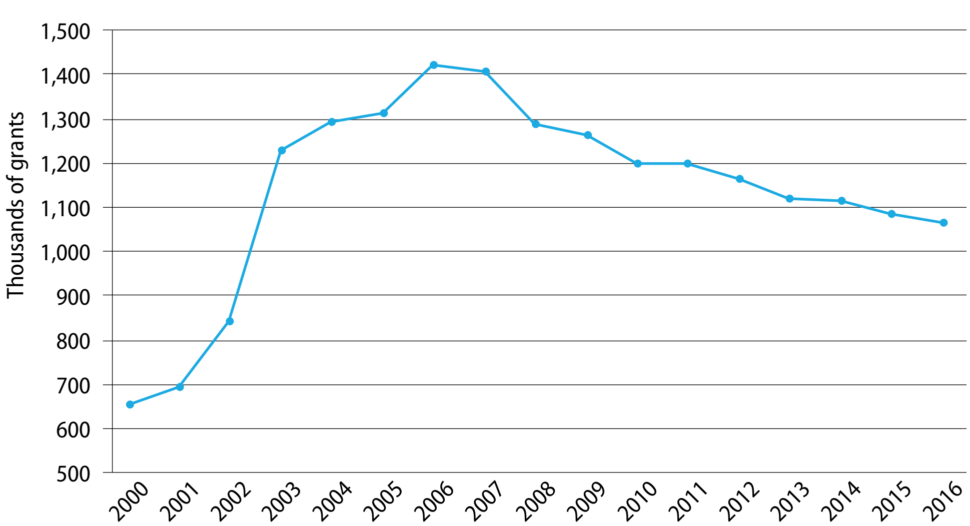
Norway and Sweden (OECD, 2010a, figure 2.7).[68] In those countries, the universal coverage of disability benefits combined with a comparatively high rate of employment of persons with disabilities, ensures that few are left without income (ibid, figure 2.1).[69]

The percentage of the working-age population receiving public disability benefits remained largely steady, on average, in OECD countries from 2007 to 2014.[70] However, trends differ between countries: coverage has increased markedly in Chile but declined in countries such as Sweden and the United Kingdom. Those opposing trends are driven mainly by policy changes rather than changes in the size of the working-age population or the number of persons with disabilities. In recent years, disability benefit programmes have been reformed in many OECD countries, mostly because of concerns about the growing number of working-age people receiving disability benefits at a time of fiscal consolidation efforts (OECD, 2010a; Burkhauser, Daly and Ziebarth, 2016; ILO, 2017a). Some OECD countries have tightened eligibility for disability benefits or imposed conditions on their receipt and, at the same time, have strengthened worker retention and rehabilitation measures (Burkhauser, Daly and Ziebarth, 2016; Geiger, 2017).

Although coverage of persons with disabilities remains low in most developing regions, several low- and middle-income countries have made notable strides in improving coverage. Nine countries (Armenia, Azerbaijan, Brazil, Chile, Georgia, Israel, Kazakhstan, Mongolia and Uruguay) have achieved universal or near-universal coverage of persons with disabilities, primarily through a mix of contributory and tax-financed disability schemes.[71]

The expansion of tax-financed disability benefits has particularly helped to improve coverage in some developing countries. Since 2000, for instance, the number of beneficiaries of the South African Disability Grant has grown to number more than a million (see figure V.3). The Disability Grant is the only tax-financed scheme available to the working-age population whose work capacity has been reduced because of HIV infection. The introduction of free anti-retroviral drugs by the Government significantly improved the health of people living with HIV, which may explain the decline in the number of beneficiaries over the past decade (Strijdom, Diop and Westphal, 2016). Currently, it is estimated that 64.3 per cent of people with severe disabilities receive the Disability Grant.[72]

Figure V.3.
Total number of Disability Grant beneficiaries, South Africa, 2000 to 2016



Source: South African Social Security Agency (2008 and 2017).

68 These estimates should be interpreted with caution, as they do not include contributory disability schemes that are not publicly managed. They can be misleading in the case of countries where privately managed contributory disability benefits play a larger role in the provision of income support to persons with disabilities.

69 As of 2016, Finland, Iceland, Norway and Sweden had reached universal coverage of persons with severe disabilities. At the same time, only 67 per cent of persons with severe disabilities received disability benefits in Canada and 83 per cent in Spain. See the SDG Indicators Global Database. Available from https://unstats.un.org/sdgs/indicators/database (accessed 11 December 2017).

70 OECD Social Benefit Recipients Database.

71 In Georgia, the sole disability benefit is distributed through a universal, tax-financed scheme, at a cost of about 0.5 per cent of GDP (Nutsubidze and Nutsubidze, 2015; Abels, 2016).

72 SDG Indicators Global Database Available from https://unstats.un.org/sdgs/indicators/database.

The coverage of disability benefits can vary depending on the type and severity of functional limitations. In South Africa, persons with seeing and hearing difficulties are less likely to receive the Disability Grant than those with other functional limitations, such as difficulties in walking, remembering or concentrating, or with self-care (Coulson, Napier and Matsebe, 2006). Furthermore, persons with the most severe limitations are more likely to be excluded from the Grant. In India, those with difficulties seeing and walking are less likely than persons with other functional limitations, such as in hearing, remembering or concentrating, or with self-care, to receive the Disability Pension (Wapling and Schjoedt, forthcoming (a)).[73] In Brazil, persons with visual and hearing impairments were the least represented group among beneficiaries of the Benefício de Prestação Continuada de Assistência Social, while those with intellectual impairments were the most likely to receive the benefit (Medeiros, Diniz and Squinca, 2015). Those differences underline the need to consider the access barriers faced by specific groups in the design and implementation of social protection programmes.

[73] Based on analysis from the India Human Development Survey-II, 2011-2012.

2. Adequacy of disability benefits

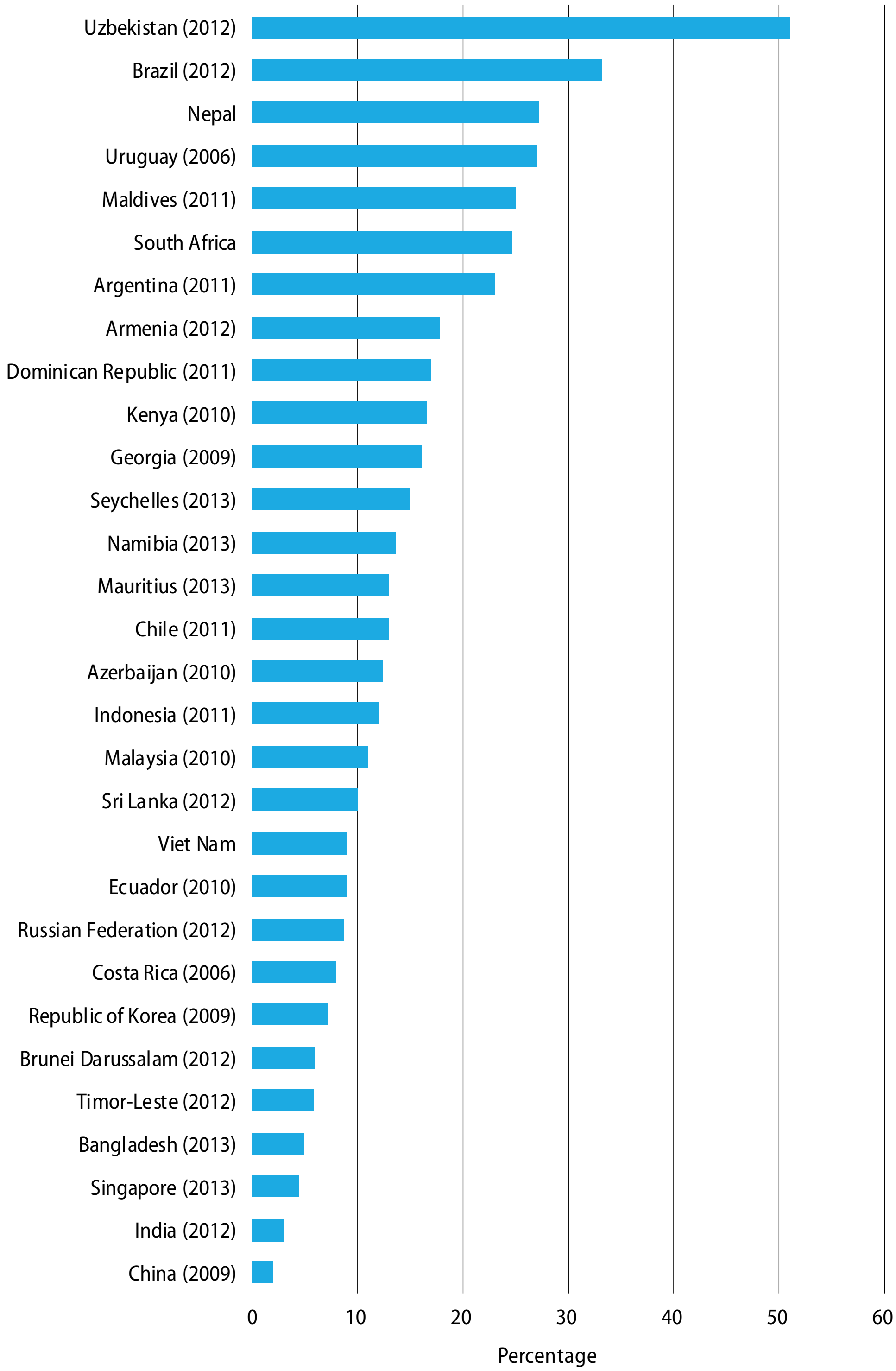
For most countries for which data are available, disability benefits do not fully replace employment income. Disability benefits from contributory schemes, for instance, are frequently lower than contributory old-age pensions. There are, however, exceptions. In 11 OECD countries for which data are available, for instance, the average disability benefit ranged from about 50 per cent to 80 per cent of the average net wage of an equivalent full-time employee in 2006. The replacement rates for unemployment benefits are only slightly higher than the replacement rates for disability benefits in those same countries (OECD, 2010a, figure 4.2).

Tax-financed schemes tend to provide lower benefits than contributory schemes. The average benefit amount received through the contributory Social Security Disability Insurance scheme in the United States was about 25 per cent of the gross average full-time wage, while the benefit amount of the tax-financed Supplemental Security Income programme was 12 per cent of the average full-time wage in 2006 (OECD, 2010b, figure 1.9).

The benefits that persons with disabilities received in the early 2010s through tax-financed schemes were above 20 per cent of GDP per capita, on average, in only a few developing countries—Argentina, Brazil, the Maldives, Nepal, South Africa, Uruguay and Uzbekistan (see figure V.4). In Brazil, the high level of transfers is explained by the fact that benefits are pegged to the country's minimum wage (Robles and Mirosevic, 2013). Many countries, however, purposely set disability benefit values below the minimum wage in order to avoid any potential negative impact on the employment of persons with disabilities (Palmer, 2013).

Disability benefits may prove insufficient to guarantee income security if the increased costs of living associated with a disability are not taken into account. Even persons with jobs may require support to cover disability costs. Countries such as Denmark and the United Kingdom provide benefits to cover the cost of disability-related expenses, in addition to offering income support. In Denmark, people are assessed on an individual basis by social workers and given the financial support that they require to cover disability-related costs. That disability supplement is provided in accordance with the needs of the individual and there is no fixed maximum (Danmark Statistik, 2015).

Figure V.4.
Tax-financed disability benefit levels as a percentage of per capita GDP in selected countries



Sources: Development Pathways Disability Database (www.developmentpathways.co.uk/resources/disability-benefits-scheme-database; accessed 11 December 2017); ILO and IDA (2015); Kidd and Wapling (forthcoming) (South Africa); Kidd and Damerau (2016) and London School of Hygiene and Tropical Medicine (forthcoming (a) and (b)) (Nepal and Viet Nam).

3. Design and implementation barriers

A key barrier to accessing disability benefits is the disability assessment process itself, especially in low- and middle-income countries (Banks and others, 2016). The approach varies considerably from one country to another. Many use a purely medical assessment, with no consideration of social factors that may disadvantage persons with disabilities beyond their impairment. Countries such as Austria, Belgium, France, Germany and South Africa use a medical assessment but give medical officers discretion on whether to incorporate an evaluation of social and environmental barriers, such as those described in section A of this chapter, in their assessments. Other countries, including several Northern European countries, undertake a medical assessment but also place weight on social and environmental factors and give a role to non-medical experts, including social workers, occupational therapists and employment advisers. Attempts to incorporate social factors, however, have also been criticised for subjectivity and fraud (Banks and others, 2016).

One of the main challenges in undertaking disability assessments is insufficient expertise. Medical officers hired by the South African Social Security Agency, for example, often have no specialized training to conduct disability assessments (Kidd and Wapling, forthcoming). Furthermore, the time given for each assessment is often insufficient—sometimes less than three minutes (Banks and others, 2016). As a result, while some disabilities may be easily identified, those that are more hidden or complex to diagnose can be missed.

As with other disadvantaged groups, persons with disabilities may be unaware of the existence of programmes, unclear about the application process or unable to obtain the correct documents. A study carried out in rural areas in India in late 2005 revealed that 94 per cent of households with persons with disabilities had not heard of the Persons with Disabilities Act of 1995 and its associated entitlements, and that 60 per cent of persons with disabilities in rural areas had not heard of the country's disability pension (World Bank, 2007). The results of that study illustrate that, often, too little is done to raise public awareness of available benefits, in particular among persons with disabilities. Alternatives to printed materials may be needed to disseminate information about disability benefits effectively.

Where persons with disabilities are aware of their entitlements, they may face other obstacles. Application centres and pay points are often distant from applicants' homes, a particular problem for persons with mobility challenges. Some encounter difficulties in entering pay points and banks where, for instance, there are no wheelchair ramps or elevators. Others may live too far from registration centres or face high transport costs. Countries should endeavour to ensure that staff employed to manage disability benefit schemes are well trained and employed in sufficient numbers to conduct disability assessments as needed. Assessments should take place as close as possible to the applicants' place of residence and should be available to everyone with an impairment. Where applicants incur transport costs, they should be compensated. Other support measures, such as translation, should be made available as appropriate during the assessment process.

Lastly, applicants should always be treated with dignity, and their right to privacy should be respected. Persons with disabilities should actively participate in the assessment and have access to a complaints mechanism.

C. Expanding access to social protection for persons with disabilities

Persons with disabilities face disadvantages in the labour market. Disability benefits should not, therefore, be limited to contributory schemes. Even in countries with relatively high rates of social insurance coverage, tax-financed disability schemes are essential to cover persons with disabilities who fall outside the scope of social insurance. Social protection schemes must strike a delicate balance between providing income security and adequate support services, on the one hand, and promoting participation in the labour force as much as possible, on the other.

1. Improving access to social protection

In addition to disability-specific social protection, persons with disabilities should have access to other programmes—including child and family allowances, unemployment benefits and social assistance schemes—as long as they meet the criteria of such programmes. Owing to high rates of poverty and exclusion from the labour market, persons with disabilities are often eligible for mainstream social protection programmes. Policy design and implementation, however, often keep those programmes beyond their reach.

Mainstream social protection schemes rarely include disability-sensitive, awareness-raising material or facilitate the access of persons with disabilities to an application point. At times, they contain conditions that persons with disabilities have difficulty fulfilling. In the Philippines, for example, many persons with disabilities were excluded from the Pantawid Pamilyang Pilipino Program because of school attendance requirements. Of the children benefitting from that conditional cash-transfer programme, one third reported difficulties in 2013 in travelling to school and two fifths in travelling to health centres, both of which were prerequisites for participation in the programme (ILO and IDA, 2015). Moreover, few mainstream social protection schemes take into account disability-related costs, either in the eligibility criteria for means testing, or in the setting of benefit levels, thereby putting persons with disabilities at a disadvantage (Kidd and Wapling, forthcoming).

The extent to which design or implementation barriers contribute to the exclusion of persons with disabilities from mainstream social protection schemes is largely unknown. To date, there has been no attempt to measure disparities in access to mainstream social protection programmes between persons with disabilities and persons without, indicating an important line of future research.

In recent years, several countries have expanded social protection coverage of persons with disabilities by including disability status as one of the eligibility selection criteria for mainstream social assistance programmes, introducing disability-specific cash benefits, or both (ILO, 2017a). In South Africa, for example, the effective coverage of households with persons with disabilities is relatively high compared with that of other developing countries. That is probably because of the range of available disability-specific and old-age schemes, combined with relatively high public social protection expenditure. Including health, spending is higher in South Africa (10 per cent of GDP in 2015) than in any other country in sub-Saharan Africa (ibid.). In Ethiopia, the Productive Safety Net Programme has a social assistance component for households that include members who are not capable of work (ibid.). In 2014, 1.1 million persons benefited from this social assistance component (Ethiopia, Ministry of Agriculture, 2014). In Indonesia, although persons with severe disabilities do receive cash benefits, financial constraints have kept coverage rates very low and largely unchanged in recent years—the number of beneficiaries increased from 20,000 in 2011 to 23,000 in 2015 (ibid.). Solid evidence on the merits of one approach over another, however, does not yet exist.

There are, however, important lessons to be learned from countries that have achieved universal coverage of persons with disabilities. In Brazil, the tax-financed Benefício de Prestação Continuada de Assistência Social offers benefits equivalent to the minimum wage to 2.3 million persons with disabilities. The programme is designed for people living in extreme poverty and is means tested. Brazil also has a comprehensive social insurance system, the Previdência Social, which includes a disability pension for partial and full disability and sickness benefits for those working in the formal sector (Robles and Mirosevic, 2013). That mix of tax-financed and contributory disability benefits has enabled the country to achieve universal coverage of persons with disabilities.

Brazil has also taken steps to improve the process for assessing disability benefit eligibility. A social worker conducts an initial assessment to determine the labour market barriers faced by the applicant. That is followed by an evaluation of medical and functional limitations. Assessment centres are located in only 1,500 of the country's 5,570 municipalities and many potential beneficiaries have to travel long distances to reach them. Accordingly, applicants' transport costs and those of an accompanying adult are reimbursed, regardless of the outcome of their applications (Wapling and Schjoedt, forthcoming (b)).

Some countries with limited administrative capacity and resources have tried to reach persons with disabilities closer to their homes. Rwanda, for example, undertook a nationwide disability assessment in 2016, with teams visiting each subdistrict (Kidd and Kabare, 2017).[74] India operates a system of temporary camps for disability assessment so that people do not have to travel far for their examination (Wapling and Schjoedt, forthcoming (a)).

74 Rwanda has not, however, put in place a system allowing on-demand assessment. People who missed the 2016 national assessment therefore have no way of being examined.

2. Impact of social protection on labour market participation

Disability benefits for persons of working age that are linked to an individual's capacity to work can act as a disincentive to work. Denying benefits to persons with disabilities who are able to work can, perversely, encourage them to stay out of the labour market so as to receive and retain the benefit. In South Africa, qualifying for the Disability Grant is linked to a person's capacity to work. In 2005, fewer than 6 per cent of individuals receiving the Grant were employed and only 6.6 per cent were willing to accept a job if offered one (Mitra, 2010).[75] Linking eligibility for disability benefits to capacity to work can also reinforce stereotypes and perpetuate dependency.

75 See also Bound and Burkhauser (1999) for a review of the evidence on disability benefits creating work disincentives in developed countries, as well as Taylor Committee (2002), Mitra (2005 and 2008) and Mutasa (2012).

Conversely, schemes that offer incentives to employers to hire persons with disabilities and support their transition into the labour market can be a means of challenging stereotypes and promoting the inclusion of persons with disabilities. In Australia, the Disability Support Pension allows recipients to work for up to 30 hours per week while receiving the full benefit, and the Government offers employment services and financial incentives for employers to hire persons with disabilities (ILO, 2014a). In Ireland, the Department of Social and Family Affairs has a sectoral plan under the Disability Act of 2005 that includes measures to promote self-sufficiency for persons with disabilities, in particular the Reasonable Accommodation Fund for the Employment of Disabled People, which encourages the private sector to employ persons with disabilities and ensure that they stay in the workforce (Ireland, 2006). In Saudi Arabia, at least 4 per cent of employees in the private sector must be persons with disabilities. The Tawafuq Empowerment for Employment for Persons with Disabilities programme, which was launched in 2014, is designed to provide persons with disabilities with job-seeking support (ILO, 2014a). In 2016, the Government introduced a disability and work card and established a certification system for disability-confident work environments (Saudi Arabia, 2016). Progress, however, has been slow. Less than 10 per cent of persons with disabilities were employed in Saudi Arabia in 2016, and about one quarter of those working received subsidies under the Tawafuq programme (ibid.). Only 17 companies in Saudi Arabia had joined the Business Disability Network in 2016, and just 7 had increased the number of employees with disabilities. Not strictly social protection measures, the above-mentioned programmes represent efforts by Governments to foster the inclusion of persons with disabilities in the formal labour market.

Recent disability social protection reforms have concentrated on removing benefits for persons who have disabilities but a significant capacity to work. Some countries have attached conditions to the receipt of benefits: most often, transfers are made conditional on participation in rehabilitation, training and job-search activities (Geiger, 2017). Those reforms have had only limited success in increasing the proportion of persons with disabilities in employment. That can be explained by an unfavourable labour market and the lack of measures to facilitate the integration of persons with disabilities into the market over the long term (ibid.). Moreover, efforts to restrict eligibility for disability benefits to those with severe limitations can further deepen the disadvantage experienced by persons with disabilities if appropriate employment support for those with less severe limitations is not in place (OECD, 2014b). Even when employed, many persons with disabilities need additional support to defray their higher costs of living. Those costs stem from disability-related expenses, many of which are necessary to stay in employment.

Much of the impetus for reforming tax-financed disability schemes in developed countries stems from concerns regarding their fiscal sustainability, given the growing number of beneficiaries (Burkhauser and others, 2014). Because few persons with disabilities who begin to receive benefits move back into the labour force, countries have redoubled efforts to improve the retention of workers after the onset of disability (OECD, 2010a). However, changes in disability benefits should not be undertaken without a good understanding of the impact they may have on unemployment, insurance, pensions and mainstream social protection programmes.

Conclusions

The physical, mental, intellectual or sensory impairments that persons with disabilities experience can hinder their full and effective participation in society and open the way to social exclusion and discrimination. Nonetheless, their vulnerability should not be regarded as implying dependency or an inability to participate in society and work. Physical barriers and societal attitudes contribute to their disability and often result in lower incomes, less fulfilling jobs and exclusion.

The perception of persons with disabilities as a group in need of charity still underpins the design and implementation of many social protection programmes. In other words, many are based on the idea that such persons lack capacity and are dependent, unable to fully contribute to society or the workplace. This is damaging for persons with disability and their families, the economy and society at large.

Many persons with disabilities are excluded from social protection, particularly in developing regions. The wide variations around the world in rates of coverage and amounts paid in benefits largely reflect differences in the design, implementation and funding of social protection programmes and do not necessarily reflect variations between countries in levels of disability or in the needs of persons with disabilities.

Little is known about the impact of disability benefits. The existing evidence from low- and middle-income countries suggests that, while disability benefits help households to meet their basic needs, they are far from replacing employment income and meeting the cost of disability-related expenses.

Beyond social protection, a wide range of additional support services is needed. They include: assistive devices; access to education and health services (including school materials and health-care products specifically needed by persons with disabilities); housing (and adaptations); access to buildings, care services and subsidised transport; and help to enter the labour market. This needs to be couched in a legislative framework in which all forms of discrimination against persons with disabilities are prohibited. Indeed, although largely falling outside the definition of social protection employed in this report, schemes and programmes that support the (re)integration of persons with disabilities into the labour market and facilitate their participation in decent work where feasible and appropriate—including measures to address discrimination—play a key role in advancing the social inclusion of persons with disabilities. Social protection schemes can contribute to their income security but are no substitute for employment.

Chapter VI
International migrants: carrying their own weight

Key messages

- The lives of millions of people and, indeed, whole societies have been transformed for the better by international migration. However, many migrants face challenges and suffer tangible disadvantages in destination countries.
- Migrants are vastly underserved by social protection systems around the world. They often pay taxes and contributions to these systems, but restrictive laws or administrative barriers limit their access to benefits. Over the long term, they are unlikely to constitute a disproportionate fiscal burden for destination countries.
- Under national legislation, migrants in an irregular situation are often granted access only to emergency health care. Access to some social protection programmes is often restricted for other groups of migrants. In addition, migrants lose entitlements when they move to a new country or return to their country of origin.
- The pledge to implement social protection systems and measures for all will not be met as long as migrants continue to face obstacles in obtaining access to them.
- Coherent policy frameworks for the humane and orderly management of migration require improved access to social protection in destination countries and the portability of benefits across countries.

Introduction

International migration is not new, but the number of people who choose or are forced to migrate is growing. In 2017, there were 258 million international migrants around the globe, up from 173 million in 2000 (United Nations, 2017d).[76] Among them were more than 25.9 million refugees and asylum seekers (ibid.).[77] Close to 58 per cent of those migrants lived in developed regions, and 42 per cent lived in developing regions.

There has been a considerable amount of research and policy debate on the impact of migration on development. A general conclusion has been that the lives of millions of people and whole societies have been transformed, mostly for the better, through international migration. Migrants do jobs that are needed but often not wanted by local populations. They set up new businesses, bring new ideas and pay taxes in the countries that receive them. They remit money to their countries of origin and may facilitate investment and trade between countries. However, not all countries or all migrants benefit equally from migration. As the United Nations Special Representative of the Secretary-General for International Migration noted in 2017, migrants whose rights are respected, who enjoy a decent standard of living and who can apply their skills contribute more to their countries of destination and to their countries of origin.[78]

Access to social protection is key to maintaining adequate standards of living throughout the life cycle and to ending poverty, as set forth in the 2030 Agenda. International migrants, however, are poorly served by social protection systems. Without

[76] The estimate refers to the number of people living in a country or area other than that of their birth or, in the absence of such information, their citizenship. The underlying data come mainly from censuses and population registers.

[77] An *asylum seeker* is someone whose request for refugee status has not yet been granted. Legislation governing refugee and asylum-seeker rights, their access to social protection and related services is generally separate from that which covers other migrants and their families. This chapter focuses on the latter, although some data and examples refer to refugees, asylum seekers and other migrants combined.

[78] A/71/728, para. 26.

action to remove the obstacles that migrants face, the pledge to implement social protection systems and measures for all, including floors, will not be met.

People migrate in different circumstances and for a variety of reasons, including to study, reunite with family members, seek better job opportunities and flee conflict. Most choose to migrate in search of a better life but some—including those escaping violence or natural disasters—are forced to do so. Some migrants acquire the nationality of the country in which they live and generally enjoy the same rights as their native-born peers, but most remain foreign nationals for an extended period. A majority have the necessary documentation to live and work in their new countries, temporarily or for the long term, but a sizeable number are in an irregular situation—that is, they have entered or are staying in a country without the necessary documentation.

Global estimates suggest that between 22 million and 50 million international migrants—up to 20 per cent of the total—were in an irregular situation in 2010 (IOM, 2013a; UNDP, 2009). The number has probably increased in some parts of the world since 2010, in particular as a result of conflicts in Western Asia. Member States of the European Union reported a more than six-fold increase in the number of illegal border crossings detected from 2014 to 2015 alone (Frontex, 2016). Although the number of persons involved is uncertain, irregular migration is likely to be more prevalent in countries that lack comprehensive policy frameworks to manage migration, including many in the developing world. Irregular migration was estimated to account for around one third of all international migration in developing countries in the late 2000s (UNDP, 2009). It is important to note, however, that irregular status does not apply to a specific category of migrants. Many migrants, including a good number of those forced to flee their countries, find themselves in an irregular situation at some point in the migration process.

Some migrants leave their country with the intention of relocating permanently or end up settling abroad, regardless of their initial intentions. However, an increasing number—in particular highly skilled workers—are moving temporarily (Kerr and others, 2016). Many stay longer than originally planned in the country of destination but eventually move to other countries or back to their country of origin. These distinctions are important, because the conditions under which people move affect the rights granted to them and, consequently, the overall well-being of migrants and their families.

A. Risks and disadvantages faced by international migrants

Migration involves trade-offs but, in the long run, many migrants benefit from moving. They generally end up better off than people in their countries of origin in terms of employment opportunities, political rights, safety, access to social protection or overall well-being (UNDP, 2009; IOM, 2013a). According to UNDP (2009), migrants to OECD countries have a human development index about 24 per cent higher than that of people who stayed in their respective countries of origin. Clemens, Montenegro and Pritchett (2008) found that, on average, the wages of migrant workers in the United States, adjusted for purchasing power, were four times higher than those of workers with identical characteristics in origin countries in the mid-2000s.

Moving across international borders, however, can be risky, especially since employment or settlement in the country of choice may not be assured. Many migrants face risks while in transit, at their destination and when returning to their countries of origin. Those who reach their destination country start out with restricted rights. For migrants in an irregular situation, in particular, the journey can be expensive, long and treacherous. Extortion, physical violence, sexual abuse and arbitrary detention are often part of journeys that can also result, as the world is increasingly witnessing, in the loss of lives. In destination countries, migrants in an irregular situation have little protection against abuse and exploitation, including in the workplace.

In the labour market, international migrants work more often in informal jobs, receive lower wages and endure worse working conditions than members of the native-born population of destination countries (United Nations, 2016a). In developed countries, most migrants work in low-skill jobs that native-born workers are unwilling to take. Their jobs are generally more unstable and, as a result, migrants are more often unemployed. In the European Union, for instance, the unemployment rate was 16 per cent for migrants and 10 per cent for the native-born population in 2012-2013, with the gap being widest among people with tertiary education (OECD, 2015f). The percentage of migrants working under temporary contracts is higher in 23 out of 32 of OECD countries for which data are available (ibid.). Migrant status carries a wage penalty as well, especially for those in an irregular situation. In the United States, Hall, Greenman and Farkas (2010) estimated that there was a 17 per cent wage disparity between documented Mexican migrant men and those in an irregular situation, and a 9 per cent disparity among Mexican women in both 1996 and 2001.

Assessing the situation of migrants in developing countries is particularly complex, owing to the high level of irregular migration. The evidence indicates that migrants from other developing countries are overrepresented in informal employment. In South Africa, twice as many migrants work in informal and precarious jobs as native-born workers (Fauvelle-Aymar, 2014). In the countries of the Gulf Cooperation Council (GCC), economic opportunities abound and many migrants remit substantial sums to their countries of origin (World Bank, 2016). However, migrants are sponsored to work under temporary guest programmes and have no avenues to permanent residence. Migrants admitted under temporary visas have few rights and are often victims of abusive practices by employers, including the confiscation of passports, restriction of movement, non-payment of salaries and confinement to the workplace (United Nations and IOM, 2015; Kamrava and Babar, 2012; Siebel, 2014).

Because of their precarious labour market situation, migrants are at considerable risk of poverty. In OECD countries, migrants are twice as likely as native-born people to live in households that fall within the poorest income decile and below the national poverty threshold, even at comparable levels of education (OECD, 2015f).[79] Disparities in working poverty are even greater among highly educated workers. In the European Union, highly educated migrants who have jobs are three times more likely than their native-born counterparts to live in poverty (ibid.). A lack of country-specific labour market experience and undervalued educational credentials, which finds expression in the refusal to recognize degrees earned in the country of origin, affect migrants' employment prospects. Although an increasing number of countries have established pathways for the assessment and recognition of qualifications acquired abroad, formal recognition does not necessarily translate into a fair assessment by employers (IOM, 2013b).

Cultural norms and behaviours also contribute to the exclusion of migrants and their children, who often face prejudice and discrimination (United Nations, 2016a). According to data from World Values Surveys, for example, the percentage of respondents who objected to having immigrants or foreign workers as neighbours increased, on average, from 19 per cent in 1990-1994 to 26 per cent in the period 2010-2014 in 18 countries for which data were available (ibid., figure IV.2). Unwelcoming attitudes, where they exist, hinder the integration of migrants and contribute to their marginalization. Additional data indicate that discrimination based on migrant status and ethnicity is widespread (European Union Agency for Fundamental Rights, 2009; National Academies of Science, Engineering and Medicine, and Committee on

79 Unless otherwise indicated, data in this chapter refer to all foreign-born persons. In this case, income levels refer to non-OECD migrants and migrants from other OECD countries.

Population, 2016). Persistent exposure to discrimination narrows people's economic opportunities and hampers their participation in social and political life.

It should also be noted that, although few migration policies and regulations are gender-specific, they affect women and men differently. A growing number of migrant women are highly skilled, but they are still more likely than either migrant men or non-migrant women to work in what are seen as traditionally female-dominated occupations, including domestic and care work (Docquier, Lowell and Marfouk, 2009; ILO, 2015d). Domestic workers are often employed informally, without access to social protection or the coverage of labour laws. In addition, women have traditionally been a majority in family reunification flows. In OECD countries, women account for more than two thirds of family migration (OECD, 2013b; Chaloff, 2013). Because families of migrant workers do not enjoy independent status, their entry status inevitably contains built-in gender bias. In many countries, for instance, legal residence did not automatically give migrants the right to seek employment until recently. In cases where migrant workers and their spouses separate, the latter often lose their residence permits. Migration policies and regulations can, therefore, reinforce the low status of spouses of migrant workers, among whom women are overrepresented.

The uneven response of countries to recent flows of refugees and asylum seekers fleeing conflict suggests that some Governments are unprepared for and, at times, unwilling to receive them. The main short-term challenge is to manage fast-changing flows and provide for the immediate basic needs of migrants and refugees, but destination countries and the international community will increasingly be tested on their capacity to help migrants settle, give them access to the labour market and foster conditions for the long-term inclusion of many, including through access to social protection. The following two sections focus on the challenges and some policy options for promoting the social inclusion of migrants.

B. Gaps in social protection coverage for international migrants

International migrants are at a high risk of exclusion from social protection programmes because they are either ineligible or not effectively covered. Eligibility is determined by the policies, laws and regulations that define the rights, entitlements and responsibilities of different categories of migrants in the country of destination. Their eligibility can also be confined by the principle of territoriality, which limits the scope of social protection legislation to the territory of a country, thereby excluding, in principle, nationals working abroad. Thus, people risk losing entitlement to social protection benefits when they leave their own country and may also encounter restrictive conditions in their destination country.

Whether migrants who are entitled to social protection are effectively covered depends on how policies are implemented. Administrative barriers affect access to benefits in the country where migrants live and the portability of benefits and rights between origin and destination countries. Many migrants who contribute to social protection schemes in their home or destination countries thus do not receive the corresponding benefits.

Formally, migrants who acquire the nationality of their country of residence enjoy the same rights as other nationals.[80] In practice, however, they may be disadvantaged by the lack of benefit portability and shorter work histories in the country of destination. This section focuses mainly on gaps in social protection coverage among foreigners and nationals abroad. It examines legal coverage of migrants in host countries and issues related to benefit portability between countries. It also discusses migrants' effective coverage, noting that data and research on this topic are limited.

[80] Citizenship laws vary from one country to another. Some countries guarantee citizenship to anyone born within the country's territory (*jus soli*); others consider a person's national status the same as that of the person's parents, regardless of place of birth (*jus sanguinis*). Almost all countries impose a minimum duration of (legal) residence within their territory as a condition to acquire citizenship after birth through naturalization (usually 5 years, but it can range from 2 to 15 years). Some countries have started to simplify naturalization rules and are increasingly allowing their nationals to seek or hold multiple nationalities as well (IOM, 2010). Nevertheless, citizenship laws remain inconsistent in many countries and, in some cases, very strict.

1. Legal social protection coverage

Migration policies are determined primarily at the national level. However, the rights of migrants are set out in international and regional legal instruments (box VI.1).

Box VI.1.
The right of international migrants to social protection: key international instruments

Some international instruments on the rights of international migrants cover only those with legal status. Others, in principle, establish equal rights for all migrants. However, directives regarding access by migrants in an irregular situation to social security leave national authorities wide discretion in determining what entitlements they may claim.

The States parties to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, which was adopted in December 1990 and entered into force in 2003, undertook to respect the rights of all migrants without distinction.[81] According to article 27, with respect to social security, migrant workers and members of their families should enjoy in the State of employment the same treatment granted to nationals in so far as they fulfil the requirements provided for by the applicable legislation of that State and the applicable bilateral and multilateral treaties. That is, equal treatment in access to social security is subject to requirements and national authorities determine whether (and which) migrants meet such requirements. However, article 27 provides that reimbursement of contributions should be considered where migrants are denied benefits.

Several ILO conventions also cover the core rights of migrant workers.[82] Article 6 of the ILO Migration for Employment Convention, 1949 (No. 97), states that each member State that is a party to the Convention should apply equal treatment with regard to social security to immigrants lawfully within its territory and nationals, thus excluding migrants in an irregular situation. While stressing that migrants should be given opportunities to enter under or acquire legal status, article 9 of the ILO Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143), establishes that, where the migrant's position cannot be regularized, the migrant should enjoy equality of treatment in respect of rights arising out of past employment as regards remuneration, social security and other benefits. In addition, the ILO Equality of Treatment (Social Security) Convention, 1962 (No. 118), provides for equal treatment between a country's own nationals and nationals of other States where the Convention is in force, while the ILO Maintenance of Social Security Rights Convention, 1982 (No. 157), aims to enhance the portability of rights and benefits.

The main obstacle to the application of international standards is that most of the conventions concerned have not been widely ratified. Only 51 countries are States parties to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.[83] ILO Convention No. 97 has been ratified by 49 countries and areas.[84] ILO Convention No. 143 has been ratified by only 23 countries, although at least four are major destination countries. ILO Convention No. 118 has been ratified by 38 countries, including several major destination countries in Europe. However, most ratifying countries endorse equal treatment for selected social protection measures only.[85] Lastly, ILO Convention No. 157 has been ratified by 4 countries, including 2 in Europe: Spain and Sweden.

Migrants' rights are addressed in broader terms in the main international instruments on social protection. The ILO Social Protection Floors Recommendation, 2012 (No. 202), states that Members should provide basic social security guarantees to at least all residents and children, thus covering children of migrants in an irregular situation. The widely ratified ILO Social Security (Minimum Standards) Convention, 1952 (No. 102), however, defines a *resident* as "a person ordinarily resident in the territory of the Member". Based on that definition, member States may restrict access to social security for some categories of migrants.[86]

81 General Assembly resolution 45/158.

82 The box refers only to selected ILO instruments related to the social security of migrants. See Panhuys, Kazi-Aoul and Binette (2017) for a complete list (table 1).

83 As of 13 September 2017. For a current list, see http://indicators.ohchr.org or http://treaties.un.org. States parties include 21 African countries, 18 in Latin America, 10 in Asia and only two in Europe (Albania and Bosnia and Herzegovina).

84 As of 13 September 2017. For a current list, see www.ilo.org/dyn/normlex/en/f?p=1000:12001:::NO:::.

85 Denmark, for example, accepts its obligations under ILO Convention No. 118 with regard to medical care, sickness benefits, employment injury and unemployment benefits, but not for maternity, invalidity, old-age, survivor and family benefits.

86 In the United Kingdom, for instance, only lawful residents are considered ordinary residents (see www.gov.uk/government/uploads/system/uploads/attachment_data/file/430967/OR_Tool__1_.pdf). *Ordinary residence* has been defined by case law (www.globalconnections.org.uk/sites/newgc.localhost/files/papers/understanding_ordinary_residence.pdf). In Ireland, ordinary residents must have been residing or intend to reside in the country for at least one year and must present documentation to prove their intent (European Commission, 2014). The United Nations does not define "ordinary residence" but, for the purpose of collecting data on international migration, recommends defining *place of usual residence* as the place at which the person has lived continuously for most of the previous 12 months, without reference to the legal status of the migrant (United Nations, 2017d).

Although some international instruments provide for the right to social security for everyone, national social protection regulations often exclude categories of migrant considered to fall outside the social contract—migrants in an irregular situation.

Migrants admitted to a country under long-term residence and work permits (of one year or longer) often have legal access to social protection on the same terms as nationals, but only after having resided or worked in the country for a certain period of time. Contributory social protection schemes are themselves linked to periods of employment or economic activity. The effective coverage of migrants is thus limited by the fact that many may not meet the minimum years of contribution needed to receive adequate benefits. In addition, migration policies in most developed countries also establish a minimum length of residence as a key condition for eligibility. In countries that grant permanent residence, for instance, immigrants enjoy legal social protection coverage only two to five years after obtaining permanent residence (Woolford, 2009; Broder, Moussavian and Blazer, 2015).[87] Under such conditions, newly arrived migrants have access to education and, usually, to health care, but more limited access to contributory social protection schemes beyond accident compensation and other emergency benefits, and restricted access to tax-financed schemes. However, as documented migrants with work or residence permits, they generally pay taxes and contribute to unemployment, pension and other social protection schemes from the time of their admission to the host country.

Since access to most social protection measures requires minimum periods of work or residence, the rights of people who move for short periods are generally circumscribed.[88] However, policies vary by country. In some cases, temporary or short-term migrants pay in to the host country's social protection system but are not entitled to the corresponding benefits. In others, they neither contribute to nor benefit from social protection systems in host countries. In still other cases, short-term migrants must continue to pay contributions in the country of origin while also contributing abroad. In countries for which information is available, mostly in developed regions, tax-financed programmes are less accessible to short-term migrants than contributory programmes. Most short-term migrants are entitled to a minimum set of tax-financed benefits that usually include work injury benefits and basic health care. In the European Union, migrants holding fixed-term residence permits have access to family benefits in only 10 countries and to tax-financed, old-age pensions in just 5 (European Commission, 2014).

As far as migrants in an irregular situation are concerned, Governments struggle to strike a balance between reducing what they perceive as incentives for migration and ensuring that human rights of migrants in an irregular situation are protected. That rarely includes equal treatment in access to social protection. In most cases, undocumented migrants are given access to emergency health care, either by law or de facto, and to limited accident compensation benefits. They rarely have access to tax-financed programmes, besides minimum assistance for children and some in-kind aid (mostly food) for adults (United Nations, 2014; Schoukens and Pieters, 2004; Nyenti, du Plessis and Apon, 2007; European Union Agency for Fundamental Rights, 2011a and 2011b). At the same time, they pay indirect taxes, like any other consumer, and, in some cases, even income taxes.[89] The vulnerability of migrants in an irregular situation is exacerbated by the fact that access to social protection is, in some countries, a necessary precondition for access to other social rights and public services. In the United States, for instance, social security cards are the main form of personal identification; they are required to obtain official documents, including driver's and marriage licences.

[87] Laws applicable as at 31 January 2017. Traditional countries of immigration, such as Australia, Canada, New Zealand and the United States, grant foreign persons permanent residence, while most other countries grant long-term residence permits only. In some countries, old-age pensions require more than 5 years of residence. In Australia, the national means-tested pension can only be received after 10 years of residence (Woolford, 2009). Family allowances are, however, available immediately. In the United States, migrants need at least 40 quarters (10 years) of contributions to the social security system (Broder, Moussavian and Blazer, 2015). Nationals of European Union countries enjoy full access and portability of benefits immediately after moving from one member country to another. Third-country nationals, however, are granted only long-term residence and access to core social protection benefits after five years of residence in a member country.

[88] The United Nations recommends defining *short-term usual residence* as the place at which the person has lived continuously for most of the previous 12 months, without reference to the legal status of the migrant (United Nations, 2017d).

[89] In the United States, undocumented migrants contributed $13 billion in payroll taxes in 2010 (Goss and others, 2013).

2. Portability of social protection benefits and rights

Migrants may contribute to social security schemes in their countries of origin and destination but, if social protection rights and benefits are not portable, they may be unable to preserve or transfer pensions, health insurance and other benefits if they return home or move to another country, even after long contributory periods. Adequate portability not only involves ensuring that benefits accrued in one country are payable in another. It also means that benefits should be determined on the basis of an individual's full contribution period in all the countries where he or she has paid contributions. If contribution periods are not totalized, migrants may not be entitled to pensions or other benefits because they do not meet the minimum contributory period required in some or all countries, even though they may have worked or contributed as many years, in total, as their non-migrant peers. Lack of portability may dissuade migrants from paying contributions in the host country and encourage them to work in informal jobs. It may also deter migrants from returning to their origin country.

Many countries have negotiated bilateral and multilateral agreements to ensure the adequate portability of entitlements, although there are still many loopholes. Most agreements cover long-term contributory benefits, mainly old-age pensions but also disability and survivor pensions (Holzmann, Koettl and Chernetsky, 2005). However, they fall short of ensuring access to basic social protection floors. Health-care benefits, even when contributory, are less often covered by such agreements, while social assistance and other tax-funded payments are rarely portable (Avato, Koettl and Sabates-Wheeler, 2009; European Commission, 2014). Portability is limited by the fact that the qualifying conditions for social assistance payments are closely tied to an individual's situation in the country of residence. In addition, the link between contributions and benefits is less explicit in tax-financed payments than in contributory schemes where payments are in principle reserved for reimbursement through future benefits.

Panhuys, Kazi-Aoul and Binette (2017) show that 94 out of 120 countries included in their study have concluded at least one bilateral agreement and that 77 have at least one multilateral agreement in place. Many developing countries lack any such agreements, but developed countries have negotiated a significant number of them—primarily with other developed countries.[90] Africa is the region with the highest proportion of countries that have no such agreement.

The European Union is the most advanced region with regard to portability of benefits. Not only do European Union regulations grant nationals and long-term residents full portability of benefits across countries in the Union, but nationals can export their pensions to almost all countries in the world (Avatos, Koettl and Sabates-Wheeler, 2009). In addition, the Union has far-reaching agreements with Albania, Algeria, Israel, Morocco, Tunisia, Turkey and the former Yugoslav Republic of Macedonia (European Economic and Social Committee, 2016). In Latin America and the Caribbean, the Caribbean Community (CARICOM) and the Southern Common Market (MERCOSUR) have provisions to make accrued benefits portable within those common markets, but they have had limited impact in practice so far (ILO, 2016d). The Ibero-American Multilateral Convention on Social Security has been signed by 2 European countries (Spain and Portugal) and 12 Latin American countries. The Convention includes benefits in cash in the event of disability, old age, death of a family member or employment injury (work accidents and occupational diseases).

Bilateral and multilateral agreements are less common in developing countries with less comprehensive social protection systems, where the right to social security is not even ensured for citizens.[91] The capacity of low-income countries to administer

90 The United States, for instance, has concluded 25 bilateral agreements with other developed countries and only two with developing, middle-income, countries (Chile and the Republic of Korea). See www.ssa.gov/international/agreements_overview.html. Canada had concluded 56 bilateral agreements as of March 2017 (Panhuys, Kazi-Aoul and Binette, 2017).

91 For an analysis of bilateral agreements and portability of social protection benefits in Southern Africa, see Olivier (2012 and 2014), Makhema (2009), and Deacon, Olivier and Beremauro (2015). For East and South-East Asia, see Pasadilla and Abella (2012).

such agreements or negotiate them with high-income countries is limited, especially when they are reciprocal.

In the absence of coordination, some countries limit the portability of pensions and other social protection benefits. The United States, for instance, imposes restrictions on pensions paid in countries with which it has no bilateral agreements and even prohibits the payment of pensions in certain countries: Cambodia, Cuba, Democratic People's Republic of Korea, Viet Nam and countries of the former Soviet Union, with exceptions.[92] Other host countries give migrants the possibility of opting out of the social protection system and some exclude them completely. In some cases, migrants are covered in their countries of origin and destination and continue to pay taxes in both as well—such double coverage takes place mostly among migrants who are sent to another country by companies located in the country of origin.

3. Gaps in effective coverage

In their global analysis of social protection coverage, Avato, Koettl and Sabates-Wheeler (2009) classify access by migrants to social protection and portability of entitlements into four regimes.[93] Regime I includes all migrants with legal status who have full access to social protection (and social services) in their host countries and whose host and home countries have concluded bilateral or multilateral agreements ensuring the portability of benefits. Regime II includes all migrants who have access to social protection in their host countries but whose host and home countries have not concluded bilateral agreements. Host country benefits may be payable in other countries, but periods of contribution in various countries are not totalized. Regime III includes all migrants with legal status who do not have access to social protection in the host country either because they are formally excluded—such as in the case of short-term migrants in many countries—or because social protection systems are non-existent or limited in scope, as in many African countries. Regime IV includes migrants in an irregular situation.

Based on estimates of the global migrant stock by country of origin and destination and additional assumptions regarding migrants' legal status, the authors estimate that only 23 per cent of all international migrants around the year 2000 came under regime I.[94] Assuming that the percentage remained constant, 59 million migrants out of 258 million would have had comprehensive access to social protection in 2017.[95] Included among them are 80 per cent of all migrants from Europe and 68 per cent of migrants from Northern America, who move mainly to other developed countries, but only 11 per cent of migrants from all developing regions combined. About 55 per cent of migrants would have moved under regime II, and 22 per cent (57 million in 2017) would be largely unprotected (regimes III and IV). Thus, there are gaps in the social protection of a majority of migrants, even though most (58 per cent) live in developed countries with well-established social protection systems.

While informative, these estimates are based mainly on legal coverage. The effective coverage of migrants is likely to lag well behind, given the multiple administrative and social barriers to access that they face. In fact, while migrants are at higher risk of poverty than their native-born peers, they are less likely to receive social protection benefits in most host countries for which data are available and, when they do, the benefits they receive are lower (OECD, 2013b; Barrett and Maître, 2011; Boeri and Monti, 2009). The share of non-European Union migrants who receive benefits—from all social protection programmes, contributory and non-contributory, combined—is below that of native-born people in 14 out of 19 European countries for which data are available (Barrett and Maître, 2011, figure 2). The extent of under-coverage, however, varies con-

[92] See www.ssa.gov/pubs/EN-05-10137.pdf.

[93] See also Holzmann, Koettl and Chernetsky (2005).

[94] The authors used estimates of the number of international migrants by country of origin and destination compiled by the Development Research Centre on Migration, Globalization and Poverty, based on data from the 2000 census round (see tables 1 to 5 in Avato, Koettl and Sabates-Wheeler, 2009). In principle, census data enumerate international migrants regardless of their legal status. The authors, however, complemented census data with ILO and country estimates in order to obtain a separate estimate of the number of irregular migrants.

[95] See United Nations (2017d).

siderably by programme. Non-European Union migrants are more likely than native-born people to receive unemployment benefits in 12 out of 19 countries but less likely to receive sickness, disability and old-age support, partly because of differences in age structure (ibid., figures 3 to 5). In Spain, Muñoz de Bustillo and Antón (2009) find that migrant households are less likely to receive social protection benefits than their native-born counterparts, even when adjusting for differences in age, education, household size, occupation and other socioeconomic characteristics between the two groups.

The design and implementation of social protection schemes contribute to the current disconnect between law and practice. First, registration procedures for participation in certain programmes may be complex and require information that is hard for migrants to access or too costly to afford. In addition, registration is generally available only to migrants with legal status (OSCE, IOM and ILO, 2006). Beyond the administrative requirements, some countries apply discretionary criteria to determine eligibility (European Commission, 2014). Such criteria generally go beyond holding a residence permit and may take into consideration a migrant's family ties, ownership of property or evidence of integration into society, such as membership in a club (ibid.).

Second, claiming benefits is often complex and requires documentation that is hard to obtain for non-native-born persons or people living outside the country. In South Africa, for instance, survivor benefits are often not paid to migrant workers' dependents, as they must provide notarized birth and marriage certificates, which are difficult to obtain in their countries of origin (Deacon, Olivier and Beremauro, 2015). Third, officials or migrants themselves often lack information on entitlements and procedures, and the related regulations may not be properly enforced. Migrants' lack of legal empowerment further limits their capacity to claim due benefits and exercise their rights. Language barriers also hinder access to benefits, as do social barriers, including prejudice against migrants (Hopkins, Bastagli and Hagen-Zanker, 2016; MacAuslan and Sabates-Wheeler, 2011).

Lastly, claiming benefits can jeopardize the renewal of residence permits (European Commission, 2014). For instance, in almost every country, the right of migrants with legal status to family reunification is contingent on their meeting minimum income and adequate housing requirements. That is, migrants and their families should be able to subsist without requiring social assistance.[96] In many countries, public bodies and service providers have a legal obligation to report undocumented migrants to immigration authorities. Thus, migrants in an irregular situation with access to social protection live with the fear of detection and risk of deportation. That often dissuades them from claiming benefits and thereby contributes to their low level of effective coverage.

Compositional effects can also limit coverage for international migrants. Migrants are more likely than non-migrants to work in informal jobs and are therefore outside the scope of social protection. In many developing countries, the limited reach of social protection systems is itself an incentive to working in the informal sector, as both migrants and native-born people see little point in contributing to them (Sabates-Wheeler, 2011). The prevalence of non-standard (temporary and part-time) job contracts among migrants also limits access. Even in the United States, 22 per cent of immigrants did not have health insurance in 2015, compared with 7 per cent of native-born people, mostly because a higher percentage of immigrants work in precarious jobs without employer-sponsored health insurance (Migration Policy Institute, 2017; Ku and Papademetriou, 2007).[97] Because migrants' salaries are often low, they must weigh up carefully whether to participate in contributory social protection schemes. In addition, international migrants are often more mobile than non-migrants, especially during the years after arrival (Newbold, 2007; Kritz, Gurak and Lee, 2011). In

96 Citizens of European Union countries have been expelled from other countries in the Union for claiming social assistance benefits, on the grounds of lack of self-sufficiency (Lafleur and Stanek, 2017; European Parliamentary Research Service, 2014).

97 In the wake of the Affordable Care Act coming in to force in 2014, the proportion of uninsured immigrants fell from 32 per cent in 2013 to 22 per cent in 2015; the proportion of uninsured nationals fell from 12 per cent to 7 per cent in the same period (Migration Policy Institute, 2017).

countries with population registers, migrants who move around may not meet residency requirements. In addition, registration and de-registration processes are time-consuming and can be costly (Hopkins, Bastagli and Hagen-Zanker, 2016).

The social protection coverage of international migrants also depends, to a large extent, on the conditions under which people migrate and on their country of destination. According to a study of migrants from Malawi, 28 per cent of those who had migrated to South Africa had access to employment-based social protection, compared with 82 per cent of those who had migrated to the United Kingdom (Sabates-Wheeler, 2011; Avato, Koettl and Sabates-Wheeler, 2009). However, disparities in terms of access between the two groups were also large in Malawi prior to migration, suggesting that selection effects are also at play. Only 13 per cent of those who migrated to South Africa, but 53 per cent of those who moved to the United Kingdom, were entitled to any employment-based social protection available in Malawi. In other words, the characteristics of migrants, in particular with regard to their labour market situation, can affect social protection coverage alike in origin and destination countries.

Where migrants are not covered by contributory social protection programmes in destination countries, they may set up or join private pension and health insurance plans, or continue to pay contributions in their country of origin, where possible. They may also resort to informal means of social protection, including those provided through social networks, churches and community-based organizations. Groups of migrants often set up savings and credit schemes to insure against unemployment and other shocks (Deacon, Olivier and Beremauro, 2015). Sometimes, employers also cover employees directly and give them access to services.

While lessons can be learned from such initiatives, access to formal social protection remains necessary, and its absence violates a basic human right. By engaging in informal, unregulated means of social protection, migrants run the risk of abuse and exploitation. Regarding continued contributions in the country of origin, adequate coverage is far from ensured, as countries of origin abiding by the principle of territoriality may not allow nationals abroad to claim benefits. When they do, pensions from the country of origin may not be sufficient to sustain migrants in their host countries. Private pension and health insurance plans may not be readily available to migrants in all countries or may be unaffordable.

C. Expanding access to social protection for international migrants

Few countries grant documented international migrants full access to social protection, even where such systems are well established. Migrants in an irregular situation, and even many short-term migrants, often lack access even to a basic social protection floor.

This section focuses on ways of enhancing migrants' social protection coverage in host countries and on how countries of origin can improve access to benefits and their portability. The discussion takes into account that many migrants live in countries where access to social protection is limited, even for citizens. Evidence regarding social protection of migrants is scarce, but lessons can be learned from good practices in countries of origin and destination.

1. Improving social protection coverage in host countries

In countries with well-established social protection systems, the lengthy period of time between migrants' arrival and when they are granted formal access to social protection puts them at a disadvantage. New migrants are prevented from accessing contributory and most tax-financed social protection schemes. Closing this gap is a political challenge for several reasons.

Under contributory schemes, minimum contribution periods are a prerequisite for the payment of benefits. New migrants and those staying for short periods are thus effectively excluded from such schemes in most countries, even where conditions relating to length of residence are not imposed. Shortening qualifying periods, for instance by extending unemployment benefits to first-time job seekers, has helped other vulnerable groups most in need of benefits (see chapter III). Systematically extending the solidarity of such schemes to migrants from the time of their arrival would be difficult, partly because it could be perceived as preferential treatment for newcomers.

In practice, however, the principle of solidarity often works against migrants. They often have no choice but to pay in to social protection systems, while restrictive laws or administrative barriers limit their access to benefits. In addition, most migrants do not spend their whole lives in one host country. Most arrive as young adults and eventually return to their country of origin or move to a different country. They are therefore unlikely to constitute a disproportionate burden to the State, since social expenditure per capita is, on the whole, lower among the working-age population than among children and older persons.

Dynamic models of the fiscal effects of migration indicate that the presence of migrants has little impact in the short term: it is more often negative during economic downturns and positive in periods of economic expansion (OECD, 2013b; Rowthorn, 2008). In the long term, migrants and their descendants generally bring net fiscal gains—they pay more in taxes and other contributions than they receive in benefit payments (OECD, 2013b; Dustmann and Frattini, 2014; Bonin, 2014). In Australia, the migrant fiscal impact model estimates that social protection take-up is lower among migrants, on average, than among native-born Australians for at least the first 20 years of migrants' residence (Access Economics, 2008; Productivity Commission, 2016).[98]

Research in the European Union suggests that there is no significant relationship between social spending and immigration—in other words, there is no evidence of social protection constituting a "magnet" for migration (Giulietti and others, 2011). Contrary to popular perceptions, even migrants in an irregular situation generally bring more in contributions than they take from social protection programmes. In the United States, for instance, undocumented migrants contributed \$13 billion in payroll taxes in 2010 and received only an estimated \$1 billion in benefit payments (Goss and others, 2013).

One way of compensating migrants for the unfair practice of restricting access to benefits while making contributions obligatory is to reimburse the amounts paid in contributions, as recommended under article 27 of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (see box VI.1). In practice, that happens only in limited cases under bilateral or multilateral agreements when migrants return to their countries of origin. Some host countries offer lump-sum payments to migrants who leave that reflect, mostly, contributions paid by them and their employers in to the pension system during their stay. The United States, for instance, has agreements with a number of European and other countries that provide for the refund of contributions through a lump sum. In that way, United States citizens who have worked in one of those countries for less than five

98 The estimates are based on legal eligibility and probably overestimate the social protection take-up by migrants since, as discussed, effective coverage is well below legal coverage. The model takes into account that most migrants are ineligible for a broad range of social protection programmes in the first two years of residence (10 years in the case of old-age pensions).

years may apply for reimbursement once they return (Holzmann, Koettl and Chernetsky, 2005).[99] An agreement between Germany and Turkey allows for a lump-sum payments to returning Turkish migrants to return their contributions but not those of their employers. Migrants thus lose a substantial amount when returning (Holzmann and others, 2016).

Access by recent migrants to contributory social protection schemes is also curtailed by the difficulty in finding work upon arrival in destination countries. The precarious labour market situation of recent migrants is of particular concern in countries, such as the United States, where access even to health care depends on participation in the formal labour market and on the type of employment (Sainsbury, 2012). Many new migrants struggle to find jobs even in countries that promote their inclusion (Desiderio, 2016).

In this context, tax-financed social protection programmes take on particular importance in ensuring migrants' income security and preventing impoverishment. Many developed countries offer social assistance measures targeted at newly arrived refugees and other humanitarian migrants (OECD, 2014c and 2016d; Papademetriou, Benton and Banulescu-Bogdan, 2017). They consist mainly of short-term assistance to meet urgent needs upon arrival, including basic subsistence support, some form of accommodation and access to basic services. They are usually provided in the framework of broader reception or integration efforts, which also comprise information campaigns, language and vocational training and training for teachers and health personnel. Some countries, including many in Europe, provide limited integration assistance to other migrants, mostly in the form of training and with a strong focus on supporting their integration in the labour market, but with no (or very limited) cash transfers (OECD, 2014c and 2016d).[100] Few developing countries offer such support to migrants (United Nations, 2013b).

Such introductory assistance, although broadly available, appears to have a limited impact on the labour market situation and overall well-being of refugees and other migrants (Rinne, 2012; Svantesson and Aranki, 2006; OECD, 2014c and 2016e; Desiderio, 2016; Rietig, 2016) Often, budgets for these introductory prorammes are too small to trigger a noteworthy improvement in migrants' welfare (Moreno Fuentes and Bruquetas Callejo, 2011). For such early assistance and other reception measures to have a lasting impact, they need to be part of a systematic approach to supporting the social inclusion of migrants in the long term. Social assistance for new migrants cannot be conceived as an alternative to giving migrants immediate access to the labour market, recognizing foreign educational credentials and validating skills or promoting the acquisition of nationality.

Beyond questions regarding their effectiveness, cash transfers targeted exclusively at migrants are likely to face opposition and can easily undermine public trust. They can encourage public discontent about migrants benefitting at the expense of the native-born population and feed into perceptions of generous social benefits acting as magnets for further immigration. Such measures are thus highly vulnerable to cuts based on political and economic considerations and trends in public opinion.

This is not to say that the needs of migrants and the unique challenges they face do not require special, targeted support. However, as migrants settle, many of the disadvantages they face are shared by members of the communities in which they settle. Easing or even waiving length-of-residence conditions so that migrants might gain access to mainstream social protection schemes can, therefore, go a long way towards addressing their needs.

[99] See also www.ssa.gov/international/agreements_overview.html.

[100] The European Union Reception Conditions Directive of 2013 prescribes minimum standards that include providing asylum seekers with adequate housing, financial allowances for food (three meals per day minimum), adequate clothing and an additional daily expenses allowance (see http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033&from=EN). However, as the European Union acknowledges, there is a considerable degree of discretion regarding the definition of what constitutes an adequate standard of living and how it should be achieved (European Asylum Support Office, 2016). In many cases, for instance, the provision of cash assistance is tied to residence in accommodation centres. Non-humanitarian migrants do not benefit from similar cash transfers.

Broad access to health care is also fundamental for migrants' well-being. With exceptions, migrants holding valid residence or work permits have access to health care on an equal footing with non-migrants. In contrast, the entitlements of migrants in an irregular situation differ considerably from one country to another. In countries of the European Union, for instance, undocumented migrants had access to emergency, primary and secondary health care, and specialist and in-patient treatment in 6 out of 27 countries (Belgium, France, Italy, Netherlands, Portugal and Spain) in 2011. Health-care systems are tax-financed in 3 of those countries (Italy, Portugal and Spain). One country (the United Kingdom) granted undocumented migrants access to emergency and primary care and 19 countries granted them access to emergency care only, although other public health-care services may have been available against full payment (European Union Agency for Fundamental Rights, 2011b). In 11 out of these 19 countries, migrants in an irregular situation had to pay for emergency care (ibid.). As far as migrant children in an irregular situation are concerned, only 4 countries (Greece, Portugal, Romania and Spain) grant them the same level of health care as nationals. Typically, there are qualifying conditions to be met for access to primary and secondary health care in those countries that offer it. They include the need to provide some form of identification, proof of residence or evidence of insufficient financial means to pay for care. Such conditions constitute obstacles to health-care access for migrants in an irregular situation.

Extending migrants' legal coverage would, however, have only a limited effect if the barriers to their effective coverage are not addressed. Removing barriers will require simplifying registration and reimbursement procedures. By way of example, migrants in Spain are entitled to register with their local municipality regardless of their status. Registration is the only condition required for, among other things, access to education and public health care. In order to register, migrants must present their passport and a document proving residence in the municipality concerned.

Improving effective coverage should also involve information campaigns to ensure that Government officials and migrants are aware of regulations and entitlements. Initiatives in terms of information and counselling have generally been on a small scale and come from local authorities and NGOs. In Germany, for instance, the health departments of three cities have established humanitarian medical consultation hours for irregular migrants at dropin centres that also offer basic health services. Consultation is offered free of charge. In cases of serious health problems, the centres either refer patients to a cooperating network of specialists or check whether regularization based on medical grounds is possible (European Union Agency for Fundamental Rights, 2011b).

2. The role of origin countries and portability agreements

Countries of origin are increasingly making efforts to address the needs of their nationals abroad, including by extending some form of social protection to international migrant workers. In addition to negotiating agreements with destination countries, some have assumed direct responsibility for providing basic protection.

The Philippines was a pioneer in providing basic protection to its nationals working abroad, starting in the 1970s (box VI.2). Since then, other developing countries have also extended health, disability and life insurance to their nationals abroad. Several Asian countries do so through migrant welfare funds. These funds also help migrant workers and their families with travel costs, provide pre-departure orientation, education and training, offer credit for various purposes (pre-departure costs, housing and setting up small businesses), assist with the repatriation of remains and cover the costs of involuntary returns. They are financed by contributions from migrants, private recruitment agencies and, in principle, destination country employers. Generally, contributions into such funds are voluntary. The Sri Lankan Overseas Workers Welfare Fund and Nepalese Foreign Employment Welfare Fund, however, make contributions compulsory for all registered workers (Del Rosario, 2008; IOM, 2015). In Sri Lanka and Pakistan, insurance is channelled through State insurance companies, while in the Philippines the fund handles insurance claims itself (OSCE, IOM and ILO, 2006).

Box VI.2.

Social protection of Filipino migrants abroad

The Philippines migrant welfare fund, known as the Overseas Workers Welfare Administration, was set up in 1977 and is the lead agency for promoting the welfare of Filipino workers and their dependents living overseas. The fund operates in conjunction with the Philippine Overseas Employment Administration, which licenses and regulates recruitment agencies for overseas workers. The fund's main source of revenue is the $25 membership fee collected on a per contract basis. Membership is initially valid for a maximum of two years and must be renewed for coverage to be continued. The fund has provided a model for other countries looking to protect their nationals working abroad.

The fund provides pre-departure training and orientation. It also offers insurance to cover accidents, disability and death, as well as loans, counselling and legal services. In some cases, dependents of overseas workers may be eligible for educational scholarships. The fund manages the repatriation of nationals in the event of illness or crisis in the destination country and a reintegration programme for returning migrants. It is present in 27 countries and offers assistance to overseas workers who encounter problems with their employers (Asis, 2017).

In addition to participating in the fund, all Filipino migrants travelling through official channels are required to purchase health-care insurance through a national plan. They may also pay approximately 10 per cent of their wages in to a basic pension plan run by the country's social security scheme. In the wake of criticism that the plan did not provide meaningful financial protection, the SSS Flexi Fund was set up to supplement pension benefits for Filipino overseas workers. Coverage begins after the first payment is made and the benefits cover sickness, maternity, retirement, disability and death (Centre for Migrant Advocacy (2012).

The Filipino Government has proposed making social security coverage mandatory for overseas workers, but this could present an excessive financial burden. To receive their Overseas Employment Certificate, migrants already pay a number of fees, including for mandatory health insurance.

Despite the benefits offered, it is estimated that only some 20 per cent of registered overseas workers were paying in to the social security system in 2016 (Republic of the Philippines, 2017). That may be because of the cost, lack of awareness and/or confusion about the procedure for collecting benefits. Advocates have argued that greater efforts should be made to inform migrants of their potential entitlements. Smaller monthly contribution rates for overseas workers should also be considered, in particular for low-skilled workers.

Countries without migrant welfare funds have also taken steps to abandon the principle of territoriality and ensure equal treatment in access to some social protection schemes by residents and nationals abroad—or even preferential treatment for the latter. Mexico and Morocco, for instance, grant full access to the public health system to migrants who return temporarily or permanently (IOM and Migration Policy Institute, 2012). Ecuador promotes the voluntary affiliation of nationals abroad to contributory schemes, including pensions, employment injury, unemployment and disability benefit schemes and maternity protection (Redrobán Herrera and Paredes, 2017). By 2015, about 8,000 Ecuadorians living abroad were affiliated to social security (ibid.). Some countries have also undertaken information campaigns, mostly through embassies and consulates, to advise their migrant nationals about social protection options.

Migrant welfare funds and other initiatives by countries of origin have reached many migrants, including some in an irregular situation. However, many such funds have shortcomings. They largely provide contributory benefits, with tax-financed schemes mostly confined to repatriation assistance. Benefits are one-size-fits-all and low relative to living costs in some destination countries (Agunias and Ruiz, 2007). In this regard, welfare funds that allow migrants to opt out and make contributions voluntary may be more appropriate. In addition, most funds only provide temporary insurance. They fund migrants in their initial period of employment. Migrants who extend their contract while abroad are generally not covered (Del Rosario, 2008; Paoletti and others, 2014). Migrants can also find it difficult to obtain support from their welfare funds. Evaluations of the Filipino and Nepalese funds show that, although they have been effective in providing repatriation assistance and life insurance to migrant workers or their families, few claims have been settled for other purposes (IOM, 2015; Agunias and Ruiz, 2007). The backlog of claims also suggests that processing times are lengthy. Moreover, migrants lack information regarding their entitlements or even the funds' existence, despite having paid into them (IOM, 2015). In many cases, benefits can only be enjoyed by migrants upon return to their country of origin. Moreover, some funds do not contain provisions for dependent family members who stay in the country of origin. As a rule, migrants have little voice in the formulation and coordination of welfare funds.

Overall, migrant welfare funds, or so-called unilateral agreements, are beneficial to countries with large numbers of nationals abroad, especially when they live in countries with weak social protection systems. Given the limited scope of many such funds, however, bilateral or multilateral agreements become necessary to ensure adequate coverage and to facilitate the portability of benefits.

Bilateral and multilateral agreements are more common among high-income countries.[101] For them, the main challenge is to expand existing agreements—by including health care in particular—and to improve consistency within the fragmented network of bilateral agreements. Countries where access to social protection is limited have little capacity to ensure migrants' rights or to negotiate and administer agreements with high-income countries.[102] Concerns about how to enhance portability may be premature in such cases.

The example of the Southern African Development Community (box VI.3) suggests that, in many low-income countries, the first priority is to formulate coherent policy frameworks for the humane and orderly management of migration. The absence of comprehensive frameworks to determine the conditions for entry and stay and set out the rights and responsibilities of migrants leaves many in an irregular situation and with few options to regularize their status. Improving access to social protection or the portability of benefits serves little purpose if most migrants are in an irregular situation. Providing them with documented status can eventually improve their access to whatever social protection is available. Conversely, extending social protection to all migrants where available can help them to transition to formal employment and pave the way to documented status.

101 See a map of bilateral agreements by country (figure 4) in Panhuys, Kazi-Aoul and Binette (2017).

102 That is not to say that agreements between countries at different levels of development are impossible. The United Kingdom, for instance, has concluded reciprocal agreements with developing countries such as Barbados, Chile, Jamaica, Mauritius, the Philippines and Turkey (see www.gov.uk/government/publications/reciprocal-agreements). However, they are uncommon and limited in scope.

Box VI.3.

Migration and social protection in the Southern African Development Community

The Treaty of the Southern African Development Community of 1992 aimed to enhance the quality of life of the peoples of Southern Africa and support the socially disadvantaged through regional integration. The Code on Social Security of the Southern African Development Community, signed in 2008, provides guidelines on social protection. Under the Code, all persons, including migrants, have the right to social security (article 4) and the social security schemes of a host country should be accessible to legally employed migrants, with minimum protections granted to migrants in an irregular situation (article 17).

Nevertheless, the region has yet to develop a coordinated policy framework for migration. Most member countries of the Community have highly restrictive migration policies and only admit migrants that fit narrowly–defined categories (Dodson and Crush, 2015). In practice, however, migration policies—in particular those regarding the rights and protection of migrants—are poorly enforced (ibid.). Most countries in the region have inadequate and uncoordinated border management systems and little capacity to receive and screen migrants or refer vulnerable migrants to the appropriate services. Further challenges include outdated immigration legislation and, at times, insufficient knowledge of its provisions on the part of the authorities (IOM, 2016). The upshot is a high level of irregular migration (Dodson and Crush, 2015; Deacon, Olivier and Beremauro, 2015).

A strategy for the humane management of migration must facilitate access to existing social protection systems. In the Southern African countries that have such systems, tax–financed social assistance programmes tend to exclude migrants because of citizenship or permanent residency requirements (Deacon, Olivier and Beremauro, 2015, 21). In addition, portability of benefits is rare, given that bilateral labour agreements between member countries of the Community do not sufficiently address this issue.

South Africa is a major migration hub. It has one of the most comprehensive social protection systems in the region, but social protection remains largely out of reach for many migrants. In particular, social assistance, unemployment benefits, healthcare, housing and education are only available to citizens and not all of those are available even to permanent residents. Refugees, in contrast, enjoy access to the same benefits as nationals. Asylum seekers have fewer rights but do have access to health care, public housing and public schools. However, refugees and other migrants encounter obstacles owing to complex registration processes, difficulties in obtaining access to services and a lack of information about their entitlements (Deacon, Olivier and Beremauro, 2015).

Conclusions

In one way or another, most international migrants benefit from moving. At the same time, many of them face considerable challenges and suffer from economic and social disadvantages in destination countries. Whether migrants move with the necessary documentation to live and work in their countries of destination or irregularly, temporarily or for the long term, determines their rights and influences their chances for a better life.

While the 2030 Agenda calls for social protection for all and aims for universal health coverage, national legislation often excludes international migrants in an irregular situation from social protection and affords other categories of migrants, such as temporary migrants, only limited rights. Moreover, most migrants lose some of their entitlements when moving to a new country or returning to their country of origin.

Evidence regarding the effective coverage of migrants is limited, but all the signs indicate that it is significantly lower than their legal coverage. Migrants face more administrative and social barriers to participation in social protection schemes than non-migrants. The fact that many migrants work in the informal sector and in jobs under non-standard contracts also limits their coverage.

Ensuring that migrants are not left behind is not just a moral imperative. In the long run, migrants pay more into the social protection systems of destination countries through direct contributions and taxes than they receive in benefit payments. Their exclusion comes with considerable economic and social costs associated with forgoing the contribution of an important group of the population. Lack of access to social protection, specifically, exacerbates migrants' vulnerability and affects their well-being as well as their opportunities for the future.

Steps should be taken to ensure that social protection benefits earned in one country can be preserved or transferred to another without penalty. At the same time, migrants should enjoy the same treatment as nationals in destination countries, rather than facing legal and administrative barriers to social protection coverage.

Extending the legal coverage of migrants, however, will have a limited impact if major barriers to effective coverage are not removed. Keeping practice consistent with the law will require simplifying registration and reimbursement procedures. Information campaigns will also be important to ensure that government officials and migrants are fully aware of regulations and entitlements.

The number of people wishing to migrate is likely to continue growing. Conflict, poverty, climate change and natural disasters will push people out of affected countries in search of opportunities abroad. At the same time, the declining cost of transport, better communications systems and more integrated labour markets will make it easier for people to move. Despite the challenges they face, migrants have made important contributions to the economies of the countries in which they live and to their countries of origin, as is recognized in the 2030 Agenda.[103] The positive impact of migration is greater where the rights of migrants are respected and their inclusion is promoted.

[103] General Assembly resolution 70/1, para. 29.

Chapter VII
Indigenous peoples and ethnic minorities: marginalization is the norm

Key messages

- Given that indigenous persons and members of many ethnic minorities often work in informal employment, the reach of contributory schemes is limited. Access to universal, tax-financed social protection schemes needs to be extended in order to improve the well-being of members of both groups.
- Conditional cash transfers will not help to improve the well-being of beneficiaries or to close the ethnic gaps in health and education if services are of poor quality.
- Spatial segregation, discrimination and a lack of legal identification hamper access to social protection by indigenous peoples and ethnic minorities.
- Intercultural dialogue and participation in decision-making by indigenous peoples and ethnic minority communities on matters that affect them should serve as the foundation for the design and implementation of social protection programmes.
- Social protection alone cannot eliminate poverty and disadvantage among indigenous peoples and ethnic minorities. Addressing the structural causes of disadvantage and promoting social inclusion requires a broader set of economic and social policies, including efforts to address discrimination.

Introduction

There is no internationally agreed definition of what constitute indigenous peoples or ethnic minorities. An ethnic group generally shares a common sense of identity and common characteristics such as language, religion, tribe, nationality, race or a combination thereof. The term "ethnic minority" generally refers to ethnic or racial groups in a given country in which they are in a non-dominant position vis-à-vis the dominant ethnic population.[104] In this report, the term refers to a group of people in a nation State that meets one or more of the following criteria: it is numerically smaller than the rest of the population; it is not in a dominant position; it has a culture, language, religion or race that is distinct from that of the majority; and its members have a will to preserve those characteristics (Foa, 2015).[105] Some minorities are made up of the descendants of migrants or of groups brought to a country by force. In other cases, indigenous peoples became minorities as a result of the settlement and colonization of their native territories by other peoples.

Indigenous peoples possess distinct social, economic and political systems, languages, cultures and beliefs and are determined to maintain and develop their identity. Indigenous peoples can claim minority rights under international law, but specific international mandates and mechanisms also exist to protect the individual and collective rights of indigenous peoples. Those distinctions have important political and practical implications.

[104] See also article 1 of the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (General Assembly resolution 47/135) and OHCHR (2010).

[105] See United Nations (1979), para. 568.

It is estimated that indigenous peoples number from 300 to 400 million people worldwide (Gracey and King, 2009; Hall and Patrinos, 2012). Estimating the number of people who belong to ethnic minorities is complex, partly because of differences in definitions and methods of data collection. In China, for instance, census data indicated in 2010 that 113 million people identified with ethnic minorities (China, National Bureau of Statistics, 2011). In India, 104 million persons are identified as belonging to Scheduled Tribes and 201 million to Scheduled Castes, according to the 2011 census.[106] In Latin America, census-based estimates put the number of persons of African descent at 130 million in 2015 (ECLAC, 2016a). In the United States, more than a third of the population identified as Black, Asian, American Indian or Native American, Native Hawaiian or other Pacific Islander, or Hispanic of any race in 2016. The remainder identified as non-Hispanic white.[107]

Notwithstanding the diversity of indigenous and ethnic minority groups around the world, they share common challenges. A shared history of exclusion and discrimination based on identity has led to higher levels of poverty among them than in the dominant ethnic groups, as this chapter shows. There are significant gaps in the social protection coverage of these groups and common explanations as to why. Although the situation of many indigenous people and members of ethnic minorities has improved in recent years, some are still being left behind.

A. Risks and disadvantages faced by indigenous peoples and ethnic minorities

Indigenous persons and members of many ethnic minorities, on average, are much more likely to live in poverty than the ethnic majority in any given country (Hall and Patrinos, 2012). In Latin America, indigenous peoples make up 8 per cent of the population but 14 per cent of those living in poverty (ECLAC, 2016a). According to one study, the percentage of indigenous peoples living below the poverty line is higher than that of non-indigenous groups in 14 out of 16 countries (Anderson and others, 2016).[108]

Moreover, members of those groups experience deeper poverty than the rest of the population. In China, for instance, ethnic minorities would require twice the amount of income as the majority just to reach the poverty line and thereby escape poverty; in Gabon, indigenous peoples would require three times as much income, while in Viet Nam, it would take seven time as much income for ethnic minorities to escape poverty (Hall and Patrinos, 2012). In many cases, the rate of poverty reduction has been slower among those groups, and they suffer more often from chronic poverty—poverty that is passed on from generation to generation (ibid.).

Disparities in poverty and income are in large part due to disadvantages experienced by indigenous peoples and ethnic minorities in the labour market. That is especially true for indigenous and ethnic minority women. In Latin America, for instance, the unemployment rate was 8.3 per cent among women of African descent and 5.8 per cent among white, non-indigenous women in 2013 (ECLAC, 2016b). Among persons with similar levels of schooling, men who were not indigenous or of African descent earned, on average, the highest wages, while indigenous women and women of African descent earned significantly less than men and women who were not indigenous or of African descent (ibid.).

Indigenous persons in rural areas are more likely to work in the agricultural sector than their non-indigenous counterparts, and informality is significantly higher among urban indigenous than non-indigenous workers (Patrinos and Skoufias, 2007). After accounting for differences in age, education levels and place of residence, indig-

[106] For data see the Office of the Registrar General and Census Commissioner, Population Enumeration Data (Final Population). Available from www.censusindia.gov.in/2011census/population_enumeration.html (accessed 18 December 2017). The Indian census does not collect data on ethnicity but indicates whether a respondent belongs to a Scheduled Caste or Scheduled Tribe based on definitions contained in the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act of 1976.

[107] See United States Census Bureau for data. Available from www.census.gov/quickfacts/fact/table/US/PST045216 (accessed 18 December 2017).

[108] The most significant differences were found in China (22 per cent higher among Tibetans), Thailand (31 per cent higher among non-Thai speakers), Panama (36 per cent higher among the Kuna Yala, Emberá-Wounaan, and Ngäbe Buglé), Peru (52 per cent higher among indigenous Amazonians) and Venezuela (42 per cent higher among indigenous peoples).

enous persons and people of African descent are significantly less likely than white, non-indigenous persons to work in high- or semi-skilled, non-manual occupations such as managers, professionals and office employees (United Nations, 2016a).

Indigenous peoples and ethnic minorities are generally also worse off in terms of education and health than the ethnic majority. Young people from indigenous and ethnic minority groups are less likely than their non-indigenous and ethnic majority peers to complete lower-secondary school and go on to higher levels of schooling (United Nations, 2016a). In the most comprehensive global assessment of indigenous health to date, life expectancy at birth for indigenous peoples was more than five years lower than for the non-indigenous population in Australia (Aboriginal and Torres Strait Islanders), Cameroon (Bakas), Canada (First Nations and Inuit), Kenya (Maasai), New Zealand (Maori) and Panama (Kuna Yala, Emberá-Wounaan and Ngäbe Buglé) (Anderson and others, 2016).

The higher likelihood of living in poverty is not the sole cause of worse health outcomes among indigenous peoples. In private health facilities in Mexico in 2003, for example, indigenous women received fewer prenatal procedures than non-indigenous women, irrespective of their level of wealth (Barber, Bertozzi and Gertler, 2007). Similarly, members of ethnic minorities in the United States received lower quality health care, regardless of income or insurance status (Smedley, Stith and Nelson, eds., 2003).

The legacy of colonization, slavery and dispossession of land, territories and resources is at the root of the disadvantage experienced by indigenous peoples and many ethnic minorities. The remainder of this section focuses on three factors that drive the risks and disadvantages faced by indigenous peoples and ethnic minorities: spatial disadvantage; culture and language; and prejudice and discrimination.

In many cases, spatial disadvantage has been instigated and perpetuated by State action through the dispossession of land, the creation of reservations, housing policy, zoning rules and laws regarding land use. This threatens indigenous peoples' way of life and identity, which depend on access and rights to their traditional lands, territories and natural resources.

Geographic concentration in rural and remote areas with poor infrastructure and few opportunities for non-agricultural employment partly explains lower levels of education, poorer health, higher rates of unemployment and informality and lower returns on productive activities among indigenous peoples and the ethnic minorities that live predominantly in such areas (Van de Walle and Gunewardena, 2001; United Nations, 2016a). Urban areas usually offer more infrastructure and better access to services, but residential segregation along ethnic lines often has negative consequences for minorities when it amounts to a geographic concentration of poverty. Residential segregation by race in the United States, for instance, has contributed to higher morbidity and mortality, and worse birth outcomes, among people of African descent, regardless of their socioeconomic status (Mehra, Boyd and Ickovics, 2017; Williams and Collins, 2001).

In addition, indigenous and ethnic minority cultures and languages have historically been suppressed and undermined, in large part through colonization. Few countries today actively suppress indigenous cultures or those of ethnic minorities, but the failure in many to take cultural differences into consideration means that marginalization persists. For instance, as much as 40 per cent of the world's population does not have access to education in a language they speak or understand (UNESCO, 2016c). In countries where bilingual education is available, the quality of instruction in minority languages has been called into question (UNESCO, 2015). Similarly, differences in languages spoken by patients and health-care providers, along with a lack of understanding of indigenous culture and traditional health care systems, lead to a lack of culturally appropriate health services (United Nations, 2015d).

Discrimination is a key driver of the social exclusion of indigenous persons and members of ethnic minorities. Many continue to face formal barriers to citizenship, voting and access to justice. As of 2006, 196 ethnic or religious minorities in 108 countries faced some type of formal legal discrimination (University of Maryland, 2015). Overtly discriminatory behaviour is also a major issue. For instance, 20 per cent of indigenous women in the Plurinational State of Bolivia report experiencing discrimination when seeking health care at hospitals or health centres (Coordinadora de la Mujer, 2014).

Social movements have advocated, sometimes successfully, measures to encourage the political representation of indigenous and ethnic minority groups, most frequently in the form of proportional representation in political bodies, reservations or quotas. In Nepal, for instance, minority groups were underrepresented until the introduction of a proportional representation and reservation system in 2007 (Gurung, Tamang and Turin, 2014). Nevertheless, such efforts have not always improved the responsiveness of Governments to the needs and views of indigenous or ethnic minority groups (Htun, 2016).

Against a backdrop of high rates of poverty, disadvantages faced in the labour market and in obtaining good-quality services, and spatial segregation and historical discrimination, social protection programmes can promote the inclusion of indigenous peoples and ethnic minorities by improving their income security and education and health outcomes.

B. Gaps in social protection coverage for indigenous peoples and ethnic minorities

Because of the difficulties they face in the labour market, indigenous persons and members of many ethnic minorities are not as well covered by contributory social insurance schemes as members of the ethnic majority. Moreover, they receive less in benefits. Such schemes, however, constitute the predominant form of social protection in Northern America, Latin America, Asia and the Pacific—regions with numerous indigenous peoples and ethnic minorities (ECLAC, 2016b; Errico, 2017).

1. Contributory social protection coverage

In developed countries, indigenous peoples and members of ethnic minorities receive lower benefit amounts from contributory pensions, on average, than members of the ethnic majority, mostly as a result of higher unemployment and lower wages across the life cycle. In the United States, for instance, the expected social security retirement pension benefit for a typical white household head nearing retirement age was more than twice that of a black household head and 1.5 times higher than that of a Hispanic household head in 2013 (Veghte, Schreur and Waid, 2016). Moreover, private retirement savings of typical white household heads approaching retirement age are 10 times greater than those of their black counterparts and serve to widen further the ethnic gap in income security in old age (ibid.). In Latin America, indigenous persons and people of African descent were less likely than members of the ethnic majority to be affiliated to a pension system in seven countries for which data were available around 2013 (Brazil, Chile, Ecuador, Paraguay, Peru, Plurinational State of Bolivia and Uruguay). In Brazil, while 70 per cent of the ethnic majority was affiliated to the pension system, only 43 per cent of indigenous people and 55 per cent of people of African descent were (ECLAC, 2016b).

Although indigenous persons and members of ethnic minorities are more likely to be unemployed than members of the ethnic majority, they are less likely to apply for or receive unemployment benefits (Gould-Werth and Shaefer, 2012). In Serbia, about 12 per cent of Roma received social insurance benefits in 2003, compared with 51 per cent of the non-Roma population, and only 6 per cent received old-age pensions, compared with one third of the total Serbian population (Bodewig and Sethi, 2005).

2. Tax-financed social protection coverage

Tax-financed social protection can play an important role in providing income support for indigenous peoples and ethnic minorities facing poverty and disadvantage in the labour market. Recognizing those disadvantages, some countries have relaxed prerequisites for social pensions among older indigenous persons. In Paraguay, they are exempted from the means test for its Pensión Alimentaria para Adultos Mayores en Situación de Pobreza, given that studies have found near universal poverty among older indigenous adults in the country (Lavigne, 2012; Paraguay, Ministry of Finance, 2013). In Colombia, older indigenous people living in extreme poverty can access the Subsidio Económico del Programa de Protección Social al Adulto Mayor from the age of 50, as opposed to 52 for all other women and 57 for all other men. In Nepal, the pension-tested Old Age Allowance is generally available to everyone aged 70 years and older, but to members of recognized marginalized groups from the age of 60 (Holmes and Uphadya, 2009).

In Latin America, indigenous persons and members of ethnic minorities are usually overrepresented among beneficiaries of conditional cash-transfer programmes. In Mexico and Peru, the percentage of indigenous persons participating in them is as high as that of non-indigenous people and, in some regions, higher (Ham, 2014; Quinones and Roy, 2016; Hall and others, forthcoming). In Brazil, 10 per cent of white families participate in that country's programme, compared with almost a quarter of families of African descent, who represent two thirds of all beneficiaries.[109] In Panama, the greatest number of Red de Oportunidades programme beneficiaries in 2012 were in the indigenous territory of Ngäbe-Buglé. Indigenous households comprised the majority (58 per cent) of beneficiaries nationwide (Juárez de Díaz and Alvarado, 2013). In Colombia, in contrast, while noteworthy efforts have been made to increase the enrolment of indigenous households in the Familias en Acción programme, indigenous persons made up 3 per cent of all beneficiaries in 2011. That mirrored the size of the total indigenous population as a percentage of the country's population according to the 2005 census (Gutiérrez, Hernández and Rubio, 2012).

[109] Based on research conducted by Marcelo Paixão, see: www.americasquarterly.org/morrison.

However, none of the above-mentioned studies reveals whether greater coverage of indigenous peoples and ethnic minorities points to the effectiveness of programmes in reaching them or, rather, to the fact that they tend more often than other population groups to live in poverty. In Serbia, for instance, although almost 80 per cent of Roma received some form of tax-financed social protection in 2003, 16 per cent of Roma living in poverty were not covered by any social protection scheme, compared with 7 per cent of the total population living in poverty (Bodewig and Sethi, 2005).

3. Barriers to accessing social protection

Geographic isolation presents an obstacle to social protection coverage for indigenous peoples and some ethnic minorities. Although a high percentage of indigenous persons are covered by conditional cash-transfer programmes in some Latin American countries, many such programmes use the presence of education and health facilities to determine where programmes are introduced. In Mexico, some indigenous peoples have been consistently excluded from that country's Oportunidades scheme (formerly known as Progresa) because they live in extremely remote areas for which the household survey data needed for the targeting process is lacking (Ulrichs and Roelen, 2012). Indigenous peoples living in areas beyond the reach of the Government's social services network are not covered (Servan-Mori and others, 2014). Internal displacement adds an additional barrier to access. In Serbia, almost 80 per cent of Roma who were internally displaced did not apply for family material support benefits in 2003, nearly double the proportion of non-displaced Roma (Bodewig and Sethi, 2005).

Lack of information about programmes and eligibility requirements also constitutes an important barrier to the enrolment of indigenous persons and members of ethnic minorities (Hossain, 2011; South African Social Security Agency and UNICEF, 2013). Lower rates of birth registration and a lack of legal identification documents among them also hinder access to social protection by indigenous persons and members of ethnic minorities, as well as to education, health services and justice (Abouzahr and others, 2014; Errico, 2017). In some cases, they are even denied citizenship (box VII.1).

Box VII.1.

When definitions of "universal" are restrictive: citizenship and Rohingya Muslims in Myanmar

Many countries with sizeable ethnic or racial minority populations have made noteworthy advances in establishing universal social protection programmes. Botswana, Brazil, Costa Rica, Lesotho, Myanmar, Namibia, Nepal, the Plurinational State of Bolivia, South Africa, Thailand and Viet Nam, among many others, have established pensions systems offering income security to all older citizens. Being universal, their programmes include, in principle, ethnic minorities on an equal basis with other national groups.

In some countries, however, members of ethnic minorities have been deprived of citizenship, purportedly in the context of crackdowns on irregularities and undocumented migration, even though they may have resided in those countries for generations. In Myanmar, for example, the Citizenship Law of 1982 states that citizens must belong to one of 135 recognized national ethnic groups or that their ancestors must have settled in the country before 1823 (Minority Rights Group International, n.d.). Members of the Rohingya minority and other Muslim groups were not included in the list of recognized ethnic groups and could not document the length of their families' settlement in the country. As a result, most Rohingya and many other Muslims have been denied citizenship in Myanmar and are effectively stateless.

Since 1982, the primary documents held by stateless persons, including the Rohingya, to confirm their legal residence in Myanmar had been so-called temporary identity certificates. Those certificates expired in 2015 and the "identity card for nationality verification" that replaced them has widely been viewed with suspicion. Take-up has thus been low and, as a result, most Rohingya and other stateless persons have no valid identity document (United Nations, Human Rights Council, 2016). In 2014, in the first census conducted by the Government in 30 years, a directive prohibited Rohingya from identifying as such, which led to their de facto exclusion from official statistics as well.

Such discriminatory treatment and the lack of identity documents results in a denial of other rights, including the right to social security and basic social services. The establishment of universal social protection floors is laudable, but steps to ensure legal identity for all—and proof thereof—are needed in many countries to ensure that social protection is truly universal.

Historically, formal discrimination has also played an important role in maintaining exclusion of indigenous peoples and ethnic minorities from social protection schemes. In Australia, for example, Aborigines were not eligible for social security benefits, even as public sector employees, until the Social Services Act was amended in 1959. Notwithstanding the reform, the system remained out of reach for most older Aborigines owing to the lack of birth certificates, poor literacy, which impeded the completion of application forms, and misinformation about eligibility (National Museum of Australia, n.d.). Similarly, in New Zealand, Maoris were excluded from the national old-age pension, which was introduced in 1898. Deputy registrars impeded access to the pension by Maoris until at least the 1930s. Those who did obtain a pension frequently saw benefits reduced to two thirds of those paid to pensioners of European descent (Consedine and Consedine, 2012).

While many discriminatory laws and policies have been repealed, prejudice and discriminatory practices continue to affect access to social protection. In Mexico, indigenous Huichol persons cite the lack of legal documents and unhelpful, arrogant and disrespectful staff, among other factors, as reasons for their not gaining access to social protection (Gamlin, 2013). In Bangladesh, discrimination faced by Adivasis is manifested by the failure to provide them with proper information on social protection schemes, their exclusion from committees responsible for selecting beneficiaries and the lack of the political connections needed to gain access to the schemes (Hossain, 2011, see also box VII.2).

Box VII.2.

"Who told you to come? It was not meant for you."

This is the response Adivasi people receive when they approach government offices providing safety net services in the rural areas of the High Barind region in Bangladesh. Some 27 safety net programmes in the country provide support for the extremely poor, in particular widows, older persons and other vulnerable groups. A profile of Adivasi households in the Barind region shows that more than 97 per cent are technically eligible for support through one or more of those programmes, but that less than 3 per cent receive benefits. It appears that not only a lack of information, but also overt discrimination and corruption, lie behind their exclusion. Government commissioners do not visit Adivasi communities and, although programme information is disseminated in mosques, it is not available in the religious sites of the Adivasis. Public officials deliberately withhold information from the Adivasis, whom they view as unworthy of public support. Lastly, receiving the card necessary for obtaining benefits often requires payment of a bribe, which many Adivasis cannot afford (Hossain, 2011). Although some of the safety net programmes have a positive, albeit limited, impact on livelihood opportunities, food security and social participation, they fail to tackle deeper structural causes of Adivasi exclusion and poverty (Siddiki and others, 2014).

C. Expanding access to social protection for indigenous peoples and ethnic minorities

1. Improving coverage

Given the limited reach of contributory social insurance, the coverage provided by tax-financed social protection schemes needs to be extended in order to improve the well-being of indigenous peoples and ethnic minorities. Many countries have made progress in improving overall access to tax-financed schemes, although benefits are sometimes insufficient to guarantee income security. Only some countries, however, have acted to improve access for indigenous peoples and ethnic minorities.

Some countries in Latin America have adapted the design and implementation of their conditional cash-transfer programmes to the needs of indigenous peoples, primarily by expanding them to cover areas where indigenous people live in significant numbers (Robles, 2009). Between 2000 and 2008, coverage in Mexico almost doubled in indigenous localities (localities where at least 40 per cent of the population identifies as indigenous). By 2008, close to 95 per cent of the indigenous population living in such localities was covered (World Bank, 2009). In Panama, the Red de Oportunidades scheme was initially rolled out in predominantly indigenous regions and subsequently extended to indigenous persons living in urban areas and non-indigenous people living in poverty (Cecchini and Martínez, 2011; Robles, 2009). The proportion of indigenous beneficiaries rose from 36 per cent in 2007 to 58 per cent of all beneficiaries in 2012 (Robles, 2009; Juárez de Díaz and Alvarado, 2013).

There is a limit to that approach, however, given that not all indigenous peoples or ethnic minorities may be concentrated in specific areas of a country. Latin American censuses reveal that nearly as many indigenous persons live outside officially designated indigenous territories as in them (Márquez, Plana and Villarroel, 2017, table 1). Moreover, potential beneficiaries in rural or remote locations may not be able to meet the requirements of conditional cash-transfer schemes owing to a lack of education or health services (Ulrichs and Roelen, 2012).

An alternative to the geographical approach is to target indigenous peoples or ethnic minorities categorically based on their identity. Categorical targeting has worked in Brazil, for instance, where health-care targeting of indigenous children has had a significant impact (Coates, Del Pino Marchito and Vitoy, 2016). Vaccination coverage of indigenous children increased from just over 40 per cent in 2000 to more than 90 per cent in 2014 (ibid.). In Viet Nam, a tax-financed programme targeting ethnic minorities contributed to a decline from 2006 to 2008 in the level of poverty among those groups of between 6 per cent and 8 per cent and led to improved access by them to services (Jones and Stavropoulou, 2013).

Categorical targeting, however, also has drawbacks, including the possible rise in stigma experienced by members of minority groups. One way of avoiding that problem is to broaden access to universal social protection schemes (see also chapters I and VIII). Coverage of indigenous peoples and ethnic minorities tends to improve when total coverage expands. In India, for instance, the spread in coverage under the Mahatma Gandhi National Rural Employment Guarantee Scheme has seen enrolment among members of the Scheduled Tribes, Scheduled Castes and Other Backward Classes rise faster than that of the general population (Dutta and others, 2014). Similarly, the proportion of persons of African descent covered by the Bolsa Família programme in Brazil has increased faster than that of the total population as the programme has expanded.

Increases in coverage, however, do not ensure the appropriateness of social protection measures for indigenous peoples and ethnic minorities. In addition, social protection benefits may not be sufficient to reduce inequalities between ethnic groups in terms of poverty or well-being. The historical roots and unique forms of disadvantage and discrimination faced by indigenous peoples and members of many ethnic minorities are not easily erased through the provision of one-size-fits-all social protection schemes (Ulrichs and Roelen, 2012).

Intercultural dialogue and participation in decision-making by representatives of indigenous peoples and ethnic minorities on matters that affect them are the foundation of normative legal frameworks on the rights of members of those groups, such as the ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169), and the United Nations Declaration on the Rights of Indigenous Peoples. In Colombia, the active role played by indigenous autonomous governance structures in the Familias en Acción programme was key to better meeting the needs of indigenous communities (Robles, 2009). To reach consensus on the implementation of the Red de Oportunidades programme in Panama, including on the conditions the programme imposes on beneficiaries, beneficiary families have been consulted on a range of issues, including land ownership and barriers to education and health services (Robles, 2009). Conditions and services are tailored to the identified needs of beneficiary families. Given the social, cultural and historical contexts that influence the well-being of indigenous peoples and ethnic minorities, their involvement in the design and implementation of social protection schemes is paramount for surmounting barriers to access and ensuring that the schemes reflect their priorities and needs.

2. Impact on poverty and education

Evidence on the extent to which social protection promotes the inclusion of indigenous peoples and ethnic minorities and helps to close gaps between them and the majority is scarce. An important exception is the work of the Commitment to Equity Institute,[110] particularly its tax and social protection benefit incidence analysis, disaggregated by ethnicity, for several countries in Latin America.

[110] See www.commitmentoequity.org.

Attempts to assess the effects of social protection in the region on gaps relating to ethnicity in income as part of all direct transfers (cash and in-kind transfers) and taxes produce a varied picture. The sum of direct taxes paid and transfers received from tax-financed social protection programmes leads to a near-negligible reduction of income inequalities between ethnic groups in Brazil, and has no effect on income inequality between ethnic groups in Guatemala or the Plurinational State of Bolivia (Lustig, 2017b, table 2). In those two countries, transfers and taxes have a negligible impact on poverty gaps between indigenous and non-indigenous groups, especially once the effect of consumption taxes is taken into account (ibid.).

Although indigenous persons and members of ethnic minorities make up a higher percentage of cash-transfer programme beneficiaries in those countries, the benefits they receive are too low to significantly alter the ethnic poverty gap (ibid.). In Guatemala, for instance, the scale of the conditional cash-transfer scheme Mi Familia Progresa is too small to make a meaningful difference, although it does appear to reduce income disparities between the indigenous and the non-indigenous populations somewhat (Cabrera, Lustig and Morán, 2015). In Brazil, in contrast, persons of African descent receive half as much in public transfers, on average, as whites, primarily because the latter benefit more from the country's special circumstances pension (Lustig, 2017b).

Table VII.1.
Average years of completed schooling among young adults in four Mexican states by sex and indigenous status, 2008

	Long-term beneficiaries		Non-beneficiaries (control group)	
	Indigenous	Mestizo	Indigenous	Mestizo
Men	9.6	10.0	6.5	8.7
Women	9.7	8.9	6.8	8.5

Source: González de la Rocha (2010).

Evidence suggests that conditional cash-transfer programmes have had an impact on ethnic disparities in terms of school enrolment and educational attainment. In Brazil, the Bolsa Família scheme spurred an increase in enrolment among ethnic minority children more so than among white children from 1998 to 2005, but improvements in student retention rates among indigenous and ethnic minority students have not kept pace with enrolment (Glewwe and Kassouf, 2012). In Mexico, for children who began participating in the former Progresa programme at the age of 8 or 9 years, the gap in educational attainment between indigenous and mestizo males 10 years later narrowed significantly (González de la Rocha, 2010). Moreover, the educational attainment of young indigenous women was higher than that of young mestizo women approximately 10 years after they first joined the programme (table V.1). Improvements in the rates of grade completion, primary school completion and secondary school enrolment were greater for indigenous children than for non-indigenous children participating in the scheme (Quinones and Roy, 2016).

3. Impact on health

The Progresa scheme had limited success in reducing disadvantages in terms of health care in indigenous communities in Mexico. Although it led to an increase in growth monitoring for children and deworming treatments, it did not translate into a significant improvement in their health (Quinones and Roy, 2016). That is probably because of the relatively low quality of health and sanitation services in those communities and suggests that conditional cash-transfer programmes cannot help to achieve health goals without improvements in the quality of basic services. In Peru, the Juntos programme has had a measurable positive impact on education but not on health (Hall and others, forthcoming).

Ethnic minorities are less well covered by health insurance than the ethnic majority in many countries. In the European Union, for instance, about 20 per cent of Roma surveyed in 11 countries in 2011 were not covered by health insurance, or did not know if they were covered (European Union Agency for Fundamental Rights and UNDP, 2012). The ethnic gap in some countries was considerable: in Bulgaria, Greece and Romania, about 45 per cent of Roma indicated that they had health insurance, compared with 85 per cent of non-Roma respondents (ibid.). In the United States, 37 per cent of the indigenous population and nearly one third of Hispanic people aged 64 and younger are uninsured, compared with 13 per cent of the white population (Artiga, 2013). A lack of clarity in and understanding of health-care insurance rules, unawareness of eligibility, and language and literacy barriers contribute to those gaps.

National tax-financed schemes have narrowed the ethnic gap in health insurance in many countries. In Mexico, coverage by the Seguro Popular scheme among indigenous peoples increased from 14 per cent to 62 per cent in the six years to 2012 and from 10 per cent to 36 per cent among the non-indigenous population (Leyva-Flores and others, 2013). In India, the National Health Insurance Programme has led to a reduction in out-of-pocket health expenditure for members of Scheduled Castes and Muslims living in poverty in two states, but has been ineffective among the rest of the population (Karan, Yip and Mahal, 2017; Sabharwal and others, 2014). However, districts with a higher proportion of people from Scheduled Castes, Scheduled Tribes and Other Backward Classes are less likely to participate in the programme (Nandi, Ashok and Laxminarayan, 2013). In Viet Nam, ethnic minorities are covered by health insurance at a much higher rate than the ethnic majority (80 per cent compared with 49 per cent in 2012), probably as a result of efforts by the Government to provide health insurance for people living in poverty, of which ethnic minorities make up a disproportionate share (Dang, 2017).

4. Promoting inclusion of indigenous peoples and ethnic minorities

Most evidence regarding the differential impact of social protection programmes comes from the evaluation of conditional cash-transfer programmes in Latin America. The cultural appropriateness of such programmes for some indigenous peoples, particularly those living in settings removed from markets and modern lifestyles, has been called into question. For traditional, subsistence-oriented indigenous groups, the quick introduction of cash may disrupt traditional community coping strategies and cause negative dietary changes. Programmes may thus need to be adjusted if they are to achieve maximum impact in those communities. Ideally, that means involving representatives of indigenous peoples and ethnic minorities in their design and implementation.

There are also questions regarding the quality of services received by beneficiaries of conditional cash transfers, and whether they are sufficient to close the ethnic gap in education, health and labour force participation. The education and health of indigenous and ethnic minority children will not improve in the absence of good-quality services. In traditionally underserved areas in Peru, such as remote indigenous communities, the rapid spike in demand for health and education services resulting from the conditions regarding school attendance and health care attached to participation in the Juntos programme has not been matched by commensurate improvements in those services. As a result, children attend school to stay in the programme, but with few tangible results (Jones, Vargas and Villar, 2008). In Mexico, the quality of services available to beneficiaries of the Oportunidades scheme is one of its administrators' main concerns. Assessments indicate that low-quality instruction and poor academic performance abound in rural and indigenous schools and among distance learners (Robles, 2009). A recent study shows that the positive impact of conditional cash-transfer programmes on schooling is amplified when transfers are accompanied by investment in the school system, such as through school grants or cash transfers to teachers or parent-teacher associations (García and Saavedra, 2017).

The potentially positive impact of social protection on the well-being of indigenous peoples and ethnic minorities is also curbed by differential returns on education and skills in the labour market according to ethnicity and gender (United Nations, 2016; Ulrichs and Roelen, 2012; ECLAC, 2016a). Ethnicity and gender continue to affect employment opportunities and wages, regardless of levels of education. Increasing the uptake of services alone—even when accompanied by cash transfers that help to meet immediate needs—does not automatically produce better long-term results (UNDP, 2016a). Social protection programmes alone are not the solution to the structural causes of chronic poverty and disadvantage among indigenous peoples and ethnic minorities. Promoting social inclusion for these groups requires a broader set of economic and social policies and government action to combat prejudice and discrimination.

Conclusions

Social protection programmes have a role to play in reducing inequalities between ethnic minorities and the ethnic majority and in improving the well-being of indigenous persons and members of ethnic minorities. Universal, tax-financed social protection measures are needed to boost coverage for those groups, but other barriers must also be addressed, including spatial disadvantage, the lack of legal identification and discrimination. Countries have employed several strategies to improve coverage, including geographic and categorical targeting. A large proportion of indigenous peoples and ethnic minorities receive social assistance, but a rigorous assessment of the extent to which that reflects improvements in coverage, or simply the fact that those groups more often live in poverty, remains to be done.

Evaluations of conditional cash-transfer schemes in Latin America suggest that there have been modest advances in addressing the ethnic poverty gap and ethnic disparities in education through tax-financed social protection programmes. Questions remain as to whether they are sufficient and how effective they are, as well as with regard to the quality and content of services linked to them. Demands arising from conditionality are not matched by sufficient access to good-quality services, particularly in remote and underserved areas where many indigenous peoples and ethnic minorities live. Criticism is therefore levelled at such programmes for the enforcement of conditions that make no difference to the lives of beneficiaries in the long term, such as compulsory attendance at schools where learning is compromised by factors such as overcrowding and the lack of qualified teachers. The suitability of requiring indigenous children to attend schools that fail to offer learning in their native languages and acknowledge and promote their cultural heritage has also been called into question.

The extent to which social protection programmes benefit indigenous peoples and ethnic minorities depends on whether they address the needs of and challenges faced by these groups. Involving their representatives in the design and implementation of programmes is one way of ensuring that they better address the needs of indigenous peoples and ethnic minorities and reflect the reality in which they live.

Chapter VIII

Social protection for all: looking ahead

Key messages

- Although comprehensive social protection systems require significant investment, the recurrent costs of providing basic social protection floors are affordable in most countries.
- Social protection systems must meet three basic conditions if they are to leave no one behind: they must provide universal coverage, be accessible to all and offer sufficient benefits to ensure income security.
- Achieving universal coverage requires contributory schemes and a minimum set of tax-financed schemes available to all throughout the life cycle. Special measures tailored to the needs of certain groups may be necessary to ensure effective coverage and sufficient benefits for all.
- Complex and lengthy administrative procedures result in the exclusion of those who are most in need of social protection. Countries can do much to simplify administrative procedures and reduce paperwork.
- The contribution of social protection to promoting inclusion must be assessed against realistic criteria. Social protection is but one of the policies necessary to combat exclusion, improve people's well-being and facilitate participation. Tackling the root causes of exclusion, including discrimination, requires a broad set of economic and social policies.
- Addressing the challenges that some social groups face in obtaining access to social protection and measuring progress will require better data and greater monitoring and evaluation efforts.

A. Is social protection promoting social inclusion?

1. Social protection coverage of disadvantaged social groups: what do we know?

Attributes such as age, gender, disability, origin, ethnicity and race continue to exacerbate the risk of being left behind in rich and poor countries, as the evidence presented in this report shows. Children, persons with disabilities, migrants, members of ethnic or racial minorities and indigenous peoples are at higher risk of poverty than other groups. Although estimates of old-age poverty vary from one country to another and depend on the data used, the income security of most older persons is at risk once they leave the labour market. Poor access to health care and other services can heighten income insecurity, especially in old age. Lack of job opportunities puts young people at high risk of poverty as well, with great costs for societies in terms of wasted human and productive potential.

Governments and international organizations compile information on effective social protection coverage of some of those social groups in order to monitor progress towards achievement of the SDGs, among other things. This report cites global estimates of the proportion of children receiving child benefits; the proportion of persons with severe disabilities receiving disability benefits; and the proportion of older persons receiving a pension. Following the main branches of social protection systems, there are also estimates of coverage for unemployed persons and for mothers with newborn infants. Beyond data by branch, cross-country information on coverage is also available by income quintile and place of residence (rural-urban).

This information is essential for monitoring progress towards SDG target 1.3.[111] However, more data will be needed to ensure that everyone is adequately covered by social protection systems. The available global estimates refer to coverage by schemes designed specifically to protect children, persons with disabilities and older persons, but cross-country data on access to other programmes—such as unemployment benefits for persons with disabilities or households with children—is largely lacking. Similarly, information on social protection coverage by race, ethnicity, indigenous or migrant status is scant. Data on the coverage of young people are also lacking. Obtaining such data is no easy matter, but the information base on what appear to be largely underserved groups of the population needs to be improved.

Access to social protection varies significantly between social groups but also between countries, including those with similar income levels or in the same region. For example, the proportion of older persons who received a pension was estimated at 52 per cent in Ecuador but at only 19 per cent in Peru in 2016, even though the two countries have similar GDP per capita. Likewise, 100 per cent of persons with disabilities receive disability benefits in Mongolia, compared with 3 per cent in the Philippines (ILO, 2017a).[112] In terms of legal entitlements, Ireland and Turkey require a minimum of 24 months of contributions to qualify for unemployment benefits, while Norway has no such requirement, as shown in chapter III (see figure III.1). Long minimum contributory periods are likely to prevent young people from obtaining unemployment benefits. When it comes to health care, undocumented migrants had legal access to emergency, primary and secondary health care, and specialist and in-patient treatment in six European countries in 2011. Many other European countries, however, granted them access to emergency health care only (see chapter VI).

Individuals in each of these groups share some attributes and confront common challenges, but social groups are by no means homogenous. The evidence available indicates that women lag systematically behind in terms of access to social protection across all groups. The disadvantages they face, including in the labour market, curtail their entitlements and hinder their effective coverage. Workers in the informal sector are insufficiently covered by social protection, or not covered at all. Many other people—from members of ethnic minorities with disabilities to homeless migrants and people living in the most extreme poverty—suffer from overlapping disadvantages.

As regards economic status, people living in extreme poverty are not the only group at high risk of exclusion from social protection. In chapter I, it was highlighted that social protection systems consisting only of social insurance programmes and means-tested social assistance leave a sizeable proportion of the population—the so-called missing middle—without coverage. Although the missing middle may include individuals and families with stable jobs and incomes, it consists mainly of workers in vulnerable jobs, often in the informal economy, as well as persons outside the labour market who do not live in extreme poverty by national standards and therefore do not qualify for targeted social assistance.[113] Many of these individuals and families can easily fall into extreme poverty due to even minor economic or health shocks. This report argues that social protection can play a key role in keeping people out of poverty, provided that it is available to all throughout the life cycle, including to workers outside the formal labour market and to other groups that are disadvantaged or otherwise vulnerable. Section B provides concrete policy recommendations in that regard.

111 To implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

112 See also SDG Indicators Global Database (https://unstats.un.org/sdgs/indicators/database).

113 As Ravallion, Chen and Sangraula (2008) note, however, 95 per cent of people in developing regions would have been living in poverty by United States standards in 2005.

2. The impact of social protection

Social protection is fundamental for achieving the SDGs. Despite gaps in coverage, social protection systems are crucial to keeping people out of poverty and helping them to escape poverty. They have also contributed to gains in health and education among beneficiaries and helped to reduce income inequality. As the 2030 Agenda recognizes, the SDGs and their targets are integrated and indivisible. Social protection policies exemplify how efforts to achieve one goal are inextricably linked to efforts to achieve others. Their contribution to strengthening the social and economic pillars of sustainable development is explicitly acknowledged in SDGs 1, 3, 5, 8 and 10 (see chapter I). Social protection systems also play a part in facilitating the transition towards green economies and addressing the distributional consequences of climate change policies.

The positive impact of social protection is observed in the aggregate but also among disadvantaged groups, as the partial evidence reviewed in previous chapters shows. However, transfers are often too small or too short in duration to make a lasting difference in the lives of recipients. Some social protection schemes can also reinforce exclusion. As explained in chapter V, disability benefits for persons of working age that are linked to their capacity to work can create disincentives for participating in the labour market and thereby perpetuate dependency. Chapter VII reviews the negative effects of imposing conditions through social protection programmes on some indigenous communities. Chapter I highlights the risk of means-tested schemes generating stigma among their beneficiaries.

Clearly, the positive and negative effects observed are not mutually exclusive. Targeted transfers can result in improvements in income and overall economic well-being while, in some cases, generating community discord or inducing a sense of shame among recipients. The impact of social protection programmes on different dimensions of well-being should be taken into account in the monitoring and evaluation of those programmes. The views and experience of potential beneficiaries should also be considered. For example, qualitative indicators that capture the impact of social protection on individual agency and sense of empowerment, or those that track the perceived responsiveness of programme administrators to the specific needs of beneficiaries, are relevant to an assessment of impact on social inclusion.

The international community's commitment to leaving no one behind requires reaching the furthest behind first.[114] Progress towards meeting SDG targets should therefore be faster among individuals and population groups that are currently lagging behind—that is, gaps in well-being should be closing. While there is ample evidence of the effects of social protection on well-being, the empirical literature says little about its impact on inequalities between social groups. What the literature does show is that not all individuals and social groups benefit equally from social protection systems. Limited access to social protection by international migrants, for instance, is likely to reinforce socioeconomic disparities between migrants and non-migrants. When it comes to ethnic minorities and indigenous peoples, the limited evidence presented in chapter VII suggests that the amount they receive in transfers is often insufficient to close the income gap between these groups and the majority of the population.

Overall, identifying individuals and groups that are being left behind by social protection systems, addressing the challenges they face and ensuring that they progress will require better household- and individual-level data and greater monitoring and evaluation efforts. Despite shortcomings in data collection, the evidence shows that social protection systems should meet some basic conditions in order to promote inclusion.

[114] General Assembly resolution 70/1, para. 4.

B. Inclusive social protection systems: policy implications

The contribution of social protection to promoting inclusion must be assessed against realistic criteria. Social protection is but one of the policy tools needed to combat poverty and inequality, improve people's well-being and facilitate the participation of individuals and groups that are excluded. Even in countries where comprehensive, rights-based social protection systems reduce social divides, they alone cannot tackle all the symptoms and drivers of exclusion. Addressing the root causes of exclusion, including discrimination, requires a broad set of economic and social policies. A policy framework conducive to inclusion requires, for instance, macroeconomic policies that are oriented towards the promotion of inclusive economic growth and the creation of decent jobs for all. Measures to promote access to land, credit and other productive resources, to ensure equal access to housing, and to foster fair inheritance rights, full legal capacity and access to justice by poor women and men, are also critical for social inclusion. A comprehensive analysis of such policies, however, is beyond the scope of this report.[115] The policy recommendations that follow focus primarily on making social protection systems more inclusive.

[115] See United Nations (2016a) for a comprehensive review of policy approaches to addressing exclusion and leaving no one behind.

Whether social protection reaches disadvantaged groups and how much those groups benefit depends on the specific measures in place and how they are implemented. Social protection systems must meet three basic conditions if they are to leave no one behind. The first and most basic condition is availability. Fulfilling the right of everyone to social protection means ensuring universal coverage. The mere availability of social protection, however, does not guarantee that the needs of disadvantaged groups will be met. Hence the second and third conditions: to improve the accessibility of programmes and ensure that benefits are adequate.

1. Pursuing universal coverage

As the United Nations Committee on Economic, Social and Cultural Rights has asserted, "all persons should be covered by the social security system, especially individuals belonging to the most disadvantaged and marginalized groups, without discrimination on any of the grounds prohibited under article 2, paragraph 2, of the Covenant [on Economic, Social and Cultural Rights]".[116] Although the universal right to social security was established in 1948, overall legal coverage by social protection systems is still low worldwide. Some population groups continue to have significant unmet needs in that regard.

[116] See E/C.12/GC/19, para. 23.

Inclusive social protection systems must meet the needs of a diverse population at every stage of the life cycle. Entitlement to contributory schemes is often conditional on participation in the formal labour market, putting them beyond the reach of some members of society. Groups that experience disproportionately high rates of labour informality and poverty, or persons outside the labour market, are less likely to be covered by contributory schemes. First-time jobseekers, such as young people and recently arrived migrant workers, are unlikely to be covered by unemployment insurance. Women, who bear a disproportionate share of unpaid care and domestic work, are less often covered by contributory schemes as well.

In order to be inclusive, social protection systems must guarantee a minimum set of good-quality universal, tax-financed schemes. Such schemes are necessary elements of a social protection floor for all and should comprise at least: universal child benefits to shield children from poverty; universal old-age pensions; disability benefits throughout the life cycle; and universal access to basic health care. This report highlights examples of many countries, including in developing regions, that have made great strides in expanding legal coverage of social protection for specific groups by blending contributory and universal, tax-financed schemes.

While some tax-financed schemes are grounded in solid legal and institutional frameworks, others are implemented in the form of small-scale, often temporary assistance. The latter can help to address short-term needs, but most leave participants vulnerable to future shocks. Embedding social protection programmes in strong legal frameworks, as called for at the World Summit for Social Development,[117] helps to secure long-term funding and institutional stability for a comprehensive social protection system (ILO, 2016e; Devereux, 2011). The success of systems in countries such as South Africa and Brazil, for example, is in part due to legal provisions that ensure the individual's right to social protection and define the standards and responsibilities of all stakeholders, including the institutions that administer social protection (Sepúlveda and Nyst, 2012). For historically marginalized groups, official recognition and legal acknowledgement of their rights can also be of significant symbolic value—an explicit political commitment to greater equity and social inclusion. India and South Africa are recent examples of countries where the recognition of the right to social protection for all has been symbolically important for excluded groups.

[117] *Report of the World Summit for Social Development* (UN, Sales No. E.96.IV.8), chap. I, resolution I, annex I, para.38.

In contrast, the absence of strong legal and institutional frameworks puts the political and fiscal sustainability of social protection programmes at risk (Sepúlveda and Nyst, 2012; European Commission, 2015d). Changes in political priorities or fluctuations in external funding can pose a greater threat to programmes that are not embedded in national legislation than those that are.

Anchoring social protection in national law may also encourage Governments to consolidate existing schemes into a single, coherent policy framework. Integrating different programmes in one overall system can help to expose gaps in legal coverage over the life cycle. A clear legal framework can also foster the efficient administration of social protection systems, especially if it establishes clear lines of responsibility and stipulates the need for coordination. Effectively addressing the needs of individuals who face overlapping disadvantages—such as young migrants, older persons with disabilities or indigenous women—may require programmes that draw on a range of expertise across ministries and other institutions. Experience from developed and developing countries shows the value of creating an institutional "home" to coordinate social protection programmes and the importance of strengthening staff capacity in the ministries concerned (European Commission, 2015d). Building social protection floors is one approach Governments have used, with the support of the international community, to make their social protection efforts more systematic.

2. Improving accessibility

The second condition for social protection systems to be inclusive is accessibility. Even where coverage by a programme is guaranteed by law, some individuals and groups may be unable to obtain benefits for a variety of reasons. Chapter I highlights discrimination, socioeconomic disadvantage and features in design and implementation that—deliberately or otherwise—exclude certain groups. Chapters II to VII examine the exclusionary risks and disadvantages faced by members of particular social groups. Countries have pursued different strategies to improve the accessibility of their social protection programmes and systems.

a. Complementing universal schemes with special measures

In terms of eligibility, universal social protection schemes—those that are available to all without conditions—are more inclusive and less likely to discriminate against people in need than targeted schemes. They are also less likely to stigmatize beneficiaries.

However, even in a policy framework grounded in universalism, certain segments of the population face greater challenges than others in overcoming poverty and social exclusion. This report illustrates how children, young people, older persons, persons with disabilities, international migrants and ethnic minorities and indigenous peoples face barriers to accessing even universal social protection schemes. Complementary special or differentiated measures may be necessary—even if only temporarily—to help those groups to overcome the challenges they face and achieve universal coverage. Disability benefits complemented by social care service components, for instance, have been used to improve access for excluded groups.

Special measures, however, can be costly. Identifying beneficiaries who may need special support and understanding their needs requires strong administrative capacity in the institutions responsible for designing social protection policies and delivering benefits. Means testing of benefits—even if only to provide additional support to certain groups—has high administrative costs and requires methodologically complex surveys (see chapter I). Disability assessments also demand substantial capacity in the health and social work sectors. Special measures, therefore, require investment and attention to building the capacity of social protection institutions. They should not be used as a means to cut expenditure.

Overall, targeted and other special measures should complement—rather than replace—universal policies, in what could be described as universalism sensitive to difference. As Habermas (1998) notes, equality under the law does not necessarily promote equality in life circumstances or positions of power. A universal framework sensitive to difference recognizes that allowing every member of society to enjoy the same rights calls for adapting policies, including those on social protection, to the varying circumstances that people face. Such a framework should include, for instance, social insurance schemes adapted to the needs and circumstances of informal workers and indigenous peoples.

Under the commitment to leave no one behind, errors of exclusion—failing to reach potential beneficiaries of a special or targeted measure—have more negative consequences than inclusion errors—providing the benefit to someone who is not entitled. In addition, those who are not reached are often the furthest behind (Sepúlveda and Nyst, 2012). Eligibility criteria for special or targeted measures should be simple, objective and transparent in order to reduce exclusion errors. Beyond the moral imperative of reaching everyone in need, there are practical reasons for promoting effective targeting. If the selection of beneficiaries is perceived to work haphazardly, as a lottery or even in a purposely biased manner, programmes could create tension and conflict in communities (Kidd, Gelders and Bailey-Athias, 2017).

Grievance mechanisms that allow all community members, in particular those that have been historically excluded, an avenue to challenge beneficiary identification processes can strengthen overall support for special or targeted schemes (Kidd, 2014). Outreach and communication campaigns to inform beneficiaries of their entitlements can improve access.

While promoting the inclusion of some groups, such as persons with disabilities, may always require special efforts, the ultimate goal of special or targeted measures should be to bring everyone to the same starting line. Governments should ensure that special measures are well integrated into broader social protection systems. Without a broad-based universal approach grounded in social justice, aimed at combating inequalities and building solidarity around development objectives, progress in promoting social inclusion through social protection may not be sustainable.

b. Universalism and conditions

The rationale for conditional cash transfers is that individuals or households may not always invest sufficiently in children's health and education or may not use natural resources in ways that are sustainable. By encouraging specific behaviours among beneficiaries, such schemes aim to make a developmental impact beyond the mere monetary aspect of the transfer. If they encourage human capital formation, conditional cash transfers can promote inclusion and expand opportunities for beneficiaries from historically disadvantaged groups. At the same time, imposing conditions may result in the exclusion of those who are most vulnerable or furthest behind.

The evidence presented in this report suggests that the effectiveness of conditions varies greatly depending on how and in what context conditional transfers are implemented. A crucial factor for their success is the existence of good-quality and appropriate public services (Barrientos and others, 2013). Encouraging school attendance is unlikely to result in improved educational outcomes if there are no schools in the areas where potential beneficiaries live or if the quality of education is low. Moreover, if employment prospects are poor, even improvements in health and education may fail to break the poverty cycle.

Inclusive social protection systems may not always be compatible with the conditions imposed. The latter can be unfair for rural households located far from services that have greater difficulty in complying with conditions—such as taking a child to a clinic for vaccinations. They can also reinforce gender stereotypes, if programme design is based on the assumption that women are available to carry out the additional unpaid care and domestic obligations that come with some conditions.

How conditions attached to social protection programmes are enforced varies greatly from programme to programme. Important lessons about their potential to promote inclusion can be drawn from those differences. Some programmes use the failure to meet a condition as information to identify the most vulnerable, assess the specific challenges they face and better tailor the programme to meet their needs and maximise impact. Under the Bolsa Família scheme in Brazil, for example, social workers visit families to understand why they are not complying with conditions and to arrange for additional support (Kidd and Calder, 2011). In other programmes, non-compliance can result in penalties for beneficiaries and even expulsion from the programme. Research suggests, for instance, that the more punitive conditions under the Oportunidades programme in Mexico, compared with other programmes in the region, are likely to result in the exclusion of families with more limited capabilities (Álvarez, Devoto and Winters, 2006).

In general, social protection programmes available without conditions are more likely to be inclusive than conditional transfers. The empirical evidence on whether conditional cash transfers achieve greater results than unconditional transfers, in terms of human capital accumulation, is inconclusive. Considering the administrative costs of enforcing conditions, including monitoring compliance, it is worth asking whether conditionality is best suited to achieve the objectives of social protection schemes.

c. Implementing inclusive social protection systems

Universal social protection programmes must be supported by strong institutions. In that regard, the call in the 2030 Agenda to foster effective, accountable and transparent institutions is key to the success of these programmes—and highlights the interconnected nature of the SDGs. Capacity and institutional shortfalls undermine the effectiveness of social protection systems and circumscribe their ability to reach their intended beneficiaries in many low-income countries.

Which institutional arrangements are appropriate for the implementation of inclusive social protection depends on country context. No one size fits all. That said, institutional frameworks should meet several broad conditions.

First, social protection systems require strong coordination in order to be effective. Their implementation often involves several ministries, including those responsible for women or gender issues, older persons, children and persons with disabilities. One institution, however, must take charge of overall coordination. It must have the capacity to manage and implement a social protection system and enough political influence to secure resources and ensure that the system is prioritized.

Second, much can be done to simplify complex and lengthy administrative procedures, reduce paperwork and avoid overlapping systems. Procedures that require a high degree of literacy or time investment tend to exclude those who are most in need of support. The role of intermediaries should also be curbed. They can make arbitrary decisions on who may or may not have access to support, often at the expense of groups that have traditionally been the object of discrimination. Relaxing requirements—such as proof of identity and of place of residence—can also facilitate access for vulnerable groups who may lack a legal identity or fixed addresses, such as migrants, members of some ethnic minorities and homeless persons.

Third, robust civil registration systems that provide legal identity for all, as called for in SDG target 16.9, are essential. They must reach people in remote rural areas and high-risk urban environments. The data collected must be validated regularly to ensure accuracy, especially when they are used to select beneficiaries for means-tested programmes. In addition, guaranteeing confidentiality and reducing the risk of misuse of information collected by civil registration systems requires a minimum level of ICT infrastructure, trained staff and institutional oversight.

In addition, people need to be properly informed about programmes available to them. Unawareness of entitlements, available schemes and application processes frequently leaves those most in need of support without access. Indigenous persons and migrants who do not speak an official language fluently, young people with little knowledge or experience of available schemes, or persons with disabilities, may find themselves excluded. Thus, information campaigns tailored to the needs of intended beneficiaries are key to making social protection programmes inclusive. Multilingual campaigns deployed in a variety of media and contexts have the potential to expand reach. Those campaigns can also raise awareness among Government officials and the wider public about the entitlements of different groups and the regulations governing different programmes (Barrett and Kidd, 2015).

Investment in monitoring and evaluation is also crucial to promoting inclusion in social protection. Identifying gaps, overlaps and barriers to access is not possible if certain groups are missing from official statistics or other data-collection efforts. High-quality surveys and research can help to identify patterns of exclusion from social protection. Several countries have piloted new schemes with strong monitoring and learning components. They are designed to provide an immediate evidence base about how programmes are reaching intended beneficiaries and what type of support is working best and for whom, before programmes are rolled out at scale (European Commission, 2015d). Well-trained personnel is a prerequisite for making such monitoring and evaluation efforts effective.

Well-funded ICTs have helped to remove barriers faced by, for instance, persons with disabilities and people living in remote areas, as illustrated in chapters V and VII. Registration and application procedures can also be supported by ICTs. Effective management information systems, such as a single-registry database, can help individuals from groups traditionally "invisible" to government programmes to obtain their legal entitlements. They can also help government institutions to coordinate programmes. Brazil, Chile, Colombia, Ghana, Kenya, Mexico and the Philippines have all devoted considerable resources to improving management information systems in recent years (see box VIII.1).

Box VIII.1.

The Single Registry System in Kenya

Social protection programmes have grown significantly in Kenya since 2008. With a view to tackling fragmentation of the social protection system and reducing duplication of efforts, the National Social Protection Secretariat has developed its Single Registry. The Registry has enabled the Government to link the management information systems of four social protection schemes operated by different entities (the Older Persons Cash Transfer, the Cash Transfer Programme to Persons with Severe Disabilities, the Cash Transfer for Orphaned and Vulnerable Children and the Hunger Safety Net Programme). Furthermore, the Registry is linked to the National Registration Bureau database, so that programme beneficiaries can be identified by their national identity number. Providers and users can access the Registry, thereby enhancing its transparency.

The Registry allows the Secretariat to monitor the number of beneficiaries enrolled, the number and type of programmes each household is benefitting from, the accuracy of beneficiary details, payment timelines, complaints resolved within established timeframes and consolidated programme costs. It is thus essentially a warehouse holding information on all beneficiaries of the national social protection system, continuously updated as the management information systems of different programmes review their beneficiary information. The Registry will also allow the Government to simplify application procedures and enhance delivery. However, the information produced depends on the quality of the data entered. The next stage in the development of the Registry will be to ensure that the information systems of each scheme can be managed at the district level and that information on beneficiaries can be updated in as close to real time as possible. The broader plan is to bring on board other components of the social protection system, such as the National Social Health Insurance Fund and the National Social Security Fund.

New technologies can improve accessibility if they are available to all and do not replicate existing barriers. For example, electronic payments systems that enable participants to receive transfers to an account linked to a mobile telephone eliminate the need to travel to payment locations and lower overall costs. Making registration visits from an enumerator—to determine eligibility—available on demand, for example through mobile or online platforms, can make programmes more responsive to income shocks such as illness or natural disasters. However, potential beneficiaries must be able to contact officials to schedule visits, and officials must be willing and able to travel to households, often in remote or insecure areas.

As noted in chapter I, lack of beneficiary participation in the design or delivery of a scheme results in unnecessary barriers to access. Participation and consultation are critical to ensuring that such barriers are identified and removed. Chapter VII highlights examples of social protection schemes refined through consultation between Governments and indigenous communities. Beneficiary feedback, including through robust grievance mechanisms, and greater accountability of institutions responsible for implementing social protection schemes, are also crucial to ensuring that the rights of citizens are respected and to limiting abuse and rent-seeking by officials. Providing official avenues for people to challenge discrimination in the delivery of social protection can be a powerful tool to make programmes and their administering institutions more inclusive.

3. Providing sufficient benefits to ensure income security

The third condition for social protection systems to be inclusive is ensuring that transfers are sufficient to guarantee income security and health for all. The evidence presented in the preceding chapters indicates that transfers, particularly those received from tax-financed schemes, often fall short of this objective. Although the adequacy of benefits must be defined at the country level, the ILO Social Protection Floors Recommendation, 2012 (No. 202), establishes that "basic income security should allow life in dignity" (para. 8 (b)) and be sufficient to provide access to a set of necessary goods and services, as set out by national poverty lines or other income thresholds. If social protection systems are to ensure adequate living standards and make a meaningful impact on inclusion, a clear fiscal commitment is required.

For the most part, investment in social protection follows a pattern of progressive realization of universal coverage. Programmes focus initially on the needs of people living in poverty and other disadvantaged groups, and are gradually expanded to cover more and more people. Globally, public social protection expenditure, including on health care, increased from 5.8 per cent of GDP in 1995 to 8.2 per cent in the period 2014-15 (ILO, 2017a).[118] However, public expenditure on social protection varies substantially even between countries at similar income levels. For instance, the Plurinational State of Bolivia spent 10.2 per cent of GDP on social protection in 2014, Angola spent 6 per cent in 2015 and Indonesia spent just over 1 per cent in the same year (ibid.). Political commitment is necessary to ensure sufficient and sustained funding for social protection systems.

[118] Weighted averages based on data for 134 countries (ILO, 2017a, table B.16).

Sustainable financing for social protection

In many countries, a critical factor for the establishment and expansion of successful social protection systems is sustainable funding. Social protection is usually financed from a combination of sources: tax and other revenue, contributions from employees and employers, private savings and—in some developing countries—development assistance. Increased financing for social protection can come either from the reallocation of existing revenues or the mobilization of additional revenue and resources. In stressing that social protection systems and measures for all, including floors, should be fiscally sustainable, the Addis Ababa Action Agenda advocates improved tax administration and policy as the main means to enhance domestic revenue. Tax receipts should be increased in many countries to provide a sustainable fiscal base for social protection systems. Broadening the tax base, improving the efficiency of tax administration, reducing tax exemptions, improving compliance and preventing tax evasion can help to increase taxation revenue.

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The extent of redistribution, however, depends on the degree of progressiveness of the tax system (income and property taxes are usually progressive while indirect taxes, such as consumption taxes, are generally regressive) and on the distribution of benefits from public spending choices. As noted in chapter I, the positive effects of social protection programmes on poverty and inequality reduction can be undone by a regressive tax system. Regardless of the level of a country's development, progressive tax systems and robust tax policy are necessary in order to establish sustainable social protection systems and expand them over time.

Improving tax administration, however, takes time. In order to increase domestic resources for social policy, some countries have reallocated funds used for fossil fuel subsidies to social protection programmes (United Nations, 2017e). Ultimately, the optimal resource mix used to finance social protection systems will vary from country to country (see Ortiz, Cummins and Karunanethy, 2017). Governments can build on existing case studies and the experience of other countries to choose a financing mix that matches their needs, capacity and national circumstances (United Nations, 2017e).

Fiscal space for social spending has increased since the late 2000s in most developing countries, including many in sub-Saharan Africa, but more can be done to mobilize domestic resources and optimize public spending. It is estimated that, in 2012, about 100 out of 125 countries for which data are available had gaps in their social protection floors that could be closed by spending under 6 per cent of GDP (Bierbaum and others, 2016, annex, table A.1).[119] These gaps could be bridged by increasing tax compliance or reallocating resources by 2030. However, at least 12 countries would need to spend over 10 per cent of GDP to close these gaps. These countries need substantial help from the international community in order to establish social protection floors or expand existing social protection systems in order to meet the basic social security guarantees set out by ILO Recommendation No. 202 (ibid.).

While article 12 of ILO Recommendation No. 202 states that national social protection floors should be financed by national resources, it also recognizes that countries with insufficient economic and fiscal capacity may seek international cooperation and support to complement their own efforts. In general, however, the effectiveness of international cooperation is undermined when it is uncoordinated and unpredictable. For example, the growth in official development assistance for global health since 2000 has been accompanied by an increase in the number of global health actors. This increase has deepened the complexity of partnerships and hampered coordination between actors, including Governments. To date, development assistance for social protection has been allocated to funding pilot and demonstration projects that are hard to scale up and have had little government buy-in, highlighting the importance of national ownership for the sustainability of social protection programmes (UNDP, 2016a).

Countries need to plan the implementation social protection well and ensure that financing is available throughout economic cycles. Spending on social protection tends to rise during economic slowdowns, when the available resources shrink but needs increase, and fall during upturns. Financing for social protection, therefore, needs to be countercyclical and preserved in periods of fiscal retrenchment. Countercyclical spending also ensures that social protection can act as an automatic stabilizer of aggregate demand through economic cycles.[120]

Some countries have succeeded in providing countercyclical financing by creating dedicated fiscal reserve funds. This strategy has been particularly popular in commodity-exporting countries such as Chile, the Islamic Republic of Iran and Timor-Leste. Nevertheless, such an approach must be designed and governed well in

[119] *Gaps in social protection floors* are defined as the amount of financial resources that would be needed to guarantee every individual in a country access to *a minimum income*, defined here as the absolute international poverty line of $1.90 a day. Similar results are obtained when the minimum income is defined using a relative poverty measure: 114 out of 142 countries would have to spend under 6 per cent of GDP to provide a social protection floor for all.

[120] See United Nations (2017e) for more on the fiscal sustainability of social protection floors.

order to deal with commodity price fluctuations (UNDP, 2016a). Beginning in 2008, Chile expanded pension coverage and improved inclusion of older persons in part through increased revenues from mineral rents (Hujo and Rulli, 2014). However, given relatively low commodity prices, that would be difficult to replicate today.

Conclusions

Universal access to basic social protection, and to social services, is necessary to break the intergenerational cycle of poverty and to promote inclusion. Achieving universal coverage and ensuring a social protection floor for all requires a combination of contributory and tax-financed schemes. Special measures targeted at disadvantaged groups can complement universal systems to improve effective coverage. Even though targeted schemes have often been used as cost-saving measures, they come with high administrative costs, as do conditional cash transfers. They require strong administrative capacity and should not be seen as a means to cut expenditure. Additionally, conditional transfers must be linked to good-quality and appropriate services. Overall, making social protection systems more inclusive will not be possible if their design or implementation mirror or perpetuate negative stereotypes and discrimination.

Social protection transfers are often insufficient to ensure income security and reduce income inequalities between social groups. Concerns regarding the affordability of social protection systems, however, preclude their expansion. While the structure of social protection systems will vary depending on specific country contexts and institutions, research shows that the cost of providing a basic social protection floor is affordable, even in developing countries, if implemented progressively. With sufficient political commitment, most countries can establish basic social protection floors.

Moreover, while substantial efforts have been made to improve data on social protection coverage, including of disadvantaged social groups, additional information is needed to enhance coverage of the vulnerable and ensure that no one is left behind. Data on social protection coverage by race, ethnicity, indigenous or migrant status, for instance, are largely missing. Filling these data gaps will improve the ability of policymakers to promote inclusive social protection.

Social protection can break down the barriers that prevent some individuals and social groups from fully participating in social, economic or political life. The contribution that social protection can make to ensuring that no one is left behind, as described in this report, makes it a crucial tool for achieving a range of SDGs. This potential is underscored by the commitment made by Governments to supporting social protection systems under the 2030 Agenda. Investing in social protection systems and ensuring access for all, regardless of a person's age, gender, race, ethnicity, disability, origin or economic or other status, will help to foster opportunities, access to resources, voice and respect for rights for all.

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Annex

Impact of social insurance and social assistance schemes on the Gini coefficient in selected countries

	Social assistance	Social insurance
Afghanistan	0.15	-0.07
Albania	1.62	13.25
Argentina	0.92	6.62
Armenia	4.24	20.57
Azerbaijan	31.1	10.13
Bangladesh	0.71	-0.29
Belarus	9.78	37.23
Belize	0.18	2.61
Benin	n.a.	0.03
Bhutan	0.01	0.17
Bolivia (Plurinational State of)	5.3	0.46
Bosnia and Herzegovina	3.22	6.5
Botswana	3.94	n.a.
Brazil	1.76	7.25
Bulgaria	7.79	22.76
Burkina Faso	1.04	0.03
Cabo Verde	1.29	0.87
Cambodia	n.a.	-0.06
Cameroon	0.01	0.2
Central African Republic	n.a.	0.04
Chad		0.14
Chile	3.06	3.94
Colombia	0.74	-1.19
Comoros	n.a.	0.1
Congo	0.35	2.93
Congo (Democratic Republic of the)		0.1
Costa Rica	2.12	-0.04
Côte d'Ivoire	n.a.	1.05
Croatia	3.87	26.18
Djibouti	0.9	1.7
Dominica	0.5	0.29
Dominican Republic	1.34	-0.33

	Social assistance	Social insurance
Ecuador	3.5	0.5
Egypt	1.35	4.92
El Salvador	0.34	-0.74
Fiji	1.04	1.91
Gabon	0.14	2.24
Gambia	0	-0.04
Georgia	5.42	14.91
Ghana	0.02	0
Guatemala	0.51	-0.18
Haiti	0	n.a.
Honduras	0.68	-0.26
Hungary	12.7	37.04
Iraq	1.55	2.06
Jamaica	1.22	0.86
Jordan	3.02	6.02
Kazakhstan	1.11	1.64
Kenya	0.07	0.15
Kiribati	0.11	n.a.
Kosovo	5.88	6.29
Kyrgyzstan	1.03	20.95
Lao People's Democratic Republic	n.a.	0.11
Latvia	4.08	24.64
Liberia	n.a.	-0.26
Lithuania	4.45	24.47
Madagascar	-0.11	n.a.
Malawi	0.13	0.02
Malaysia	1.32	1.18
Maldives	0.07	-0.04
Mali	n.a.	0.03
Marshall Islands	n.a.	0.26
Mauritania	4.8	1.8
Mauritius	13.83	3.48
Mexico	3.38	-0.13
Micronesia (Federated States of)	0.9	3.08
Mongolia	10.28	10.42
Montenegro	2.27	27.38
Mozambique	n.a.	0.4
Nepal	0.72	-0.09
Nicaragua	0.03	0.15
Niger	n.a.	-0.38
Nigeria	0	0.02
Palau	0.15	3.79

	Social assistance	Social insurance
Panama	2.7	0.49
Papua New Guinea	0	0.01
Paraguay	0.3	-0.31
Peru	0.59	-0.54
Philippines	2.44	-0.64
Poland	7.25	32.26
Romania	9.25	35.4
Republic of Moldova	3.24	23.48
Russian Federation		0.24
Rwanda	0.29	-0.12
Samoa	n.a.	4.1
Senegal	-0.07	-0.59
Serbia	2.84	34.14
Slovakia	7.15	35.43
Solomon Islands	0	-0.01
South Africa	8.27	0.06
Sri Lanka	0.93	1.15
Sudan	0.01	n.a.
Swaziland	2.79	n.a.
Tajikistan	-0.04	2.67
Tanzania	-0.02	-0.15
Thailand	2.62	1.32
Timor-Leste	1.14	0.11
Togo		0.02
Tonga	n.a.	0.1
Tunisia	0.14	n.a.
Turkey	1.18	11.33
Uganda	-0.02	-0.06
Ukraine	9.39	38.17
Uruguay	n.a.	8.2
Viet Nam	0.43	0.75
Yemen	0.39	0.88
Zambia	n.a.	0.06

Source: World Bank ASPIRE database (see figure I.1), table 5.