



► Social Health Protection

Service offer

► Approach

Social health protection is a central contribution to the Sustainable Development Goals (SDGs) of universal social protection (goal 1.3) and universal health coverage (goal 3.8). A number of countries have shown that it is possible to extend social health protection coverage to all, even in low-income countries where informal employment is predominant, demonstrating how sustained political and financial commitment is essential if you do not want to leave anyone behind.



The ILO promotes a rights-based approach to social health protection, with the objective of ensuring effective access to quality health care without hardship and impoverishment. This rights-based approach is rooted in the body of human rights and ILO standards which represent a global consensus to guide the development of social health protection systems.

► Essential international standards

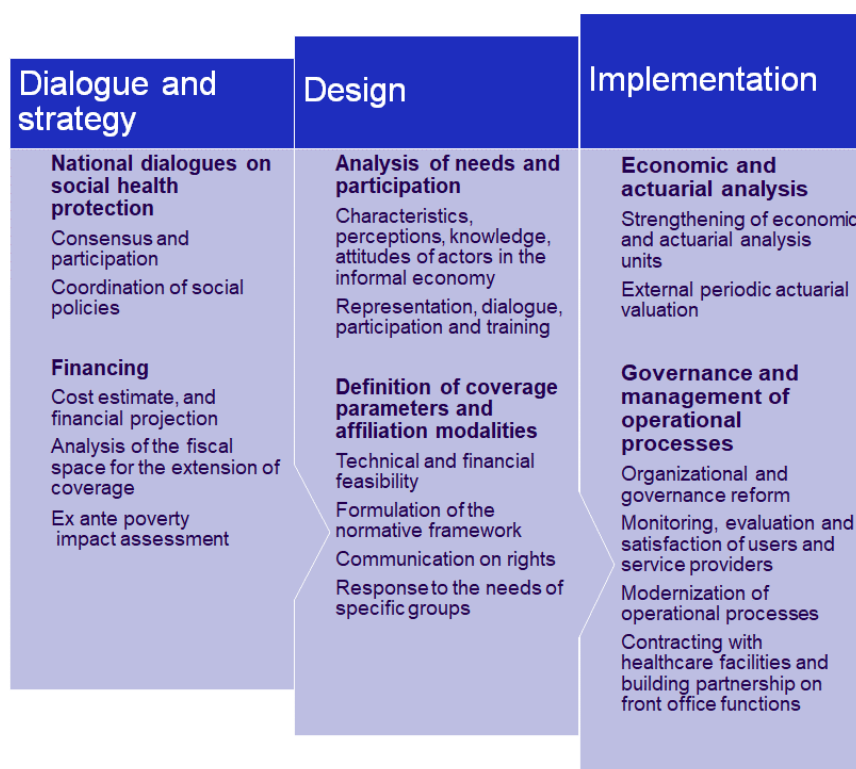
- Medical Care Recommendation, 1944 (No. 69).
- Universal Declaration of Human Rights, 1948
- Social Security (Minimum Standards) Convention, 1952 (No. 102).
- International Covenant on Economic, Social and Cultural Rights, 1966
- Medical Care and Sickness Benefits Convention (No. 130) and Recommendation (No. 134), 1969.
- Maternity Protection Convention, 2000 (No. 183).
- Social Protection Floors Recommendation, 2012 (No. 202).

Making the right to social health protection a reality: an urgent necessity

- The right to social health protection is not yet a universal reality. Each year, 100 million people fall into poverty as a result of health care spending, and 800 million spend at least 10 percent of the household budget on health care, a situation that disproportionately affects the poorest.
- The ILO estimates that two-thirds of the world's population are protected by a social health protection scheme, this proportion is only one-third and one-fifth in lower middle-income and low-income countries, respectively. Gaps in the adequacy of coverage also persist, and a growing number of households face catastrophic spending.
- The extension of social health protection is therefore a priority to improve access to care, avoid impoverishment and improve productivity. Despite commendable progress, barriers of access to health care remain in the form of direct payments from households, physical distance, limits in the range, quality and acceptability of health services.
- There is also an urgent need to strengthen the coordination between health coverage and cash benefits to tackle the main determinants of health. Integrated social protection approaches are needed to respond to emerging needs, including those related to migration, the growing burden of non-communicable diseases, an aging population as well as health crises.

► ILO expertise

The ILO articulates its support to member States throughout the process of formulating, developing, implementing and evaluating social health protection policies.



Dialogue and strategy

Social health protection is by nature an issue that goes beyond the mandate of a single institution or ministry and requires coordinated action combining the ministry of health, which governs the health system as a whole, as well as the various financing and managing operators in charge of the operational administration of the scheme(s), often under shared supervision with the ministries of finance, labour and social affairs. Furthermore, coordination with other social protection benefits is essential to address the socio-economic determinants of health in a holistic manner.

- **National dialogue on social health protection and coordination of social policies.** Through the methodology of assessment-based national dialogues on social protection, all stakeholders (representatives of ministries and institutions in charge of finance, health, labour, social affairs, workers and employers, civil society and the various development partners) are working together on extending coverage in order to reach consensus and foster inter-institutional cooperation. The exercise builds capacity and leadership. The methodology and tools for quantitative analysis have already been used in the following countries: Burkina Faso, Cambodia, Egypt, Indonesia, Laos, Mozambique, Myanmar, Niger, Thailand, Vietnam, Zambia.
- **Cost estimate, financial projection and analysis of the fiscal space for the extension of coverage.** The Rapid Assessment Protocol is a tool to assist priority setting that gives a first estimate of the budget necessary to finance the benefits and its projection over ten years. The rapid analysis of the associated fiscal space need makes it possible to propose concrete avenues for financing and, with the ex ante poverty impact assessment, are tools for strengthening advocacy for extending social health protection.

Design

Guided by international social protection standards, the ILO supports the extension of social health protection with particular emphasis on covering **the informal economy and the most vulnerable**.

Analysis of needs and participation



The success of the extension depends on a robust design based on a good understanding of the needs. The methodology and analytical tools below have already been used in the following countries: Kenya, India, Madagascar, Senegal.

- ▶ **Needs analysis.** Based on the expertise of the ILO in statistical surveys, the study on the characteristics, perceptions, knowledge, attitudes and willingness to contribute to social health protection and care services of actors in the informal economy allows a detailed analysis of the needs and constraints to the extension.
- ▶ **Dialogue, participation and training.** Support the identification and structuring of representation platforms, facilitation of dialogue between the various stakeholders, capacity building of actors in the informal economy on social health protection for effective participation in governance mechanisms.

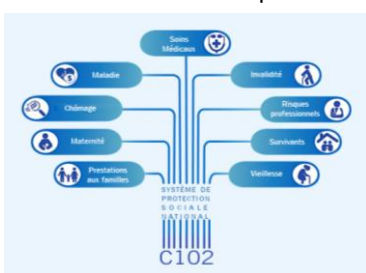
Formulation of coverage parameters and affiliation modalities

- ▶ **Parameters.** Definition of coverage parameters and costing study for formulating or modifying health benefit packages and establishing the level of financial protection.
 - ▶ **Technical and financial feasibility.** Identification of the institutional, organizational and financial impacts of the introduction of a new scheme or of reform of existing scheme(s).
 - ▶ **Communication on rights.** Social marketing and engagement of actors in the informal economy to improve knowledge and perceptions of users' right to social health protection.
 - ▶ **Response to specific needs.** Reaching out to particularly vulnerable populations sometimes requires the use of tailored approaches and tools, for example:
 - Migrants and refugees, taking advantage of the ILO's partnership with the Office of the High Commissioner for Refugees.
 - Groups particularly vulnerable, exposed or affected by HIV-AIDS, benefiting from the experience of the ILO-AIDS program.
- Outil d'évaluation du VIH
et de la protection sociale
Contenu développé en partenariat avec le programme d'accompagnement VIH
et la protection sociale
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Normative framework

The principles set out in ILO standards are more relevant than ever on the road to universal health coverage. Indeed, collective financing, risk pooling and the creation of social rights are essential conditions to support effective access to health care without impoverishment for all.



- ▶ **Capacity building.** Training on international standards in social health protection (origin, interpretation, ratification process).
- ▶ **Formulation of the legal framework.** Comparative analysis of national legislation with international standards in the field and support for drafting social health protection legislation (guide, training, facilitation, technical support for drafting units and parliamentarians).

Implementation

Strong institutionalization with a capacity for efficient and transparent management of social health protection systems is essential to ensure the effective use of benefits and the confidence of users (and, where applicable, contributors) in the system. Guided by its standards, the ILO has developed tools and expertise targeted to the needs of institutions in charge of social protection in the area of health, sickness and maternity.

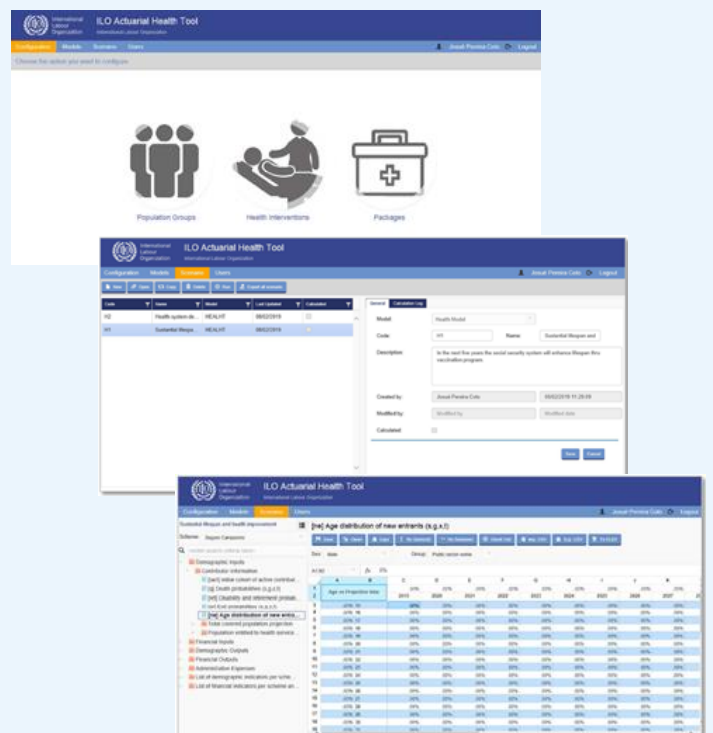
Economic and actuarial analysis

- **Strengthening economic and actuarial analysis units.** The ILO supports the creation and strengthening of economic and actuarial analysis capacities which are essential for social health protection institutions to anticipate and respond to economic, epidemiological and demographic changes. To foster the development of institutional capacities and to build a strong evidence base to support policy reforms, the ILO has developed the ILO / HEALTH model. The ILO / HEALTH model has been placed on a digital platform so that it can be made available to social health protection institutions and offer extensive continuing education opportunities.
- **External periodic actuarial valuation.** The ILO has a unit dedicated to on-demand actuarial services for social protection institutions and / or their supervisory authorities wishing to perform an external actuarial valuation of social health protection schemes. Based on good practices and tools developed by the ILO in this area, these periodic assessments shed external light on the financial sustainability of schemes.

► ILO/HEALTH actuarial platform

The ILO Actuarial Model on Health (ILO / HEALTH) is a tool for projecting the financial situation of social health protection programs and for simulating changes in their parameters. The model conforms to international actuarial standards and practices¹ and benefits from the in-depth knowledge accumulated over decades of policy advice and analytical work on social protection by the ILO.²

Population coverage	Universal, categorical, targeted.
Benefit package	Unique set of interventions or not, single or different support values.
Revenues	Taxes, contributions or combination.
Pooling	Single or fragmented pools.
Provider payment	Budget, capitation, case-based, fee-for-service.
Plus: Maternity cash benefits, Sickness cash benefits.	



¹ Notably the ILO Convention on Minimum Standards in Social Security, 1952 (No. 102), the ILO Sickness Benefits Convention, 1969 (No. 130), the ILO Convention on Maternity Protection, 2000 (No. 183), the ISSA-ILO Directives on Actuarial Work for Social Security (2016), and the International Standards of Actuarial Practice (NIPA) recommended by the International Actuarial Association (IAA).

² Such as Health Care Financing Modeling: Compendium of Quantitative Techniques for Health Care Financing (Cichon et al. 1999), Social Protection Financing: Quantitative Methods in the Social Protection Series (Cichon et al. . 2004), and Actuarial Practice in Social Security (Plamondon et al. 2002).

Governance and management of operational processes

- **Organizational reforms.** The ILO's diagnostic tool makes it possible to take stock of the institution's situation in relation to its mandate and to identify the opportunities and risks arising from the environment in which the scheme operates. It includes a component on governance and helps identify bottlenecks in decision-making. On this basis, capacities can be strengthened for effective participation in governance bodies, in particular in line with the good practice guides developed with the International Social Security Association (ISSA).
- **Monitoring, evaluation and satisfaction of users and providers.** The ILO has developed survey tools to monitor user satisfaction as well as that of health care providers. Supporting social health protection institutions in identifying the strengths and weaknesses of the implementation and the expectations of the various key stakeholders, the methodology and analytical tools have already been used in the following countries: Cambodia, India, Nepal, Nigeria and Peru.
- **Modernization of operational processes.** Tailor-made support is being developed to support social health protection institutions in improving their operational processes for affiliation, validation and processing of benefits, collection of contributions (if applicable) and complaints and grievances. In this context, the ILO also supports the institutions in their efforts to modernize their information and management systems and in their digitization efforts. In particular, the ILO is part of the openIMIS initiative aimed at making a tool for the management of social health protection in all its aspects available in open source. This solution is already used in the following countries: Cameroon, Nepal, Myanmar.
- **Contractualization.** The ILO supports social health protection institutions in the process of partnership and contractualization/empanelment, both with health care providers and with the organizations involved in the delegation of some front office services, in particular mutual funds. As part of the management of relationships with the healthcare supply, the study of providers' payment mechanisms and third-party payment mechanisms are a central line of work. The methods and tools have already been used in the following countries: Burkina Faso, Cambodia, Cameroon, Senegal, Laos, Mauritania, Myanmar, Vietnam.



- **Regional centers of expertise on social health protection**
- Taking advantage of its global presence, the ILO promotes experience sharing and south-south and triangular cooperation.
- The ILO is a founding member of the Regional Hub on Social Health Protection in Asia, CONNECT, which provides a pool of technical expertise for expanding coverage.
- Drawing on this experience, the ILO is supporting its partners in West Africa in the feasibility of a centre of expertise in social health protection.

► Comparative advantages

Mandate

The ILO is the specialized agency of the United Nations that guarantees international standards in the area of social protection. It holds the lead role, in collaboration with the World Health Organization (WHO), of the United Nations Global Social Protection Floor Initiative. The ILO also shares the leadership of the Inter-Agency Coordination Office on Social Protection (SPIAC-B) and the secretariat of the Global Partnership for Universal Social Protection (USP 2030) with the World Bank. Social health protection is at the heart of the organization's priorities and in particular within Objective 8 on universal social protection of its biannual work program.

Experience

Through the first phase of the flagship program on national social protection floors of the ILO (2016-2020), support has been provided to social protection institutions in health or is underway in many countries.



Partnerships

The ILO takes an integrated approach with other development partners working on health. In particular, the ILO works in a complementary fashion with the member organizations of the main networks on social health protection and health financing and provides its normative and technical contribution.



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